

Short Communication

Tourists with Dementia – A Unique Challenge for the Tourism Industry

Blanka Klímová

Department of Applied Linguistics, Faculty of Informatics and Management, University of Hradec Kralove, Hradec Kralove, Czech Republic

ABSTRACT

Currently, due to the increase in life expectancies and the number of aging populations worldwide, there is a rise of aging illnesses, out of which the most common is dementia. At present, there are both pharmacological and non-pharmacological approaches which attempt to help the affected people in their fight against dementia. One of these approaches seems to be travelling. Therefore, the purpose of this article is to explore the current literature which deals with accessible tourism with special focus on tourists with dementia and their caregivers. In addition, the author attempts to detect difficulties tourists with dementia and their caregivers might face during their travels.

Keywords: Ageing, barriers, dementia, needs, tourism, travel

INTRODUCTION

Due to the increase in life expectancies and the number of aging populations worldwide, there is a rise of aging illnesses, out of which the most common is dementia. At present, more than 44.3 million people

suffer from dementia and by 2050, this number is predicted to triple (Prince, Guerchet, & Prina, 2013). As Pohanka (2011) states, dementia is one of the main causes of incapability and dependency of elderly people. The most common symptoms of dementia are: a considerable loss of memory, orientation problems, impaired communication skills, depression, behavioral changes and confusion (Klimova & Kuca, 2016). The most frequent type of dementia is Alzheimer's disease which covers 70% of all dementia cases.

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E-mail address:

blanka.klimova@uhk.cz (Blanka Klímová)

Currently, there are both pharmacological and non-pharmacological approaches which attempt to help the affected people in their fight against dementia (Klímová & Kuca, 2015). One of these approaches seems to be tourism. As Roberts (2011) states, tourism can positively contribute to the improvement of the well-being and strengthen relationship between the patient with dementia and his/her caregiver (usually a family member). In fact, many patients with dementia diagnosis enjoy travelling for several years after they have been diagnosed (Page, Innes, & Cutler, 2014). Travelling, with respect to tourism can contribute to their social inclusion when interacting with others and improve mental well-being when having an intellectual stimulation (Innes, Page, & Cutler, 2015). In addition, it can keep them physically active and improve their mood as research studies indicate (Terri, Logsdon, & McCurry, 2008).

Therefore, the purpose of this article is to explore the current literature which deals with accessible tourism with special focus on tourists with dementia and their caregivers. Furthermore, the author of this article attempts to detect difficulties tourists with dementia and their caregivers might face during their travels. Based on the literature, the author also provides characteristics of a tourism product for senior travellers with dementia.

METHOD

The methods used for this article include literature review conducted in Web of Science, Scopus, Science Direct and Springer, and comparison and evaluation

of findings from selected studies. The search was based on key words: accessible tourism, dementia tourism, tourists with dementia, and tourism for people with dementia in the period of 2010 till December 2016. In addition, findings from the relevant studies cited in the detected studies on the research topic were used. The author also used the information from 10 web pages which were relevant to the research topic, for example, Accessible Tourism (2016), Crampton, Dean and Eley (2012), or Department of Health (2012).

LITERATURE REVIEW

In 2009, Darcy and Dickson experts in accessible tourism, provided a comprehensible definition of accessible tourism. This concept enables people with access requirements such as cognitive impairments, to function independently and with equity through the delivery of universally designed tourism products, services and environments.

Dementia tourism or tourism for people with dementia is part of accessible tourism. However, there is still a lack of studies on this topic in comparison with general studies on accessible tourism (Accessible tourism, 2016). The reason is that most of the studies concentrate on mobility disability (Darcy, 2010; Israeli, 2002; Yau, McKercher, & Packer, 2004). The key researchers in the field of dementia tourism are researchers from Bourmouth University in England represented by Page, Innes, and Cutler and Canadian researchers, Dupuis and Genoe.

The concept of tourism for people with dementia was first introduced by Page et al. (2014) in their exploratory study as “Dementia-Friendly Tourism (DFT).” Their definition results from the concept of Dementia-Friendly Communities (Department of Health, 2012; Genoe & Dupuis, 2014). These are defined as an environment where people can access local services and facilities, which if extended to tourism will extend to the wider destination resource base (e.g., transport) and the wider destination infrastructure (e.g., leisure settings).

Page et al. (2014) in their study list the key issues in the area of tourism for people with dementia or DFT:

- a lack of reliable public transport patients or their caregivers who can no longer drive
- a lack of confidence with respect to access to suitable public toilets
- a lack of signage for public areas, such as toilets, restaurants or bars, used by people with dementia who can easily get lost
- a lack of specialist travel companies who can offer tailor-made holidays for people with dementia
- a lack of understanding of this disease among general public, including travel providers.

On the basis of the concept developed by Crawford, Jackson and Godbey (1991), Innes et al. (2015) in their study list three barriers

for people with dementia which can hinder their travelling: intrapersonal, interpersonal and structural. The intrapersonal barrier is connected with the psychological aspects, that is, the fear of getting lost. The interpersonal constraint is connected with social aspects, that is, whether the person with dementia is able to get involved in travelling activities. The structural barrier then reflects the accessibility of destination or cost of travel insurance.

As Genoe and Dupuis (2014) claim, there is a need to physically and socially prepare communities to prepare and understand the needs of older travellers with dementia and their caregivers. Genoe (2010) in her study shows that in the present society people with dementia have stigma of being old, mentally ill and having dementia. They are accepted by society as incompetent individuals. However, Genoe claims that leisure activities such as travelling have a very positive impact on their life. She presents a resistance concept in which she states that leisure might be a potential space for resistance against the ageing process and especially the stigma of dementia. This approach should also enable these people to find ways to experience empowerment.

SPECIFICATIONS OF A TOURISM PRODUCT FOR PEOPLE WITH DEMENTIA

On the basis of the findings in research studies by Crampton et al. (2012), Cutler, Innes and Page (2016), or Innes et al. (2015), the following tourism product characteristics

relevant for a senior traveller with dementia can be deduced:

- it should include spatially safe locations, that is, the locations which are adequately equipped with signage
- it should comprise quieter places in which senior travellers with dementia can calmly enjoy their new experiences, but also find something reminding them of their past
- it should offer destinations which are easily accessible in respect of transportation and transitions
- it should also take into account the senior traveller's companion who in case of need, especially in the later stages of dementia, is usually her/his caregiver and can handle all difficulties
- it should be of high quality, as they value quality during their travel and are willing to spend more on it
- it should have medical facilities within an easy reach because it makes people with dementia and their caregivers more secure about their travel
- ideally, it should be a package travel, which senior travellers with dementia would definitely appreciate
- it should also aim at staff qualifications and their understanding of the needs of people with dementia, as well as the needs of their caregivers.

CONCLUSION AND RECOMMENDATIONS

The findings of this article indicate that although there is a gradual interest in the issue of DFT, research in this field is still in its infancy and much more work has to be done in this area. The best practices conducted in England and Canada can be an inspiration, besides other exploratory studies (Crampton et al., 2012; Cutler et al., 2016).

However, it is necessary to conduct more research in the field of DFT, especially in the form of case studies which would illustrate the best practices in this area. Furthermore, there is a need to establish guidelines for the development of DFT so that people with dementia and their caregivers could enjoy their holidays. Finally, businesses should get involved in the DFT policy, and the general public should become aware of the needs of the senior travellers with dementia (Page et al., 2014; Peterson, 2015).

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