
1. Rethinking the role of tourism in modern society through the lenses of the public and general wellbeing

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A REVIEW OF DEFINITIONS OF TOURISM

The academic study of tourism is relatively young (Echtner & Jamal, 1997): related terms (such as “tourism” and “tourists”) first appeared in the early nineteenth century (Smith, 1988). Tourism research evolved thereafter and now fits into numerous domains (Echtner & Jamal, 1997). The field is inherently multidisciplinary (Tribe, 1997), dating back to its roots primarily in such fields as economics, sociology, anthropology, and others (Kozak & Kozak, 2016). Considering the area’s multifaceted nature, tourism scholars began to ask the question “What is tourism?” after identifying it as a globalized phenomenon with evident socioeconomic importance worldwide (Darbellay & Stock, 2012; Smith, 1988).

Smith’s (1988) question “What is tourism?” has attracted a spate of answers but remains hotly debated. Definitions of tourism continue to emerge. As a seminal example, Leiper (1979) centered tourism on geography: he defined tourism as “the system involving the discretionary travel and temporary stay of persons away from their usual place of residence for one or more nights, excepting tours made for the primary purpose of earning remuneration from points en route” (pp.403–4). This system is composed of travelers, generating and destination regions, transit routes, and the general tourist industry, all of which feature functional and spatial links. The United Nations World Tourism Organization (UNWTO) (2019) later described tourism as people leaving their everyday environment for no more than a full year. Tourism also reflects travel motivations, which do not always involve pleasure and relaxation (C. Yu, Wen, & Meng, 2020). Other drivers of travel include health (for example, medical tourism), human rights (for example, social tourism), grief (for example, dark tourism), and professional development (for example, business and education) (see for example Connell, 2013; Glover, 2011; McCabe & Dickmann, 2015).

Researchers have proposed different tourism-related areas to examine the field more closely (Yuan, Gretzel, & Tseng, 2015). Sample topics include tourism geographies, tourism economics, and physics and tourism. For example, some studies (Cui, Huang, Chen, Zhang, & Li, 2019; Cui, Xin, & Li, 2021) have borrowed the concept of “inertia” from physics: inertia leads an object to maintain its velocity unless influenced by external forces. The concept has been applied in consumer-based studies (as

“consumer inertia”) to understand consumers’ repeat purchase behavior (Cui et al., 2021). The idea of “tourist inertia” has also been adopted to elucidate the association between visitor satisfaction and revisit intention (Cui et al., 2019).

Numerous instances of world conflict (an example is the 2021 Israel–Gaza violence) (BBC News, 2021) have signified a decline in global peace, causing policymakers to take peacebuilding as a major priority (Farmaki & Stergiou, 2021). Relevant studies have framed tourism in relation to economic, political, and social inequalities via distributive, procedural, and restorative justice. Farmaki (2017) pointed out that tourism can play an inhibiting, mediating, or subservient role in reconciliation. However, the interrelation between tourism and peace is complicated. Pratt and Liu (2016), for instance, argued that peace is not important in moderate-income tourism destinations but is important in high-income destinations. Other scholars have started to consider tourism development alongside social issues (such as crime). Human trafficking (including sex trafficking) is a form of modern-day slavery (Aston, 2016; Aston & Paranjape, 2013) in which hospitality businesses can inadvertently play a supporting role (Paraskevas & Brookes, 2018). Brooks and Heaslip (2019) explored the relationships among gender, migration, mobility, and tourism based on sex work and its ties to trafficking. Tourism has also been discussed on the basis of controversies such as sex commercialization, child exploitation, sexual abuse, and human trafficking. Aston, Wen, Goh, and Maurer (2021) stated the need to raise awareness of sex trafficking in the industry and to identify ways to prevent this crime. The literature also provides empirical evidence of tourists experiencing harassment by local shopkeepers, as an example of negative social interactions (Alrawadieh, Alrawadieh, & Kozak, 2019; Kozak, 2007).

Medical tourism has been given increasing scholarly attention as well. In this case, consumers often travel abroad to obtain medical care while remaining vacationers (Connell, 2006). Associated research has investigated related travel barriers (Heung, Kucukusta, & Song, 2011), the tourism experience (Lee, Han, & Lockyer, 2012), impacts on community wellbeing (Suess, Baloglu, & Busser, 2018), and medical tourists’ perceptions (Yu & Ko, 2012). C. Yu et al. (2020) focused on “suicide tourism” and argued that not all tourism is pleasure-related. Later, Wen, Goh, and Yu (2021) explored tourism segments for physician-assisted suicide and provided practical recommendations from economic, political, and social points of view. The debate around what constitutes tourism persists. However, tourism will continue to inform areas such as medicine and mental health post-pandemic, as tourism’s role in modern society is constantly changing.

TOURISM AND COVID-19

As of 28 September 2021, 232,075,351 confirmed cases of COVID-19 had been recorded, including 4,752,988 deaths (World Health Organization [WHO], n.d.). The pandemic has ravaged service industries such as tourism and hospitality (Aharon, Jacobi, Cohen, Tzur, & Qadan, 2021). According to UNWTO (2020), international

Table 1.1 Loss in GDP from jobs at risk in the travel and tourism industry due to COVID-19 in 2020

Characteristics	Jobs at risk	GDP loss in billion US Dollars
Asia Pacific	63.4	1,041
Europe	13.0	708.5
North America	8.2	680.7
Middle East	2.6	96.2
Latin America	4.7	83.8
Africa	7.6	52.8
Caribbean	1.2	26.4

Source: Lock, 2020

travel demand plummeted amid the pandemic: tourist arrivals declined by 74 percent in 2020 versus 2019 and fell by 80–90 percent in developing countries (United Nations, 2021). Early 2021 saw even worse outcomes, with an average global decline of 88 percent over pre-pandemic levels (United Nations, 2021). The world's travel and tourism market was projected to lose 100 million jobs in 2020. For example, the Asia Pacific region lost US\$1.04 trillion in GDP due to crippled employment (Lock, 2020) (see Table 1.1). Research has thus aimed to outline post-pandemic recovery strategies to promote the industry's reawakening.

Epidemiologists are still seeking to fully understand COVID-19; few viruses are able to spread so quickly. Unsurprisingly, scholars in the hard and soft sciences are seeking to share timely information about the disease—particularly as variants are spreading faster and leading to more infections than earlier forms of the virus (Wilder-Smith, 2021). Meanwhile, social scientists are considering the importance of psychological wellbeing given mobility limitations (such as travel restrictions) that did not exist prior to the pandemic (Cowling & Lim, 2020). Others have explored the impacts of COVID-19 on tourists' behavior (such as perceived travel risks) (Li, Zhang, Liu, Kozak, & Wen, 2020) and on Chinese citizens' lifestyles (Wen, Kozak, Yang, & Liu, 2021). Bridges between the hard and soft sciences, such as medicine and tourism, have also generated interdisciplinary research collaborations around tourism's place in society, as discussed below.

Rethinking Tourism during COVID-19

Scientists are studying the intricacies of COVID-19 transmission in great depth (see for example Escandón et al., 2021; Jordan, Adab, & Cheng, 2020; Rockett et al., 2020). As a complement, tourism and hospitality scholars have considered how the pandemic could influence public health and wellbeing now and in the future. A lack of sufficient medical understanding can affect several aspects of daily life (Wen, Wang, Kozak, Liu, & Hou, 2021). For instance, the mental health consequences of COVID-19 media coverage are many (Su et al., 2020). Yu, Li, Yu, He, and Zhou (2020) reviewed 10,132 online comments related to travel and COVID-19 and

described changes in tourists' risk perceptions, tourism firms' quality of service during crises, quarantine concerns, accurate media coverage, and racial discrimination. Using a similar methodology to gather data from 499 newspaper articles, Chen, Huang, and Li (2020) found that COVID-19 has led the public to travel with higher anxiety and panic levels. In a related vein, Kubota, Shiono, Kusumoto, and Fujinuma (2020) referenced the need to carefully consider how globalization has changed disease control as mobility spreads COVID-19. Travel and tourism behavior is thus closely tied to global public health—as little as one confirmed COVID-19 case can lead to a lockdown, as seen in Western Australia in July 2021.

Organizational concerns related to COVID-19 have also been addressed in tourism and hospitality studies, including risk reduction techniques to enhance the industry's resilience to health threats. Hughes (2020) noted multiple obstacles that have complicated professional training during the pandemic: (1) poor technological infrastructure; (2) opposition between essential and non-essential workers; and (3) the ability to efficiently train employees in new technologies while working remotely. Jiang and Wen (2020) pointed out similar issues when adopting artificial intelligence and robotics to provide contactless hospitality services (such as facial scan check-ins and voice guest control). Yet effective training is key to organizations' survival in the face of the pandemic: safety-related trainings can enhance hospitality organizations' cleanliness (such as through disinfection) during COVID-19 (see for example Zhang, Xie, Wang, Morrison, & Coca-Stefaniak, 2020) while informing employees about ways to limit disease transmission. Tourism and hospitality firms' responses to COVID-19 thus affect their own growth as well as the spread of illness.

Compared to tourism-specific studies focusing on phenomena such as tourist behavior, research conducted during COVID-19 has involved more active interdisciplinary collaboration. However, even prior to the pandemic, tourism scholars (see for example Lugosi, 2020) had discussed the practicalities of interdisciplinary research. Levi, Dolev, Collins-Kreiner, and Zilcha-Mano (2019) considered collaboration between psychologists and tourism scholars to examine the nexus between tourism and depressive symptoms. Scholars' focus on collaborative research increased when COVID-19 hit the tourism and hospitality industry. For example, in the work by Wen, Wang, Kozak, Liu, and Hou (2021), tourism and public health researchers critically considered how professionals from disparate domains could cooperate. Correia and Kozak (2021) analyzed 63,176 papers and discussed tourism-related research gaps requiring a trans- or interdisciplinary approach to fill. Yeh (2021) specifically mentioned the need to adopt interdisciplinary approaches to devise tourism recovery strategies during COVID-19.

In one case, a group of tourism, public health, and nursing scholars explored traditional Chinese medicine as a mechanism to revitalize tourism in China (Wen, Wang, Goh, Su, & Ying, 2021). Other topics have been explored as well: a team of researchers in tourism, communication science, and marketing examined the pandemic's impact on household food consumption in China, Turkey, and Portugal (Kartari, Ozen, Correia, Wen, & Kozak, 2021). J. Li et al. (2020) explored game consumption in relation to the pandemic's initial emergence in China in 2019. Overall, research

combining tourism and other disciplines continues to reinforce the informational value of a multi-pronged perspective.

Scholars could especially benefit from rethinking tourism's role in daily life and society, especially considering the enduring consequences of COVID-19. As mentioned thus far, tourism has been shown to be relevant to issues in justice, human rights (that is, death with dignity), social issues (for example, sex trafficking), public health (for example, panic-induced travel amid COVID-19), and general wellbeing. The following sections discuss tourism's place in society based on the sector's respective relationships with public health and wellbeing.

The Nexus between Tourism and Public Health: From the Past to COVID-19

The World Health Organization defines public health as “the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society” (National Health and Medical Research Council [NHMRC], n.d.). According to the CDC Foundation (n.d.), public health involves advocating for a healthy lifestyle and detecting, preventing, and responding to illness. Scholars have studied the discipline in terms of health-related outcomes (Haskell, Blair, & Hill, 2009), environmental mycology (Mishra et al., 1992), and walking (Lee & Buchner, 2008). Other studies have considered China's healthcare system (Ling, Liu, Lu, & Wang, 2011; Tao et al., 2014; Yan et al., 2012), emerging public health issues in Ghana (Adua, Frimpong, Li, & Wang, 2017), and socioeconomic status and public health in Australia (Turrell & Mathers, 2000). Undoubtedly, public health represents an important context for interdisciplinary research.

Tourism and public health are also merging around the concept of wellbeing (Pyke, Hartwell, Blake, & Hemingway, 2016); medical tourism has been widely discussed given its implications in both domains (Hall, 2011; Johnston, Crooks, Adams, Snyder, & Kingsbury, 2011; Lehto & Lehto, 2019; Pyke et al., 2016). Richter (2003) initially expressed concern that public health officials were only beginning to understand the challenges of the international tourism industry's growth and its global public health consequences (such as deforestation, deregulation, and decentralization). Hall (2011) reviewed the public health and medical tourism literature and found that, despite international medical tourism's potentially significant role in public health, some risks are rarely considered when evaluating economic merits. In a study of Canadian patients' motives for pursuing medical tourism, Johnston et al. (2011) called for a comprehensive public health response to such tourism that respects patient diversity. From a supplier perspective, wellbeing is a tourism product resource that can generate target markets such as wellbeing tourism (Pyke et al., 2016). However, since the pandemic, tourism and public health priorities have moved from marketing to the roles of tourism in improving public health as a social responsibility.

From a public health standpoint (e.g., Heymann & Shindo, 2020; Paakkari & Okan, 2020), the four main methods of epidemic prevention include (1) containing and mitigating the pathogen (Abideen, Mohamad, & Hassan, 2020; Iwen, Stiles,

& Pentella, 2020); (2) letting the pathogen spread until herd immunity is reached (Omer, Yildirim, & Forman, 2020); (3) testing, tracking, and isolating disease (Panovska-Griffiths et al., 2020); and (4) preventing and treating disease (Jiang, 2020; Nhamo, Chikodzi, Kunene, & Mashula, 2020). Other studies have focused on the roles of digital innovations in public health responses to COVID-19 (Budd et al., 2020), the French public's attitudes to the vaccine (Ward, Alleaume, & Peretti-Watel, 2020), potential public health problems among homeless populations due to the pandemic (Tsai & Wilson, 2020), and trust in and compliance with public health policies (Bargain & Aminjonov, 2020).

"Vaccine tourism" is a prime research area at this time. According to Gulati (2021), vaccine tourism accompanied the discovery of a COVID-19 vaccine but gained popularity in 2021 with wider vaccine distribution: Sputnik V, Pfizer, and Johnson & Johnson have combined the vaccine with international holiday packages. In the state of Florida, both foreigners and residents who were at least 65 years old were eligible to be vaccinated (Campo-Flores & Cordoba, 2021). Many studies on tourism during COVID-19 have focused on public sentiment about vaccine tourism (e.g., Gulati, 2021) and the public's confidence in and willingness to receive the vaccine and engage in tourism, using sentiment analysis (see for example Wang, Kunasekaran, & Rasoolimanesh, 2021; Williams et al., 2021). More efforts are needed to explore tourism in terms of public health policies for pandemic prevention and economic recovery in countries where tourism is a pillar of economic development.

The Nexus between Tourism and Wellbeing: From the Past to COVID-19

Wellbeing entails people perceiving their lives in a positive way (CDC, n.d.). Mental and physical health have jointly led to holistic approaches to health promotion (Dunn, 1973). The notion of wellbeing reflects positive emotions and life satisfaction (Andrews & Withey, 1976; Frey & Stutzer, 2002). Scholars have examined facets such as physical wellbeing (Lambert et al., 2021), economic wellbeing (Wilkins, 2021), social wellbeing (Coulthard, Johnson, & McGregor, 2011), emotional wellbeing (Steptoe & Butler, 1996), psychological wellbeing (Steptoe, Deaton, & Stone, 2015), life satisfaction (Pavot & Diener, 2008), and workplace wellbeing (Brunetto, Teo, Shacklock, & Farr-Wharton, 2012).

Kay Smith and Diekmann (2017) stated that tourism studies first focused on wellbeing based on notions from philosophy and psychology (for example, happiness and quality of life). For instance, Willis (2015) provided insight into how a cultural ecosystem services framework can clarify the tourism–nature–wellbeing interrelationship; findings suggested that people should engage with nature to increase wellbeing. As one example, Konu (2015) presented an ethnographic study of customers' co-creation of a forest-based wellbeing tourism product. Pope (2018) reviewed the literature regarding the relationships among wellbeing, sustainable tourism, and transformational experiences. Pesonen and Komppula (2010) identified rural tourism as a form of wellbeing tourism by exploring associated motivations and expectations.

Tourism scholars have thus acknowledged the complexity of and multiple perspectives on wellbeing.

COVID-19 has amplified researchers' attention to the pandemic's effects on people's mental health (O'Connor et al., 2021; Su et al., 2021). Topics of interest include children's wellbeing (Goldschmidt, 2020); associations between symptoms of anxiety/depression and mental wellbeing (Smith et al., 2020); relationships among healthy lifestyle behaviors (Kilani et al., 2020); and improving mental wellbeing during COVID-19 isolation (Diamond & Byrd, 2020). The pandemic has undeniably changed people's lifestyles (Wen, Kozak, Yang, & Liu, 2021) and negatively influenced mental wellbeing. Among the limited tourism-related research on wellbeing during COVID-19, Yang and Wong (2021) reported that tourists' wellbeing suffered when they felt unwelcome in a destination during COVID-19: concern about COVID-19 caused individuals to ruminate about their depressive symptoms and fueled discrimination-induced anxiety. By contrast, spending time on social media buffered travelers' psychological distress. Other distractions, such as virtual reality tourism, can also benefit people's subjective wellbeing during the pandemic. Nature can do the same—Buckley and Westaway (2020) indicated that hiking improved women's mental health during COVID-19 lockdowns. At this point, however, more tourism research is needed to explore tourism as an avenue for promoting individual and public health.

CONCLUSIONS AND SYNOPSIS OF CHAPTERS IN THIS BOOK

The nexus between tourism and public health/wellbeing provides opportunities to rethink tourism's role in contemporary society. Considering COVID-19 and other crises, the risk of international travel continues to rise. Widespread illness, accidents, and other health-related threats have made headlines in the past with few signs of recovery. Yet various public health and tourism institutions—from local offices to international bodies—continue to lag behind in travel-related health interventions. Professional knowledge of tourism's effects on public health and the interrelationships between them is crucial, but academic studies in this area remain lacking.

This knowledge gap must be addressed given the growth of tourism and the threat the industry presents to public health, and vice versa. Tourism growth continually gives rise to new challenges (economic, social, environmental, and otherwise) that can affect residents' and visitors' wellbeing in tourism destinations. Tourists' travel patterns have partly accelerated COVID-19. Travel-related risks can be further compounded by destinations' characteristics; for instance, regional threat responses may be constrained by environmental and political forces. This handbook emphasizes the ties among tourism, public health, and the wellbeing of local communities and tourists. Academic insight can guide the tourism industry's development as diverse stakeholders navigate a uniquely challenging time in travel and health promotion.

Against this backdrop, this book includes 17 chapters with novel contributions on topics related to tourism, public health, wellbeing, and social welfare. The relationship between public health and medical tourism is critically discussed in Chapter 2. The roles of mobility tourism in health, wellbeing, and sustainability are addressed in Chapter 3. In Chapter 4, the authors present a case study of Mauritius to assess health as a soft infrastructure for tourism. Chapter 5 offers an interdisciplinary look at three concepts—engineering resilience, circularity, and healthfulness—in the tourism context. In Chapter 6, social thermalism and relaunch projects are explored in relation to wellness tourism. Chapter 7 examines the relationship between tourism and spirituality to promote tourism in the future. Chapter 8 covers a timely topic, recovering from public health crises, based on Hong Kong’s tourism and hospitality industry. Chapter 9 surveys the positive health impacts of tourism as a foundation for subsequent work in this area. Chapter 10 critically discusses integrating sustainability and wellbeing in tourism through an innovative platform. In Chapter 11, the effects of tourism on social development are outlined in the case of Africa. Chapter 12 describes myths and realities of public health and wellbeing in tourism policy. The role of tourism in modern society is considered as a promoter of social welfare in Chapter 13. Chapters 14 and 15 review tourists’ behavior during disease outbreaks, and its association with wellbeing. Chapter 16 reviews past health crises and resilience in tourism when contemplating post-COVID-19 tourism recovery. Lastly, Chapter 17 ponders the nexus between COVID-19 and tourism development based on an island in the Indian Ocean. Overall, this book provides a broad overview of the relationships among tourism, health, and wellbeing to innovatively examine tourism’s increasingly important role in today’s society. This edited book is intended to highlight the nexus between tourism, health and wellbeing in various populations.

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