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Exploring perceptions of travel-eligible individuals with dementia and hotel operators

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ABSTRACT

Although people with dementia have leisure travel needs, no scholars appear to have empirically explored how to meet this group's needs as hotel guests. To bridge this research gap in tourism literature, the current study employed in-depth interviews to collect first-hand data from 15 travel-eligible tourists with early-stage dementia and 15 senior luxury hotel managers in China. Specifically, six key themes were extracted from Chinese hotel guests with dementia. Hotel managers' commentary on meeting travel-eligible tourists with dementia' needs during leisure travel led to three themes. Innovatively, this study further sheds light on possible contributions the tourism and hospitality industry makes to the global health field using the context of a vulnerable group – travel-eligible tourists in an ageing society.

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Dementia; Leisure; Travel-eligible individuals with dementia; Hotel services; Interdisciplinary approach

Introduction

In the field of global/public health research, the overlooked context of tourism has been gradually discussed regarding the roles it plays in the health sciences, such as suboptimal health (Zheng, Jiang, Wen, Ian, Hou, & Wang, 2023), pandemic prevention (Jiang et al., 2022), and medical interventions for conditions such as dementia (Wen et al., 2022; Zheng et al., 2023). These innovative works illuminated some innovative ways to enhance the quality of life and well-being of vulnerable populations such as those living with medical conditions (i.e. dementia). Dementia has been recognized as a global health challenge that is exceptional in size, cost, and impact (Wortmann, 2012). It has been addressed by joint forces such as through the Global Dementia Prevention Program (GloDePP) collaboration (Chan et al., 2019) that aims to reduce the global burden of dementia by 2025 (Shah, 2016).

Dementia is characterized by a decline in cognitive function beyond the normal effects of biological ageing (World Health Organization, 2021). Alzheimer's disease is the most common form of dementia, involving gradual memory loss and other cognitive impairments that disrupt daily life (American Psychological Association, 2022). Globally, more than 55 million individuals

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suffer from dementia; one new case is diagnosed every 3 seconds (Wang et al., 2020), and approximately 10 million new cases are diagnosed each year (World Health Organization, 2021). This number will continue to rise due to the world's ageing population combined with better healthcare and longer lifespans (Chan et al., 2013; James & Bennett, 2019; Zhao et al., 2021). Dementia affects patients' perceptions, actions, and moods (Massimo et al., 2018); its impacts also extend to patients' families, caregivers, and general society (Bressan et al., 2020).

Considering the prevalence and severity of this condition, academics have investigated ways to establish dementia-friendly communities and provide assistance to people with dementia (Darlington et al., 2021). For example, scholars have addressed providing individuals with dementia with social comfort (Ebert et al., 2020), healthcare interactions that preserve their dignity (Torossian, 2021), music-based therapies as dementia treatment (Camerlynck et al., 2021), the challenges facing caretakers (Aihara & Maeda, 2021), and factors that influence patients' acceptance of psychosocial interventions (Field et al., 2021).

Tourism activities have been shown to enrich well-being and improve mental health among the general population (Buckley, 2020, 2023; Buckley & Cooper, 2020, 2022; Buckley & Westaway, 2020; Buckley et al., 2021; Cooper & Buckley, 2022; Farkić et al., 2020; Waby, 2023; Wen, 2022). Relatively little attention has been given to dementia in tourism despite this industry's potential benefits for people with the condition and other involved parties (i.e. informal/formal caregivers, medical specialists, and travel medicine practitioners). However, tourism has been proposed as a non-pharmacological intervention for some individuals with early-stage dementia (Wen et al., 2022). Dementia currently has no cure (Cacabelos, 2022; Mecocci & Boccardi, 2021; Moyle, 2019), and drug development for Alzheimer's disease demonstrated a failure rate of 99.6% from 2002 to 2012 (Cummings, 2018; Cummings et al., 2022). Associated fear and hopelessness have influenced dementia care (Moyle, 2019). Innovative, cost-effective interventions therefore remain needed. Given the physical and psychological challenges and burdens of dementia population and caregivers, advocating for dementia-friendly accommodations that prioritize well-being and dignity becomes increasingly vital.

The limited research on dementia in tourism has assumed a destination management organization perspective and focused on creating dementia-friendly tourism destinations (Connell and Page, 2019a; Page et al., 2015). These studies have called for more investigation of the health conditions that affect ageing populations, such as dementia (Connell & Page, 2019b). Although people with dementia have leisure travel needs (Peterson et al., 2020), no scholars appear to have empirically explored how to meet this group's needs as hotel guests. Filling this knowledge void can afford hotel managers a better understanding of these guests' expectations and behaviours. Resultant insight can ultimately improve the consumption experiences of this vulnerable group of hotel guests and their companions. Thus, incorporating dementia research within the hotel industry promotes inclusivity and accessibility in tourism. Practically, by recognizing and addressing the specific needs of this demographic, hotels can potentially expand their customer base while offering a compassionate and tailored experience.

This research investigated hotel guests with dementia in China. China is home to an ageing population, and some Chinese tourists will likely display related health concerns (e.g. dementia) in the future. Population ageing has climbed in China since the year 2000 (Peng, 2021). Specifically, 253.88 million residents were aged 60 or older in 2019 (18.1% of the country's population); the elderly (≥65 years) accounted for 12.6%, totalling 176.3 million people (National Bureau of Statistics of China, 2020). These figures translate to a jump of 5.7 times in 66 years in comparison to the 26.2 million elderly residents in China's first census of 1953. China's ageing process differs from that of developed countries: the elderly population is vast, the ageing process is rapid, and China has great regional diversity (Peng, 2021). The elderly have thus gained attention in social science, including in senior tourism (e.g. Hsu et al., 2007; Li & Chan, 2021). Consideration of mental health concerns in a tourism context can inform destination infrastructure (Buckley et al., 2021) and frame tourism engagement as a viable

avenue for the treatment of disorders such as dementia (Wen et al., 2022). Hotel guests' wants and needs are crucial aspects of their travel experiences and merit academic attention. Accommodation of these desires can influence guests' well-being.

This study adopted an interdisciplinary approach integrating medical science with tourism and hospitality management. In-depth interviews were carried out to collect first-hand data from 15 travel-eligible tourists with dementia and 15 hotel managers regarding this tourist segment's needs during hotel stays. Dementia is diagnosed based on phase, namely mild-to-moderate, moderate-to-severe, and severe (Smit et al., 2016). Our sample was limited to hotel guests in the early-stage of dementia; not all individuals living with dementia can engage in travel due to their symptoms (i.e. for health and safety reasons) (Hu et al., 2023). This study is one of the first to empirically explore the perceptions of Chinese hotel guests with dementia and hotel managers' views on meeting this group's needs. Results will help hotel managers better serve this market segment and will expand knowledge in medical science and hospitality.

Methodology

Primary data were obtained through qualitative in-depth interviews with individuals diagnosed with early-stage dementia and hotel managers in China. A purposive sample of people with dementia who had travelled before the COVID-19 pandemic constituted target respondents (i.e. travel-eligible individuals with dementia). Not all people with dementia can travel independently due to their health and cognitive capacity (Alzheimer's Association, n.d., .; Alzheimer's Society, n.d.; Dementia Australia, 2021; Wen et al., 2022; Zheng et al., 2023). People with early-stage dementia are often eligible whereas individuals with mid-stage or severe dementia are not. According to Resau (1995), "a diagnosis of dementia is not necessarily synonymous with incompetency": patients with mild symptoms can usually complete simple activities. They can also make decisions such as whether to take part in research (Werezak & Stewart, 2009). They can provide informed consent as well (American Geriatrics Society Ethics Committee, 1998; Resau, 1995; Werezak & Stewart, 2009).

Dementia was assessed using the Mini-Mental State Examination (MMSE) (Folstein et al., 1975), a relatively quick and simple assessment tool. This measure contains several cognition-related questions and has a maximum score of 30 points; 20–24 points suggest mild dementia, 13–20 points suggest moderate dementia, and fewer than 12 points suggest severe dementia. Dementia specialists in the Second Affiliated Hospital of Shandong First Medical University (SAHSFMU) helped to recruit participants by reviewing patients' medical records and confirming the severity of dementia by interviewing caregivers at the time of enrolment using the MMSE. Inclusion criteria were based on previous dementia research (e.g. Eggink et al., 2021, Grimes and Schulz, 2002; Kabir, 2007; Sitthi-Amorn & Poshyachinda, 1993; Zheng et al., 2022): (a) aged 65–75 years; (b) complete information available from qualitative in-depth interviews; (c) no history of severe somatic diseases (e.g. coronary artery disease, stroke, or any type of cancer); (d) no history of severe mental disorders; or (e) MMSE score between 20 and 24. The exclusion criteria were (a) aged <40 years; (b) used antipsychotic medications within 24 hours of interview; (c) MMSE score below 20; (d) participating in another clinical trial on dementia; or (e) present severe alcohol or illicit drug abuse. Fifteen patients with early-stage dementia were ultimately recruited from SAHSFMU. The data collection process complied with the Declaration of Helsinki: all participants provided informed consent (Goodyear et al., 2007). This study also followed ethical practices in medical science research on dementia (e.g. Ding et al., 2020; Eggink et al., 2021; Zhang et al., 2022).

One author of this paper who specializes in dementia and other psychological disorders led the research team in conducting face-to-face, semi-structured interviews with travel-eligible dementia patients at a hospital in Tainan, Shandong Province, China. Jia et al. (2020) reported that China has the largest proportion of dementia patients in the world, accounting for 25% of this patient population. Chinese dementia patients thus constituted an ideal sample. Between June and

Table 1. Interview protocol for people with early-stage dementia.

No.	Item
1	Could you please confirm that when you travelled last time, you were aware that you had been diagnosed with dementia?
2	Could you please confirm that you had been diagnosed as having early dementia when you travelled last time?
3	Could you please share your experience the last time you travelled?
4	How do you think your dementia symptoms affected your travel experiences, if at all?
5	Do you have any suggestions for hotel practitioners in helping guests with dementia?

August 2021, 15 people with early-stage dementia who had travelled in the past 5 years agreed to participate in interviews without assistance from their caregivers or medical specialists.

Researchers generally prefer to record interviews during qualitative data collection; it is challenging to transcribe information by hand without missing valuable details during an interview (Harvey, 2011). Scholars have argued that the need to record interviews depends on the questions, purpose, and interviewees (e.g. patients) (Harvey, 2011). For instance, some academics have contended that interviews with high-status professionals (e.g. CEOs) should not be recorded to allow for a more relaxed environment when discussing sensitive topics: interviewees are more apt to share in-depth information when not being recorded (Byron, 1993; Peabody et al., 1990). Harvey (2011) did not use a recorder for his doctoral and postdoctoral research because many respondents were uncomfortable with the prospect. Interviewees working in sectors such as law, which have strict rules on employees and company confidentiality, may also be hesitant.

Therefore, scholars should carefully choose an interview strategy that balances trust and rigour when working with certain populations (Harvey, 2011). In this case, to ensure that all interviewees (i.e. travel-eligible individuals with dementia) felt at ease, interviews were not recorded after considering medical specialists' suggestions in the current study. The research team instead took detailed notes during interviews. As shown in Table 1, the main interview questions were as follows: 1) *Could you please confirm that when you travelled last time, you were aware that you had been diagnosed with dementia?* 2) *Could you please confirm that you had been diagnosed as having early dementia when you travelled last time?* 3) *Could you please share your experience the last time you travelled?* 4) *How do you think your dementia symptoms affected your travel experiences, if at all?* 5) *Do you have any suggestions for hotel practitioners in helping guests with dementia?* Interview notes were verified with each interviewee (and corrected as needed) to ensure accuracy once all transcripts had been prepared.

This study's sample size was relatively small. Individuals generally hesitate to share personal medical information with people other than their healthcare providers due to privacy concerns (Whiddett et al., 2006). Culturally, Chinese residents traditionally seek to minimize uncertainty and risk (Hofstede, 2001; Polsa et al., 2013). Small samples have been deemed acceptable for empirical studies of a sensitive nature in the social and medical sciences. Sperling (Sperling, 2022) held 11 in-depth semi-structured interviews with Israeli members of Dignitas, a Swiss non-profit organization, who were considering going to Switzerland for voluntary euthanasia. Wen et al. (2018) interviewed 10 tourists about their experiences smoking commercial cannabis while travelling abroad. Neubauer et al. (Neubauer et al., 2022) organized 5 focus groups with a total of 21 participants to discuss the adoption and usability of locator devices for people with dementia. This study's 15-person sample therefore compares to earlier work.

Data collection: hotel managers

Hotel services for guests with dementia represent an emerging topic with limited awareness and without concrete policies. Purposive sampling was employed to recruit hotel operators in this study. After informal conversations with senior hotel managers in China, the authors realized that few of these managers had encountered guests with health conditions (e.g. dementia) in the workplace.

Table 2. Interview protocol for hotel managers.

No.	Item
1	Does your hotel have any policy or protocol for providing services to vulnerable guests such as those with psychological disorders (e.g. dementia)?
2	Does your hotel have any mechanism to identify vulnerable guests who might need additional services?
3	Does your hotel provide any training to serve vulnerable guests?
4	Does your hotel have any medical aid system for vulnerable guests who have emergencies?
5	Do you think guests with psychological disorders are an important market for your hotel's operations?
6	How could your hotel or managers provide support for guests with dementia as a vulnerable traveller segment in the future?

Fifteen semi-structured interviews were held online (e.g. via Zoom and WeChat) with senior managers of two 5-star luxury hotels in China. Luxury hotels were selected in the current study because travel can be a privilege for people with health impairments because tailored services are rare (Hu et al., 2023). One China-based author who specializes in tourism and hospitality management gathered data from the hotel managers between July and August 2021. All interviews were audio-recorded, professionally transcribed, and checked for accuracy with all interviewees. As shown in Table 2, sample questions included 1) *Does your hotel have any policy or protocol for providing services to vulnerable guests such as those with psychological disorders (e.g. dementia)?* 2) *Does your hotel have any mechanism to identify vulnerable guests who might need additional services?* 3) *Does your hotel provide any training to serve vulnerable guests?* 4) *Does your hotel have any medical aid system for vulnerable guests who have emergencies?* 5) *Do you think guests with psychological disorders are an important market for your hotel's operations?* 6) *How could your hotel or managers provide support for guests with dementia as a vulnerable traveller segment in the future?*

Ethical considerations

Written informed consent was acquired for all participants. Following Field et al. (2021), a capacity assessment screening tool was used with dementia patients to determine their capacity to decide to partake in this study in accordance with the Mental Capacity Act (2005). Ethical approval was obtained to conduct this research.

Data analysis

Interview notes and transcripts were examined via a six-step thematic analysis (Braun & Clarke, 2006): 1) familiarization, 2) initial code generation, 3) theme search, 4) theme review, 5) labelling of themes, and 6) reporting of results. Triangulation (Jick, 1979) indicated connections and discrepancies between each dataset (i.e. travellers with early-stage dementia and hotel managers). Specifically, the two datasets were evaluated for convergence by determining whether transcripts from one contained data related to subthemes or key themes in the other. Overarching themes were then identified. In reference to Field et al. (Field et al., 2021), two co-authors coded a proportion of notes and transcripts to ensure findings' credibility. The first author performed thematic analysis and triangulation while regularly reviewing results with co-authors. To guarantee an accurate translation from Chinese to English to report findings (Behling & Law, 2000), Chinese and English versions of all codes and corresponding explanations were sent to a bilingual (English – Chinese) expert who has lived in Europe for more than 10 years.

Description of participants

Fifteen people with early-stage dementia (mean age 69.57 years) were interviewed alone without assistance from others (e.g. caregivers or family members). The interviews ranged from 10 to 20 minutes. All interviews took place in a hospital in China where an author of this paper works.

Sociodemographic questions were minimized, and all interviews were relatively brief to ensure interviewees' comfort while still obtaining necessary information.

Fifteen hotel managers in China participated in online interviews. All worked at five-star hotels in first-tier cities, including Beijing, Shanghai, and Guangzhou. These interviews ranged from 20 to 30 minutes. Managers' personal information was not collected to ensure confidentiality and encourage transparency without potential workplace pressure. All managers had worked in the hotel industry for more than 5 years and held senior positions in their home hotels. They were, therefore, qualified to share their professional experiences.

Results

Interviews with individuals diagnosed with early-stage dementia revealed six salient themes about their hotel stays.

1) Hiding dementia medical history

Most interviewees with early-stage dementia stated that they chose not to mention their dementia-related medical history, even if they needed support from hotel staff during their stays. Interviewees alluded to distrusting staff: they mentioned a fear of being asked to provide information about their health conditions or being asked to complete additional declaration forms, such as "disclaimers," that would release hotels from responsibility for any emergencies or other incidents that may happen while the guests were staying in the hotel.

2) Avoiding discrimination

Interviewees voiced concerns about discrimination while travelling. Chinese people's medical history is highly sensitive and seldom exposed to others, including service providers during travel. Similar to the first theme, interviewees preferred not to disclose their medical conditions (e.g. dementia) to hotel staff when booking or staying in the hotel to prevent discrimination or conflict with others.

3) Low expectations about hotel services and support for their medical conditions

Interviewees explained that they usually held low expectations about hotel service employees' or managers' abilities to provide support for symptoms as needed. Dementia is a complex disease requiring support from caregivers and medical specialists. Interviewees said they underwent thorough medical evaluations from dementia specialists before travelling. They had also received professional advice and medications to help prevent emergencies during travel.

4) Distrust towards hotel-based medical facilities

Interviewees expressed that they did not trust hotel-based medical facilities to help guests in need of treatments related to their condition. These guests perceived hotels as only seeking to provide suitable accommodation; that is, guests should not have unrealistic demands or expectations about the services available to guests with dementia. This condition could seem overwhelming to hotel employees and may lead to a higher likelihood that staff will discriminate against guests with certain medical conditions.

5) Expectations of home-like room design

Some interviewees preferred their hotel rooms to be cosy, quiet, and distant from more public settings such as restaurants, pubs, and bars. Guests also tended to favour home-like room decorating as a source of comfort amid the various environments encountered during travel. Interviewees mentioned that they sometimes shared their preferences with hotel receptionists but did not explicitly state why they wished for certain accommodations.

6) Preference for limited interaction

Most interviewees preferred not to be disturbed during their hotel stays. They wanted a quiet environment that enabled them to rest without much emotional engagement. For instance, morning room service was not appreciated; interviewees mentioned leaving a "Do not disturb" notice for housekeeping staff. In addition, interviewees were reluctant to dine in hotel restaurants even when

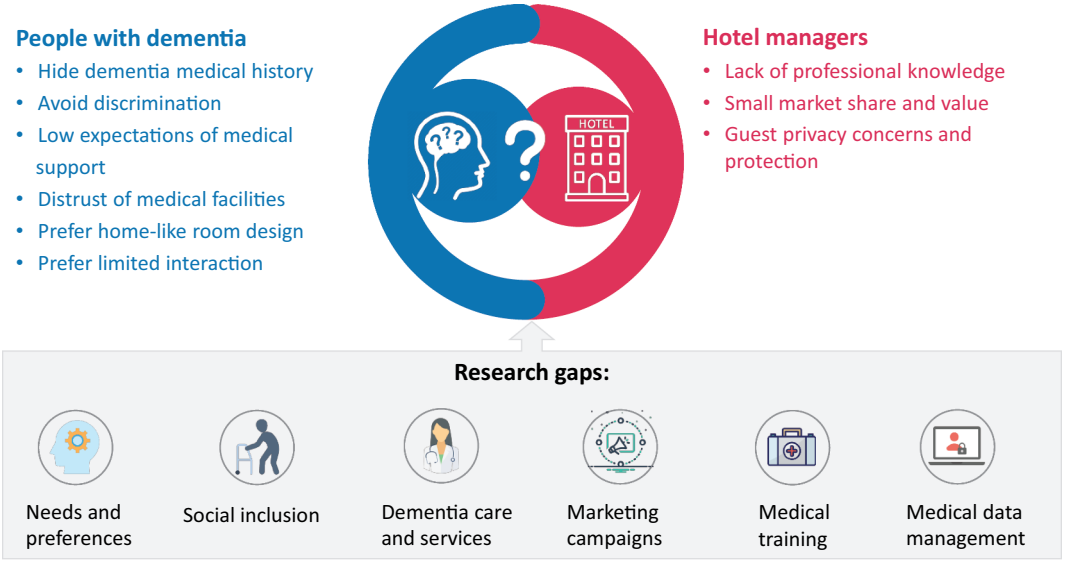

Figure 1. Proposed conceptual framework.

hungry in order to avoid excessive interaction and noise; however, they perceived the quality of food ordered through room service as being lower than that served in restaurants.

Hotel managers

Three main themes emerged from hotel managers' interviews.

1) Lack of professional knowledge about this guest segment's needs

All managers indicated that providing tailored services to guests with conditions such as dementia calls for professional training for frontline employees and managerial staff. The interviewees could not specify hotel protocols or policies intended to accommodate guests with medical conditions. Managers also lamented the lack of communication channels to be informed about guests' conditions or needs to achieve a pleasant stay. In general, managers agreed that serving guests with dementia requires more planning to cope with this seemingly expanding market.

2) Relatively small market share compared to typical guests

Hotel managers indicated that financial revenue is the top priority for any hotel in today's turbulent business environment. Typical guests are a key revenue stream. Managers also described corporate social responsibility, such that they needed to attend equally to different guest segments, including vulnerable groups; however, vulnerable groups are a much smaller market than typical guests. Hotel managers also had little preparation (e.g. training and policies) for vulnerable guests. Marketing and service provision for guests with conditions such as dementia is currently a blank slate in China's hotel industry.

3) Guest privacy concerns and protection

Managers discussed their hotels' policies regarding guests' privacy, including not soliciting unnecessary personal information during booking and check-in. Whereas restaurant service employees can customarily ask customers if they need accommodations such as a wheelchair, it would seem rude for hotel receptionists to ask guests if they need service for medical conditions. Managers normally did not intervene when guests could have medical conditions (e.g. dementia) but chose not to tell hotel service staff.

Upon integrating findings from travel-eligible individuals with dementia and hotel managers, we developed the conceptual framework in Figure 1 to depict identified gaps.

Conclusion and implications

This interdisciplinary study makes an early effort to empirically explore the perceptions of Chinese hotel guests with dementia and hotel managers' views on meeting these guests' needs. Findings expand the literature on global health with a focus on dementia as well as tourism. No other study has investigated the leisure needs of people with dementia based on hotel stays as a possible way of tackling a global health challenge – dementia in the ageing era globally. Peterson et al. (Peterson et al., 2020) pointed out that a dementia diagnosis does not necessarily extinguish one's desire for leisure travel. Sufficient understanding of this population's leisure experiences is essential to the development of dementia-friendly communities and assistance for these individuals (Aihara & Maeda, 2021; Darlington et al., 2021). Methodologically, participants with early-stage dementia were correctly identified in this study as travel-eligible based on their health status and ability to behave independently (e.g. provide informed consent) (Wen et al., 2022; Zheng et al., 2023).

Six key themes were extracted from Chinese individuals' experiences as hotel guests with early-stage dementia: *hiding dementia medical history*, *avoiding discrimination*, *low expectations for hotel services and support for their medical conditions*, *distrust towards hotel-based medical facilities*, *expectations of home-like room design*, and *preference for limited interaction*. These themes provide a snapshot of this group's leisure travel preferences in China. Tourism was the world's largest and fastest growing industry prior to the COVID-19 pandemic. This industry can also play an important role in the leisure activities of people with dementia and can potentially enhance their well-being. These six themes may be alarming to healthcare workers and tourism/hotel practitioners: the experiences of most interviewees were relatively negative regarding services and assistance from hotel operators in China. Much of the tourism research on people with dementia has been conceptual without empirical evidence to guide marketing and business strategies. This study sheds light on this neglected population's leisure needs and concerns.

Considering guests' and service providers' points of view provided a broader look at hotel stays for individuals living with dementia. Commentary from hotel managers on meeting these guests' needs during leisure travel can be summarized by three themes: *lack of professional knowledge about this guest segment's needs*, *relatively small market share compared to typical guests*, and *guest privacy concerns and protection*. In China, ideologically, people with dementia appeared reluctant to share their conditions with hotel service employees so they could receive specific assistance. Most managers agreed that hotel operators pay little attention to the market of guests with medical conditions such as dementia. Managers also perceived accommodating guests with dementia as a complex task requiring professional knowledge and training. A stark gap thus exists between this guest group's needs and hotel services.

Findings illuminate a new avenue to understand leisure, including hotel stays, among individuals with dementia in the field of global health. Accessible activities vary across dementia phases (Smit et al., 2016). Professional guidance regarding travel for people with dementia is essential to ensuring safe and pleasant experiences. Dementia specialists should discuss travel-eligible individuals' travel plans, hotel selection, and other matters as appropriate. Our results also offer managerial implications: hotel operators should pay more attention to the niche market of guests with dementia given the world's ageing society and the climbing dementia population (United Nations, 2020; World Health Organization, 2021). Tourism plays an increasingly important role in modern society; being able to accommodate diverse guest groups, including those with dementia, is crucial. An increased understanding between hotel guests and frontline service employees is critical to addressing guests' needs through better service. Workshops, training programmes, and other learning opportunities from medical specialists can help hotel managers develop protocols and policies to serve vulnerable groups, including tourists with dementia to enhance their quality of life.

This study has several limitations. First, both interview samples were relatively small; larger samples would generate more comprehensive insight into this under-researched area. For example, apart from luxury hotels that are positioned to offer superior accommodation service, future

research could also include interviews with managers of budget hotels. Second, data were only collected from Chinese respondents. Chinese culture likely colours general perceptions of people with medical conditions. Results may not be easily generalizable to individuals with dementia in other cultures. Third, to ensure results' reliability and validity, input from medical personnel such as dementia specialists is needed to provide more advice for guests with dementia and hotel practitioners. Fourth, as a note of caution, this study was exploratory and does not fully represent hotel guests with early-stage dementia. For example, the theme "Relatively small market share compared to typical guests" reflected senior hotel managers' perspectives on the share of guests with dementia (vs. other guests) in the absence of statistical or empirical evidence. Such insight calls for further validation to inform industry development and research. Replication studies should also be performed to verify these findings with different samples. Nevertheless, this study serves as a starting point for subsequent research on this expanding market.

Several directions exist for future research. First, the domestic and outbound tourism motivations of vulnerable populations (e.g. travel-eligible individuals with dementia) should be explored. Scholars could compare these groups' characteristics to those of typical tourists (e.g. people without health conditions). Well-established tourism constructs such as perceived constraints, negotiation strategies, and other psychological states should also be investigated to describe vulnerable populations' travel-related needs in today's ageing society. Second, it is essential to better understand how tourism stakeholders (e.g. industry practitioners and policymakers) perceive vulnerable populations' tourism engagement; this knowledge can inform accessible tourism campaigns. Third, novel interventions for travel-eligible individuals with dementia should be examined. For instance, animal-assisted interventions (e.g. Rickly, 2018; Rickly & Kline, 2021; Rickly et al., 2021, 2022; Wen, in press) may help vulnerable populations enjoy safe, pleasant travel experiences. Last, researchers need to empirically test how tourism might benefit the health of travel-eligible individuals with dementia. Medical assessments can include objective measures like heart rate, eye movement, blood pressure, blood sugar, and so on.

Submission declaration and verification

The authors of this research confirm that the work described has not been published previously, that is not under consideration for publication elsewhere, that its submission and publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder.

Author contribution statement

Dr. Jun Wen: conception and design; data analysis; manuscript drafting; critical manuscript revision; final submission approval
Dr. Danni Zheng: conception and design; data collection; data analysis; manuscript drafting; critical manuscript revision; final submission approval
Dr. Yangyang Jiang: manuscript drafting; critical manuscript revision; final submission approval
Prof. Haifeng Hou: data collection; data analysis; critical manuscript revision; final submission approval
Prof. Ian Phau: conception and design; critical manuscript revision; final submission approval
Prof. Wei Wang: supervision; conception and design; critical manuscript revision; final submission approval

Ethical approval statement

Ethical approval was obtained from the Ethics Committee of SAHSFMU (No. 2021–077).

Authors' statement

Authors confirm that no subsequent addition of authors' names will be permitted by the journal.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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Jun Wen's research interests lie in Chinese outbound tourism marketing, behaviours, and other related aspects.

Danni Zheng's research interests include sociopsychology of tourism, medical tourism, crisis tourism management, prosocial behaviours and digital cultural tourism.

Yangyang Jiang's research interests include services marketing, customer experience, and sustainable development.

Haifeng Hou's current research interests lie in Epidemiology of Chronic Diseases,Evidence-Based Medicine, and Glycomics.

Ian Phau's research interests include luxury branding and hospitality, country image and tourism.

Wei Wang's current research interests lie in Molecular Epidemiology, Genomics and Glycomics.

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