



NEW COMPETENCIES FOR ACCESSIBLE TOURISM IN V4 COUNTRIES

TRAINING MODULE FOR PROVIDERS OF HEALTH AND RECREATION SERVICES WITHIN THE ACCESSIBLE TOURISM PROGRAMME

Target groups

The subject area of health tourism for people with disabilities is very wide and, therefore, a number of target groups will be able to benefit from the knowledge and skills acquired during this course. Strategic managers of regional and local tourist organizations, personnel of health and recreation tourism service providers, sales managers and marketing professionals, customer relation and tourist information centres, social care service providers (residential care homes and rehabilitation centres), and even medical staff (nurses and qualified senior care assistants) employed by larger resorts constitute the main target groups of the course. Although medical staff has professional competence in the service of disabled clients and treatment of various ailments, they may need to gain insight into the touristic aspects and social issues of services provided for people with different impairments and disabilities. At hydrotherapy centres there is a need for specially trained staff that has the ability to respond to its conditions: medical and nursing staff and university trained physiotherapists, spa therapy assistants and spa physiotherapy assistants and all of these specialists will benefit from the training.

The aims and objectives of the training module

The most important aims of the course to develop new skills for service providers in enabling people with various physical and physiological impairments (hearing, motor, visual, cardiovascular, visceral), intellectual disability and learning difficulties to use, enjoy and benefit from medical, health and recreational touristic services, which otherwise would not be available due to a number of physical, psychological, organizational and social barriers. The number of travellers in the 55+ age group is increasing and, together with disabled people and their families, these customers are looking for travel options where basic accessibility features are standard such as level access to buildings, large-print menus, accessible toilets, communication devices, special dietary requirements and many other provisions. Tourism providers must be prepared to deliver not only accessible premises and venues, but even flexible services tailored to the special needs of customers, if they want to catch the rising tide of accessible tourism. The objectives of the course include the classification of disabilities and impairments, recognition and provision of special needs depending on the type of disability, communication with disabled people and their relatives, inter-agency cooperation with medical experts and health care providers, organization of activities involving participants with disabilities, touristic product development and the construction of local “enabling networks” involving local and regional businesses and other touristic service providers to minimize the number of barriers. Furthermore, the thermal bath and treatment facilities and services

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as the most popular and well known medical and recreational touristic products will be discussed in detail. This course presents also the spatial characteristics of health tourism and recreation, taking into account the possible site-development for costumers with impairments or disabilities. Other topics include recreation and travel patterns, leisure site and situation characteristics, and health tourism and recreation motivations as they relate to the geographic environment.

Course structure (duration 18 h)

The course consists of six program modules. Each module comprises 1,5 hours lecture, 1,5 hours seminars for practical training (totally 18 contact hours for six modules). E-learning support in all modules will be provided.

1.The physical geography of health tourism and recreation. Climatic conditions, geomorphology, the classification and occurrence of thermal springs, chemical composition of thermal waters, leisure landscapes.

2. The history and cultural geography of health tourism and recreation.Historical development of health tourism and leisure in Europe;patterns and processes of health tourism and recreation;tourism and recreation in Western Europe: heritage and the welfare state. Health tourism and recreation in Eastern Europe and Russia: economic transformations; health tourism and recreation in Africa, Middle East and Asia: politics, religion and culture; the geography of consumption, globalization and Americanization; health tourism, leisure and cultural conflicts.

3. Classification of disabilities and impairments in the context of health tourism, recreation and rehabilitation.The InternationalClassification of Functioning, Disability and Health (ICF);the medical, social and bio-psychosocial models of disability; disability and functioning as outcomes of interactions between healthconditions (diseases, disorders and injuries) and contextual factors (both externalenvironmental factors and internal personal factors)

4.Barrier free tourism. Barriers facing people with disabilities undertaking leisure-related travel; intrinsic, environmental and communication barriers; underlying social and cultural constraints, attitudinal problems; economic circumstances; barriersof language differences; travel planning information; activities; transportation barriers; accessible accommodation; the destination experience; development of tailored, flexible touristic products and services for tourists with disabilities; the structure and spatial arrangement of accessible health resorts and spa facilities. Case studies.

5.Communication. Basics of communication theory. Communication with disabled people and their relatives: special communication requirements related to the type of disability; communication between different cultures: values, paradigms and cultural conflicts; communication and conflict

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management. Communication with disability organizations; the need for shared understanding of what constitutes access and disability by the stakeholders (people with impairments; operators; tourism sectors; intermediaries). How do interpretive tourism services provide an insight into the culture of the destination?

6. Inter-agency cooperation. The principles of networking in the health care and tourism sector; the need of formal agreements and legally binding contracts between service providers and suppliers; the role of local and regional authorities; private and public health care providers and health tourism: assessment of needs and development of tailored services through local, regional and national networks.

Methodology and pedagogic principles

The course is an attempt to apply well established pedagogic principles to shape learning experiences in such a way as to ensure that students not only gain insight in their chosen discipline but at the end of the course will be able to demonstrate a generic set of knowledge, skills and attitudes (irrespective of the discipline), which are considered as essential requirements of all future professionals who are dealing with the problems of accessible tourism. **The dominant pedagogic principles** that can be brought into play for simultaneous achievement of the Learning Objectives and the Learning Outcomes are:

- a) **Small group collaborative learning.** Wherever appropriate, formation of suitable groups (4-6 people) will be suggested, assigning the role of leadership to different members of the group for different assignments/tasks/ problems/projects during seminar work.
- b) **Active learning, student-centered learning, problem based learning.** Students will be given well designed assignments/problems/tasks/projects starting with each unit learning objectives, learning objectives of a group of units, suitable for the time and volume of the course. These assignments need to be carefully designed keeping in view the learning outcomes. In some parts of the course, instead of providing ready-made, fully structured course material, students will be required to consult appropriate learning resources such as chapters in specified books/journals, listen to/view appropriate sections of audio-video resources, refer to appropriate websites. Students may be encouraged to consult peers and mentors whenever required.
- d) Matching teaching styles to learning styles and the need to take care of individual differences amongst learners is one of the main features of methodology.

Learning outcomes

After completing the course, students will be able to:

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- a. demonstrate appropriate knowledge about the physical geography and natural conditions of health and recreation tourism;
- b. understand the historical and cultural aspects of health tourism;
- c. handle cultural and service related conflicts in a professional way;
- d. carry out assessments of special needs together with health care professionals;
- e. construct individually tailored service packages for disabled tourists at appropriate prices;
- f. develop inter-agency networks in order to provide accessible services and security at reasonable prices for all customers;
- g. recognize the different dimensions of access (physical; vision; hearing and cognitive);
- h. understand the complexity of tasks to make these dimensions of access operational;
- i. provide accurate access information;
- j. provide the right level of detail about the access information;
- k. ensure the availability of information in proper format;
- l. identify distribution channels (mainstream and disability specific);
- m. communicate the information to staff at all levels of the organization;
- n. communicate the information to intermediaries

Definition and types of health tourism

Production and consumption of health care services and in this context, mobilization of patients at an international level is a matter of fact which has always existed throughout history. However, this mobilization has further increased especially in recent years with the globalization mainly based on information and communication technology and a serious market that focuses on health tourism has been created. **Health tourism** refers to travelling from the place of residence to another place for the purpose of protection and development of health and treatment of diseases, and benefiting from health and tourism opportunities by staying at the place of destination for minimum 24 hours. A person who travels for the aforementioned purposes is called "health tourist". Health tourism, according to the categories of travellers, the purpose of the travel and the services required can be divided into four groups:

1. Medical tourism

Medical tourism involves medical proceedings or activities performed to develop the wellness of medical tourist. Healing a disease covers a number of services such as medical check-up, health screening, dentistry, heart surgery, prosthetic fitting, cancer treatment, neurosurgery, transplantation and other processes requiring qualified medical interventions.

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2. *Thermal/SPA/wellness tourism*

Keeping fit has become a lifestyle and modern people caring about their general well being, inner and outer beauty are using appropriate services through health tourism. Marketed for their curative properties, the natural springs have given rise to assorted spa hotels and treatment centres providing hydrotherapy exercise pools, whirlpool massage and therapeutic mud baths, used to treat muscular disorders, injuries and even neurological issues, as well as for pain relief and rehabilitation. Even drinking the water supposedly reaps health benefits, and mineral water from many thermal bath resorts is bottled and sold as natural mineral water (e.g. Balf, NW Hungary).

3. *Elderly Tourism*

In the last period, the facilities which have been established with regard to the nursing of the elderly in health tourism and the trips with this purpose have taken place in the tourism activities as a new form of the health tourism. From a tourism perspective this market comprises three target groups, what we may call the 'young seniors', the 'middle seniors', and the 'older seniors'.

- *Young seniors* are people born between the years 1946 - 1960. Because they now have added expendable income, less home responsibilities, and relatively good health, they are prime candidates to travel and use mainly health tourism facilities for healthy service users.
- *The middle senior market* is generally considered people who were born between the years 1930-1946. These are the pre baby-boomers. Most of these people are now retired, tend to spend a greater amount of time visiting family and friends, have slightly higher medical costs, but still desire to travel. This group especially cares about being protected and desires visible security and safety measures.
- *The old seniors* are those people who were born before 1930. Many of these people are less likely to travel, and when they do travel often seek both security and personalized service. Many costumers from the middle and the old senior groups belong to the disabled tourist group, since disability also has a high correlation with age: elderly people can achieve a mixture of impairments due to age. Smart tourism bureaus and businesses know that this is the time to develop a *senior task force*. This tourism senior task force should keep abreast of the newest travel trends and demographic changes.

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4. *Disabled tourism* The group of people with disability is very diverse and includes people with motor impairments as well as people with visual or hearing impairments, people with mental disabilities as well as persons with respiration problems or allergy, each with his or her own needs (Fig. 1). Although special care for the disabled is provided at clinic hotels and rehabilitation centres, an increasing number of service providers are striving to improve quality of service to the public with disabilities. Touristic products are being developed or adapted for people with special needs in the best possible conditions by offering a wider selection of sites to visit, transport, accommodation and catering, both for individual customers and groups.

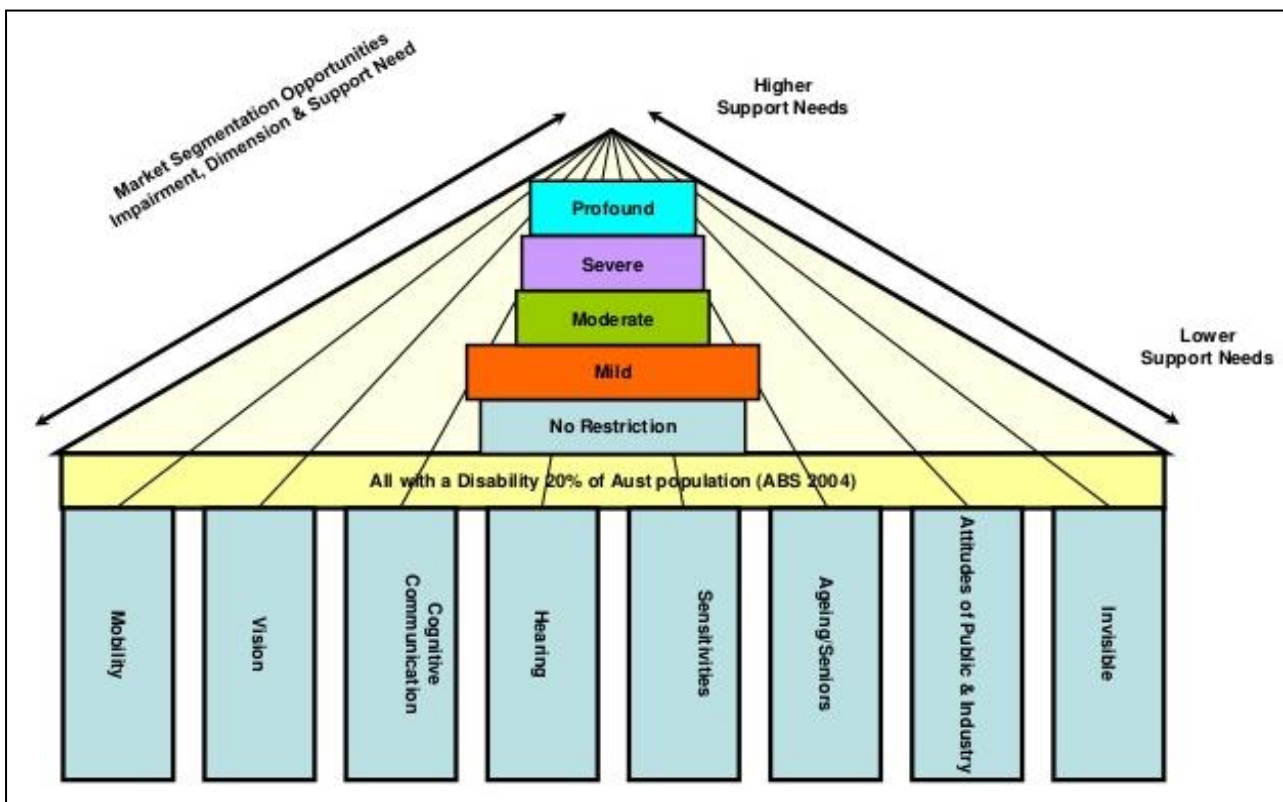


Fig. 1. Pyramid of disabilities and needs: the continuum of abilities (University of Technology, Sydney)

Also in the health tourism industry we can find various products either natural products or products made from some natural ingredients, whose production is based on traditional recipes. These products may contain herbs, natural therapeutic and aromatic plants, flowers, plant extracts, plant oils, seaweed, sponges, fish oils, plant based cosmetics, soap, etc., which are in increasing demand in recent years. As mentioned earlier, an important part of the health tourism industry is the bottling and marketing of mineral water. There are many cosmetics manufacturers who use mineral water and clay as the basis of the cosmetics.