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Report

30 years of healthy ageing research in tourism and hospitality: research trends and implications for future research

旅游和酒店业健康老龄化研究的 30 年：研究趋势及对未来研究的启示

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Received 29 Oct 2023, Accepted 21 Mar 2024, Published online: 11 Apr 2024

 Cite this article  <https://doi.org/10.1080/02642069.2024.2334775>



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ABSTRACT

The ageing population research has gained momentum in tourism and hospitality which considers seniors as a marketing force and travelling as part of healthy ageing. This study commissioned the usefulness of bibliometric analysis and thematic content

In this article

inclusion) PRISMA technique which analysed 333 articles published in 23 reputed tourism and hospitality journals. The bibliometric analysis shed light on the visualisation of the leading authors, outlets, countries/regions and articles of healthy ageing research over 30 years (1989–2023). The thematic content analysis illustrated 7 major themes regarding healthy ageing topic. This study advances the bibliometric methodology by adopting a mixed intellectual structural approach to reduce method bias and enhance objectivity. Findings provide a holistic overview of healthy ageing research, demonstrate the topic's intellectual development, and detect further promising directions for future research.

摘要

人口老龄化研究在旅游和酒店业中保持了良好的发展势头，这些研究将老年人视为市场主力军，并认为旅行是健康老龄化的一部分。本研究基于四阶段（识别、筛选、资质审查和囊括）的 PRISMA 技术，对发表在旅游和酒店领域内 23 个知名期刊上的 333 篇文章进行了文献计量分析和主题内容分析。文献计量分析揭示了将 30 年来（1989–2023）健康老龄化研究的主要作者、发表渠道、国家/地区和高被引文章，并进行了可视化。主题内容分析呈现了已有研究在健康老龄化话题上的 7 大主题。本研究通过采用混合知识结构方式来减少方法偏差并强化研究的客观性，从而改善文献计量方法论。研究结果为健康老龄化研究提供了一个整体概览，揭示了该话题的知识发展与结构，并为未来研究提供了可行建议。

Q KEYWORDS: Healthy ageing emerging themes motivations and constraints market segmentation innovative technologies needs and wants

Q 关键词: 健康老龄化；新兴主题；动机与约束；市场细分；创新技术；需要与需求

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1. Introduction

The exponential trajectory of ageing demographics is a worldwide phenomenon due to extended life expectancy (Hu et al., [2023](#)). According to the United Nations (UN, [2023](#)), the number of older adults aged 65 and above is anticipated to increase from 761

population. In 2021, the top 3 countries with the largest proportion of older adults aged 65 and above were Japan (29.8%), Italy (23.7%) and Finland (22.9%), whereas China (40.6%), the Republic of Korea (39.4%) and Japan (37.5%) would likely to be the leading ageing countries in 2050 (UN, [2023](#)). The emerging issue of ageing is often correlated with higher risks of physiological dysfunctions and geriatric syndromes (Hu et al., [2023](#); Wen et al., [2022](#)). Hence, the concept of healthy ageing has been extensively promoted by the World Health Organization (WHO) to urge proactive initiatives to provide opportunities for older adults to remain active, healthy and independent in social, economic, cultural and spiritual activities (Cheng et al., [2022](#); WHO, [2002](#); WHO, [2015](#)).

Healthy ageing is defined as 'the process of developing and maintaining the functional ability that enables well-being in older age' (WHO, [2015](#)). Given the important nexus between tourism and well-being, there has been increasing research on the role of tourism in healthy ageing (Alrawadieh et al., [2021](#); Cheng et al., [2022](#); Connell & Page, [2020](#); Duedahl et al., [2022](#); Hu et al., [2023](#); Patterson et al., [2021](#)). There is evidence to show that tourism supports a pathway towards healthy living which enables older adults to connect with natural and social environments through diverse activities and events, thus improving physical, emotional, psychological, social and spiritual well-being (Duedahl et al., [2022](#); Patterson & Balderas-Cejudo, [2023](#)). The novel experiences possessed in tourism also contribute to enhanced self-esteem, a sense of achievement and fulfilment for seniors (Patterson et al., [2021](#); Patterson & Balderas-Cejudo, [2023](#); Wen et al., [2022](#)). In this regard, it's not surprising that academic attention to senior tourism has been extensively increasing, which provides deep insights into senior tourists (e.g. Aggarwal et al., [2023](#); Huber et al., [2018](#); Ritchie et al., [2017](#)).

From a marketing perspective, senior tourism has been recognised as a promising niche market due to greater financial independence and temporal freedom among older adults (Cheng et al., [2022](#); Ferrer et al., [2016](#); Patterson & Balderas-Cejudo, [2023](#); Ward, [2014](#)). Nevertheless, demographic ageing also poses challenges to tourism and hospitality services (Aggarwal et al., [2023](#); Altinay et al., [2019](#)). For example, the

to accurately identify and satisfy their needs and wants (Cheng et al., [2022](#); Esiyok et al., [2018](#); Kim et al., [2017](#)). On the other hand, the existence of ageism towards the elderly in service industries (e.g. tourism, hospitality) forms stereotypical constraints in travel as older adults are usually perceived as 'weak', 'lack of abilities' and 'need to be cared more' (Chu & Chu, [2013](#); Patterson et al., [2021](#)). Therefore, research in healthy ageing must go beyond the research boundaries of travel motivations and constraints to promote understanding on the lucrative senior tourism market. In this vein, scholars have proposed a tourism research agenda towards healthy ageing to attract more attention to seniors (e.g. Hu et al., [2023](#); Patterson & Balderas-Cejudo, [2023](#)). The extant literature has attempted to examine different forms of tourism and hospitality services that contribute to healthy ageing, including tea tourism experience (e.g. Cheng et al., [2010](#)), social tourism experience (e.g. Ferrer et al., [2016](#)), rural stay (e.g. Cheng et al., [2022](#)), wellness experience (e.g. Chen et al., [2013](#)), virtual reality (e.g. Yu et al., [2023](#)), cultural visit (e.g. Lynch et al., [2011](#)).

Despite the growing corpus on healthy ageing in tourism and hospitality, limited studies have addressed the critical research gap of examining the intellectual structure on this topic through a literature synthesis with a few exceptions (i.e. Hu et al., [2023](#); Pestana et al., [2019](#)). Notably, Pestana et al. ([2019](#)) adopted the bibliometric technique to review senior tourism research from 1998 to 2017. A key limitation in the above-mentioned paper omitted the connectedness between senior tourism and healthy ageing. A recent literature review study by Hu et al. ([2023](#)) innovatively illustrated the potential mechanism of tourism as non-pharmacological intervention on healthy ageing from an interdisciplinary perspective. However, only eight articles were included and reviewed in their study, which only included interdisciplinary research articles on healthy ageing and insufficiently contributed to healthy ageing made by literature within the tourism and hospitality discipline.

To understand the multifaceted of healthy ageing in the field of tourism and hospitality, this study aims to map the thematic evolution of literature and examine the intellectual

This is a key theoretical contribution as most intellectual structural research in hospitality and tourism only adopts a single analytical approach (e.g. Liu et al., [2022](#); Mulet-Forteza et al., [2018](#); Palácios et al., [2021](#)). The bibliometric method has been extensively applied in business and service industries (e.g. Arici et al., [2022](#); Donthu et al., [2021a](#), [2021b](#); Viglia et al., [2022](#)), as well as in tourism and hospitality research (e.g. Gürlek & Koseoglu, [2023](#); Kim & So, [2022](#); Qiao et al., [2022](#); Sharma et al., [2023](#); Singh et al., [2021](#)) to visualise the cumulative knowledge development on different research domains. The bibliometric review is also advantageous with large amounts of literature to identify emerging themes over time (Donthu et al., [2021b](#); Kim & So, [2022](#); Singh et al., [2021](#)). In particular, in the quantitative phase, the measures with the bibliometric technique aids in the literature review due to its less subjective biases and rigorous evaluations (Arici et al., [2022](#); Kim & So, [2022](#)). The qualitative phase with thematic content analysis is subsequently conducted to reveal salient themes underlying healthy ageing as a complementary method. By adopting the mixed intellectual structural approach, our study aims to overcome the limitations of previous studies to reduce bias and enrich the findings of our literature review (Kim & So, [2022](#)).

To be specific, articles on healthy ageing topics published in leading tourism and hospitality journals are extracted from the Web of Science (WoS) database and further synthesised in bibliometric analysis and thematic content analysis to (a) highlight the publication trajectories and outlets, (b) identify influential studies and authors contributing to scientific development, (c) explore intellectual structure of tourism and hospitality research towards healthy ageing, (d) discuss future directions for future studies. The overall findings of this study will examine the intellectual structure of the evolution and development of healthy ageing literature.

2. Literature review

2.1. Seniority

The lack of consensus on the definition of 'senior' has been noted in past literature where the usage of the term varies depending on research purposes (Patterson & Balderas, [2020](#); Ward, [2014](#)). Commonly, the terms 'senior', 'elderly', 'older' 'mature' are utilised interchangeably. The gerontology domain provides a more consistent definition of 'senior' which only considers the official retirement age of 65 and above (Patterson, [2018](#); Patterson & Balderas, [2020](#)). However, the marketing literature prefers younger cut-offs of age 50, and 55, since the exclusion of those young seniors aged below 65 may underestimate the senior market's size and purchasing power (Moschis, [2003](#)).

In the field of tourism and hospitality, different criteria have been adopted to define 'seniors' in order to explore their preferences and attitudinal and behavioural patterns. Ward ([2014](#)) segmented the senior tourism market through the inclusion of those aged 50 and above. Chen and Shoemaker ([2014](#)) labelled seniors as those aged 55 years or older to explore seniors' travel behaviour. Caber and Albayrak ([2014](#)) used the categories of pre-senior (aged between 50–64 years) and senior (aged 65 years or older) to explore the heterogeneity among older adults. Kim and Jang ([2019](#)) defined senior consumers as those aged 60 or older to investigate seniors' dining-out behaviour. Möller et al. ([2007](#)) adopted three senior age groups about travel behaviour: empty nesters (aged 55–64 years), young seniors (aged 65–79 years) and seniors (aged 80 + years). Kim et al. ([2013](#)) distinguish seniors as individuals who are aged 50 and above from non-seniors as those below 50.

A myriad of scholars have considered alternatives of age cut-offs, wherein the theory of generations is widely applied in tourism and hospitality research based on the assumption that each generation has its unique characteristics formed in different socio-historical environments (Chen & Shoemaker, [2014](#)). The theory of generations offers a theoretical framework to capture the common collective persona and to understand distinctive consumption patterns and behavioural propensities of a particular generation (Chen & Shoemaker, [2014](#); Li et al., [2013](#)). In most cases, generations involving seniors are identified as Silent Generation (born from 1925–1945),

Mahadevan, [2018](#); Sie et al., [2021](#)). Moreover, by considering the progressive transition from middle-aged to older adults during the ageing process, several senior tourism studies tend to highlight age differences by conducting multi-group analysis which uses the median age as cut-off (e.g. Han et al., [2009](#); Youn et al., [2021](#)).

2.2. Ageing population and health

Despite the discrepancy in age definitions, ageing has been well-understood from a biological perspective which leads to a gradually deteriorating rate in physical and mental capacities (WHO, [2022](#)). Ageing is 'characterized by a progressive loss of physiological integrity, leading to impaired function and increased vulnerability to death' (as cited in Hu et al., [2023](#)). Inherently, pre-seniors and seniors may suffer higher risks of deteriorating health conditions aligned with their rising ages, which are called 'geriatric syndromes' (Darcy, [2010](#); Huber et al., [2018](#); WHO, [2017](#); WHO, [2022](#)). Defined by the World Health Organisation, health indicates 'a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity' (WHO, [2020b](#)). The gradual decline trend in health conditions varies from individual to individual: some face hearing or vision failures, some experience osteoarthritis with mobility impairment, some have depression or dementia, and some experience several health conditions at the same time (WHO, [2022](#)).

In this regard, it is not surprising that intrapersonal constraints have been extensively discussed in seniors' travel patterns (e.g. Fleischer & Pizam, [2002](#); Huber et al., [2018](#); Kazeminia et al., [2015](#)). Intrapersonal constraints reflect individuals' physical and psychological characteristics, involving health and emotional stress, which inhibit seniors' freedom in travel and tourism (Huber et al., [2018](#); Zhang et al., [2016](#)). In contrast, a plethora of studies focused on exploring the health outcomes of travel and tourism experience (e.g. well-being, happiness, quality of life, and mental health) (Fan et al., [2023](#); Han et al., [2020](#); Hwang & Lee, [2019](#); Liang et al., [2023](#); Wen et al., [2022](#)), advocating the role of tourism in enhancing physical, psychological and spiritual health for pre-seniors and seniors (Cheng et al., [2022](#); Connell & Page, [2020](#); Duedahl et al.,

2.3. Senior, tourism, and healthy ageing

The rapid ageing trend make it urgent to build up a supportive physical and social environment to respond to seniors' needs in health (WHO, [2022](#)). Tourism, thus, echoes this call which contributes to the health and well-being of the ageing population. For instance, appropriate and moderately intensively travel enable seniors to feel independent, flexible, and creative, as well as promote physical health (Buckley, [2019](#); Daskalopoulou et al., [2017](#)). Positive tourism experiences in tourism not only promote seniors' social participation but also evoke positive emotions and improve well-being, thus extending seniors' healthspan (Hu et al., [2023](#); Vada et al., [2020](#)). Moreover, tourism is beneficial in advancing mental health for those with depression (Buckley, [2019](#)) and dementia (Wen et al., [2022](#)) through short-term emotional effects as well as long-term gains in life purpose.

By focusing on seniors as a core subject, senior tourism literature underscores the health pursuit as an important motivation to participate in travel (Cheng et al., [2022](#); Duedahl et al., [2022](#); Hsu et al., [2007](#); Huber et al., [2018](#)). In addition, niche tourism fields (e.g. wellness tourism, health tourism, medical tourism, sports tourism, rural tourism and accessible tourism) also emphasise well-being benefits as experiential outcomes (Fan et al., [2023](#); Hu et al., [2023](#); Hwang & Lee, [2019](#); Vada et al., [2020](#)). While tourism offers a promising pathway for healthy ageing, deeper reflections on healthy ageing topics in tourism literature are of high necessity.

Building on the theoretical understanding of ageing, healthy ageing, seniors and tourism, pertinent tourism and hospitality literature has investigated seniors from two viewpoints: (1) seniors as service practitioners, wherein seniors play an important role in the workplace in an ageing era (e.g. Ann & Blum, [2020](#); Farmaki et al., [2022](#)); (2) seniors as consumers, wherein seniors are acknowledged as a key market segment in tourism and hospitality consumption in the ageing era (e.g. Cheng et al., [2022](#); Esiyok et al., [2018](#); Kim et al., [2017](#)). While healthy ageing has been proposed as an urgent research gap in the tourism and hospitality research agenda (Patterson & Balderas-Cejudo, [2023](#)),

limited. To further explicate healthy ageing research in tourism and hospitality literature, the current study aims to address this research gap by conducting an intellectual structural review adopting a combination of bibliometric analysis and thematic content analysis.

3. Methodology

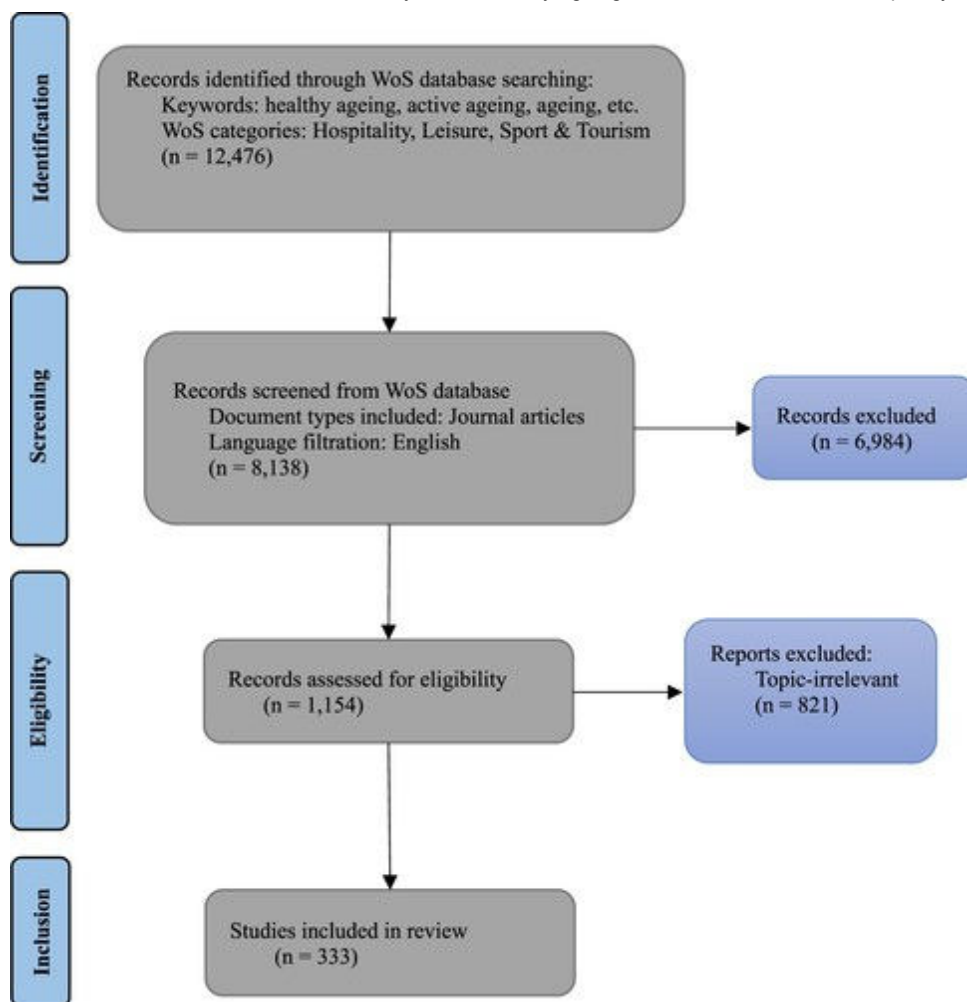
The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) method was conducted to report systematic reviews which formed the basis of this study (Kim & So, [2022](#)). The PRISMA framework provides rigorous steps to ensure a transparent and complete process of research paper selection and inclusion for further analysis (Booth et al., [2020](#)). This method has been applied in tourism and hospitality research due to its advantages of replicability and potential bias minimisation (e.g. Booth et al., [2020](#); Garcês et al., [2018](#); Kim & So, [2022](#); Papavasileiou & Tzouvanas, [2021](#)). The four consecutive steps in PRISMA are identification, screening, eligibility and study inclusion (Booth et al., [2020](#); Kim & So, [2022](#)).

The search for articles, which were relevant to the selected topic of health ageing, to be included for bibliometric analysis was conducted in July 2023 through the WoS database. Extensively, the WoS database has been acknowledged as high quality, with a wide coverage of publications and a complete network of citations within a particular research domain. Thus, the WoS was selected as the scientific database for the bibliometric analysis (Donthu et al., [2021a](#), [2021b](#); Huber et al., [2018](#); Kim & So, [2022](#); Lacka et al., [2020](#)). In the first stage (identification), a series of keywords including 'healthy ageing' 'active ageing' 'ageing' 'ageing' 'the elderly' 'seniors' 'senior tourist' 'senior customer' 'senior traveller' 'older tourist' 'older customer' 'older traveller' 'older adult' was entered in combination to search in the WoS database by using the 'or' notation, resulting with an initial total of 4,752,188 research publications (retrieved on 1st July 2023). Subsequently, our study followed the approach recommended by Fu et al. ([2019](#)), and Kim and So ([2022](#)), the number of articles was filtered to 12,476 by limiting the WoS

exclusion criterion was utilised by limiting document types to journal articles. The decision to include journal articles exclusively is due to the highly rigorous evaluation of journal articles through peer review to publish and disseminate novel insights with the highest quality (Kim & So, [2022](#); Kumar et al., [2021](#)). Thus, selecting journal articles is a great representation of scientific knowledge in the field of tourism and hospitality about health ageing. As a result, 10,240 journal articles were included whereas 2,236 other articles (e.g. book chapters, book reviews) were discarded based on this exclusion criterion. Furthermore, language filtration was conducted by applying the inclusion criterion of English-language articles only, thus yielding 8,138 articles to be included.

The journal articles on the topic of 'healthy ageing' in the field of tourism and hospitality were further filtered by exercising multiple criteria (i.e. *h*-index, Scimago Journal & Country Rank, Journal of Citation Reports and Social Science Citation Index) (Gu, [2004](#); Hall, [2011](#); Kim & So, [2022](#)). As a result, 1,154 journal articles published in 23 reputed tourism and hospitality journals (SJR Q1, JCR Q1 & Q2) were extracted (as listed in the Appendix) in the process of screening. The remaining 7,056 articles were rejected for eligibility assessment. The selected publications were manually examined to select all of the relevant articles (e.g. focus on senior employees in the tourism industry, senior tourist experience, older adults, and the elderly) while 821 articles of irrelevant topics (e.g. Generation Y, young adult tourists) were eliminated. The eligibility assessment proceeded through analysis of each publication's title, abstract and keywords (Kim & So, [2022](#)). The review of inclusion and exclusion was recorded and cross-checked by all authors to ensure objectivity. To conclude, this study captured a final 333 journal articles on the topic of healthy ageing as per the PRISMA guidelines (see [Figure 1](#)).

Figure 1. PRISMA flowchart.



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4. Results

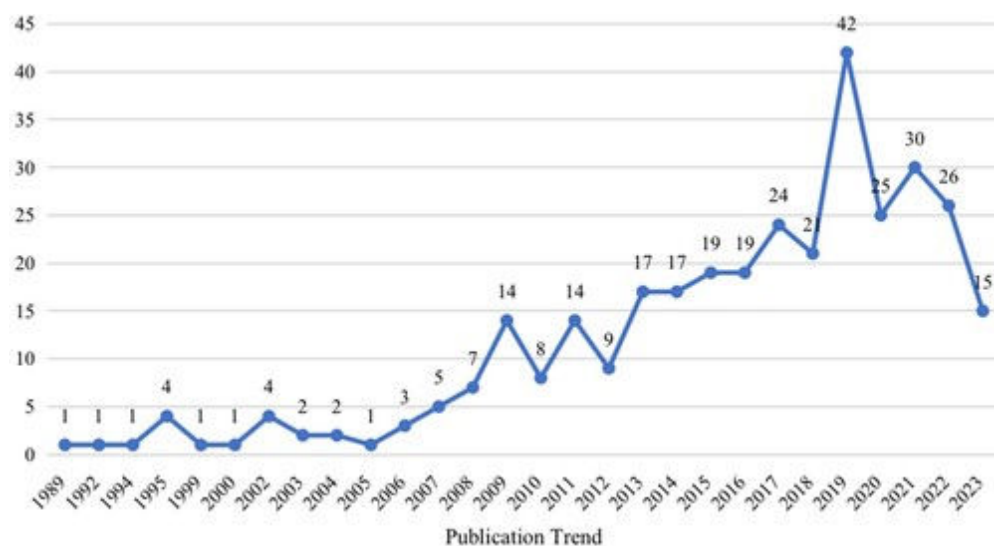
4.1. Performance analysis

4.1.1. Publication trend

Based on the final 333 journal articles yielded through the PRISMA technique, [Figure 2](#) showcases the number of publications regarding the topic of healthy ageing in 23 leading tourism and hospitality journals between 1989 and July 2023, which indicated a rising trend from 1989 to 2019, followed by a decrease after 2019. The pioneering article was first published in 1989 by Shoemaker which paid attention to the ageing population

The average number of publications in the first 10 years (1989–1998) was 0.7 publications per year. The lack of early research into this domain may be due to the limited global attention on the ageing issue in the 1980s and early 1990s (e.g. Bone, [1991](#); Ryan, [1995](#)). Subsequently, the improved life expectancy led to the significant growth of the senior population, which contributed to more devotion being paid to the nexus between the elderly and tourism. This is evident in the last decade (2013–2022) with 240 publications, with a percentage of 72.07% of the total. This upward trajectory started in 2008 and peaked in 2019 with the highest number of 42 articles. Given the increased pertinence by governments, and the World Health Organisation (WHO) plan for the Decade of Healthy Ageing 2021–2030 (WHO, [2020a](#)), it is expected that research into healthy ageing and hospitality and tourism will continue to see an upward publication trend.

Figure 2. Publication trend.



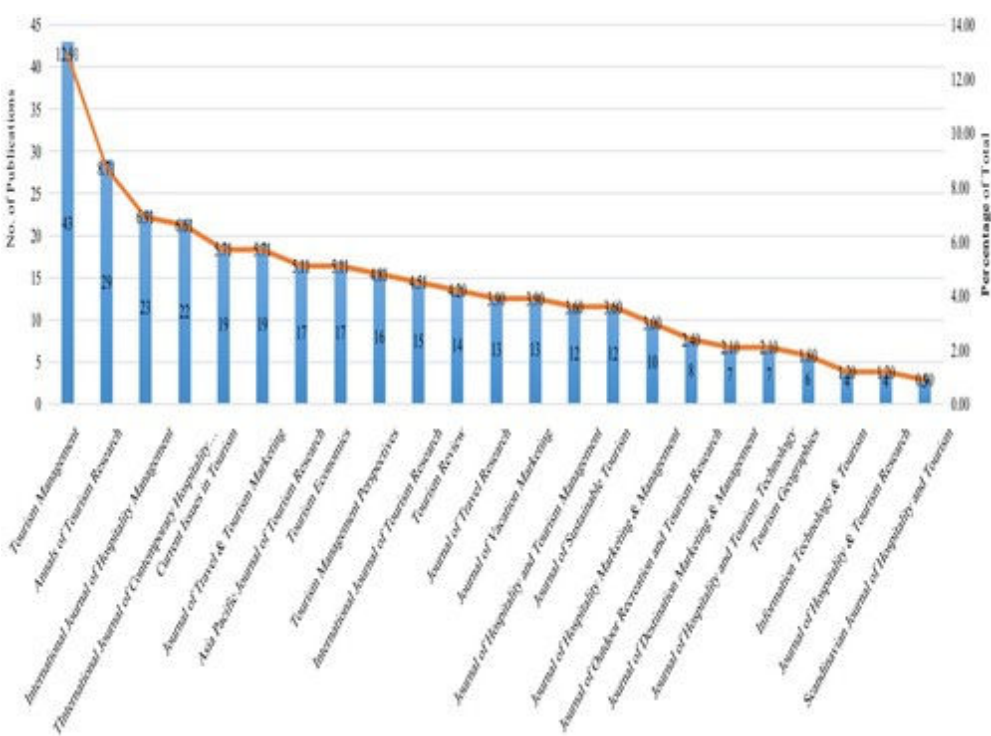
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4.1.2. Number of publications by journal

In terms of journal representations, [Figure 3](#) displays the number of healthy ageing publications in the selected journals between 1989 and 2023. The highest publishing journal on healthy ageing was *Tourism Management*, contributing 43 articles (12.91%), followed by *ATR* (29 articles, 8.71%), *IJHM* (23 articles, 6.91%), *IJCHM* (22 articles, 6.61%),

topic (3 articles, 0.9%). Furthermore, a total of 10704 citations were received for these articles, and TM was the most frequently cited journal with the highest citations of 2460, followed by ATR (n = 1943), IJHM (n = 899), JTTM (n = 729), JTR (n = 693) and IJCHM (n = 598). These top six most cited journals collectively represent 68.4% of all citations, illustrating the influential knowledge contributions of the premier journals on the topic. The details are summarised in [Table 1](#).

Figure 3. Number of publications by journal.



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Table 1. Number of publications by journal.



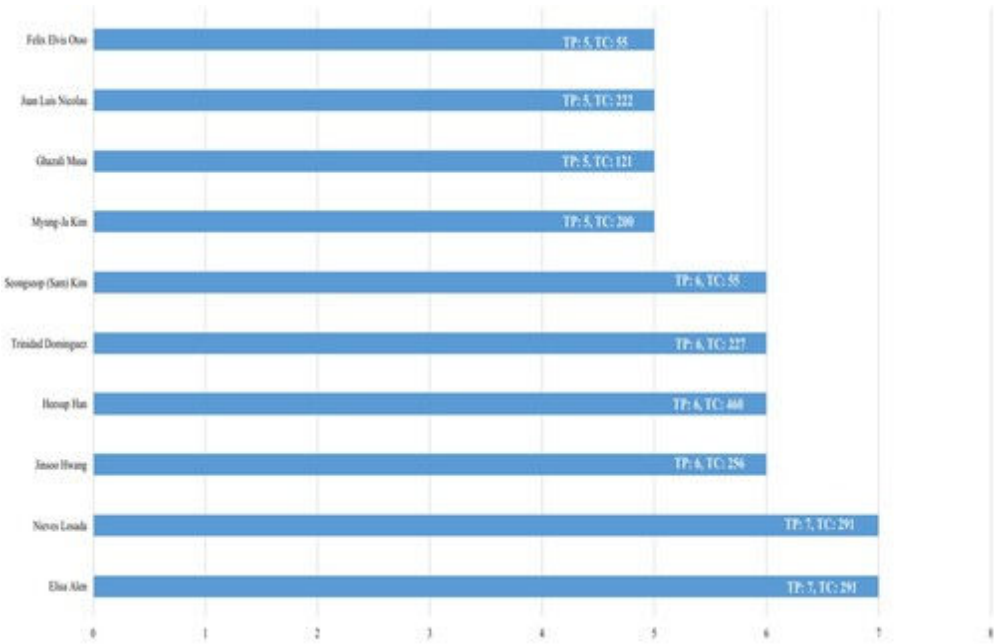
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4.1.3. Number of publications by author

Based on the 333 articles reviewed, [Figure 4](#). depicts the top 10 productive contributing authors to healthy ageing with five or more publications in tourism and hospitality

topic were Elisa Alen and Nieve Losada, who co-published seven articles and received 291 citations in healthy ageing. The next group of productive authors were Jinsoo Hwang, Heesup Han, Trinidad Dominguez and Seongseop (Sam) Kim, with six articles published respectively. The authors contributing to the third highest number of publications were Myung-Ja Kim, Ghazali Musa, Juan Luis Nicolau, and Felix Elvis Otoo with five articles each. (see [Table 2](#)). It is worth noting that none of the contributors' work is a single-authored paper. Indeed, these findings strongly support the view that collaborations contribute to novel insights resulting from the interchange of ideas (Kumar et al., [2021](#)).

Figure 4. Top prolific authors with 5 or more publications on topic of healthy aging.



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Table 2. Top 10 prolific authors with 5 or more publications on topic of healthy aging.

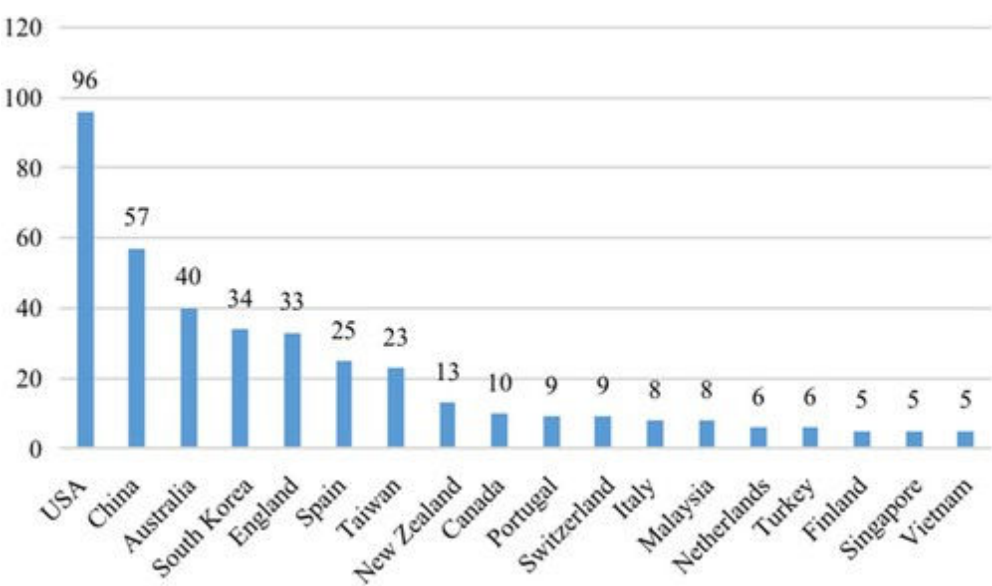


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4.1.4. Number of publications by country/region

Figure 5. illustrates the top prolific countries/regions by countries with five or more articles on the topic of healthy ageing, wherein the United States is the largest contributor to healthy ageing (n = 96, 28.83%), followed by China (n = 57, 17.12%), Australia (n = 40, 12.01%), South Korea (n = 34, 10.21%) and the United Kingdom (n = 33, 9.91%) (see Table 3). Notably, the top 5 most productive contributing countries/regions result in 78.08% of all selected articles. A plausible explanation could be due to China (166 million) and the United States (52 million) being ranked among the top 3 countries with the most number of older adults (Population Reference Bureau, 2019).

Figure 5. Top prolific countries/regions with 5 or more publications.



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Table 3. Top prolific countries/regions with 5 or more publications on topic of healthy aging.



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4.1.5. The most cited articles

The most cited article on healthy ageing by Han et al. (2009) received a total citation of

provided empirical evidence of age differences between younger (19–41 years old) and older customers (42–81 years old) concerning their attitudes and decision-making process of green hotel products and services. The second and third most prestigious articles are Jang and Wu (2006) and Fleischer and Pizam (2002), which received 268 and 265 citations, respectively. The former identifies Taiwanese seniors’ travel motivations including five push factors (e.g. knowledge-seeking, ego-enhancement) and three pull factors (e.g. cleanliness & safety), and the latter explores tourism constraints among seniors (e.g. declining incomes and deterioration of health). Table 4 lists the top 10 cited articles on the healthy ageing topic based on total citations.

Table 4. Top 10 cited articles.



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4.2. Science mapping

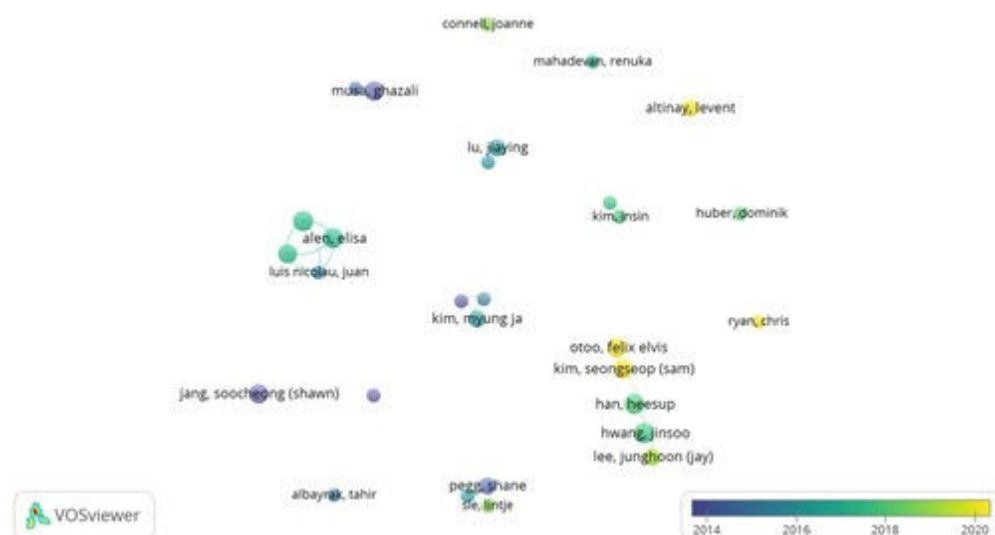
This study utilises science mapping techniques commissioning co-citation analysis, keyword co-occurrence analysis and co-authorship analysis, which illustrates the intellectual structure of healthy ageing (Donthu et al., 2021a).

4.2.1. Co-authorship analysis

The examination of co-authorship analysis is important as collaborations among authors usually inspire novel ideas and advance knowledge in a particular research field (Kumar et al., 2021). Hence, the co-authorship analysis exhibited the intellectual interactions among scholars (Donthu et al., 2021a). The collaborations across different periods ranging from 1989 to 2023 were unpacked and shown in Figure 6. Based on the minimum number of three authors that collaborated in the 333 articles, 29 of the 735 authors were included in the co-authorship network. The period of 2015–2017 observed the rich contributions collectively made by Elisa Alen, Trinidad Dominguez, Nieves

tourism and hospitality services during the globally ageing process. Furthermore, the largest cluster of the co-authorship network showed that five authors (i.e. Heesup Han, Jinson Hwang, Seongseop (Sam) Kim, Junghoon (Jay) Kim and Felix Elvis Otoo) achieved wide collaborations between 2017 and 2021 on the healthy ageing topic (e.g. seniors' satisfactions with travel experience and well-being formation).

Figure 6. Co-authorship network.

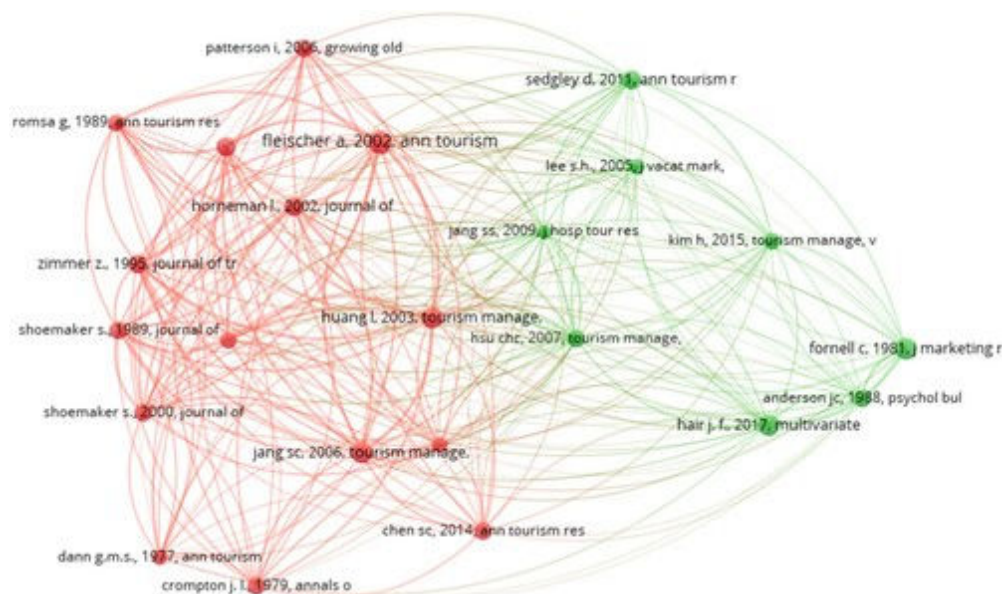


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4.2.2. Co-citation analysis

Co-citation analysis is developed based on the assumption that publications cited together with high frequency have thematic similarities (Donthu et al., [2021a](#); Kim & So, [2022](#)). The co-citation network forms when two or more publications co-cited by another publication (Donthu et al., [2021a](#)). The analysis aids in revealing dominant themes underpinning the intellectual structure as well as uncovering the most influential articles (Donthu et al., [2021a](#)). Figure 7. represents the co-citation network generated through VOSviewer.

Figure 7. Co-citation network.



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The red cluster contains authors whose works noted the foundational basis of senior tourism by illustrating phenomenological, theoretical and psychological aspects of the elderly. Given the seminal works in the foundation for travel motivation, both Dann (1977) and Crompton (1979) were identified as key references in our dataset. Shoemaker (1989) shed light on phenomenological contemplation on senior travel for those aged 55 and over, and further segmented the senior tourism market based on their travel motivations. Horneman et al. (2002) and Sellick (2004) explicated the demographic and psychographic characteristics of senior travellers. Fleischer and Pizam's (2002) study was prominent in this cluster which linked 22 references with a total link strength of 266, contributing to the critical insights on the heterogeneity of travel constraints among older age cohorts. The central node of the co-citation network was Huang and Tsai (2003), which established a conceptual framework to illustrate associations between senior travel motivation, travel selection mode (travel barrier and travel destination choice), satisfaction and behavioural intention of senior travellers. Chen and Shoemaker (2014) explicated cohort effects by adopting the life cycle theory and continuity theory in the senior travel market.

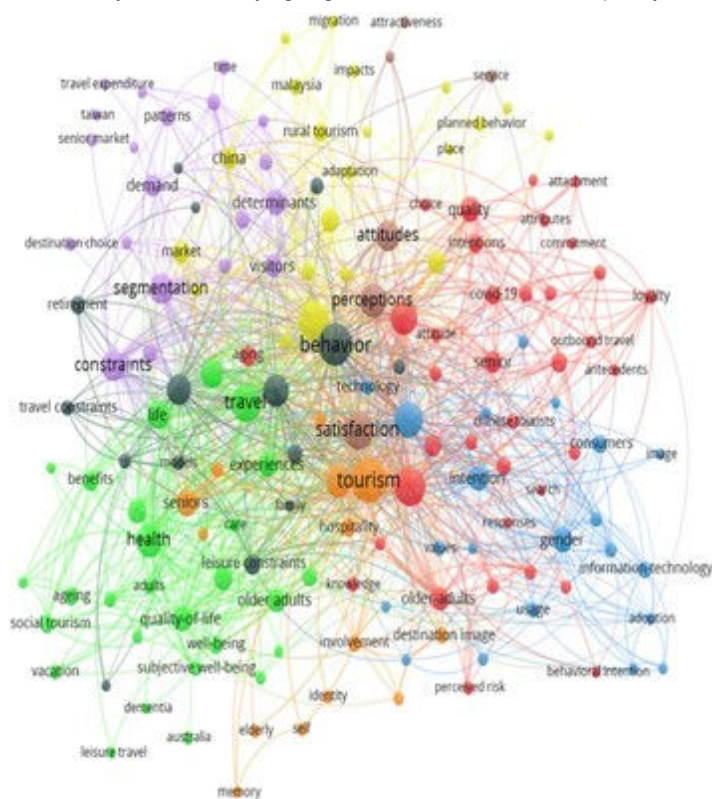
The green cluster consists of research efforts intended to provide empirical

psychological and behavioural constructs. Hsu et al. (2007) were central in the green cluster given the significance of the senior tourism motivation model in developing country setting, involving external conditions (e.g. societal progress, finance, time and health) and internal desires (e.g. well-being improvement, routine escapism, socialisation). Within the green cluster, it is evident that structural equation modelling (SEM) is the preferred quantitative analysis technique used by researchers to evaluate structural linkages between seniors' behavioural propensity and its antecedents toward tourism and hospitality products, services and experiences (Fornell & Larcker, 1981; Hair et al., 2017). For example, Jang et al. (2009) verified the theoretical relationships between affect, travel motivation and travel intention through a survey of seniors aged 65 or greater. Similarly, Kim et al. (2015) examined seniors' revisit intention in light of satisfaction and quality of life.

4.2.3. Keyword co-occurrence analysis

The foci of keyword co-occurrence analysis are 'words' (Donthu et al., 2021a), examining the actual content of selected articles. The premise underlying co-word analysis is that frequently appearing collective keywords have thematic commonalities, thereby this analysis deepens the understanding of the intellectual structure of a given topic (Donthu et al., 2021a; Kim & So, 2022; Kumar et al., 2021). The keyword co-occurrence network (see Figure 8.) was visualised in VOSviewer by using 1870 keywords of 333 articles with a threshold of at least 4 times occurrences ($n = 160$). The size of a node indicates the occurrence of the item, and the thickness of a link between two nodes signals the number of co-occurrences (Donthu et al., 2021a; Kim & So, 2022).

Figure 8. Keywords co-occurrence network.



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The keyword network illustrated eight clusters, indicating the dispersion and diversity of research on healthy ageing topics. The black cluster located at the centrality of the keyword network contains highly occurring items such as behaviour, motivations and constraints. 'Behaviour' appeared as a keyword in 46 documents and was connected to other 107 unique keywords, illustrating a focus on observing seniors' behavioural patterns, such as souvenir shopping (Li & Ryan, [2018](#)), dining out (Kim & Jang, [2019](#)), on-site tourism activities (Anantamongkolkul et al., [2017](#)), decision making (Han et al., [2009](#)). The motivations and constraints varied across different demographic and psychographic characteristics (Bideci & Albayrak, [2016](#); Chen & Shoemaker, [2014](#); Sangpikul, [2008](#)).

The brown cluster adjacent to the black cluster illuminated the antecedents of seniors' behaviours, wherein satisfaction, perceptions and attitudes were mostly examined. The total occurrences and number of links with other keywords of 'satisfaction' in this cluster were 37 and 103 respectively. The role of satisfaction, perceptions and attitudes towards

interactional fairness (Namkung & Jang, [2009](#)), tourism and hospitality products (e.g. tea, auspiciously named foods) (Cheng et al., [2010](#); Youn et al., [2021](#)), were extensively acknowledged in senior travellers' behaviours or behavioural intentions. While the majority explored the ageing issue from travellers' view, some scholars (such as Hertzman & Zhong, [2016](#)) paid deliberate attention to the age stereotype and discrimination from the perspective of the employee since the ageing society extended the need for the seniors to remain in the tourism workforce. Nonetheless, the existence of ageism impeded healthy ageing among older employees.

The red cluster consisted of items related to models of senior behaviours through which behavioural outcomes were explicated by various antecedents involving service quality, trust, commitment, perceived risk, and attachment. The highest applied keyword of this cluster, 'model', received 40 total occurrences and was associated with other 98 keywords. The recent foci on perceived risks of travelling during the COVID-19 pandemic period led to rethinking of seniors' travel barriers (Aggarwal et al., [2023](#); Shin et al., [2022](#)). According to Aggarwal et al. ([2023](#)), as a vulnerable group, senior travellers may perceive higher health risks than the younger, thus discouraging travel plans and actual behaviours in the aftermath of COVID-19.

The blue cluster outlined the dynamic force of technological transformation in the tourism and hospitality industry and the degree of technology acceptance among seniors. The proliferation of advanced technologies (e.g. personalised, interactive, real-time tours, hotel tablet apps, radio frequency identification) encouraged the accessibility of tourism and hospitality information and services for seniors and increased the hedonic enjoyment in tourism via novel tech-experiences (Aluri & Palakurthi, [2011](#); Fennell, [2021](#); Kim, [2016](#); Sancho-Esper et al., [2023](#)). For instance, Sancho-Esper et al. ([2023](#)) recommended virtual reality as a promising tool for the elderly in the care sector, which facilitates immersive interactions and improved quality of life. Another observation in the blue cluster sees scholars interested in exploring demographic characteristics (e.g. age, gender) concerning technology adoption behaviours to reduce

technological barriers of seniors as compared to younger travellers during the planning and travelling period (Hua et al., [2021](#); Kim, [2016](#); Seric et al., [2023](#)).

The orange cluster contained items associated with the seniors' experience during tourism and hospitality encounters. 'Tourism' received the highest occurrences of 54, while 'experience' got 25 total occurrences. Tourism experiences engaged senior travellers at differentiated touch points (e.g. marketing communication, transportation, destination attractions, hospitality services, social interactions) via multitudinous formats (e.g. rural, wellness, cultural activities and events) (Cheng et al., [2022](#); Connell & Page, [2020](#); Lynch et al., [2011](#); Vergori & Arima, [2020](#)). Involvement, identity and memory were relevant concepts as well. This is consistent with past studies such as Marschall ([2015](#)) who noted that autobiographical memory of past experiences may trigger memory trips among ageing tourists driven by the motivation connected with identity and self-consolidation.

The green cluster elicited benefits of travel experience across tourism contexts, including health, leisure, quality of life, and well-being. 'Travel' appeared as the highest occurred keyword with a total occurrence of 87, followed by 'health'. The profound socioeconomic phenomena of ageing led to rising concerns about healthy living for the elderly (Duedahl et al., [2022](#); Ferrer et al., [2016](#); Kim et al., [2013](#); Patterson & Balderas-Cejudo, [2023](#)). This supports the nexus between tourism, active living, healthy lifestyle and positive well-being in previous studies (e.g. Kim & Jang, [2019](#); Patterson & Balderas-Cejudo, [2023](#)). Thus, there have been consistent messages and encouragement by researchers for seniors to actively participate in tourism experiences to achieve physical, psychological, social and spiritual gains. Interestingly, dementia was notable within this cluster which posed a considerable challenge in an ageing society, while tourism was expected as a kind of non-pharmacological treatment for dementia (e.g. Connell & Page, [2020](#); Wen et al., [2022](#)).

The purple cluster conveyed the details on senior tourism market segmentation. The highest occurring keyword was segmentation, with 24 occurrences in research articles

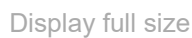
heterogeneity and homogeneity among the elderly by distinguishing their demands, motivations, constraints, and/or consumption patterns (Ritchie et al., [2017](#)).

Segmentation was conducted through differentiated methodologies, including cluster analysis (Chen et al., [2013](#); Konu et al., [2011](#)), artificial neural network (Kim et al., [2003](#)), quantile regression analysis (Kuo & Lu, [2013](#)). For example, Kim J. et al. ([2003](#)) adopted artificial neural network to detect trade-offs made by older travellers, and subsequently grouped senior travellers into four segments: elementary vacationers, careful participants, relaxed family body and active learners.

The yellow cluster included keywords related to contexts on healthy ageing, such as coffee shops (e.g. Altinay et al., [2019](#)), restaurants (e.g. Lee & Hwang, [2011](#)), hotels (Caber & Albayrak, [2014](#)) as well as tourism destinations (Gardiner et al., [2014](#)). Nature-based tourism, wellness tourism, and rural tourism were particularly relevant when studies investigated satisfaction, health perceptions, attitudes and well-being. Tourism mobility and retirement migrants were mentioned among the seniors for the pursuit of a good later life (Liang et al., [2023](#)). This cluster also highlighted countries such as Malaysia as an attractive destination for foreign retirees (British, Japanese, and Chinese elderly) with motivations of meaningful second life, tranquillity life, easy communication, etc (Abdul-Aziz et al., [2014](#); Wong & Musa, [2014](#)).

With regard to the temporal evolution of keyword-occurrence between 1998–2023, this is shown in [Figure 9](#). which captures the exploration of changes in research interests on healthy ageing topics. The sub-periods were identified: 1989–2014, 2015–2018, and 2019–2023 based on the temporal network. The bluish nodes of 'retirement', 'consumers', and 'vacation' were recognised as main keywords before 2014. The keywords were related to greenish nodes of 'tourism' 'behaviour' 'satisfaction' 'travel' between 2015 and 2019. The yellowish nodes signified major keywords of 'experience' 'quality of life' 'quality' since the year 2019. This sees the maturation of senior travellers and a possible explanation through the travel career ladder where senior travellers have gone beyond simply travelling for relaxation and are trying to satisfy their higher order

Figure 9. Temporal network of keywords co-occurrence.



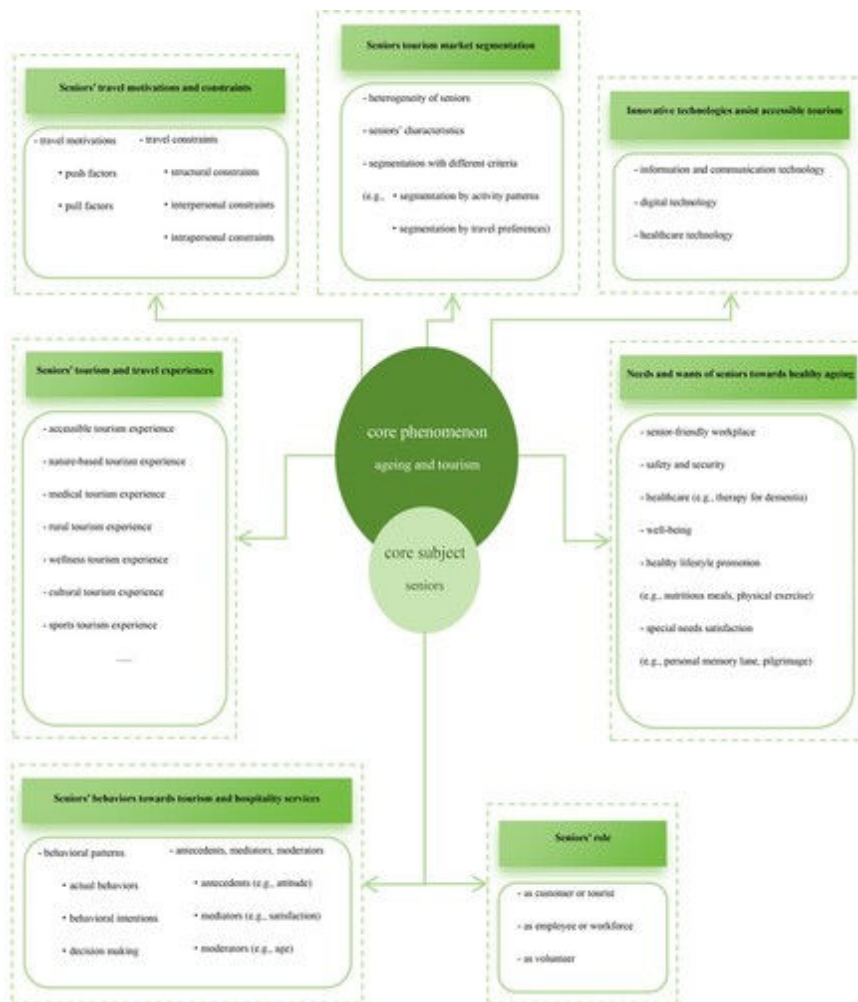
Our study addresses the major limitation of most intellectual structural studies by complementing the bibliometric analysis with thematic content analysis to provide an in-depth understanding of major themes. The present study focused on recommended key components (titles, abstracts, and keywords—which underscore research objectives, methods and findings) that have been considered as units of analysis for thematic content analysis in bibliometric studies (Agapito, [2020](#)). Hence, this study adopted purposive sampling as recommended by past studies (Kim & So, [2022](#)) to illustrate multifaceted aspects of healthy ageing by extracting titles, abstracts and keywords from the final 333 articles screened and selected using the PRISMA framework published in 1989–2023.

The thematic content analysis was conducted through an inductive process consisting of six stages: familiarisation with the data and basic inspection, initial coding, identification of themes, refinement of themes, detailed analysis of defined themes and write-up of results of thematic analysis (Berbekova et al., [2021](#); Braun & Clarke, [2006](#)). After the inspection of the selected content, the coding was started by using the NVivo 14 software (Kim & So, [2022](#); Wong & Musa, [2014](#)). The coding was manually conducted by researchers through a three-step approach as recommended by Corbin and Strauss ([1990](#)). First, open coding was performed to break down the data to explore and identify distinct groups of concepts (Wolfswinkel et al., [2013](#)). Second, axial coding was conducted to categorise the data to identify potential relationships between categories identified in the open coding stage to identify key themes of healthy ageing. The last coding stage involved selective coding to further refine and organise the data into central themes that capture the essence of the healthy ageing data. Based on the core phenomenon of ageing and tourism, 576 codes were eventually grouped under seven themes after rigorous cross-coding, comparison and refinement:

- seniors' travel motivations and constraints.
- senior tourism market segmentation.
- seniors' role in tourism and hospitality employment.
- seniors' behaviours towards tourism and hospitality service.
- seniors' tourism and travel experiences.
- innovative technologies assisting accessible tourism.
- needs and wants of seniors towards healthy ageing in tourism and hospitality.

Figure 10 illustrates the core phenomenon of ageing and tourism and its relevant themes.

Figure 10. Themes of healthy ageing research in tourism and hospitality.



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4.3.1. Seniors' travel motivations and constraints

Understanding the travel motivations and constraints of senior travellers has been the dominant trend in senior tourism research. Building on influential motivation theories, such as push and pull theory, and the travel career ladder, scholars have investigated motives stimulating seniors' travel decisions and behaviours, including self-drivers (e.g. needs for novelty-seeking, relaxation, social interaction, self-enhancement, nostalgia) and extrinsic attractions of destination attributes (e.g. natural and cultural attractions, facilities and amenities, safety, entertainment activities) (Hsu et al., [2007](#); Sangpikul, [2008](#); Wong & Musa, [2014](#)). To facilitate travel motivations, the majority of research in senior travel has investigated travel constraints through the hierarchical model of travel constraints (i.e. intrapersonal, interpersonal and structural) among seniors wherein

to limit travel frequency and distance (Huber et al., [2018](#); Hung et al., [2016](#); Kazeminia et al., [2015](#)). Furthermore, seniors tend to be more sensitive to health-related risks, especially during pandemic periods such as COVID-19 (Shin et al., [2022](#)). Negotiation strategies for overcoming constraints and encouraging travel are also extensively discussed in the literature (e.g. seeking family support, physical exercise as preparation, and learning) (Huber et al., [2018](#); Wen et al., [2020](#)). This well-established research area on travel motivations and constraints acts as a fundamental beacon in helping multiple stakeholders (e.g. tourism and hospitality practitioners, family, community and society) to develop effective supportive programmes to promote seniors' involvement in tourism and travel and thus contribute to healthy ageing.

4.3.2. Senior tourism market segmentation

The significance of the niche market in the ageing era has led to increasing insights into heterogeneity among seniors. From a marketing perspective, the tourism and hospitality literature identifies various characteristics of seniors regarding acceptance level of innovative technology, motivational differences on travel between generations, level of engagement in tourism activities, attitudinal differences regarding service failure, and differentiated preferences on trips (Cooper et al., [2019](#); Kim & Jang, [2015](#); Shin & Baek, [2023](#); Wilson et al., [2017](#)). Based on the heterogeneity, past segmentation studies have grouped seniors using different criteria. For example, Nimrod and Rotem ([2010](#)) looked at tourism activity patterns and segmented seniors into four categories: learner, urban, entertained and spiritual. Using travel preferences as basic elements, Tiago et al. ([2016](#)) introduced four sub-segments of the senior tourism market (explorers, livewires, vacationers, and homebodies) to reflect the different behavioural choices of seniors. Other segmentation criteria include demographics, geographic factors, needs on destination attributes, expenditure patterns, lifestyles, mobility patterns, risk perceptions, satisfactory levels, and travel motivations (e.g. Caber & Albayrak, [2014](#); Otoo et al., [2020](#); van Cranenburgh, [2018](#)). This cluster of studies on senior tourism market segmentation offers sufficient references on seniors' heterogeneity, and more importantly highlights unique desires and demands, as such to facilitate the tourism and

hospitality industry to better accommodate senior travellers' needs and improve satisfaction and well-being.

4.3.3. Seniors' role in tourism and hospitality employment

The ageing trend indicates the considerable importance of older workers in the tourism and hospitality industry (Ann & Blum, [2020](#)). Our thematic content analysis demonstrates that tourism and hospitality studies have shown concerns about the role of seniors in the tourism and hospitality industry as destination residents, volunteers and practitioners. For example, seniors may be service employees, practitioners or business owners in a tourism destination, who play an important role in supporting tourism development (Huh & Vogt, [2008](#); Tomljenovic & Faulkner, [2000](#)). Having seniors embedded in the workforce is important as senior employees as service providers possess a better understanding of older adults' psychology and needs, acquire skills in best practices, and exhibit stronger loyalty (Ann & Blum, [2020](#); Ravichandran et al., [2015](#)). Seniors also have options to engage in volunteering activities to support tourism development, which provide an outlet for seniors to interact with others, as well as promote healthy ageing through physical, mental, social, spiritual and civic benefits (Dashper et al., [2021](#)). However, the existence of ageism (e.g. age stereotype, age discrimination, age in-group bias) increases age anxiety among pre-seniors, and also inhibits seniors' opportunities to obtain training, promotion, recruitment and retention, and decreases the likelihood of healthy ageing (Ann & Blum, [2020](#); Cheung & Woo, [2021](#)). Nevertheless, the research interest in seniors' role in tourism and hospitality assigns reflections on healthy ageing from the workplace perspective.

4.3.4. Seniors' behaviours towards tourism and hospitality service

Another important thematic content analysis finding extracts a variety of seniors' behavioural patterns towards tourism and hospitality service, which includes decision-making, actual behaviours and behavioural intentions (Alén et al., [2014](#); Pan et al., [2021](#)). The decision-making process regarding holiday-taking (Ryan, [1995](#)), destination choices (Pan et al., [2021](#)), accessible travel products (Lyu, [2017](#)) and trip types (Nicolau et al.,

motivations and constraints, preferences and destination attributes. Investigations on seniors' actual travel behaviours include travel distance (Wynen, [2013](#)), length of stay (Alén et al., [2014](#)), service quality evaluation (Oyewole, [2013](#)), and frequency of visits (Lee et al., [2009](#)). This theme cluster uncovered a spectrum of seniors' behavioural intentions concerning hospitality service encounters and travel experiences, which vary from purchase intention, visit intention, slow travel intention, dining-out intention, revisit intention, second-home relocation intention, willingness to pay more to innovative technology reuse intention, recommendation intention and word-of-mouth intention (e.g. Chaulagain et al., [2021](#); Ross, [2005](#); Yu et al., [2023](#)).

Results from the thematic content analysis also suggest a variety of antecedents of seniors' behavioural patterns such as motivational factors (e.g. self-efficacy), attitudinal factors (e.g. attitude towards tea tourism), attachment factors (e.g. brand attachment, place attachment), social factors (e.g. interactional fairness), affective factors (e.g. emotional experience, affect), perceptual factors (e.g. perceived risk, self), satisfactory factors (e.g. customer satisfaction) and well-being (e.g. quality of life) (e.g. Cheng et al., [2010](#); Hwang & Lee, [2019](#); Namkung & Jang, [2009](#)). Our findings also highlighted salient mediators (e.g. memorable experience, attachment, satisfaction) and moderators (e.g. demographic characteristics, past experience, and social support), which exert influential effects on seniors' behavioural patterns (Han et al., [2015](#); Pestana et al., [2020](#)).

4.3.5. Seniors' tourism and travel experiences

Within this theme, scholars acknowledge physiological, psychological, cultural, intellectual, emotional, social and spiritual benefits for seniors through involvement in various travel experiences (e.g. rural stays, nature-based experience) (Altinay et al., [2019](#); Dashper et al., [2021](#); Duedahl et al., [2022](#)). The results underscore a series of unique experiences in the tourism and hospitality context. Some studies focused on food, accommodation and transportation settings, declaring beneficial experiences to healthy ageing, such as coffee shop social interaction (Altinay et al., [2019](#)), healthy food in-take (Kim et al., [2013](#)), hot spring and resort experience (Tomljenovic & Faulkner,

experiences, including shopping (Han et al., [2015](#)), virtual reality and augmented reality (Yu et al., [2023](#)), recreational vehicle rally (Wu & Pearce, [2017](#)), skiing (Konu et al., [2011](#)), cycling (Rejón-Guardia et al., [2018](#)), hiking (Wall-Reinius & Bäck, [2011](#)), golf (Petrick, [2002](#)), football nostalgia (Cho et al., [2019](#)) and volunteering experience (Dashper et al., [2021](#)).

Our thematic analysis also uncovered several special interest activities among seniors such as the Mi'Kmaw cultural experience (Lynch et al., [2011](#)), creative events (Wood & Dashper, [2021](#)), gambling (Breen, [2009](#)), tea drinking (Cheng et al., [2010](#)), forest-therapy experience (Ohe et al., [2017](#)), pilgrimage experience (Kim & Chen, [2021](#)), and slow travel (Lin, [2018](#)). This curated list of travel activities paints a diverse range of travel experiences and challenges the stereotypical view of conservative travel norms of senior tourism beyond tour groups and sightseeing.

4.3.6. Innovative technologies assisting accessible tourism

Our findings observed constraints faced by seniors concerning pleasant travel experiences, such as intergenerational conflicts regarding travel (Hu et al., [2023](#)), information barriers to optimal choices of destination or hotel (Kazeminia et al., [2015](#)), and encountered problems during travel (e.g. tiredness, lack of assistance) (Musa & Sim, [2010](#)). However, innovative technologies have emerged as key drivers of experiential changes in the tourism and hospitality industry. To accommodate seniors' accessible needs, various innovative technologies have been suggested by researchers to facilitate seniors' travel experiences, which can be categorised into: information and communication technology (e.g. fingerprint system, hotel tablet app, mobile social media, online travel websites, radio frequency identification technology), digital technology (e.g. virtual reality, augmented reality, and personalised, interactive, real-time tours) and healthcare technology (e.g. assistive alarms, bed safety monitors, geo trackers) (Esfahani & Ozturk, [2019](#); Etemad-Sajadi et al., [2023](#)). These innovative technologies improve the level of accessibility for seniors in tourism and hospitality services and experiences and benefit the well-being of seniors (Yu et al., [2023](#)). For

perceptive travel experiences which reduces the travel constraints of financial, physical and mental elements associated with actual travel (Yu et al., [2023](#)).

4.3.7. Needs and wants of seniors towards healthy ageing in tourism and hospitality

Notably, our thematic analysis identified seniors' needs and wants regarding healthy ageing in tourism and hospitality, including senior-friendly workplaces, safety and security, healthcare, well-being, healthy lifestyle promotion and special needs satisfaction. First, concerns about senior employees in tourism and hospitality have outlined the desires for equal rights and justice, as a result, managerial support in recruitment, training, and retention has been called to assist a senior-friendly workplace which is beneficial to healthy ageing (Ravichandran et al., [2015](#)). Second, studies which examine seniors' needs and wants have extensively asserted the aspect of safety and security as a basic hierarchical needs requirement for senior travellers. Therefore, improvements in safety and security would largely advance seniors' travel tendencies, especially during the pandemic period (Shin et al., [2022](#)). Third, the provision of healthcare-related services and experiences is a positive aspect demanded by senior travellers such as hot springs, spa services, and forest therapy (Ohe et al., [2017](#)). The health-related benefits of tourism have been described as therapeutic experiences as non-pharmacological interventions for individuals with conditions such as dementia (Wen et al., [2022](#)). Hence, efforts on healthcare in tourism and hospitality would benefit both non-seniors and seniors, thus contributing to healthy ageing.

Fourth, the tourism and hospitality literature advocates well-being promotion from physical, emotional, mental, social and spiritual viewpoints through various activity engagement (e.g. hiking, cycling) (Rejón-Guardia et al., [2018](#); Wall-Reinius & Bäck, [2011](#)). Therefore, there is suggestive literature that health-related tourism activities increase satisfaction in life domains and a better life for seniors. Fifth, the literature recognises tourism and hospitality efforts on healthy lifestyle promotion during service encounters (e.g. nutritious meals in a restaurant setting, physical exercise in nature-based contexts)

for self-actualisation/fulfilment needs desired by senior travellers. This is evident in the special interest type of tourism activities such as pilgrimage and personal memory lane to promote seniors' psychological and spiritual health that embraces healthy ageing (Bideci & Albayrak, [2016](#); Blichfeldt & Smed, [2019](#); Marschall, [2015](#)).

5. Prospects for future research

5.1. Multi-stakeholder perspective

It is important to embrace a multi-stakeholder perspective as healthy ageing is a dynamic and long-lasting process involving multiple stakeholders such as ageing tourists and family, tourism and hospitality practitioners, health caregivers, academics, destination communities, society and government (Hu et al., [2023](#)). This is a key research gap in the hospitality and tourism healthy ageing literature as most past studies often examine the perspective of ageing tourists or customers with only a few exceptions (e.g. Cheung & Woo, [2021](#); Hu et al., [2023](#)). This unnecessary restriction presents a limited understanding of healthy ageing from silo domains. From an accessible tourism perspective, there need to be supportive initiatives to facilitate seniors' engagement in travel. In this regard, the roles of multiple actors could vary significantly from each other (e.g. tourism and hospitality practitioners, community, family, and society), which offers a promising foci for future studies. For example, a supportive working environment is necessary for senior workers. Nonetheless, prior studies have neglected to investigate key elements that support seniors' retaining in tourism employment. Furthermore, an efficacy collaboration network among multiple stakeholders would be advantageous for reinforcing the tourism accessibility for seniors while negotiating conflicts and constraints among entities with different interests. Therefore, contextual backgrounds of a collaboration network among multiple stakeholders should be taken into future accounts.

In addition, researchers can assess the role of family support, and social support on

development; and explore knowledge of the senior tourism workforce. Therefore, it is recommended to adopt a multi-stakeholder approach to gain novel insights about healthy ageing to achieve a shared understanding among entities with common interests (Im et al., [2023](#)). A multi-stakeholder perspective will offer valuable directions for future tourism and hospitality research towards healthy ageing that moves beyond the narrow focus on ageing tourists/customers. Further implications for future studies are indicated in [Table 5](#).

Table 5. Implications for future studies.



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5.2. Transformative technology perspective

The aforementioned studies have acknowledged the irreversible changes in tourism disrupted by technological innovations (Esfahani & Ozturk, [2019](#); Etemad-Sajadi et al., [2023](#)). Digital technologies such as virtual reality, augmented reality, mobile and artificial intelligence do promote transformative travel experiences for seniors, as well as non-seniors (Belanche et al., [2024](#); Fennell, [2021](#); Sancho-Esper et al., [2023](#)). Although there is lower technology acceptance among seniors compared to non-seniors, the role of innovative technologies is evident in assisting healthy ageing (Grossi et al., [2020](#); Hu et al., [2023](#)). In this regard, identifying facilitators, constraints and negotiating strategies for seniors adopting innovative technologies is a valuable direction for future research (Belanche et al., [2024](#); Kim & So, [2022](#)). Considering the fact that ageing is a process rather than a phenomenon, multi-group comparisons could be conducted to generate insightful differences among groups regarding innovative technology acceptance and preference, which may be beneficial to segmenting the tourism and hospitality market.

More importantly, whereas the integration between transformative technologies (e.g. Internet of things, monitoring systems, artificial intelligence, virtual reality, augmented

which these transformative technologies can advance the accessibility for seniors remains to be explored. Concomitantly, prior studies have offered limited effective negotiating strategies to improve seniors' technology acceptance regarding innovative technologies. The presents an ambiguous relationship between technology acceptance, travel experience and seniors' quality of life. While innovative technologies assist healthcare for seniors, its inclusion in health-related services and experiences for seniors needs to be unpacked further. In addition, while the ageing population remains an important component of the workforce, the technological challenges and threats (e.g. artificial intelligence) facing seniors should be carefully considered. Constructs such as ageing anxiety and technology anxiety need to be explored among seniors in future quantitative investigations. Future studies are encouraged to offer insightful knowledge from a transformative technology perspective, which would significantly advance healthy ageing in tourism and hospitality practice and research agenda.

5.3. Interdisciplinary perspective

This study analysed 30 years of healthy ageing research within the tourism and hospitality discipline. Despite these novel findings, the majority of studies adopted a discipline silo approach, which sees future studies potentially exploring healthy ageing from an interdisciplinary perspective that can be applied to healthy ageing in senior tourism. For example, traditional Chinese medicine emphasises 'prevention first', and promotes health consciousness through effective health-cultivation methods (Peng et al., [2023](#)). From the perspective of sports science, functional guidelines in physical exercise can enable seniors to recover a sense of physical competence and promote physical health status (Tulle, [2008](#)). Research in sleep science can offer effective methods to facilitate sleep quality improvement among seniors during travel as there are significant associations between sleep habits, emotions, psychology and sleep-related behaviours (Leblanc et al., [2015](#)). Sleep quality essentially contributes to an excellent travel experience, especially for seniors who are more likely to suffer poor sleep during travel (Mao et al., [2018](#)). From a dietary perspective, nutrition science forms efficient

references on healthy diets and eating habits (Hansen, [2016](#)), addressing digestive issues and leading to a healthier lifestyle for seniors as well as pre-seniors.

In addition, tourism and hospitality studies can draw on medical science and discover senior travel activities as a form of treatment for chronic diseases as well as psychological illnesses (e.g. dementia, cognition disability, stroke, depression, anxiety), aiding in healthcare among seniors and pre-seniors (Hu et al., [2023](#); Wen et al., [2022](#)). It is imperative to note that travel, food and beverage, accommodation, physical activity and healthcare are inseparable for ageing people. Indeed, promoting healthy ageing studies in tourism and hospitality requires interdisciplinary efforts to enrich complementary understandings, and thus develop best practices to facilitate seniors' better quality of life. Therefore, it is recommended future tourism and hospitality studies in healthy ageing intertwine knowledge from an interdisciplinary perspective to generate novel ideas and advance theoretical development on healthy ageing in tourism and hospitality.

5.4. Innovative methodology perspectives

As uncovered in our thematic content analysis, the majority of studies adopted focus groups, interviews or surveys as data collection methods (e.g. Anantamongkolkul et al., [2017](#); Hwang & Lee, [2019](#)) and several studies applied a mixed method technique (e.g. Bohdanowicz-Godfrey et al., [2019](#)). Within the realm of quantitative studies, the commonly used quantitative analysis was: Exploratory factor analysis, confirmatory factor analysis, ANOVA analysis, OLS regression analysis and CB or VB – structural equation modelling (e.g. Han et al., [2015](#); Hwang & Lee, [2019](#); Wu & Pearce, [2017](#)). Content analysis and cluster analysis were widely used to analyse qualitative data (e.g. Breen, [2009](#)). This sees an opportunity for future studies to contemplate novel techniques and methods (e.g. immersive netnography) regarding data collection and analysis to contribute to methodological advancements. Future studies should also attempt to move beyond cross-sectional and panel data to examine the longitudinal trends of senior travel patterns and even big data in healthy ageing profiling. Moreover,

conversation, observation, narrative), and experiment (e.g. factorial, scenario-based, field experiment) are greatly encouraged to explore an in-depth understanding of seniors' thoughts, minds and behaviours. Approaches including artificial neural network, laddering technique, and means-end chain approach are potential options. Adoptions of mixed methods or combinations of different methodologies would help researchers to observe more interesting findings and reflect the complexity of healthy ageing in tourism and hospitality. Furthermore, while tourism literature calls for more efforts to promote a healthy ageing research agenda (Hu et al., [2023](#)), restrictive ethical approvals on vulnerable people (e.g. seniors) discourage studies on ageing topics. In this regard, researchers should pay special attention to respecting and protecting rights, privacy, autonomy and beneficence of subjects while ageing population is involved (Locher et al., [2006](#); Thompson et al., [2021](#)). Importantly, ensuring that participants are empowered by their presence during the research process is recommended (Thompson et al., [2021](#)). To be specific, it's suggested to keep clear communication during the informed consent process, including asking for permission among participants in a respectful manner, reading the consent form to them, asking whether they have any questions, and requesting them to describe their understanding of the research (Höckert et al., [2018](#); Locher et al., [2006](#)).

6. Conclusion and limitations

The global ageing issue has garnered considerable attention on health promotion among seniors as well as non-seniors wherein tourism has been viewed as a promising pathway (Hu et al., [2023](#)). This is evident in the collection of tourism and hospitality studies that focused on senior groups and generated a coherent body of knowledge on healthy ageing, which lay the foundations for relevant theoretical basis and knowledge development (e.g. Kim et al., [2013](#); Kim & Jang, [2019](#); Wen et al., [2022](#)). The present study aimed to illuminate the intellectual structure of the healthy ageing topic and inspire more future studies on this topic by adopting a rigorous mixed-methodology comprised

of bibliometric analysis and thematic content analysis which includes 333 articles from 23 reputed journals tourism and hospitality.

Our findings demarcate influential authors, articles and journals over 30 years (1989–2023), illustrate the literature's intellectual structure, and identify seven key research streams on healthy ageing topics. More importantly, this study proposes new research directions relevant to healthy ageing from a multi-stakeholder perspective, a transformative technology perspective, an interdisciplinary perspective and an innovative methodology perspective. More specifically, this study highlights the role of family support, social support and working environment support on advancing the accessibility of seniors in future studies. The level of technology acceptance, ageing-anxiety and technology-anxiety are recommended to be incorporated in models in relation to senior employment in future research. Another area of future research is to assess seniors' perceptions, attitudes and behaviours in-depth by adopting innovative methods such as immersive netnography, experiments, and artificial neural networks. From a motivational perspective, this study underscores the application of motivational theories (e.g. push and pull, the travel career ladder) in ageing research to illuminate seniors' in-depth psychological-behavioural process. Moreover, our review emphasises the utilisation of generational theory, life cycle theory and continuity theory in capturing the common collective persona, which offers insights into generational differences regarding consumption and behavioural patterns among non-seniors, pre-seniors and seniors in the field of tourism and hospitality.

Despite the aforementioned insightful findings, several limitations should be pointed out. First, data for analysis is drawn from WoS, focusing on 23 reputed tourism and hospitality journals, which may influence the results, thereby future studies are suggested to include other databases (e.g. Scopus, Google Scholar) to generate more valuable data. Second, as the data search largely relied on seniors and senior tourism, few papers which did not mention seniors explicitly may have been excluded from this study. Hence, future studies can expand data search criteria by containing all the

based on chosen papers' titles, abstracts and keywords, although these components cover studies' main ideas and results, full-text paper analysis is recommended for future research to detect more details on healthy ageing. Fourth, given the importance of methodological contributions to knowledge development, future studies are suggested to conduct systematic reviews on methodological aspects and analytical techniques.

Acknowledgement

This work was supported by the Doctoral Fund (grant number DT2200002144); the National Natural Science Foundation of China (Project Number: 72172002) and the Social Science Projects of Fujian Province (Project Number: FJ2023MGCA035). Furthermore, the authors gratefully acknowledge the efforts of all anonymous reviewers for their constructive comments on our work and thank to the editors for their meticulous work.

Disclosure statement

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

Additional information

Funding

This work was supported by National Natural Science Foundation of China: [Grant Number 72172002]; Social Science Projects of Fujian Province: [Grant Number FJ2023MGCA035]; Doctoral Fund: [Grant Number DT2200002144].

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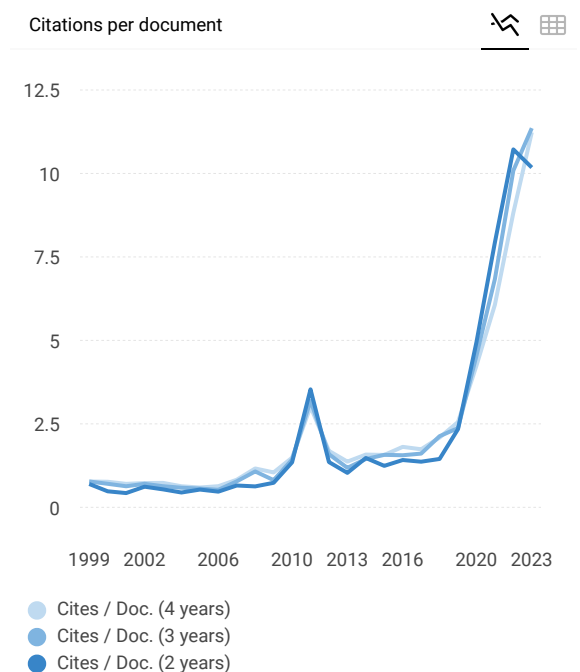
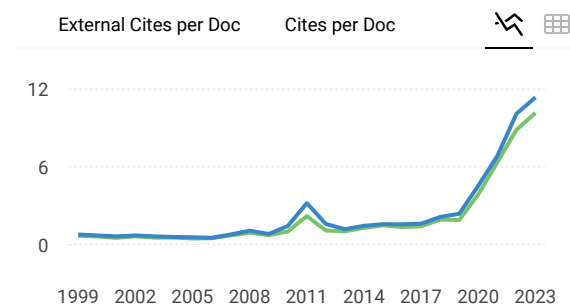
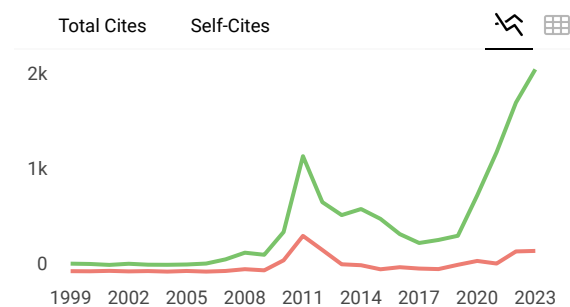
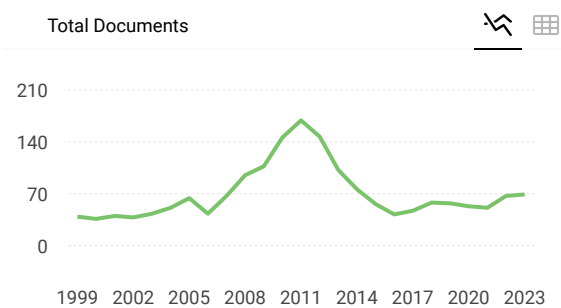
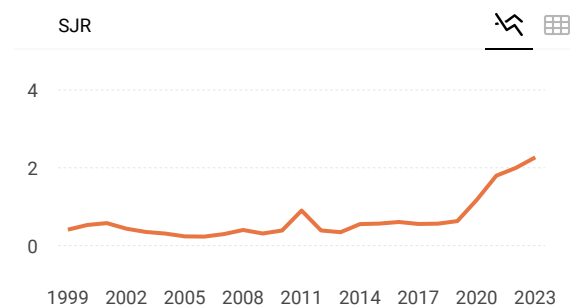
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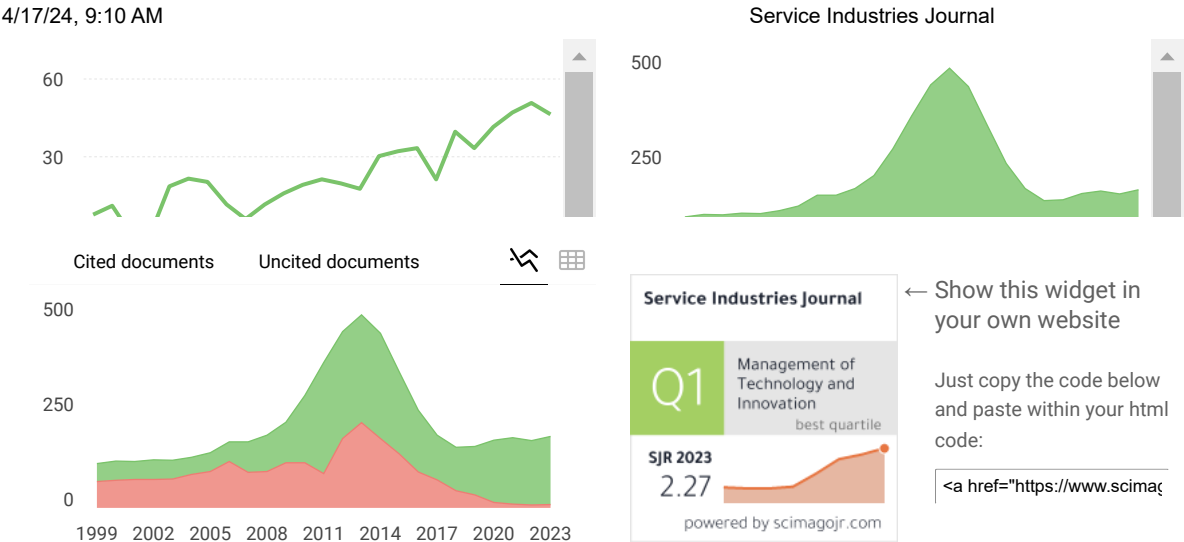
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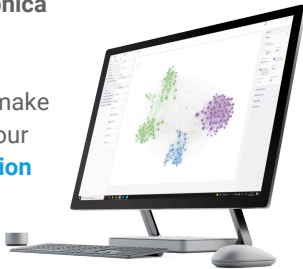
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