Chapter 58
The Influence of Travel Experience on Mature Travelers' Quality of Life

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ABSTRACT

The purpose of this study was to examine the influence of past travel experience (i.e., number of trips and number of days away from home in last year), and on mature travelers' quality of life (i.e., self-perceived health and global life satisfaction). A total number of 217 respondents (50+) in a southern state were used in this study. Path analysis (PROC CALIS in SAS) was performed to test the proposed model. An estimation of the proposed theoretical model revealed that the model fit the data. However, the model should be further examined and applied with caution.

INTRODUCTION

Mature tourism is getting more attention as the fastest growing travel segment (Hartman & Qu, 2007). Population aging, as one of the most important variables that defines social changes, determines the pattern of market demand (Glover & Prideaux, 2009). Travel is the leisure activity that has been highly associated with retirement (Moschis & Mathur, 2007). Therefore, it is important to fully understand this segment of the travel market.

Yet it is not a simple task. Today's mature travel market can be generalized as being "different, diverse and demanding" (Harssel, 1994, p. 376). Faranda and Schmidt (1999) suggest that mature tourism marketers must recognize three critical components: the aging process comprehended from multiple disciplines, the acknowledged "heterogeneity and dynamic nature" of the mature market, and the "necessity for sound segmentation methods" (p. 24). Although some aging-related significant social and demographic changes are

well-documented in the tourism literature, the research on mature travelers is limited at best, especially how the aging process can be connected with mature tourism.

The relationship between travel experience and quality of life among mature travelers is one of the mildly studied topics. Guinn and Vincent (2003) suggest that the trip experience played a significant role in enhancing quality of life. The travel experience has become one of the leisure activity options for older adults as they are more affluent, better educated, and more aware of a healthy lifestyle than their previous generations (Hawkins, May, & Rogers, 1996). Studies have shown that baby boomers will enjoy good health and wealth when they are into their old ago (Roberson, 2003). The relationship between life satisfaction and health status has also been documented. Some of findings about older adults' lifestyles, mindsets, and well-being show that "people who have higher self-esteem are healthier" (p. 9) and "optimists are healthier and happier" (p. 10) (Moschis & Mathur, 2007).

In this study, the measure of quality of life focuses on the self-perceived health and global life satisfaction of mature travelers. Both indicators are subjective, which may reflect and describe older adults' life quality in general. The purpose of this study was to examine the influence of past travel experience (i.e., number of trips and number of days away from home in last year, satisfaction with leisure trips in general) on mature travelers' quality of life (i.e., self-perceived health and global life satisfaction).

LITERATURE REVIEW

Measuring Travelers' Quality of Life

The definition of QOL varies even though many researchers agree on the importance of social and psychological well-being, as well as health status (Aaronson, 1988). Some instruments have been established to measure the health related quality of life (HRQoL), such as 15D and SF-36. Developed by RAND, SF-36 is frequently used to measure QOL in patient outcomes. The 15D questionnaire may also be used to construct a health profile of 15 dimensions, such as mobility and visual ability. General QOL includes an evaluation of all aspects of life. For example, the WHOQOL instruments measure patients' physical health, psychological health, level of independence, social relationships, environment, and spiritual beliefs. The instruments focus on patients' self-view of their well-being, providing a new perspective on disease. They have been widely used in medical practices, health services evaluation, and researches related to diseases (World Health Organization, 1997).

Diener (1995) conducted a study on selecting indicators for the quality of life index. Failing to find any standard way of choosing indicators for this index, he concluded that indicators are intuitively chosen by the researcher. André, Delisle, Revéret, and Bitondo (1999; as cited in Cecil, Fu, Wang, & Avgoustis, 2008, p. 43) listed 10 criteria that quality of life indicators should satisfy:

1. Be representative of quality of life;
2. Be simple and easy to interpret and communicate;
3. Illustrate long-term trends;
4. React to changes in dimensions affecting quality of life;
5. Suit the scale of the study;
6. Derive their real meaning from a comparison with defined targets or specific thresholds;
7. Receive theoretical recognition and comply with standards generally accepted by the experts;
8. Be readily available or involve low acquisition costs;
9. Be recognized for their quality and supported by sound documentation; and
10. Be periodically updated at spatial and temporal intervals, using measuring and sampling procedures suited to the scale of quality of life.

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