Public Health and Tourism; A Personalist Approach to Community Well-Being: A Narrative Review

*Habib ALIPOUR¹, Hamed REZAPOURAGHDAM², Banafshe ESMAEILI¹

¹. Faculty of Tourism, Eastern Mediterranean University, Gazimagusa, TRNC, Turkey
². School of Tourism and Hotel Management, Bahçeşehir Cyprus University, Nicosia, TRNC, Turkey

*Corresponding Author: Email: habib.alipour@emu.edu.tr

(Received 11 Aug 2018; accepted 22 Jan 2019)

Abstract
Given concerns over the public and individual health status of modern society and the scarcity of research on mobility and the health nexus, taking a personalist perspective grounded in spillover theory integrated with broaden-and-build theory, this study uses preventive science ideology and explores the links between tourism and public health through the illustration of the effects of travel on people’s personal, mental, and social well-being (PMS-web). A comprehensive review of the literature which is based on themes initiated from WHO (1948) statement: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” was adopted. Physical, mental, and social (PMS) well-being and tourism/travel keywords were used to search top tier journal articles via the Web of Science and google scholars’ search engines. Findings revealed that a positive linkage exists between travel/tourism and the PMS well-being of individuals that contribute considerably to their state of health per se and is vital to the public health in societies. Although the reviewed tourism literature includes plentiful studies on health/medical tourism or the health issues of host/guests, the lack of focus on the nexus of tourism and public health is sensible.

Keywords: Individual health; Public health; Tourism; Spillover theory

Introduction
Placing tourism in the context of human mobility (1) and considering its contribution to human health, this study aims to explore the links between tourism and individuals’ health and, on a larger scale, between tourism and public health. Heretofore, the majority of studies on tourism and health have focused on this relationship through the lens of the health/medical tourism paradigm (2-5), which includes the cure and medical aspects (6) rather than prevention. However, the definition of public health: “the art and science of preventing disease, prolonging life, and promoting health through the organized efforts of society” (7), depicts prevention as an immense aspect of public health. Thus, the current study takes a personalist perspective of health ethics (8) which considers the individual to be the core value, whose well-being will lead to community welfare (9) using preventive science ideology and the bottom-up spillover theory (10, 11).

Besides, this includes the broaden-and-build theory of positive emotions (12), which then illustrates how tourism links to individuals’ health and, on a larger scale, to public health. As stated by the World Health Organization (WHO) in 1948, health refers not only to the physical well-being of individuals but also to their mental and...
social well-being as well. Accordingly, through a review of the literature, the current study identifies the interconnection between tourism and individuals’ personal, mental and social well-being (PMS-webs).

**Theoretical foundation**

Public health is described as the collective practices of society to assure the conditions for their people to be healthy (13), where health is a state of complete PMS-webs (14). The missions of public health are the promotion of the PMS-webs of the population and prevention of injuries and diseases where the priority is prevention rather than cure (15). At the societal level, the collective aspects of public health have caused the debates about this concept to be seen more through the principles of utilitarianism or communitarianism (16).

Even though it is argued that the focus of public health is beyond the control of individuals (17), individuals and the health of the population are not easily separated (18). In other words, “individual wellbeing, however, should not be seen as opposite to collective wellbeing” even if “public health involves a person’s obligation to care also for the wellbeing of other persons, gathered in communities” (19, p. 205). Based on the aforementioned debate, this study takes a personalist approach (8) and argues that, through enhancing the individual PMS-webs, the well-being of the entire population is also achievable. This perspective “considers the individual to be the core value and tries to achieve the common good by promoting and enhancing the good of the individual” (9, p. 193).

The prevention science framework (20) is another significant approach which supports the ideology of this study. The goal of prevention science is "to prevent or moderate major human dysfunctions. An important corollary of this goal is to eliminate or mitigate the causes of the disorder. Preventive efforts occur, by definition, before the illness is fully manifested, so prevention research is focused primarily on the systematic study of potential precursors of dysfunction or health, called risk factors and protective factors, respectively" (20, p. 1013).

Built upon this framework, the current study focuses on three major components of public health (human PMS-webs) and how tourism and travel may work as preventive mechanisms for human risks in each of these three factors. Based on this framework, it is argued that there are potential risks for human beings which travelling may function as a precursor of in one way or another. Complementary to the aforementioned approaches are the following theories from social science. The broaden-and-build theory (12) illustrates the benefits of tourism and travel experiences on the well-being of individuals (21). This theory states that positive emotions facilitate the growth of human capacity. Fredrickson argues that positive emotions "share the ability to broaden people's momentary thought-action repertoires and build their personal resources, ranging from physical and intellectual resources to social and psychological resources" (12, p. 219).

For instance, leisure travel, a subset of tourism (22), has been found to be a source of positive emotions (23).

Another theory which supports the assumption that tourism and travel affect the well-being of humans is the spillover theory (10, 11). Previous studies based on this theory found that the positive emotions resulting from a trip contribute significantly to the level of the overall well-being of the travelers. Specifically, it is believed that the positive emotions associated with relaxation can enhance the health and well-being of travelers (24). Based on the aforementioned arguments, the following conceptual framework is proposed in the ensuing sections.

**Methods**

This study adopted a narrative literature review method (25). The Web of Science (formerly ISI Web of Knowledge) online database, which includes Science Citation Index Expanded, Social Sciences Citation Index, Emerging Sources Citation Index, and other scientific indexes in addi-
tion to google scholars were surveyed by utilizing basic keywords relevant to the study (e.g., public health, tourism/travel benefits, social/mental/physical well-being, and tourism) (26). Only English resources were included in this study.

Results

In all, 283 publications were retrieved. However, after filtering the sources and exclusion of the irrelevant context and the duplicated references, 64 sources remained. The detailed findings of the study based on the reviewed literature are presented below.

**PMS well-being and tourism links and debates**

Travel and tourism beyond their benefits to the host communities (27) have also several benefits to individuals. Hobson and Dietrich argued that “tourism is a mentally and physically healthy pursuit to follow in our leisure time” (28, p. 23). Thus, travelling can associate positively with people’s health and overall well-being (29). Besides the mental advantages (30, 31) travelling can have positive effects on physical health. Researches confirmed that travellers feel good about their health after travelling, in comparison with their physical status before (32). Other studies also demonstrated that travelling is beneficial not only in remedying perceived health problems but also has benefits for specific physical health concerns, such as chronic conditions, asthma, and arthritis (33).

Ohe and colleagues, in a research on rural tourism and its relationship with human health, discovered that it enhances objective and subjective health, especially they indicated tourism as a preventive medicine rather than medical treatment (33). In their research, they examined the effect of relaxation through forest therapy on both physical and psychological health. Regarding physical health, the results showed that, during the forest therapy, blood pressure level reduced significantly, and it remained low for three to five days after the forest therapy.

Recently, active travel packages, such as walking and cycling tours, which promote objective well-being, are among health policy agendas (35). Active travel contributes to physical well-being (36) by reducing obesity, managing diabetes, and increasing public health (37, 38). Research in this field, in various geographical contexts, frequently demonstrated that active travel can lead individuals to higher levels of instantaneous wellness in comparison with using cars or other types of motorized transports (39-42). Individuals should have regular moderate physical activity (43, 44) which can be achieved as part of travel (45) or walking and cycling (46).

Travelling and taking trips contribute to psychological well-being and the health and wellness of societies because individuals have an opportunity to escape from their routine and repetitive daily life, rid themselves of workplace stress, have new experiences, and reduce psychological stress (47, 48). Tourism has a positive impact on the subjective well-being of both residents and travelers. The effect of the presence of tourists on residents’ life satisfaction was studied and showed that the presence of tourists had a positive and significant impact on life satisfaction and mental well-being of the residents (49). The natural environment, as one of the most important travel choices, was found to be significant for restoration and relaxation (50). Spending time in nature, away from daily routines, was found to be an effective factor of the restorative assets of travel (51).

From another angle the impact of vacationing on potentially releasing stresses related to work was examined by some researchers (52-53) and the conservation of resources theory has been regularly cited as the theoretical foundation of such phenomenon. According to this theory, people endeavor to achieve and regain their external (financial belongings) and internal (individuals’ energy and positive feelings) resources. Since stress is one of the factors reducing internal resources, people should obtain more internal resources to recuperate from stress (55).

Travelling and taking vacation reduce stress and exhaustion (54, 56, 57). Travelling and taking va-
tations can help individuals achieve subjective and objective well-being by providing both external and internal resources (48, 49). The positive influence of travel on various dimensions of well-being was found in several other kinds of research as well (58). The out-of-home activities, which are helpful to achieve social communication and self-realization (59), can be mentioned as examples of the relationship between tourism and social well-being.

Following hedonic and eudemonic well-being and its relationship with tourism, it is stated that "in a tourism context, there may be few long-term well-being benefits from hedonic holidays where the tourist is 'happy' but oblivious or indifferent to the impacts of his or her behavior (60). On the other hand, eudemonic experiences, where tourists engage with residents and even help them through volunteer work or charity, may lead to self-development and transformation. Studies demonstrated that both the meaningful and the good life are related to eudemonia and lead to more life satisfaction (61) and different types of tourism such as eco-tourism can facilitate this (62).

The effect of tourism on social life has become a popular subject in the tourism industry over the last several decades and has produced a large body of research in the literature (63). Recently, researchers have taken into account the impact of the subjective well-being of the hosts in tourist destinations (64, 65). Tourism development is correlated with the creation of new job opportunities, income production, infrastructure development, and a boom to the cultural life in tourist areas and, consequently, the residents’ social well-being (66). Tourism has a positive effect on the quality of life, as a whole, among residents (50). The “positive affect in social life generated by the most recent trip contributes significantly to current levels of social wellbeing” (24, p. 270).

Social tourism (i.e., travel subsidized by the government for low-income people) has a significant and positive effect on senior citizens’ psychological well-being and levels of social commitment, and it enhances confidence and self-esteem among older people (67-70).

The function of tourism in decreasing marginalization and depression, along with leading older societies to recommit to physical activities and social communication, is also among the advantages of travelling and vacationing (71). According to the National Physical Fitness Award (NPFA), one of the most positive impacts of taking vacations is the interruption of people's ordinary and routine life; this extends their social world and increases the travelers’ well-being physically, mentally, socially, and spiritually (72).

Discussion

The present study extended the existing research beyond the conventional discussions of health/medical tourism, which mainly focused on curative aspects. This study, by connecting tourism and health debates, focuses on the preventive aspects of travel rather than the curative. Bringing together the bottom-up theories of spillover (10, 11) and broaden-and-build (12) in the context of human mobility’s effect on human well-being, this study underpinned a conceptual framework and linked tourism to public health through PMS-webs. Tourism can work as a tool for societies to have healthier citizens. Unlike the conventional beliefs that use utilitarianism or communitarianism concepts (16) to approach public health issues, this study took a personalist approach (8). However, the “personalism is not opposing other ethical theories, rather they might share common grounds; however, they have divergence with each other. For instance, in a personalist view, the consequentialist-utilitarian approach can certainly be part of a public-health policy as long as the lives and well-being of individuals are preserved” (72).

Conclusion

The current study proposes several implications for theoretical contribution and practice. First, it provides guidelines for policymakers to invest in leisure infrastructure for individuals and community members as a means to a healthier society.
Moreover, such functionality can decrease the long-run resource allocation to curative aspects (73). Second, the “health promotion” and “preventive care” approaches of this policy will measurably reduce the cost of health care. Third, the current study also asserts that the preventive effects of travel will result in lowering future curative and medical care costs. The other implication is that educating individuals about the benefits of travel and increasing their awareness about the effects of tourism on their PMS-webs will ultimately contribute to the dissemination of public health improvement information at local, regional, and national levels. Notwithstanding the strong demonstration in the literature of the role of PMS-webs in the relationship between tourism and individual/public health, more empirical studies are needed to further investigate this relationship.

Ethical considerations

Ethical issues (Including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc.) have been completely observed by the authors.

Acknowledgements

No financial support was received for this study.

Conflict of interest

The authors declare that there is no conflict of interest.

References


Available at: http://ijph.tums.ac.ir


Available at:  http://ijph.tums.ac.ir

Available at:  http://ijph.tums.ac.ir