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Pretravel health practices : a study of characteristics of international travelers over 60

Liza G. Israel-Schifferling
San Jose State University

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**PRETRAVEL HEALTH PRACTICES:
A STUDY OF CHARACTERISTICS OF
INTERNATIONAL TRAVELERS OVER 60**

A Thesis

Presented to

**The Faculty of the School of Nursing
San Jose State University**

**In Partial Fulfillment
of the Requirements for the Degree
Master of Science**

By

Liza G. Israel-Schifferling

December 1996

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APPROVED FOR THE DEPARTMENT OF NURSING

Mary Reeve

Mary Reeve, Ed.D., R.N.

Elizabeth O. Dietz

Elizabeth O. Dietz, Ed.D., R.N., C.S.

Richard B. Swanberg, M.D.

Richard Swanberg, M.D., M.B.A.

APPROVED FOR THE UNIVERSITY

Serena H. Stanford

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ABSTRACT

Pretravel Health Practices:

Characteristics of International Travelers over 60

by Liza G. Israel-Schifferling

This study was done to more clearly define the importance of pretravel health information and characteristics of the international travelers who were 60 years of age and over. This was a descriptive study and needs assessment that used volunteers from the Bay Area who traveled internationally. These volunteers answered questions regarding their pretravel health behaviors and general health status during a telephone interview. All the respondents believed that obtaining pretravel health information was important. They all felt their health was in good condition. There were 75% of the respondents who actually obtained pretravel health information. Of those 75%, a majority of them had chronic illnesses and/or had an illness that was related to their travel abroad.

Acknowledgments

This thesis is dedicated to my father, Benjamin Luna Israel, who loved to travel to distant exotic places with my mother, Ledorna. After a trip to Hawaii in 1992, he was diagnosed with lung cancer. At the time, I was living in Tokyo, so I packed all my belongings and came home to be with my family. He went through a series of radiation, that resulted in a few months of remission. To occupy my time, I decided to take some graduate classes. I remember studying for Nursing 224 and 260 and while watching over him on one of his many trips to the hospital, he told me that if there is one thing he wants for me, it would be to keep studying and get my master's degree. My father died a month after I started the master's program in the fall of 1993. Nothing can replace the loss I felt and continue to feel, but the strength in his words and his spirit remained in my heart as my major motivation to get through the program. "Thank you dad, I love you."

Special thanks to my readers: Mary Reeve, Elizabeth Dietz, and Richard Swanberg for their time and guidance; to Susan Murphy, thesis seminar professor and Carol Belew, my case management mentor for their guidance; to Brian for being so accommodating with my class schedule; to Martyn, Becky, Lea, Antoinette and other close friends and family for their encouragement; to my mom, the nurse and travel agent for all the advice and articles she supplied on travel health; and to my husband John for his love, patience, understanding and support.

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Chapter 1

INTRODUCTION

Nursing is a profession that has a plethora of specialties or areas from which to choose including: Intensive care, Medical/Surgical, Operating Room, Psychiatric Nursing, Pediatrics, Maternity, Home Health, Case Management, Utilization Review, and Occupational Health. All these areas have their share of nurses, but one area the researcher believes is severely lacking representation of nurses is the area of Travel Health. The researcher narrows this area down further to Travel Health in the 60 years of age and older population. A search of the literature produced no information on the Travel Health nurse. For the purpose of this paper, Travel Health is any health information obtained that is related to travel.

An ideal nurse to specialize in the area of Travel Health for the population of travelers over 60 years of age would be an Advanced Practice Nurse (APN) or Clinical Nurse Specialist (CNS) who is masters prepared within a specialty such as Gerontology. The APN has the capacity to: (a) self-direct, (b) modify theory to practice implementation, (c) re-perceive knowledge and/or rearrange it to develop new theory, (d) transfer knowledge, and introduce new learning in the interest and service of the public (Davies & Hughes, 1995). The APN's characteristics allow him/her to fulfill the profession's ultimate goal of optimizing the health and well being of individuals and their families, groups, communities, and society (Davies & Hughes).

Many people enjoy international travel because it is both exciting and adventurous. Among those who especially enjoy travel are the senior travelers.

Persons in their later years, often find themselves for the first time with sufficient leisure time to travel and with a psychological need for experiences to fill the void left by the disappearing parental role and occupational stimuli. Travel is the perfect outlet for those during retirement and should be encouraged as long as health is adequate. An article in a section for tourism and travel in the magazine Economist (1992) stated the number of Americans 55 years of age or older will rise from 21% today to 27% by the year 2010 and that early baby boomers born between 1945 and 1954 will have a great impact on the travel industry in the next few years because they travel more than the present 55 years of age or older group. In 1992, there were 44,730 people traveling for pleasure from the U.S. to foreign countries (U.S. Department of Commerce, 1992). This study did not divide the travelers into age groups; therefore, the proportion of travelers over 60 years old was not known.

Problem Statement

Unfortunately, many of the travelers including the over 60's travelers may become ill, injured, or even hospitalized while traveling. Older people are at risk for chronic disease, hospitalization, dependency, and institutionalization. Given the increasingly older population in general and the heavy utilization of health care services among them, the question arises as to the efficacy of health promotion as a means of solving some of the burdensome problems related to these issues (Matteson & McConnell, 1988). Along with aging go a number of degenerative changes of the body that can affect general health and limit flexibility of a travel itinerary. Elderly persons in general are much more likely to suffer from multiple chronic and disabling illnesses than the young. Eighty per cent of older Americans have one or more chronic conditions. Because of the increasing prevalence of

chronic illnesses, which are the leading causes of morbidity and mortality in developed countries, and the personal and societal costs associated with chronic illnesses, preventive approaches have been increasingly emphasized (Bigbee & Jansa, 1991).

The researcher has experienced caring for clients and has also heard numerous accounts of clients who have traveled to another country and become injured or ill. While traveling in Africa, one client who had a history of heart problems suffered a heart attack and was hospitalized. Would a travel health consult by an APN have made a difference? Mayhew (1991) states that much can be done by a nurse to reduce injuries no matter what the setting.

There are a number of clients who prefer to fly home if injured or ill, than to be medically treated in another country. One woman who experienced excruciating abdominal pains while in Singapore was too frightened to seek medical attention so she flew 22 hours back home to find out she had a large ovarian cyst. If this woman had had pretravel information she would have known how to contact one of the recommended doctors in the country in which she was visiting, thus she may have avoided suffering. One client, a 65 year old woman, fatigued from 16 hours of flying, decided to take a shower and slipped on the shower floor. She sustained a fractured hip and a collapsed lung necessitating hospitalization in that country for a few weeks.

Certain normal changes of aging, such as vision changes, predispose a person to falls. Falls are the leading cause of unintentional injury in the elderly, accounting for 87% of all fractures in this age group (Mayhew, 1991). Sequelae from hip fractures are feared as a known cause of death and disability in the elderly. Specific medical illnesses, such as Parkinson's disease, make one more

susceptible to falls (Mayhew). The advanced practice nurse can identify those injuries for which the client is at risk by identifying the clients' age, medical condition, and his/her potential for injury.

The cost of health care in addition to potential illness and injury, was another important issue to address when instructing travelers about pretravel health. Health care abroad may be expensive especially when hospitalization is needed and when regular health insurance is limited only to the United States. International health insurance is recommended for these reasons. Evacuation insurance may also be acquired by the traveler who is headed for a country where medical facilities are known to be primitive. Both these insurances could be obtained in the United States before going on a trip. A flight home from Eastern Europe on a stretcher can cost as much as \$30,000 aboard a commercial airliner and a private medical jet could cost \$80,000 (Yenckel, 1994).

The service of travel health instruction is not readily available to every traveler, and not every travel agent or physician knows what precautions to teach a traveler who is taking a trip abroad. The researcher, a nurse, believes that APN's with a specialty in gerontology are ideal educators who are able to advise and teach pretravel health information to the over 60's traveler. The researcher was motivated to focus on the area of travel health and nursing specifically with elderly travelers. Currently, there are travel clinics that staff licensed practical nurses, registered nurses, and medical assistants to initiate the intake and administer immunizations for the travelers. The difference is that with the APN's knowledge, he/she would be able to look at the travelers' whole picture, and not just the technical components that include administering immunizations. The APN would obtain demographics, health history, travel history and other information that

would be important to assess in order to make an effective and appropriate plan for travel. The plan would then be implemented to obtain the goal of healthy and safe travel.

The researcher believed that over 60's travelers who obtained pretravel health information would be more conscious of their own health problems and risks while in other countries. Being aware of issues related to their own health status may decrease potential hospitalization, injury, and illness. The goal of this study was to assess knowledge of the over 60's population's practice of obtaining pretravel health information before traveling to countries outside of the United States. This was accomplished by the following objectives: (a) identifying the traveler's sources for obtaining health information, (b) assessing the traveler's perceived need for health information, (c) documenting the presence of chronic health conditions, and (d) obtaining demographic information.

Purpose

The researcher was interested in learning whether the over 60's travelers are aware of these basic health travel instructions and whether they feel it is important to have this knowledge before going on a trip. The purpose of the research was to more clearly define the importance of pretravel health information for this population, it is a descriptive needs assessment. It may be possible that APN's who specialize in travel health may play a very significant role in the education of pretravel health information for the elderly.

Dardick (1992), stated that as the number of travelers increases and as they visit more distant and exotic destinations, physicians must be prepared to provide medical service to help their patients stay healthy while traveling. The field of travel medicine is evolving a unique identity for those health professionals who

care for travelers. Although there is no clear consensus as to what constitutes "travel medicine" it is generally recognized that preparation of the traveler before departure is a key element in this practice. Virtually any physician in any specialty may be called upon to advise a patient who will be traveling. Unfortunately, many studies have documented how poorly physicians perform in giving accurate pretravel advice to their patients (Dardick). No studies have been found on the performance of an advanced practice nurse giving pretravel advice. An outline recommended for planning the pretravel visit follows:

1. Maintain a source of information on immunization requirements.
2. Schedule an office visit to meet with the patient to discuss immunizations and prescriptions for any necessary medications.
3. Determine the planned itinerary, including sequence of travel.
4. Provide written material for the traveler to take along.

It is possible that the pretravel appointment can be carried out by an advanced practice nurse, unless a prescription of the immunizations and medications are needed. Conducting the pretravel appointment is just an extension of the advanced practice nurses' function to provide health promotion and prevention information.

Health and health care promotion were identified as fundamental concepts for nursing practice (Spellbring, 1991). Nursing remained committed to the promotion of health as reflected in the American Nurses Association (ANA) Social Policy Statement: Nursing was concerned with the adaptation of individuals and groups to actual as well as potential health problems, the environments that influence the individuals health, and the nursing interventions that promote health (ANA, 1980). Health promotion lend itself very well within the domains of nursing. To provide

adequate health promotion to various client populations, the nurse engaged in many types of roles which included: (a) assessor, (b) advocate, (c) case manager, (d) consultant, (e) promoter of self-care, and (f) educator in health (Spellbring). The ANA defined the Clinical Nurse Specialist (CNS) as a registered nurse who, through study and supervised practice at the graduate level (master's or doctorate), has become expert in a defined area of knowledge and practice in a selected clinical area of nursing (Hamric & Spross, 1989). Graduate study prepared the CNS for expert practice including the abilities to analyze complex clinical problems, to consider a wide range of theories, to selectively apply theories appropriately, and to foresee short- and long-range consequences of nursing actions. The four generally accepted subroles that the CNS used are: expert practice, consultation, education, and research. Regardless of setting, the CNS's practice was directed toward improving client care and nursing practice (Hamric & Spross).

Research Questions

1. Do the elderly seek pretravel health information?
2. How important is pretravel health information to them?
3. What are some of their reasons for seeking or not seeking travel health information?

Definition of Terms

For the purpose of this study the following terms will be defined:

1. Pretravel Health Information: information obtained by the traveler from books, travel agents, physicians, any other travel health resource regarding health promotion and prevention issues while abroad.
2. Advanced Practice Nurse (APN): Master's prepared Registered Nurse.

3. Clinical Nurse Specialist (CNS): Master's prepared Registered Nurse.
4. Senior Traveler: travelers 60 years of age and older.
5. Health Promotion: behaviors taken to promote wellness.
6. Health Prevention: behaviors taken to decrease incidence of illness or injury.
7. Travel Health: a specialty dealing with issues of health while traveling.

Health promotion and prevention are very important issues dealing with the health care of the senior traveler. The Health Promotion Model provides an organizing framework for this research study on the pretravel health seeking behaviors of the senior travelers.

Chapter 2

CONCEPTUAL FRAMEWORK AND REVIEW OF LITERATURE

Conceptual Framework

Nola Pender's model for health-promoting behavior provides a framework from which to organize this study. Health-promoting behaviors almost without exception are continuing activities that must be an integral part of an individual's lifestyle (Pender, 1982). Health-promoting-behaviors are directed toward sustaining or increasing the level of well-being, self-actualization, and fulfillment of a given individual or group. In contrast, health-protecting behaviors are directed toward decreasing the probability of encountering illness by active protection of the body against unnecessary stressors or detection of illness at an early stage. Both behaviors consist of a decision-making phase and an action phase. Health-promoting behavior is categorized into: (a) individual perceptions, (b) modifying factors, and (c) variables affecting likelihood of action.

Individual perceptions are divided into personal motivating factors. Each factor exerts a direct influence on the likelihood of a person engaging in health-promoting behaviors. These factors include: (a) importance of health, (b) perceived control of health, (c) perceived self-efficacy, (d) definition of health, (e) perceived health status, (f) perceived benefits of health-promoting behaviors, and (g) perceived barriers to health-promoting behaviors. Placing a high value on health results in information-seeking-behavior directed toward being more knowledgeable in health and health-related topics. Individuals who regard

themselves highly are more likely than persons with low self-esteem to set aside time for involvement in health-promoting behaviors (Pender, 1982).

Modifying factors affect patterns of health-promoting behavior indirectly through their impact on individual perception mechanisms. These factors include: (a) demographics, (b) biological characteristics, (c) interpersonal influences, (d) situational or environmental determinants, and (e) behavioral factors (Pender, 1982).

The likelihood of taking health-promoting action was hypothesized also to depend on activating cues either of internal origin or emanating from the environment. Personal awareness of the potential for growth or increased feeling of well-being may serve as important internal cues for behavior. External cues for health-promotion may include conversations with others regarding their patterns of exercise and nutrition, and mass media for programs about personal health. The intensity of the cues needed to trigger action will depend on the level of readiness of the individual (Pender, 1982).

Health promotion should be an integral part of all health care for the elderly. Many times the elderly are stereotyped as being sick, dependent, and close to death. While it is a fact that 80% of the elderly have chronic illness, 80 to 90% of the aged can be counted among the well elderly. The well elderly are those who are healthy in spite of the presence of chronic disease. They function well with little interference from existing chronic conditions. They are in control of their own lives. For these reasons, they should continue health promotional activities similar all other age groups. (Kee, 1984).

Literature Review

A computer search of the literature on the specific topic of the elderly and travel health information was done with assistance of the health sciences librarian but very few studies were found. As the number of travelers increase and as they visit more distant destinations, physicians must be prepared to provide medical services to help their patients stay healthy while traveling (Dardick, 1992). One article was written by one physician who addressed the specific issue of the geriatric traveler coping with his health while away from home. The author pointed out important information such as keeping medicine and prescription glasses on your person at all times when traveling, having a copy of last ECG available, and carrying a summary of health, for those with a complicated health history (Anderson, 1992).

Physicians in any specialty may be called on to advise a patient who will be traveling. Unfortunately, many studies have documented how poorly physicians perform in giving accurate pretravel advice to their patients (Dardick, 1991). One British journal reported that some doctors do no more than consult a list showing vaccine recommendations, making no gesture of offering any other advise. Equally, some immunization clinics specializing in travel provide advice that is manifestly poor (Dawood, 1993). Surveys of local health department and specialized travel clinics in the USA found significant variation in the reliability of the advice offered, even from supposedly knowledgeable sources. The emphasis remains firmly oriented to information about vaccine recommendations, and possible outbreaks of vaccine preventable disease (Dawood, 1993). Once again, no studies have been found on the performance of the APN in giving pretravel advice. It cannot be emphasized too strongly that any physician giving advice to

travelers must have accurate, current, and authoritative information on hand. The researcher believes that this responsibility should not be limited to physicians. Advanced practice nurses could also advise travelers and be more successful and effective since patient education has historically well been within the domain of nursing (Spellbring, 1991). As health promotion and the wellness movement gain momentum, nursing will increasingly be in a pivotal role to accept the challenge.

The only study that addressed health information and travel combined was written by a medical student who surveyed potential sources of health-related travel information. The sources he surveyed included travel agents, doctor's offices, airline companies, and bus lines. The study reported that 62% of those sources did not give any health information, while only 7.4% of those who gave information, gave only correct health information (Demeter, 1989). Correct health information was defined as meeting the criteria of the World Health Organization and the U.S. Department of Health and Human Services for travel health. This study was done in Canada, but it is the only study that questions these travel sources about the health information they report.

Dawood (1993) wrote that if there could be a dramatic change in the incidence of travel-related health problems, it would only result from one measure: better health education for travel. The current emphasis on travel health is on necessary immunizations for the destination country, therefore, health professionals tend to receive minimal guidance regarding other health information that should be passed on to travelers. The opportunity to deliver important health information and advice is currently being neglected on a massive scale (Dawood, 1993).

A physician who was surprised by the numbers of patients returning from trips and coming to him stricken with a variety of parasites, knew it could have been

prevented with adequate pretravel medical advice. Realizing there was very little a traveler could do to receive accurate, up-to-date information, he began learning more about health issues while traveling abroad, and with about a dozen other doctors across the U.S., he founded the International Society of Travel Medicine. He still found that many business and leisure travelers were uninformed, misinformed, or unduly restricted from travel by physicians who were legitimately qualified but did not specialize in travel health (Carroll, 1994).

Many foreign-bound travelers worry about the possibility of becoming seriously ill or suffering a serious accident while away (Yenckel, 1994). Medical emergencies can strike anyone at any time and sometimes finding adequate medical care is simply a matter of good luck. Before going abroad, it would be important to give some thought to one's health history and, depending on destination, what one would do if he or she suddenly became ill or was injured.

The older population, with potentially more chronic medical problems, have become a significant proportion of the travelers on commercial airlines. In one study, 43% of in-flight medical emergencies were related to gastrointestinal, cardiac, or respiratory problems. The presence of chronic pulmonary diseases such as bronchitis, emphysema, and asthma may limit pulmonary gas exchange. Such conditions can become exacerbated even within the pressurized cabin of an airplane (Bia & Barry, 1992). Limiting air travel for certain patients may prevent in-flight medical emergencies. The Federal Aviation Administration requires commercial airliners at cruising altitudes to maintain a cabin pressurization equivalent to air pressure at an altitude of 8,000 feet or less. For travelers at risk of hypoxia (oxygen deficiency), the lower oxygen partial pressure at this altitude

may exacerbate underlying disease. In patients who recently have had a serious heart attack, airline travel should be prohibited for four to six weeks to prevent ischemia (decreased blood supply to a body organ or part). Patients who are recovering from surgery are at a higher risk of wound complications due to air pressure differences between internal organs and the changing cabin pressure. Every traveler has a different health history and because of this, their itineraries should be reviewed by a health professional to determine individual special risks (Mathews, Pust, & Cordes, 1991).

In the literature, statistics were found on the number of American deaths in foreign countries. In 1975, there were 5,453 and in 1984, there were 4,677 (Baker, Hargarten, & Guptill, 1992). Many American deaths overseas are not due to infection or tropical disease, but are from pre-existing chronic diseases, injuries, suicides, and homicides. There are five times as many American deaths overseas in the over 60 years age group than in the younger ages. Is there a relationship between chronic disease in a traveler and the incidence of hospitalization, illness, or death while on trip? This study may not have an answer, but it makes one think about the elderly and that 80% of those over 65 have one or more chronic medical conditions (Kee, 1984).

Summary

The literature review is limited in studies or information on the over 60's travelers and their pretravel health behavior. The researcher inquired about pretravel health teaching for the over 60's travelers at local Bay Area senior centers, travel agencies, travel clinics, the public health department, a hospital library, and even attended a seminar for medical aspects in foreign travel, but none of these places had specific information, programs, or classes that

instructed the over 60's traveler on pretravel health information. It is clear that most of the literature agrees on the importance for the traveler to obtain pretravel health information, and the inability of physicians to give accurate and current travel health advice. Although these issues are documented, measures can be implemented to improve this care utilizing APN's who specialize in travel health.

Patient education has historically been in the domain of nursing, and nursing has been successful in laying solid claim to the area (Spellbring, 1991). Health prevention or health protecting behaviors that are directed toward decreasing the probability of encountering illness, and health promotion behaviors that are directed toward sustaining or increasing the level of well-being, self-actualization, and fulfillment of an individual are an integral part of an individual's lifestyle (Pender, 1982). Health promotion and prevention care are very important concepts in patient education. APN's have the capability to instruct senior travelers on both health promotion and health prevention behaviors. Patient education is an important independent function of professional nursing, but before an education plan can be initiated, an assessment of the target population needs to be conducted that addresses the question, "Do the over 60's travelers feel it is important to have pretravel health information?"

Chapter 3

METHODOLOGY

The special problems of reaching the elderly through health promotion programs are mainly related to attitudes, beliefs, and knowledge. The research is a descriptive study and needs assessment of the over 60's travelers' health seeking behavior that utilizes a survey design.

Sample

The sample was a convenience sampling of travelers who are over 60 years old. The subjects were recruited by a flyer displayed in the retirement communities, senior centers, and by word of mouth requesting volunteers for the study. The subjects had to meet the following criteria: (a) over 60 years of age, (b) reside primarily in the bay area, and (c) must have taken a trip out of the country in the last year.

Data Collection

The data were collected by telephone interviews between April to June 1995. In the survey flyer, the study was briefly described and a phone number was listed for respondents to call to participate the study. An answering machine was available for respondents to leave their name and number so the researcher could call them back. This way, the respondents did not have to worry about the cost of the telephone call. To ensure confidentiality, the researcher logged the name and phone number of the caller on a separate form under a number that coincided with the number on the interview guide. A telephone verbal consent that was written according to the Institutional Review Board: Human Subjects guidelines was read to all volunteers upon initiating the telephone interview, and subjects were aware

the conversation may have been recorded for purposes of recording data. The researcher then began the interview.

Instrument

No tools were found in the literature that assessed the travelers pre-travel health behaviors. In order to find out if the over 60's traveler was receptive to pretravel health information instruction by the advanced practice nurse, an interview guide was developed. The tool was not tested for reliability or validity. Demographic data that were collected included age, education level, gender, and ethnic background. According to Kreps and Thornton (1992), it is important to describe the person or persons with whom you want to share information. The health professional should know some characteristics of the "audience" that include such demographic variables as age, education, sex, socioeconomic status, and the desire to know or understand what is happening to their health. With this knowledge, the health professional can determine the audience's cultural orientations and potential attitudes toward the health professional and the topic to be discussed. In addition to demographic information, a 5 year travel and travel health history including any chronic conditions was taken, along with the travelers' perceived health status and how they rate the importance of pretravel health information. Health beliefs strongly influence the health-related behaviors that people choose to perform (Kreps & Thornton). The beliefs, values, and attitudes people hold about health and health care influence the way these individuals interpret and present health complaints, as well as the way they choose to utilize health information.

Human Subjects

The researcher obtained permission from the Institutional Review Board: Human Subjects at San Jose State University before recruiting and interviewing these subjects. Confidentiality was maintained by keeping the log for the subjects' name and phone number separate the from the completed interview guides.

Analysis

The data were analyzed using content analysis. After each taped interview, the researcher transcribed a portion of the interview into a narrative. The reasons for seeking pretravel health behavior were the only data that was transcribed, while the other data were calculated in percentages. The percentage of respondents was distributed by age range, education range, gender, ethnicity, importance of pretravel health information, current health status, presence of chronic illness, and illness, injury or hospitalization during a trip. The researcher was not attempting to make a cause and effect relationship, but only to summarize the answers.

Chapter 4

FINDINGS AND INTERPRETATION

Through the 50 flyers that were sent out to various senior centers, senior residential communities, and through word of mouth for this study, 17 subjects responded and participated in the study from April to June 1995.

Of the 17 respondents, 47% were male, and 53% were female (see Figure 1). Ages ranged from 60 to 92 years old. There were three age categories, 41% from the 60-70 year group, 29.5% from the 71-80 year group, and 29.5% from the 81 and over group (see Figure 2). By looking at the education level of the group, it was found that 12% were high school graduates and the remaining 88% were college educated (see Figure 3). The ethnicity of this group showed 82% white and 18% South American/Hispanic (see Figure 4).

Figure 1. Breakdown of the respondents by percentage into male and female.

Figure 2. Breakdown of the respondents by percentage into three different age ranges.

Figure 3. Breakdown of the respondents by percentage into two education levels that were high school or college educated.

Figure 4. Breakdown of the respondents by percentage of ethnicity into White and South American/Hispanic.

The average length of this group's trips was 18 days. The travelers went on cruises to the Caribbean, St. Thomas, and one traveler went on a cruise that went through the Panama Canal to Costa Rica and Puerto Rico. Countries in Europe that were visited included Switzerland, Russia, England, Scotland, and France. In Asia, tours visiting all of Southeast Asia were completed, as well as tours visiting only certain countries included China, Korea, Japan, Nepal and Thailand. Some travelers visited Canada and Mexico, while some travelers went to Nairobi, Majorca, or Greece. Purpose of travel was for business or pleasure, but mainly for pleasure. There were five main questions:

1. Did the travelers seek pretravel health information before embarking on their trip? If not, what were their reasons?
2. How important did the traveler believe pretravel health information was to them?

3. How do they perceive their present health status?
4. Do they have chronic medical conditions?
5. Were they hospitalized, ill, or injured while on a trip in the last 5 years, including this trip?

Question #1: Did the travelers seek pretravel health information before embarking on their trip? If not, what were their reasons?

The researcher believed that obtaining this information served as the main issue of this study. Did the traveler seek health information before going on a trip? If not, did they give their reasons for not obtaining health information? In this study, 75% of the travelers obtained health information, while 25% did not obtain pretravel information (see Figure 5). The two reasons the travelers gave for not obtaining pretravel health information were (a) they had traveled to that country before and either did not think it was necessary or they had received information regarding this country in the past, or (b) they had family in that country who was familiar with the country so pretravel health information was not necessary. Of the 75% of travelers who did obtain health information, they did so by seeing their physician to make sure they were up to date with immunizations, they made sure they had enough supply of their medications, and they read travel magazines and other resources for pretravel health information. Those 75% of travelers sought pretravel health advice for different reasons. One woman sought advice because of her serious medical condition, she believed her current health was poor and she needed all the help she could get to make her trip comfortable. One man sought information for both himself and his wife, mainly because of his concerns that his wife is a diabetic. He wanted to understand her condition and make things comfortable for her on her trip.

Figure 5. Percentage of travelers who obtained pretravel health information, versus those travelers who did not obtain pretravel health information.

Question #2: How important did the traveler believe pretravel health information was to them?

The researcher believes that educating the traveler regarding health issues is very important, but it is difficult to teach a traveler who does not generally agree that the subject taught is important. Matteson and McConnell (1988) state that the special problems of reaching the elderly through health promotion programs are mainly related to attitudes, beliefs, and knowledge. Many health care providers and the older people themselves have the attitude that the symptoms and problems they are facing are merely normal occurrences associated with aging. They tend to minimize the problems, and often there is no attempt to treat or prevent them. All the respondents felt that pretravel health information was either

important or very important. One man always checks with his physician before going on a trip because while on a trip a few years ago had developed serious chest pain and had to return home to have emergency bypass surgery.

Question #3: How do they perceive their present health status?

The perceived health of the traveler may be important. Perceived health status appears to play a role in the frequency and intensity of health-promoting behaviors (Pender, 1982). "Feeling good" may be a source of motivation for taking actions that increase personal health status. According to Pender (1982), individuals who perceived their health status to be good reported a higher frequency of health-promoting behaviors than individuals who perceived their health status to be poor. The travelers in this study generally rated their health as good. When rating health, 6% rated health as poor, 47% rated their health as good, and 47% rated their health as excellent (see Figure 6).

Figure 6. Breakdown by percentage of how the respondents rated their health: excellent, good, or poor.

Question #4 Do they have chronic medical conditions?

Chronic conditions were present in 67% of the travelers. The chronic conditions in order of decreasing predominance included: (a) diabetes, (b) high blood pressure, (c) high cholesterol, (d) cardiac problems, (e) cataracts, and (f) arthritis. Other conditions included: (a) blood disorders, (b) benign prostatic hypertrophy, (c) post polio syndrome, (d) chronic gastric reflux, (e) cancer, and (f) thyroid problems.

Question #5: Were they hospitalized, ill, or injured while on a trip in the last 5 years including this trip?

In the last five years, including this trip, 71% of the respondents were either ill or hospitalized. Many travelers mentioned diarrhea as the main health problem. Other episodes in order of decreasing acuity included: (a) chest pain resulting in bypass surgery on return to the U.S., (b) hospitalization for pneumonia, (c) serious allergic reaction to mosquitoes, (d) exacerbation of arthritis, (e) vomiting and high blood pressure after drinking too much vodka, (f) flu-like symptoms, (g) fatigue, (h) rash on arms, and (i) bad colds.

After collecting these findings the researcher divided the respondents into two groups. Group A were the respondents who obtained pretravel health information, while Group B were the respondents who did not obtain pretravel health information. The researcher wanted to see what the difference was in each of these groups by looking at the variables. The researcher found that in both groups the age range, ethnicity, education, gender, and health status were generally the same. However, in Group A, the frequency of chronic illness and hospitalizations or illness during a trip was greater than in Group B (see Figure 7, Figure 8). The

researcher is not implying a cause and effect relationship, but merely describing the characteristics of these groups.

Figure 7. The frequency of chronic illness: Group A obtained pretravel health information while Group B did not obtain pretravel health information.

Figure 8. The frequency of illness or injury while on a trip: Group A obtained pretravel health information while Group B did not obtain pretravel information.

Chapter 5

Discussion

After looking at the findings in this research study, the researcher attempted to relate the variables to each other using the Health Promotion Model as the framework to determine if the concept of health promotion and prevention in the over 60's traveler is worthwhile and considered an important benefit to the over 60's traveler. The researcher did not attempt to determine cause or effect of the different variables. In Pender's Health Promotion Model, there are cognitive-perceptual factors or primary motivation mechanisms for acquisition and maintenance of health-promoting behaviors. In the survey, the researcher addressed at least three of the factors: (a) importance of health, (b) perceived health status, and (c) barriers and benefits to health promotion, and the researcher attempted to relate the results to the health-promotion behavior or pretravel health seeking behavior of the over 60's traveler. Looking at the importance of health factor, the respondents of the survey as a whole rated pretravel health information as an important or very important step in their travel preparations. Studies in Pender (1982) support the notion that placing a high value on health results in information-seeking behavior. Thus, individuals engage in action directed toward becoming more knowledgeable on health-related topics. Looking at the perceived health status factor, the majority of the respondents rated their current health status as good or excellent. Pender (1982) surveyed a national sample of 378 adults and found that individuals who perceived their health status to be good reported a higher frequency of health-promoting behaviors than individuals who perceived their health status to be poor. The perceived barriers

and benefits of health-promoting behaviors were stated in the reasons for obtaining versus not obtaining pretravel health information. The one main barrier to obtaining pretravel health information was the fact that the traveler did not think it was necessary since the traveler had visited that particular country in the past. This may be interpreted as a lack of knowledge of the definition of pretravel health information. There were many benefits of obtaining pretravel health information: (a) sense of preparedness before a trip, (b) knowledge of a certain condition, and (c) decreasing risk of getting ill or injured. In the Health Promotion Model, modifying factors were factors that affected the patterns of health-promoting behavior indirectly through their impact on cognitive-perceptual mechanisms including: (a) demographic, (b) biologic, (c) interpersonal, and (d) situational.

Education under the demographic factor influenced some travelers in obtaining health information. These travelers included two physicians and a pharmacist who read up on latest reports from the Centers of Disease Control and other medical resources before taking their trips out of the country. They also brought antibiotics and other prophylactic medications with them on their trips. Chronic illness, the biological factor, was another factor influencing health seeking behavior. An interpersonal factor influenced one traveler who sought information because he wanted to get more information for his wife who had diabetes. Lastly, the situational factor that influenced one traveler to obtain health information was the availability and accessibility of a local travel clinic that offered information on immunizations. The results of the study suggests that this sample of the over 60's traveler was motivated to obtain pretravel health information. This sample also believes that pretravel health information is an important concept.

Scope and Limitations

Limitations that were anticipated with this study included: (a) subject unavailability, (b) subject could easily end the conversation by hanging up the phone, (c) subjects may be hard of hearing, and (d) subjects may be very talkative making it difficult to finish the questions. Problems or barriers that actually happened:

1. Two respondents talked too long and went off on tangents that required redirection.
2. One respondent had Alzheimers and was agitated during the interview, his results were dropped because the interview was only partly completed.
3. Three respondents were hard of hearing.
4. Two respondents were hesitant in answering, and sounded suspicious of the survey, they were reassured that their identity and answers would be kept confidential.
5. One respondent made passes at the researcher stating he would feel better if he had " a nice young lady" to accompany him on the trip, he was redirected to continue answering the interview questions.

Generalizations from this group of respondents to a general group of international travelers over 60 could not be made. Reasons included: (a) sample size was not large enough, (b) not enough ethnic diversity, and (c) sample was made up of volunteers. When volunteers were used, the researcher was unable to determine how the sample differs from the international travelers who were unable to volunteer for this study. Conclusions could only be made for this particular group.

Conclusions

The focus for health promotion programs and their goals for the elderly are necessarily different from those for the young. In many cases, health care providers must deal with already existing chronic disease rather than their prevention (Matteson & McConnell, 1988). The issue for health promotion is where health promotion programs should be focused and what realistically is most effective for the older age group. The special problems of reaching the elderly through health promotion programs are mainly related to attitudes, belief, and knowledge. Older people who already have chronic illness may not feel that preventative actions would be useful and worth the effort to change behavior and lifestyle. Lack of knowledge about health and health care services may also prevent older persons from seeking health promotion interventions (Matteson & McConnell).

Healthcare professionals need to look at travelers brochures related to the area in which their clients are traveling and assess the medical history of the travelers in order to given them health information and precautions to practice while traveling. There have been attempts to provide health information through computer ticket terminals, but travel agents say they are not doctors and it is not their job to provide medical information.

Advanced practice nurses may be the answer to providing a thorough pretravel health information program for the travelers over age 60. Unlike the current situation where there are nurses in the travel clinics administering immunizations, the APN's would look at the whole picture of the traveler, bringing her advanced knowledge to assess the travel itinerary, travel history and the health history of the traveler and developing a plan the traveler can implement to have a safe and

healthy trip. In addition to being a master's prepared nurse, and specializing in roles that include expert practice, consultation, education and research, the CNS can be a change agent. Hamric and Spross (1989) states "Central to the position of the CNS is a set of ideas about change. Inherent in all that the CNS does is the fundamental notion of attempting to alter or change the course of some human experience." CNS's bring bold new ideas to nursing practice. They are not afraid to try new approaches to "shake up" the system for the sake of improved patient care (Hamric & Spross, 1989).

Recommendations

The researcher believes that more research needs to be done in the area of travel health and advanced practice nurses. In this study, the researcher did not ask the travelers over 60 years of age if they believe an APN may be the answer to providing a pretravel health information program, a study answering this question would be significant. Studies should be done on how different cultures of over 60's travelers feel about obtaining pretravel health information. Another issue to address is whether the cost of travel health promotion programs for the elderly is worth the effort. Other studies might include implementation and outcome or evaluation of a Travel Health Nurse Advice program in travel agencies, major airports, medical groups, senior centers, clinics, and insurance companies. Advance practice nurses would be ideal in all these positions. More studies should be done to support this idea and help advanced practice nurses branch out into the Travel Health field.

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APPENDIX A
International Traveler Survey Flyer

VOLUNTEER!

ARE YOU OVER 60?

INTERNATIONAL TRAVELER?

PLEASE VOLUNTEER!

**VOLUNTEERS NEEDED FOR A RESEARCH STUDY ON
PRE-TRAVEL HEALTH SEEKING BEHAVIORS
OF THE OVER 60'S TRAVELER**

CRITERIA:

- VOLUNTEER MUST BE OVER 60 YEARS OF AGE**
- VOLUNTEER MUST RESIDE IN OR AROUND THE BAY AREA**
- VOLUNTEER MUST HAVE TAKEN A TRIP OUT OF
THE COUNTRY IN THE LAST YEAR**

**TELEPHONE INTERVIEWS WILL BE CONDUCTED
BETWEEN APRIL AND JUNE 1995
PLEASE CALL LIZA (510) 790-3241 TO VOLUNTEER
THERE ARE NO OBLIGATIONS AND NO RISKS**

**THIS STUDY IS CONDUCTED BY LIZA L, R.N., BSN FOR A THESIS
PROJECT TO FULFILL THE REQUIREMENTS FOR A MASTER'S OF
NURSING DEGREE. THIS STUDY HAS BEEN APPROVED BY THE
HUMAN SUBJECTS BOARD AT SAN JOSE STATE UNIVERSITY.**

APPENDIX B
Interview Guide

Interview Guide

How did you hear of this survey?

When did you go on your trip?

Where did you go?

Demographic data:

***Year of Birth (age): ranges 60-70 years, 71-80 years, 81 and over**

***Where do you live (city)?**

***Education level: grade school, high school, college, college degree, vocational**

***Occupation**

***Gender**

***Ethnic background**

II. Pretravel Health Information:

***Destination**

***Length of trip**

***Purpose? Business, pleasure, other**

***Before traveling, did you actively seek health information?**

_____ **Inquire about immunizations**

_____ **See your doctor regarding medical or health precautions**

_____ **Read a book on health and safety issues**

_____ **Ask friends**

_____ **Call any travel information services**

_____ **Other**

***If not, what were your reasons for not seeking pretravel health information?**

***Importance of pretravel health information to you :**

☐ Not important

☐ Somewhat Important

☐ Important

☐ Very Important

***During or after your trip, were you injured, ill, or hospitalized?**

III. Health and Travel History: In the last 5 years...

***Frequency of international travel**

***What do you consider is your current health status?**

☐ Poor

☐ Fair

☐ Good

☐ Excellent

***Presence of chronic illnesses or conditions:**

***Were you ever been hospitalized, injured, or ill when traveling?**

Last question:

APPENDIX C
Telephonic Consent

Telephonic Consent

You have volunteered to participate in a research study of pretravel health seeking behaviors of travelers over 60 years of age. This is a verbal consent, and this call will be recorded. While on the telephone, you will be asked certain questions regarding your general health and your views on pretravel health information. There are no risks to be anticipated, nor any benefits or compensation to you. The results of the study may be published but no information that could identify you, as the subject, will be included.

You may address any questions of the research to L. Israel, at (510) 790-32XX. Complaints about the research may be presented to Dr. Mary Reeve at (408) 924-XXXX. Questions or complaints about the research or subjects' rights may be presented to Serena Stanford, Ph.D., Associate Academic Vice President for Graduate Studies and Research, at (408) 924-XXXX.

You have every right to refuse to participate in the study. This consent is given voluntarily. Please feel free to withdraw at any time. You will not be penalized in any way, if you choose not to participate in the study.

You have just been given a verbal consent, do you agree to participate in the study?

APPENDIX D
Human Subjects Approval Letter

Office of the Academic Vice President • Associate Academic Vice President • Graduate Studies and Research
One Washington Square • San Jose, California 95192-0025 • 408/924-2480

TO: Liza Israel
34649 Tabu Terrace
Fremont, CA 94555

FROM: Serena W. Stanford
AAVP, Graduate Studies & Research

DATE: April 10, 1995

The Human Subjects-Institutional Review Board has approved your request to use human subjects in the study entitled:

"A Study on the Travel Health Seeking Behaviors of
the Elderly"

This approval is contingent upon the subjects participating in your research project being appropriately protected from risk. This includes the protection of the anonymity of the subjects' identity when they participate in your research project, and with regard to any and all data that may be collected from the subjects. The Board's approval includes continued monitoring of your research by the Board to assure that the subjects are being adequately and properly protected from such risks. If at any time a subject becomes injured or complains of injury, you must notify Dr. Serena Stanford immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised that each subject needs to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate, or withdrawal, will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted.

If you have any questions, please contact me at (408) 924-2480.