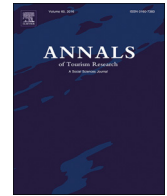




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Research note

Social tourism for families with a terminally ill parent

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Introduction

Most social tourism studies have focused on people who appreciate the value of travel. They may have constraints that prevent them from full participation (e.g., income, physical and/or mental health issues, and family situations), but they still pursue vacation opportunities when they are able (e.g., Hannam, 2012; Minnaert, 2014; Minnaert, Diekmann, & McCabe, 2012). There exists, however, a hidden population who might also benefit from social tourism but tend not to participate at all. These are people who do not see travel as a priority or a viable option; they might be not even conscious of their own travel needs.

The aim of this study is to add to the extant literature by examining the latent needs of families with a terminally ill parent (e.g., late-stage cancer patients) and the potential benefits of the families' travel from the tourism mobilities paradigm perspective (Hannam, 2012; Sheller & Urry, 2004).

Literature review

Travel and tourism has been a component of the mobilities paradigm since its inception in the early part of the century (Sheller & Urry, 2004). Hannam (2012), however, argued that there is still a need to understand the lack of tourism mobility among some socially excluded groups. For example, he suggested that children from lower social classes or child migrants could be useful subjects of future research because they may not even recognize their travel needs and therefore would not take advantage of tourism mobility.

People may or may not be aware of the full spectrum of their own needs. There may be expressed and conscious needs, ones that are recognized and can be recalled and reported. There may also be unconscious and latent needs that are hidden and unrecognized (Tran & Ralston, 2006). Once individuals are made aware of certain needs, they want to satisfy them, and such motivations drive behavior (Maslow, 1943). For example, people with physical disabilities might come to appreciate that certain forms of travel facilitate a way to live like "regular folks" (Ray & Ryder, 2003). The desire to be treated equally motivates them to participate in more physically challenging recreational activities and sports. If, however, people do not realize their own hidden needs, these needs will not drive behavior until they have been pointed out.

Benefits and motivations sometimes have been researched interchangeably in tourism literature. As Iso-Ahola (1982, p. 260) stated, "Reasons (e.g., exploring new places) can be benefits, and benefits (e.g., escape from routine) can be reasons of tourism behavior." However, benefits and motivation are not interchangeable when the two types of benefits are recognized. There are

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benefits *sought*, which are what an individual seeks prior to traveling and oftentimes replace motivation (e.g., Jang, Morrison, & O'Leary, 2002). There also are benefits *realized*, which are benefits one actually receives if his/her desired motivation is achieved (e.g., Shoemaker, 1994; Woodside & Jacobs, 1985). Some benefits sought are successfully attained, but others, because of both internal and external reasons, are not realized even after the travel experience is completed. There is even a third type of benefit, which is the "windfall benefit" that occurs when people realize a benefit that was not even sought.

An understanding of benefits sought helps destination marketing organizations segment markets and accommodate new customers (See the benefit segmentation literature: e.g., Hayley, 1968). Conversely, the recognition of benefits realized leads to understanding post-experience attitudes and revisit intentions. March and Woodside (2005, p. 909) went so far as to state, "The benefits realized from a consumption experience may be more useful to understand than the benefits that consumers say they intend to seek."

Methods

The aim of this study is to examine the hidden vacation needs of families with a parent who has been diagnosed with late-stage cancer. Data were collected from a non-profit charitable organization in the United States that, since 2006, has supported family travel in these circumstances. Once referred by an oncologist(s), the non-profit organization has offered families who meet all eligibility requirements a fully funded family vacation, including transportation, meals, accommodations, recreational activities, and/or special events.

Approximately 400 families' written notes publicly available at the organization website were analyzed from 2013 to 2014. A thematic analysis was used to identify repeated patterns (themes) in the compiled information (Braun & Clarke, 2006). This analysis was deemed appropriate because it has been used in other research to understand tourists' experiences in the tourism literature (e.g., McIntosh, 2004; Park & Santos, 2017; Ryan & Higgins, 2006). The textual data were manually analyzed through several phases, including familiarization with data (i.e., reading all data and creating a list of initial ideas), generating initial codes (e.g., needs, benefits, motivations), searching for themes among codes (e.g., discovering the latent needs, role of social workers and oncologists, realizing the benefits of family travel), and reviewing and naming themes (Braun & Clarke, 2006). A 15-point checklist of criteria (transcription-coding-analysis-overall-written report) was used to assess the quality of the thematic analysis (Braun & Clarke, 2006). Additionally other criteria (e.g., credibility, transferability, dependability, and confirmability) and strategies were used to increase the trustworthiness of the qualitative data (Krefting, 1991; Maxwell, 1996). For example, direct quotes from the data were recorded (transferability), analyzed by multiple researchers (confirmability, dependability), and labeled to be consistent with the literature review (credibility). Nonetheless, even more strategies (e.g., triangulation, reflexivity) should be considered in the future research to ensure the quality of the data (Guba, 1981; Krefting, 1991).

Results

The first theme identified was 'discovering the latent travel needs.' This means that families recognized what they really needed, even if they were unaware of such needs previously. Quotes related to this theme include "I don't think any of us knew how much we needed a break from all the doctor's appointments and treatments to just be a normal family spending time together" (J Family) and "When a mother is told news such as I received, one of the first thoughts that I got was how do I spend as much time as I can with my kids making good memories to last them a lifetime? You gave me the answer" (I Family).

The second theme was labeled 'realizing the benefits of family travel.' The participating families realized the benefits not only financially, but also psychologically and mentally. Such benefits included getting the family away from the everyday stress of cancer: "It was a true blessing for us, not to think/worry or even utter the 'C' word while we were being treated to our many WOWSOME experiences" (A Family). The family vacations enhanced closeness among family members and created lasting memories for children and remaining spouses: "The most important memory was seeing my daughter's eyes light up and the sound of her laughter" (M Family). The families also experienced windfall benefits. Quite a few families stated that they received special treatment while on vacation, and such treatment was something that they had not anticipated. The positive incongruity between expectation and actual experience might help family members create wonderful memories.

The third theme was 'the role of social workers and health professionals in facilitating social tourism.' Many families realized their needs for a family vacation through referrals from treating oncologists or social workers. One patient recalled that her family was able to participate in the program because of a nurse's suggestion: "I was having a conversation with my (then) chemo nurse. I was telling her how odd it is to be sick one day and go canoeing the next. [Nurse's name] was encouraging me to be active with my body and mind. She was the first person to tell me about foundations" (R Family).

Conclusions

This study suggests that social tourism enables families with a terminally ill parent to discover their hidden needs of travel with significant others and realize the benefits of family vacation. The benefits, sought or otherwise, include escaping the stress and fear of cancer, enhancing family closeness, creating lasting memories for remaining family members, and receiving financial support for experiences beyond the family's reach. This is consistent with the benefits identified in earlier social tourism research (e.g., Hannam, 2012; Minnaert, 2014; Minnaert et al., 2012).

This study adds to existing literature by highlighting the pivotal role social workers and medical personnel play in raising awareness of social tourism opportunities for families experiencing terminal illness. To date, studies have suggested that equal

opportunities to participate in social tourism programs should be provided to all disadvantaged groups; however, the current study suggests that proactive intervention for groups with latent needs should be considered. For example, public health professionals can consider educating oncologists and social workers on the significance of subsidized travel and leisure programs for families with late-stage cancer patients who will be leaving children behind. It is even possible that social tourism could mitigate, at least temporarily, the pain of the very constraint that is preventing participation in the first place.

The current study also sheds light on the tourism mobilities paradigm in reaffirming that, despite the importance of human mobility for leisure (Sheller & Urry, 2004), “mobility is a resource to which not everyone has an equal relationship.” (Skeggs, 2004, p. 49). Further research is needed to better understand this and the broader implications of tourism participation and mobility for similarly hidden populations.

Statement of contribution

1. What is the contribution to knowledge, theory, policy or practice?

Theoretically, findings of this study provided insights into a body of knowledge about social tourism. Thus far, most social tourism studies have focused on individuals or groups who are already conscious of their travel needs, yet little attention has been paid to those who are not even aware of such needs or the tourism experience. We argue that people with hidden travel needs are very likely excluded from the opportunity to participate in social tourism programs because they do not recognize the benefits. Previous studies have consistently suggested that equal opportunities to participate in social tourism programs should be provided to all disadvantaged groups; however, the current study suggests that proactive intervention for groups with hidden needs should be considered.

2. How does the paper offer a social science perspective/approach?

This paper brought quite a few psychological concepts related to the antecedents of tourist behavior (conscious needs, latent needs, motivations, desires, and benefits) and applied into social tourism context. Further, the comparison of benefits sought and benefits realized lead to different types of family travel benefits (e.g., “windfall benefits”). Also, the current study provided some practical implications in public health area. For example, medical clinics and public health professionals consider educating oncologists and social workers on the significance of subsidized travel and leisure programs for families with late-stage cancer patients who will be leaving children behind when they die. This is practical, but also somewhat theoretical contribution to public health science.

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