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Tourism experiences and healthy ageing: Current knowledge, emerging themes and future research directions

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Abstract

This study examines how tourism experiences may contribute to healthy ageing through psychological, social and behavioural resources. A critical narrative review combines structured literature identification, integrative thematic synthesis and exploratory keyword analysis to consolidate evidence across tourism, health and ageing research. English-language literature identified from 2000 to July 2026 supplied 59 direct empirical reports concerning adults aged 60+ and 195 supporting sources. The synthesis covers restoration and well-being, social connectedness, life-course influences on participation, accessibility, activity and health, and virtual experiences. Qualitative and cross-sectional studies predominate. Older participants describe relaxation, meaning, companionship and engagement alongside relational strain, access burdens and morbidity. Controlled virtual-tour comparisons show immediate advantages of sharing under selected conditions, including a non-significant low-engagement contrast. Longitudinal studies associate travel with later health endpoints but leave intervening processes unmeasured. Author-keyword analysis of 44 direct reports produces 12 terms, 19 links and four communities, with membership sensitive to analytical choices. The conceptual framework treats tourism as an episodic environmental opportunity whose use depends on capacity, resources and accessibility. Four propositions specify tests of recovery, social continuity, continued activity and support preserving autonomy. Single-reviewer interpretation, incomplete historical search records and heterogeneous evidence limit the review. The findings support further investigation of tourism-related resources for later-life well-being without establishing a general causal or durable healthy-ageing benefit.

Keywords: healthy ageing; tourism experiences; critical narrative review; functional ability; keyword co-occurrence

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1. Introduction

In recent years, tourism research has undergone a significant theoretical shift, moving from economic and destination-centric approaches towards a more holistic paradigm that centres on individuals' psychological well-being, quality of life and healthy ageing. This shift has gained momentum through the integration of positive psychology, health studies and behavioural sciences into tourism research. Tourism is therefore increasingly viewed not merely as a consumption or recreational activity, but as a multilayered experiential domain that may influence individuals' emotional states, social relationships and health-related quality of life (Uysal et al., 2016; Smith & Diekmann, 2017; Vada et al., 2020).

Global demographic ageing has made healthy ageing an increasingly important issue for tourism research. Healthy ageing involves maintaining functional ability that enables well-being in older age through the interaction of intrinsic capacity and environment (World Health Organization, 2020). In this context, tourism experiences may constitute a relevant domain, offering opportunities for social engagement, physical activity, cognitive stimulation and psychological renewal. Nevertheless, the relationship between tourism and healthy ageing remains theoretically fragmented, and the specific pathways linking experiences to subsequent outcomes require further investigation (Chen & Petrick, 2013; Hu et al., 2023).

For the purposes of this review, tourism experiences are examined as potential psychosocial and behavioural contexts. This distinction matters because research is better positioned to explain how travel may strengthen resources associated with quality of later life than to establish a direct effect on lifespan. Healthier, wealthier and better-supported adults may also be more able to travel. Their outcomes can therefore reflect selection as well as experience, a problem that favourable post-visit appraisals alone cannot resolve (Buckley, 2020).

The relevant evidence is distributed across tourism well-being, restorative tourism, senior tourism, active ageing, social connectedness and behavioural health research. Although these streams share related outcomes, they often employ different concepts, populations and analytical levels. Their fragmentation limits cumulative knowledge and makes it difficult to explain how short-term tourism experiences may connect with longer-term healthy-ageing outcomes. Reviews have mapped senior tourism and healthy-ageing research, while Hu et al. (2023) propose links through activity, nutrition, social participation and positive emotion (Fan et al., 2024; Güçlü Nergiz & Toker, 2025; Pestana et al., 2020). These contributions provide a basis for examining which relationships the available studies actually support.

This review addresses that fragmentation through an integrative synthesis. It maps the contexts and methodological characteristics of the literature, compares proposed mechanisms across studies and uses these comparisons to develop a conceptual framework and research agenda. In doing so, it considers the conditions under which psychological, social and behavioural resources may contribute to healthy ageing. Resources enabling participation are distinguished from consequences of the experience, and immediate responses from subsequent functioning. An exploratory keyword map describes topical connections in the retrieved corpus.

Four questions guide the review: What psychological, social and behavioural findings are associated with tourism among adults aged 60+? Which proposed mechanisms are supported,

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and which remain unmeasured? How can these findings inform a conceptual framework for healthy ageing? What contextual and methodological gaps should guide future research? The resulting framework consolidates a dispersed evidence base while retaining null findings, reported burdens and the limits of each design.

2. Materials and methods

2.1. Review design and literature identification

The integrative review approach was selected because the relationship between tourism experiences, psychological well-being, social connectedness and healthy ageing is theoretically fragmented and methodologically heterogeneous. Unlike a meta-analysis calculating pooled effects, this critical narrative review compares and integrates patterns across different forms of evidence (Agarwal et al., 2023; Grant & Booth, 2009; Snyder, 2019; Whittemore & Knafl, 2005). Structured identification supports transparent comparison (Tranfield et al., 2003). PRISMA 2020 and PRISMA-S guide presentation of recoverable search and selection information, but missing historical records prevent claims of exhaustive retrieval or full compliance; there was no prospectively registered systematic-review protocol (Page et al., 2021; Rethlefsen et al., 2021).

The search covered English-language journal literature from 2000 to July 2026. Scopus, Web of Science Core Collection and EBSCOhost were complemented by ScienceDirect, Taylor & Francis Online, SAGE Journals and Emerald Insight. Tourism or travel terms were combined with healthy, active or successful ageing and relevant well-being, health, participation and process terms. Article-type and peer-review filters were applied where available. Google Scholar served citation and metadata verification only, contributing no corpus records.

Retained exports contain 1,182 imports: 366 bibliographic and 816 publisher-platform records. Original exports and recoverable Scopus and Web of Science queries are archived. Exact dates, constituent EBSCOhost databases and several final platform queries are incomplete. SAGE displayed totals of 23 and 16, but each corresponding RIS export contains ten records; the cause is unverified. Counts therefore follow retained imports. Table 1 summarises scope and evidence roles; supplementary documentation provides further details.

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Table 1
Search Scope and Evidence-Role Criteria

Element	Scope or decision
Identification	English-language journal literature, 2000–July 2026; Scopus, Web of Science Core Collection and EBSCOhost, with targeted publisher searches. Google Scholar was used for verification only.
Search concepts	Tourism/travel combined with healthy, active or successful ageing and well-being, health, participation or candidate processes. Recoverable full queries and exports are archived.
Direct evidence	An explicit 60+ threshold or individually age-identifiable older findings, addressing experienced destination exposure or actual tourism participation/access.
Supporting context	Pooled 50+/55+ or age-unverified findings; preference, measurement and theoretical research. These sources do not add direct older-adult estimates.
Interpretation	Single-reviewer critical synthesis; descriptive appraisal; no pooled effect, formal bias rating or certainty grade. Retrospective criteria and incomplete historical records limit reproducibility.

2.2. Eligibility, selection and critical appraisal

Direct evidence required an explicit recruitment or analytical threshold of 60 years, or findings attributable to identified participants aged 60+. Younger comparison groups were permissible if the eligible older group was separable. Mean age above 60, retirement or aged-care residence alone was insufficient. Pooled 50+/55+ estimates remained supporting evidence unless separate 60+ results were available. Only age-identifiable older accounts contributed directly from mixed-age qualitative reports. These criteria were harmonised retrospectively.

Eligible findings concerned physical or virtual destination experiences and well-being, health, social participation or functioning, or actual participation and concrete access barriers or resources. Holidays, prolonged stays, virtual exposure and digital access were interpreted separately. Preferences, generic adoption intentions, measurement validation and unspecified outings supplied context. Editorials, letters, non-research material and work lacking a substantive older-adult or healthy-ageing dimension were excluded. Research-based books, chapters and dissertations could support context where their research basis and identity were documented. Missing keywords did not affect substantive eligibility.

One reviewer reconciled records, assessed eligibility, extracted findings and developed the synthesis. The matrix recorded design, population, exposure, endpoint, strand, proposed process and relevant conditions. Experience, outcome and concrete access findings were distinguished from resource-to-participation findings. Of 93 previously extracted empirical

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reports, 59 now have direct and 34 supporting roles. Five direct reports contribute only age-identifiable older accounts from mixed or age-uncertain samples. There was no independent duplicate screening, coding or inter-rater assessment. Some supporting and excluded roles relied on metadata; historical retrieval failures are unknown.

Descriptive appraisal considered selection, age specificity, measurement, temporal order, comparisons, confounding, repeated observations, sample overlap and correspondence between findings and interpretation. No standard-tool bias ratings or certainty grades were assigned. Related reports contributed distinct interpretations without being counted as independent replication. A future effectiveness review could apply design-appropriate JBI tools and result-specific RoB 2 assessments (JBI, n.d.; Risk of Bias Tools, 2019).

2.3. Thematic synthesis and exploratory keyword analysis

The synthesis compared recurring constructs, including well-being, life satisfaction, stress relief, meaning, social connectedness, physical activity and cognitive engagement. Research texts, extraction entries and source notes were examined across populations, exposures and outcomes. Six substantive strands organised the findings; restoration, connectedness and activation supplied broader interpretations across them. The relationships were then considered in relation to conditions before participation, processes during experience and subsequent outcomes (Braun & Clarke, 2006; Snyder, 2019; Whittemore & Knafl, 2005). Favourable, null and adverse findings informed this development. Original participant data were not reanalysed.

Author keywords were recoverable for 44 of the 59 direct reports. The analysis used these fields alone, without inferring missing terms from abstracts, titles or reviewer codes. Cleaning removed export artefacts and standardised spelling and selected singular/plural variants while keeping distinct constructs separate. Terms and pairs were counted once per report; entry required occurrence in at least three reports. Association strength supplied edge weights. Louvain clustering was run at resolution 1.0 with seed 42 and alphabetical input (Blondel et al., 2008; van Eck & Waltman, 2010). Every positive pair entered clustering, whereas the figure shows pairs occurring in at least two reports. Position in the display has no quantitative interpretation.

Checks addressed whether the partition depended on the threshold, supporting literature, linked or mixed-age reports, or keyword field type. The combined-field comparison quarantined anomalous indexing in Tuomi et al. (2023) and Stefan et al. (2025), retaining the original fields in the archive. Common-node normalised mutual information and adjusted Rand indices compared partitions. Fifty seeds tested the main setting; separate incidence calculations checked term and pair counts. Code, versions, inputs and decisions accompany the supplementary records. These computational checks reproduce the retained corpus and do not recover missing search settings or independently validate sources.

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3. Results

3.1. Evidence base and topical structure

Figure 1 traces the 1,182 imports through removal of 439 duplicate/overlapping and 41 prescreen records to 702 screened records. The log records 432 title-and-abstract exclusions and 270 reports advanced for assessment. Removal of a scientific letter and a predominantly public-policy report left 268: 59 direct, 195 supporting and 14 excluded reports. Exclusions comprised six language, three publication-type, four topic and one metadata-based scope decision. Thirty-four formerly direct reports became supporting: 22 age-inclusive, nine age-unverified, two preference/measurement and one exposure-unverified. These report counts do not establish complete full-text retrieval or independent-cohort totals.

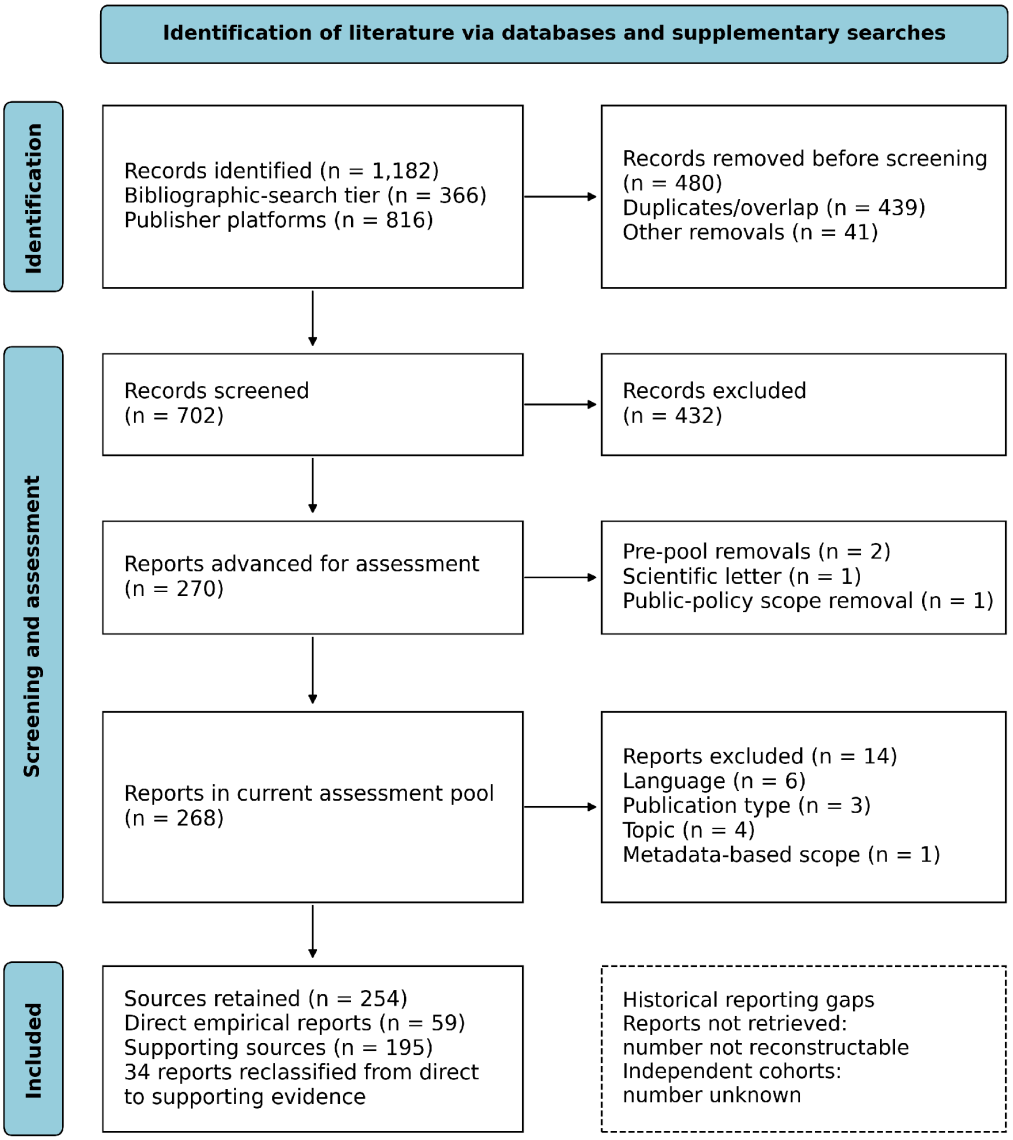


Figure 1. Archived selection flow and current evidence allocation.

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Note. Counts follow the retained corpus and include retrospective reassignment of 34 reports within the assessed pool. The flow does not document exhaustive systematic retrieval. Historical retrieval failures and independent-cohort totals could not be reconstructed.

Qualitative/narrative reports (25) and cross-sectional quantitative reports (21) dominate the direct evidence. The remainder comprises five longitudinal observational, four mixed-method, three controlled-experimental and one quasi-experimental policy report. Fifty concern experience, outcomes or concrete access, and nine concern resources predicting participation. Citation years are concentrated in 2020–2026 (45 reports). This profile uses final issue years where available; eligibility against the July cutoff follows first-online dates.

The keyword map gives a compact view of the topics represented in these studies (Figure 2). Older adults occurs in nine reports, senior tourism in eight, ageing in six, and subjective well-being and tourism in five each. At the occurrence threshold of three, 12 terms and 19 positive pairs form four communities concerning senior travellers and subjective well-being, older adults and virtual experience, senior tourism and healthy ageing, and ageing and accessibility. Three pairs meet the display threshold. The map represents the vocabulary of whole reports and should be read as an indication of topical connections rather than the strength of an outcome or mechanism.

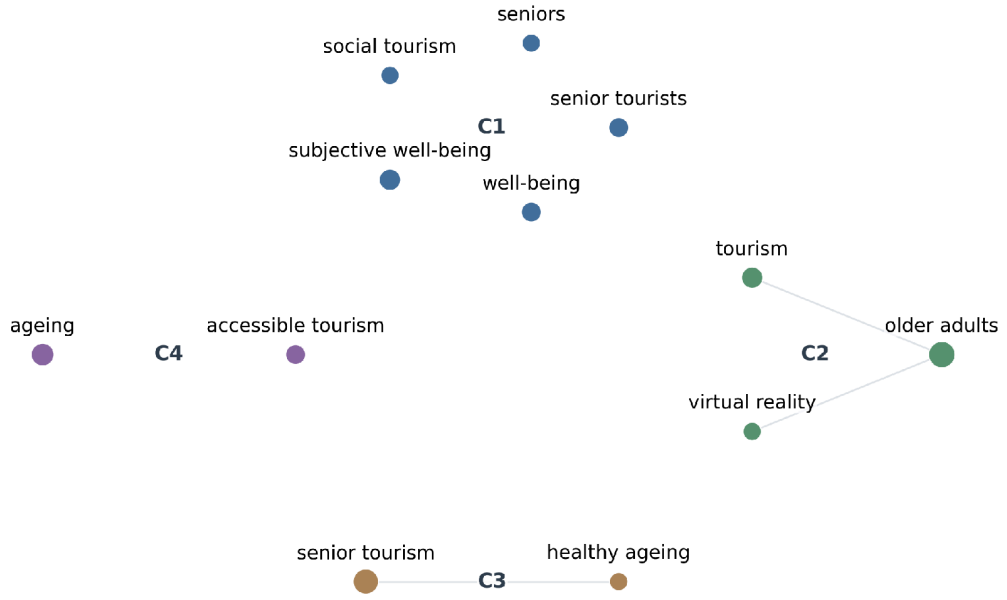


Figure 2. Exploratory author-keyword network of the direct evidence.

Note. Author fields from 44 reports yield 12 nodes, 19 analytical links and four Louvain communities. Three links occur in at least two reports and are displayed; ring distances are illustrative.

Seed choice did not change the main partition across 50 runs. Threshold and corpus choice did. At threshold four, the comparison involved eight shared nodes (normalised mutual information=0.702; adjusted Rand index=0.368); at six, only three nodes remained, all in one community. Excluding linked or mixed-age case reports left three communities. Including

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supporting author fields yielded 46 nodes and six communities. Thus, reproducibility at one setting coexists with sensitivity to the literature and terms admitted. The six strands below were developed from the research findings, independently of network membership.

3.2. Findings across six research strands

3.2.1. Well-being and restoration

The psychological strand concerns restoration, emotional recovery and meaning. Disruption of everyday routines and exposure to different settings are possible explanations for participants' accounts of tourism-related well-being. Koskinen's (2019) 18 spa tourists aged 60–82 describe self-care, vitality and companionship, while Chen and Kuok's (2026) 19 Macao retirees aged 60–80 describe comfort, stress relief and spiritual meaning. The spa accounts also include criticism. These studies explain how an experience can be understood as restorative, but do not measure recovery as the process producing subsequent well-being.

Quantitative work draws a useful distinction between feelings during travel and an appraisal of its benefits. In Sie et al.'s (2021) panel of 361 adults aged 50+, perceived benefits and memorable experiences were associated with post-trip life satisfaction. The feelings-to-life-satisfaction coefficient was non-significant (β=0.02, p=0.14); the feelings-to-benefits coefficient reached a 10% but not a 5% threshold (β=0.09, p=0.09). Although 93% of the sample were reported as over 60, no separate coefficients were available for them. Wei and Milman's (2002) activity model remains contextual because its numerical age floor is unverified. Hwang and Lee's (2019) direct older-tourist study tests well-being as a predictor of loyalty. Its unsupported path concerns that marketing consequence, rather than whether participants experienced well-being.

The restorative-environment model of Azimi et al. (2025) provides supporting evidence from 362 adults aged 55+. Direct paths to well-being were β=0.229 (p=0.010) for men and β=0.071 (p=0.374) for women. A difference in within-group significance is insufficient to establish a gender difference, and conflicting indirect-effect reporting prevents use of the mediation magnitudes. Other studies examine cruise experiences, health-related quality of life against external norms, or the measurement of well-being (Mendes et al., 2022; Ni et al., 2026; Vega-Vázquez et al., 2021). These contributions explain relevant constructs without resolving whether tourism produces lasting change.

3.2.2. Social connectedness and identity

Tourism can function as a setting for social participation, enabling older individuals to spend time with others and take part in meaningful activities. Morgan et al. (2015) and Sedgley et al. (2018) describe respite and companionship through social tourism. In Wang et al. (2023), 20 adults aged 60+ describe care and shared enjoyment with adult children, alongside difficult family encounters. The age-identifiable solo-travel accounts show autonomy and connection coexisting with loneliness, illness and financial constraints (Goh et al., 2024, 2026). Relational resources generated during travel therefore need to be considered with the quality and demands of the interaction.

Travel-sharing research adds the recognition older tourists receive when recounting their experiences and presenting themselves to others (Chen, Huang, & Yao, 2025; Chen, Huang, Yao, & Zhou, 2025). Seasonal stays introduce a different time scale. The supporting Sanya

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studies, which pool participants aged 55+, describe physical comfort and temporary companionship alongside homesickness, insecurity and limited continuing support (Kou et al., 2017, 2018). A pleasant encounter during a stay need not become a dependable relationship afterwards. This distinction places continuity of contact alongside the quality of interaction when considering a sustained social contribution.

These reports are partly dependent. Goh et al. (2024, 2026) repeat the first 13 demographic/video profiles, and the Sanya studies share fieldwork. Possible overlap also affects the travel-sharing reports. Their different analyses can inform the synthesis, but publication counts overstate the number of independent demonstrations.

3.2.3. Motivation, participation and the life course

Pak's (2020) Korean pension-reform analysis concerns the means to travel. Expanded income security was associated with frequency and spending. Zhao et al. (2026) extend the participation question backwards through the life course: earlier economic and health deprivation were associated with lower tourism consumption in later life, but food deprivation was non-significant in the reported model. Wu and Yang (2023) locate a barrier in digital access, relating exclusion to lower household tourism expenditure and finding that social support buffered the constraint. In all three, the measured direction runs from resources or disadvantage towards participation. None tests whether the additional travel improved health.

Lu et al.'s (2026) biographical material complements these models by describing retirement, family support and previous experience in decisions about autonomy, companionship and safety. Care responsibilities, physical limitations and adverse memories help explain why more time or income may not translate into travel. McKercher (2026) starts from reduction and cessation: health, cognition, partner loss, insurance, cost and declining satisfaction enter former travellers' explanations. Those explanations differ from the anticipated barriers of active travellers. Including both groups would therefore change what can be learnt about participation in later life.

Pak's age-65 eligibility contrast is interpreted within its policy-identification assumptions. Wu and Yang use a single expenditure wave, and Zhao's repeated observations should not be read as unique participants. Pan et al. (2023), retained as context, model destination preferences. Preference, household spending and realised travel are distinct endpoints even when all inform discussion of senior tourism.

3.2.4. Accessibility, disability and service design

Yeh and Fan's (2023) participants with acquired visual impairment describe assistance alongside learning and psychological reconstruction. Wan's (2025) resort interviews identify specific environmental demands: finding the way, moving through facilities and locating seating or rest opportunities, with signage and lighting also important. Gregory's (2023) single older-woman diving account adds a personal dimension to access, connecting autonomy and dignity with pain and body shame. Shahivandi et al. (2026) consider tourist-specific services within age-friendly planning. These sources direct attention to what happens after entry, when the visitor attempts to use an activity or facility.

The evidence does not test an implemented redesign. It identifies difficulties that might be addressed, including fatigue, pacing and the way assistance is offered. Gregory's account

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cannot establish their prevalence. In the Isfahan study, inconsistent tourist-domain scales require separate-item interpretation; a sample discrepancy and unavailable appendix further constrain appraisal. A proposed service change therefore needs evaluation in its own setting. The absence of such an evaluation is an evidence gap, not a demonstrated absence of benefit.

3.2.5. Activity, mobility and health

Within the behavioural dimension, tourism may offer opportunities for physical mobility and cognitive engagement. Walking, exploration and learning feature in age-identifiable Macao and solo-travel accounts (Chen & Kuok, 2026; Goh et al., 2024, 2026). The mixed-age seasonal-stay material adds contextual descriptions of active routines (Kou et al., 2017, 2018). Exposure to unfamiliar settings provides a rationale for examining activation, although these studies do not establish the extra activity attributable to tourism or its continuation after return.

Longitudinal population studies examine later health outcomes. Gu et al. (2016) report lower odds of subsequent poor self-rated health among travellers in their fully adjusted model (OR=0.80, $p<0.01$). In a cohort of 9,520 older adults, including 747 travellers and 4,635 recorded deaths, Du et al. (2021) associate travel with a lower adjusted all-cause mortality hazard (HR=0.73, 95% CI 0.62–0.85). Li et al. (2023) analyse 6,717 adults, including 669 travellers, and report lower hazards of cognitive impairment (HR=0.69, 95% CI 0.55–0.87) and dementia (HR=0.41, 95% CI 0.19–0.89). These findings concern different endpoints, but together they make subsequent health an important subject for further investigation.

The cohort findings require several qualifications. Gu's adjusted associations were non-significant for urban residents with schooling and adults aged 80+. Li's dementia-frequency trend was non-significant ($p=0.130$), with eight dementia cases among travellers. In Du's analysis, adjustment changed the mortality HR from 0.38 to 0.73, showing how strongly baseline differences affected the estimate. The reports also draw on shared Chinese Longitudinal Healthy Longevity Survey infrastructure. Confounding, selection and attrition remain unresolved, and activity was not established as a mediator. Mortality records longevity; it does not directly measure functional ability.

The ELDEST study adds a less favourable aspect of physical travel: morbidity during short tropical stays (Vlot et al., 2021). Grip and cognition were measured at baseline, so they cannot show improvement caused by the trip. A synthesis of activity and health therefore needs to retain travel-related illness alongside the favourable cohort associations.

3.2.6. Virtual experiences and digital inclusion

Virtual tourism extends the question of participation to older adults who face difficulties with physical travel. Controlled studies offer evidence about immediate experiences in these settings. In separate assisted-living samples aged 60+, Zhou et al. (2026) found shared-minus-solo life-satisfaction differences of 0.78 points in Study 1 (n=120), 0.99 under high engagement in Study 2 (overall n=120) and 0.71 with facilitated discussion in Study 3 (n=60), all $p<0.001$. These are unstandardised differences between seven-point-item means. Under low engagement, the difference was 0.29 points and non-significant ($p=0.10$). The interaction between sharing and engagement ($F(1,116)=9.78$, $p=0.002$) suggests that how people take part matters to the immediate value of a shared session.

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The content of a virtual experience may also influence the response. Zuo et al. (2026) randomly assigned 134 adults aged 60+ to nature or urban scenes, finding greater immersion in nature and greater absorption in urban scenery. The corresponding post-exposure well-being paths were positive (β=0.345 and 0.425, both $p<0.001$). Random assignment supports immediate scene comparisons, although it does not establish the measured mediators as causal. Zhou's shared condition similarly combines sharing with caregiver attention. Ageing-attitude interactions were not consistent across Zuo's outcomes, and Zhou's Study 1 shared-condition association was non-significant at low prior loneliness. The findings therefore locate potential benefits within particular combinations of content, engagement and facilitation.

Other digital studies address opportunities to take part. Tuomi et al. (2023) examine digital-cultural access, Oppert et al. (2023) an older-only virtual-tour pilot, and Hao et al. (2025) avatar-guided experiences. Leal-Solís et al. (2026) contribute tourism-specific relatedness and barrier measures, although AI adoption is not a health endpoint. Supporting care-home observations report purposeful movement and post-session conversation, but involve 34 residents providing repeated observations, not 114 independent participants; no numerical age floor is supplied (Stefan et al., 2025). Yao et al.'s (2025) pooled 55+ accounts describe assistance easing digital difficulty while reinforcing dependence. Long-term function and loneliness remain open questions. In Liu et al. (2025), a WHO-5 label and apparently four-item table additionally create uncertainty about measurement.

3.3. Candidate pathways and participation conditions

The synthesis suggests that tourism-related experience is multidimensional. Psychological recovery, social participation and active engagement recur across the literature, but the studies do not establish that these processes operate together or reinforce one another over time. Income and resource analyses instead concern entry into participation. Disability and digital-access accounts describe support and burden during experience. Table 2 connects these different contributions to the particular relationships they can inform.

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Table 2

Evidence for Candidate Pathways and Participation Conditions

Research strand	Findings and illustrative sources	Evidence boundary	Framework implication
Well-being and restoration	Direct spa and retiree accounts describe relaxation, self-care and meaning (Koskinen, 2019; Chen & Kuok, 2026). Age-limited models relate perceived benefits or restorative environments to well-being.	Accounts do not measure recovery mediation; contextual indirect effects include reporting discrepancies.	Separate recovery, enjoyment, perceived benefit and meaning (P1).
Social connectedness and identity	Social and family tourism offer companionship and shared enjoyment (Morgan et al., 2015; Wang et al., 2023). Solo travel combines autonomy and connection.	Family strain, loneliness and overlapping reports qualify support; continued connection is unestablished.	Test relationship quality and post-experience continuity (P2).
Motivation and life course	Income security and digital resources relate to participation; accumulated deprivation and changing circumstances constrain demand (Pak, 2020; Wu & Yang, 2023; Zhao et al., 2026).	Expenditure, preferences and participation are not health effects. Observational and policy assumptions remain.	Distinguish entry into tourism from its consequences (P4).
Accessibility and service design	Assistance, pacing and physical design shape feasible participation and dignity (Yeh & Fan, 2023; Wan, 2025; Gregory, 2023).	Pain, fatigue and dependence can accompany participation; controlled redesign effects are unavailable.	Assess effort and autonomy as well as uptake (P4).
Activity, mobility and health	Accounts describe movement and learning; cohorts associate travel with later health endpoints (Gu et al., 2016; Du et al., 2021; Li et al., 2023).	Selection, shared infrastructure, subgroup nulls and morbidity constrain inference; activity mediation is unmeasured.	Measure activity continuity before functional change (P3).
Virtual experience and inclusion	Shared virtual exposure shows immediate advantages under high engagement (Zhou et al., 2026); scene contrasts concern distinct experiential responses (Zuo et al., 2026).	Low-engagement null, bundled facilitation, non-randomised mediators and limited follow-up.	Separate exposure, facilitation, meaning and persistence (P2–P4).

Note. Evidence applies to specific links, not to a study as a whole. Statistical mediation, qualitative meaning and later health associations do not independently establish a causal pathway.

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Behavioural and psychosocial benefits are not automatic. Tourism type, accessibility, health, socioeconomic conditions and the support available can affect both participation and what follows. The framework therefore distinguishes proximal feelings, meaning and engagement from subsequent functional ability. Fatigue, pain, dependence and relational strain remain possible within a valued experience. Continued activity or contact after travel is a proposed connection requiring measurement.

4. Discussion

4.1. Interpretation and conceptual contribution

Tourism experiences may be understood as psychosocial and behavioural contexts relevant to healthy ageing. This interpretation is consistent with work emphasising life satisfaction, positive emotion, meaning, social participation and quality of life (Chen & Petrick, 2013; Smith & Diekmann, 2017; Uysal et al., 2016; Vada et al., 2020). The direct older-adult evidence gives it a qualified basis: 25 qualitative/narrative and 21 cross-sectional reports explain much of what participants value, whereas controlled virtual-tour comparisons address selected immediate responses. Cohorts examine later health endpoints but leave the intervening processes unresolved. These designs cannot jointly establish a general durable benefit caused by tourism.

The proposed model conceptualises tourism experiences as opportunities that may involve psychological restoration, social connectedness and behavioural activation. Within the WHO person–environment approach, capacity and resources influence whether an older person can take up that opportunity (World Health Organization, 2020). Accessibility and support shape realised exposure and effort during it. Figure 3 places these conditions before immediate responses and subsequent functioning. The dashed connection requires evidence of persistence; arrows represent proposed relationships. Tourism is consequently treated as an episodic environmental opportunity, without a direct claim about biological ageing or lifespan.

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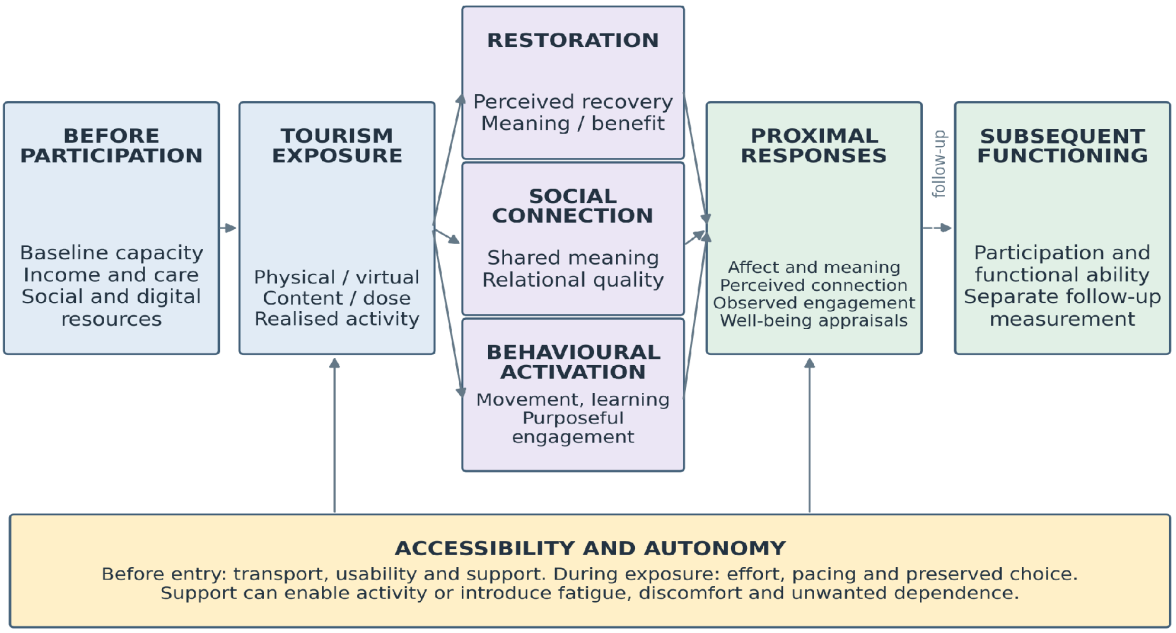


Figure 3. Participation conditions, candidate pathways and tourism-related outcomes.

Note. Arrows specify proposed connections, not verified causal effects. Accessibility and autonomy concern entry as well as burden during participation. The dashed connection requires evidence of subsequent functioning; it implies no direct biological-ageing or lifespan effect.

The conceptual contribution lies in bringing dispersed psychological, social and behavioural findings into one account while clarifying the support for each connection. The pathways themselves have precedents: Hu et al. (2023) discuss activity, nutrition, social participation and positive emotion, and Sie et al. (2021) separate pre-trip motivations from post-trip experiences and life satisfaction. Goh et al. (2024) and Chen and Kuok (2026) consider embodied and meaningful experience. The present review develops these contributions by linking particular indicators to age boundaries and limiting findings. Restoration accounts, immediate sharing comparisons and later cognitive endpoints motivate different tests rather than interchangeable demonstrations of a mechanism.

An integrated model also needs to preserve distinctions within well-being. Hedonic outcomes concern pleasure and positive affect, whereas eudaimonic perspectives address meaning and personal growth (Huta & Waterman, 2014). Neither alone demonstrates recovery or functional change. Participation and experienced burden are similarly distinct: income may enable a trip while assistance affects effort and autonomy during it. The keyword map describes topical connections around these interests, but cannot validate their relationships. The following propositions identify specific questions for empirical testing.

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4.2. Four propositions for future testing

The propositions specify four tests arising from these comparisons. Baseline outcomes and a meaningful comparison are required in each. A non-significant estimate with wide uncertainty would not by itself refute the prediction.

Proposition 1. Restoration and meaning. Relative to an equally supported non-travel activity, tourism will predict greater baseline-adjusted well-being when it produces greater recovery from stress or fatigue, with recovery mediating the relationship. Koskinen (2019) and Chen and Kuok (2026) supply the experiential rationale. Recovery must be assessed separately from feelings, benefits and meaning; the supporting age-limited models have not established this older-specific sequence.

Proposition 2. Social quality and continuity. Shared exposure will produce greater immediate meaning and well-being at high engagement and relational quality when content and facilitator contact are equivalent. For connection to persist, continuing contact is additionally predicted. This qualification follows from Zhou et al.'s (2026) low-engagement null and the strain reported in family interactions (Wang et al., 2023). It leaves sustained loneliness reduction as a separate outcome to test.

Proposition 3. Activity continuity and functioning. For people with comparable baseline capacity, engagement in physical or cognitive activity during tourism will predict later functional performance through continued activity afterwards. Walking and exploration in the age-identifiable accounts motivate the exposure measure. Follow-up must assess continuity, which remains unmeasured in the cohort associations.

Proposition 4. Accessible support and autonomy. Support that reduces barriers while preserving choice will increase uptake among eligible invitees and reduce effort or unwanted dependence among participants, particularly those with greater constraints. The two predictions concern different populations and require separate tests. Resource-to-participation studies motivate the first; disability and digital-access accounts motivate the second. Expenditure is not a substitute health endpoint.

4.3. Research and practical implications

Future research should examine how repeated or individual tourism experiences relate to outcomes over time. The appropriate design depends on the proposed link. Recovery should be assessed before subsequent well-being; a shared virtual-tour comparison needs equivalent content and facilitator contact; activity during travel should be followed by measurement after return and then functional assessment. Panels, natural experiments, matched comparisons and randomisation provide different ways to address selection. Recruiting eligible adults before uptake would include people who decline as well as those who participate, allowing barriers to be examined directly.

Longitudinal and mixed-method studies can examine whether psychological recovery, social connectedness and engagement persist beyond an episode. Direct functional measures are needed for functional claims, alongside satisfaction and perceived benefit. Health, disability, income, care duties and previous travel should inform interpretation of age differences. Null and adverse outcomes require reporting. For future effectiveness reviews, complete queries,

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dates and exports, independent selection and design-appropriate appraisal would strengthen the evidential basis.

The findings have implications for wellness tourism, senior tourism and social tourism. Destinations and providers can evaluate experiences that offer social interaction, cultural participation, nature contact and appropriately paced activity. Accessibility is part of this evaluation: seating, lighting and circulation feature in Wan (2025), while Yeh and Fan (2023) describe assistance needs and Gregory (2023) highlights dignity alongside pain. Older adults with different capacities can help assess what a design enables, how much effort participation takes and whether choice is preserved. Clinical or lasting health consequences require separate evidence.

Digital provision should likewise consider support needs and autonomy together. Yao et al.'s (2025) contextual accounts show assistance easing difficulty while reinforcing dependence. Clear instructions, legible interfaces, human support and non-digital alternatives can be evaluated with older users facing substantial barriers. Virtual experiences provide an additional setting for engagement when physical travel is difficult. The immediate comparisons reviewed here leave their persistence and equivalence to embodied tourism unresolved.

4.4. Limitations

Despite its conceptual contribution, the review has limitations. The search covers English-language literature from 2000 to July 2026. Exact dates, constituent EBSCOhost databases and some final platform queries are incompletely preserved, preventing a complete historical rerun; retrieval failures remain unknown. Selection, extraction and synthesis were conducted by one reviewer, some classifications used metadata, and appraisal supplied no standard-tool ratings or certainty grades. Exclusion of a predominantly public-policy report narrows policy coverage. Supplementary records support scrutiny without providing independent confirmation.

The reviewed literature differs considerably in design, population, tourism type, measures and endpoints, limiting comparison and precluding a defensible pooled benefit estimate. Retrospective age harmonisation leaves younger-senior findings contextual. Related reports cannot be treated as independent cohorts, and source discrepancies constrain particular measures and estimates. Author keywords are missing for 15 direct reports; network membership varies with threshold, corpus and field choices. The framework is therefore a conceptual synthesis requiring empirical testing, rather than direct causal evidence of sustained functional improvement.

5. Conclusions

This study examined tourism experiences and healthy ageing through a critical narrative review, integrative thematic synthesis and conceptual framework. The 59 direct reports and 195 supporting sources describe psychological recovery, social participation and active engagement alongside burdens and unequal opportunities. Selected immediate experimental contrasts and later observational associations inform different parts of this account. The

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evidence does not establish that tourism extends lifespan or produces a general causal, durable healthy-ageing benefit.

Tourism may provide psychosocial and behavioural resources relevant to quality of later life. Its possible contribution depends on the experience, the person's circumstances and the environment in which participation occurs. The framework and four propositions connect these conditions with recovery, social continuity, continued activity and support preserving autonomy. Prospective assessment would clarify whether experiences valued during tourism also contribute to functional ability afterwards.

Declarations

Author contributions: The author undertook conceptualisation, methodology, selection, extraction, analysis, visualisation, writing and revision.

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Ethics and consent: Not applicable; the review used published secondary sources and collected no primary participant data.

Data availability: Source inventories, eligibility decisions, appraisal records, recovered keyword fields, analytical inputs and code are retained in the author's research archive and are available on reasonable request. Supporting documentation accompanies the manuscript for editorial assessment. Original publications remain subject to publisher access and licensing conditions.

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