The suitability of Egypt as a tourist destination for tourists with dementia: Accommodation and Transportation

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Abstract:

Dementia tourism or tourists with dementia is one of the modern patterns of tourism, and its importance in terms of the potential benefits, it will bring to the Egyptian tourist destination, as it will help preserve tourist places to bring more tourists with dementia inside Egypt in addition to the financial returns that it will bring, as well as maximizing Egypt's reputation. As a tourist destination, in addition, it contributes positively to developing and improving the quality of the standards required of Egypt as a tourist destination in line with the international standards required for this type of tourism. Therefore, developing the standards required to attract this type, such as accommodation and transportation within Egypt as a tourist destination for tourists with dementia, is one of the most important points for study. Therefore, 500 questionnaires were distributed to several travel agencies to determine the availability of these elements within Egypt, and this survey produced important results in this regard.

Keywords: *Dementia, patients ,Accommodation , tourists with dementia - transportation*

Introduction

It is important to recognize dementia as a social care issue as well as a national public health priority. There must be a national plan for dementia with funding allotted to carry it through. Many studies concluded that there are essential elements of a successful dementia plan such as establishing home care and community support, creating caregiver support packages, raising awareness of dementia, enhancing early detection and treatment, creating comprehensive dementia care models, and expanding financing for dementia research are all steps toward making dementia a national priority. A single expert or agency could never meet all of the demands of a person suffering from dementia because those needs are so different and ever-changing. This necessitates collaboration between families, governmental institutions, and nonprofit organizations (Kumar et al, 2015).

Thus, the first step is to ask people with dementia and their caregivers what can be done on a community level to improve the quality of their everyday lives, and the second step is to build alliances that bring people and organizations together to execute these improvements (Smith et al, 2016).

While dementia is not an unavoidable consequence of old age, the prevalence of dementia rises with an older population. Creating dementia-friendly communities allows us to optimize our response to persons with dementia by making use of every opportunity, both ours and theirs, to better their quality of life (Crampton et al, 2012). As a result, all statutory authorities should be aware of the public health and demographic changes occurring over the next generation, including a doubling of the number individuals with dementia over the next 30 years and a reduction of the working population to support those in later life (Crampton et al, 2012). Also, the interrelated nature of common life; research studies and anecdotal experiences indicated that obtaining a dementia diagnosis is a significant life event. Fear and ignorance about dementia among family and friends, as well as the public population, may indicate that people respond adversely (Crampton et al, 2012). Raise awareness and build understanding: Participants talked about how better education, awareness and understanding of dementia by the wider community would improve community engagement for people with dementia. It has been reported negative experiences with frustrated staff members that they believed could have been avoided had staff been trained about dementia. As follows what was said about these negative experiences 'We get put into a situation in shops with people that don't understand? I don't think there is enough information going out to the households another participant who had young onset dementia felt that if education and support strategies had been introduced in his workplace. Accessible and accommodating transport options (Smith et al, 2016) .

Many elderly individuals who are approaching retirement age would like to keep doing the things they enjoy, but a dementia diagnosis may drive them to start avoiding leisure or recreational activities because they feel unwelcome. (Crampton et al, 2012). For destinations, there is a powerful business case for tourism business to become dementia –friendly .Since , transportation, visiting attractions, and staying in accommodation can be challenges for people with dementia ,it is notable now many destinations support tourism business of all size to become dementia friendly . This study explore if Egypt as a tourist destination is suitable for dementia tourist especially for accommodation and travelling.

The research problem is that Tourism agencies and Egypt as a tourist destination face some challenges represented in designing tourism program for tourists with dementia within Egypt as a tourist destination for several reasons. Also, this type of tourism is not known within tourism agencies as it is considered a new type of tourism. Some of these problems or challenges are represented in bringing this type of tourists, namely tourists with dementia, specifically designing a heritage tourism program for tourists with dementia, and

this is from the point of view of tourism agencies within the Egyptian tourist destination. But there is a scarcity of studies that address this pattern and its requirements for application in Egypt. This study will confront these challenges through theoretical research and conducting a field study to find out the standards required to attract tourists suffering from dementia and their caregivers. The objectives of this study are :Defining and describing tourists with dementia and determining how to deal with them, Identifying the necessary strategies to deal with dementia patients within the framework of designing a tourism program and Identifying the challenges and obstacles facing the design and implementation of a heritage tourism program for dementia patients.

Literature review

Dementia and dementia-friendly communities

Dementia is a complex syndrome that affects multiple cognitive domains including memory, language, and attention. Different types of dementia are associated with specific symptoms and changes to the brain (Herron, 2015). Dementia occurs when the brain is injured by diseases like Alzheimer's or a succession of strokes. It is not an expected aspect of the aging process. There are other varieties of dementia, but Alzheimer's disease is the most common. Dementia is progressive, which means it worsens with time .Different varieties of dementia affect people differently, particularly in the early stages. It might be difficult to determine whether a person has dementia. That is why it is extremely vital to provide appropriate assistance and information to everyone(visitengland organization, 2020). A dementia-friendly community is one in which people with dementia are empowered to have high aspirations and feel confident, knowing they can contribute and participate in activities that are meaningful to them. The 'community' in this definition was further interpreted by the ADI: 'A dementia-friendly community is made up of individuals (representing either themselves or an organization) coming together to achieve a common goal. It can be a place (street, village, town, city, region), and organization (public, private, and voluntary), a group or even a virtual community' (Green et al, 2013) Or 'A dementia-friendly community is one in which both the physical and social environment is responsive to the needs of a person with dementia. According to people with dementia, this includes that they can find their way around and feel safe, access the local facilities that they are used to, maintain their social networks, and people are accepting and understanding (Dementia Friendly Communities, 2016).

Benefits of dementia-friendly tourism

There is a compelling commercial argument for tourism enterprises to become dementia-friendly. So, understanding dementia and how to serve individuals impacted will help destinations to plan future, boost customer satisfaction, and produce income. Adopting more dementia-friendly procedures can increase accessibility not only for clients with dementia and their caregivers, but also for employees and the general public. Study in England concluded that destinations should help all stakeholders to involved in new tourism of dementia, it emphasizes the need to raise awareness and improve physical environments. (visitengland organization, 2020).

Destinations can benefit from dementia tourist in many ways such as Visitingland Organization, 2020). :

- More revenue: For example, individuals with disabilities and medical conditions spend more than £12 billion on travel in England annually.

-Future-proofing: As people get older, their likelihood of developing dementia increases, making older travelers even more important to travel agencies,

-Access to more effective customer service: Tourism agencies and staff will feel more comfortable interacting with a wider range of customers as a result of their greater understanding and awareness of dementia,

-Competitive advantage: 3 out of every 4 customers with disabilities or patients with dementia, in addition to their friends and families, may switch to another company because tourism companies do not seem to be aware of their needs.

-Improving reputation: By showing tourism agencies that they value their clients and are socially conscious by transitioning to a dementia-friendly business.

-Reduced seasonality: Individuals with dementia may choose to make bookings "off season," when venues are less crowded and staff may have more time to spend with them.

Challenges for a Dementia Friendly tourism

In March 2012, the British Prime Minister David Cameron issued a challenge to the wider community to deliver major improvements in dementia care and research by 2015 (Department of Health, 2012;Crampton et al,2012) ,From the foregoing, we may infer that the following considerations must be made in order to treat dementia patients appropriately:

People with dementia are involved; and then stigma is challenged and understanding is developed; community activities are accessible; potential is acknowledged; an early diagnosis is ensured; practical support is provided to enable participation in community life; community-based solutions are implemented; and there are consistent and dependable transportation options. And Environments that are simple to traverse;

• Reputable and accommodating companies and services adopting dementia-friendly programs makes communities more inclusive of all individuals, not just those who are suffering from dementia. Good customer service, well-designed communities, and buildings facilitate the needs of young families, foreign guests, and those with various physical and mental health issues. Increased knowledge and consciousness of dementia (Smith et al, 2016).

In addition, people with dementia noted that not knowing how to access programs and services, being too busy, transportation, and expenses were obstacles to using services. Most people with dementia had no independent means of mobility and were dependent on a spouse or other family member for transportation. Since most of them did not have access to public transportation, their ability to participate in programming was dependent upon the help of a family member (Herron, 2015). According to Innes *et al*,. (2016) there are three main barriers for tourists with dementia Intrapersonal, interpersonal and structural as shown in figure (1)
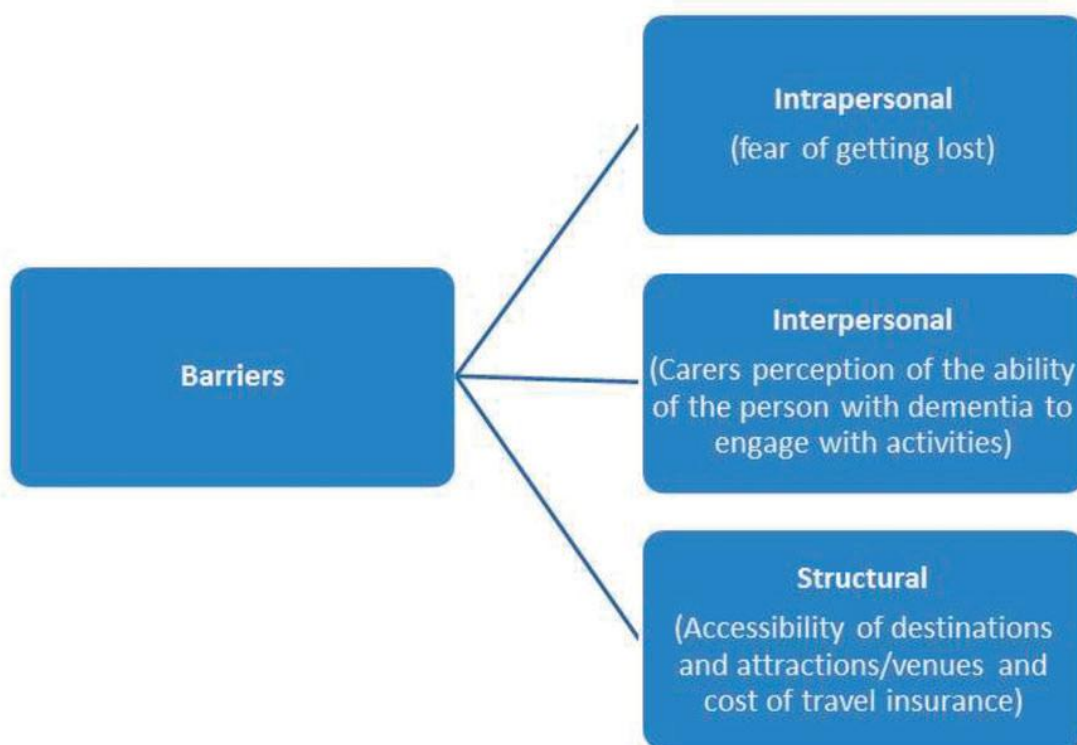

Figure (1): Barriers to leisure participation and dementia
Source:(Innes *et al* ., 2016)

Generally speaking, the increasing interest in dementia-friendly communities and the activities of individuals with dementia is a result of their strong ties to and within their communities (Herron, 2015). Tourist agency managers must take responsibility for ensuring the comfort and security of tourists with dementia beyond routine and long processes. Artificial intelligence techniques

can be applied to modern technology to achieve this. Modern facial recognition technology can expedite security checks and shorten wait times, relieving the stress and anxiety that visitors with dementia may experience. Additionally, video surveillance technology can identify suspicious behavior and emotions, giving attendees safety, time, and a positive atmosphere (Thomas, 2018).

Design Holiday Accommodations for People With Dementia (PWD)

To satisfy the demands of the target group (PWD), the physical environment of a holiday home for people with dementia and their family caregivers has to pursue five objectives. These goals are as follows: (1) to compensate their age-related bodily impairments, (2) to take over as many tasks as possible on caregivers' behalf to give them the opportunity to experience a relaxing holiday, (3) to ease the problems of people with dementia with relocation to unfamiliar surroundings, (4) to offer couples opportunities to spend quality time together to improve couple's relationship, and (5) to support their social inclusion (Büter, 2013). It also includes several standards that must be met in accommodations for tourists with dementia, such as: clocks with large LCD, telephones with big buttons, reminder devices, smartphones and tablets, websites that sell daily living aids, surfaces, agood lighting signage at key decision, soundscapes, projections and security barriers(Klug et al,2017).

Research indicates that people with dementia living at home can suffer from stigmatisation and barriers to participation (Haugen et al, 2018) and out of home activities can help people with dementia to live a better quality of life and express themselves more fully (Connell et al., 2017) discuss the health benefits of leisure activity including the key studies on walking, dance and music tourists with dementia.

The 5 A's of Dementia-Friendly Transportation

The desire to stay connected to communities: The regular communal activities that everyone else takes for granted, such as withdrawing money from the bank, paying bills, shopping, and utilizing public transportation, are the most difficult for individuals with dementia to perform (Crampton et al, 2012). Furthermore, an integrated tourism package includes the following six tourism product elements: a) objects and attractions, b) travel agent and tour operator services, c) transportation services, d) lodging, restaurants, recreation and entertainment options, e) souvenir services, and f) business support. The tourism product is a collection of interconnected services provided by various businesses (economic aspect), community services (social component), and service sectors. The formulation of the components of tourism products was suggested by Mason

(2016). They are namely: 1) attractions, which are a tourist attraction of natural, cultural, and man-made origin such as festivals and performing arts; 2) accessibility, the ease of obtaining or achieving organizational goals such as tourism, travel agents; 3) amenities of the facility to obtain pleasure; in this case, the tourism product can take the form of accommodation, cleanliness, and hospitality; networking, the network of cooperation relating to the products offered by local, national or international organization(Czekajski,2020).

According to Kerschner (2021) there are five An"s to ensure successful dementia-friendly transportation to and in destinations:

-Availability: Transportation services that are available to people with dementia and to their family members. Not only are services offered to them, but they are promoted as supportive transportation and advertised in the community:

-Acceptability: Transportation services that are acceptable to people with dementia and to their family members. Their special needs are attended to with respect to mainstreaming them into the transit system,

-Accessibility: Transportation services that can be accessed by people with dementia. Services are easy to use because they offer supportive assistance and get them where they need to go,

 -Adaptability; Transportation services that can be adapted to the needs of people with dementia. Services accommodate their needs for schedule reminders and help at destinations and,

- Affordability: Transportation services that is affordable for people with dementia and their family members. The potential for low-cost operations can enable programs to offer lost-cost services and to be financially sustainable (Kerschner, 2021).

METHODOLOGY OF RESEARCH
Study method

The study depended on the quantitative method. The quantitative method is a scientific method that explains social phenomena through numerical data using a set of statistical methods. The quantitative method is used in measuring social phenomena to evaluate, describe, and analyze them, in addition to making predictions about this phenomenon (Muijs, 2004; Cheia, 2010).

Participants and data collection

The questionnaire was distributed in the governorates of Cairo and El-menofia there are category A tourism companies There are travel agencies in several major cities in Menoufia Governorate which represent a random sample of travel

agencies for tourist destination in Egypt. Hence, this response rate is considered acceptable.

Table (1): The response percentage

No. of distributed	No. of received	No. of valid	The response percentage
500	336	320	67.2%

The questionnaire was designed and Accordingly, the questionnaire was distributed on a random sample consisting of 500 survey forms were distributed to employees of travel agencies category A in Egypt , The survey was distributed on paper to travel agencies, and 336 questionnaires were received, of which 320 were valid, representing a response rate of about 67.2%.

Study variables were measured based on previous studies to ensure data validity. The questionnaire consisted of three parts:

Part one: Demographic profile: This part concerned with the demographic data of the sample, it consisted of 5 questions about age, gender, educational level, Occupation, years of experience.

Part two: suitability of Accommodation in Egypt t to dementia Tourists: In this part, we measure the main equipments in hotels. These equipments were measured using 9 items adopted from (Klug et al., 2017; Büter, 2013; Grey et al ., 2015) such as hotel rooms equipped to help tourists with dementia (such as furniture, bathrooms), elevators which equipped for dementia, are LCD screens that display the day, date, and time in open area, phones with large buttons are available, Devices with audio signal to help people remember to take medications are available, Smartphone and tablet are available to tourists with especial applications for dementia, Adequate lighting in entrance and in rooms, Outdoors space to help dementia to enjoy and Open area are equipped to help tourists with dementia

Part three: suitability of Transportation for dementia tourists in Egypt, Transportation were measured by using 9 items adopted from (Kerschner, 2021) Transportation services are (available, acceptable, accessed easily, adapted to the needs of tourist and are affordable for dementia tourists). The data was processed statistically using SPSS to analyze the data

Pilot study

The pilot study is an experimental study that is conducted to address a set of issues before starting the main study. The most important of these issues is testing the efficiency of the study tool and developing it in the case of building a new scale or testing an existing scale (Johanson and Brooks, 2010).

Although the pilot study contributes to improving the quality and efficiency of the main study, it is not related to hypotheses tests. Therefore, the pilot study is conducted on a limited sample of 30 or more (In, 2017).

Validity and Reliability

To ensure the validity of the study instrument, the questionnaire was presented to academics in tourism studies to find out its validity. Their opinions were largely in agreement with the questionnaire items. The reliability of the questionnaire was calculated by using the Cronbach's alpha coefficient. Taber (2018) stated that the Cronbach's alpha is a statistical test commonly used to prove that the scales created to measure study variables are reliable and appropriate to their purpose. The results concluded that the Cronbach's alpha coefficient for all variables was higher than 0.7, as shown in Table (3). Taber (2018) mentioned that the Cronbach's alpha coefficient is acceptable if its value 0.7 and higher.

Table (2): Cronbach's alpha for study variable

No.	Variables	No. of items	The Cronbach's alpha
1	The suitability of hotel accommodation in Egypt for tourists with dementia disease.	9	0.758
3	The suitability of tourist transportation in Egypt for dementia patients.	5	0.838

These results indicate good internal consistency and reliability of the questionnaire used in the study, so the questionnaire was distributed without any modifications.

Results:

Table (3) shows that the numbers of males and females in tourism agencies are close in numerical terms, as the percentage of males reached 152, representing 47.5%, while females were 168, representing 52.5% of the total valid sample that was received. This percentage shows that there is no dominant gender in the Egyptian labor market in relation to for tourism agencies. Regarding age, the majority of employees were under 35 years old, 80.0%, and 11.9% were between 35 and 45 years old. Then the percentage of those between the ages of 46 and 55 years reached 6.9%. While the oldest, 1.2%, are over 55 years of age, and this clearly shows the dominance of young people in the field of work in tourism agencies. As for education, the majority of employees hold a bachelor's degree at 90.0%, followed by a graduate High School at 6.9%. On the other hand, the percentage of those holding other qualifications was about 3.1%.As for the Occupation, General manager have been reached 3.1%, Executive manager have been reached 11.9%, Marketing manager have been reached 9.4%, Tour operator have been reached 34.4% while Others around 41.2%. As for years of

experience in the field of work, the percentage of those with less than 5 years of experience was about 1.9%, and those whose experience ranged from five to ten years was 76.9%, while those whose experience ranged from 11 to 20 years was 14.4%, and finally, with more than 20 years of experience, it was 6.9%.

Table (3): Sample profile (N=320)

No.	Items		Freq.	%
1	**Gender**	Male	152	47.5
		Female	168	52.5
2	**Age**	35 years and less	256	80.0
		35- 45 years	38	11.9
		46- 55 years	22	6.9
		More than 55 years	4	1.2
3	**Education**	Bachelor	288	90.0
		High School	22	6.9
		Others	10	3.1
5	**Occupation**	General manager	10	3.1
		Executive manager	38	11.9
		Marketing manager	30	9.4
		Tour operator	110	34.4
		Others	132	41.2
6	**Experience**	less than 5 years	6	1.9
		5-10 years	246	76.9
		11-20 years	46	14.4
		More than 20 years	22	6.9

Table (4): Descriptive statistics for the suitability of hotel accommodation in Egypt for tourists with dementia disease
* 1= Strongly Disagree, 2= Disagree, 3= Neutral, 4= Agree, 5= Strongly Agree.

Items		**Frequencies**[*]						**Mean**	**SD**
		Freq. & %	**1**	**2**	**3**	**4**	**5**		
1	Hotel rooms equipped to help tourists with dementia (such as furniture, bathrooms)	**Freq.**	**4**	**42**	**42**	**140**	**92**	**3.86**	**1.019**
		%	**1.2**	**13.1**	**13.1**	**43.8**	**28.8**		
2	In hotels ,there is elevators which equipped for dementia	**Freq.**	**-**	**40**	**22**	**160**	**98**	**3.99**	**0.937**
		%	**-**	**12.5**	**6.9**	**50**	**30.6**		
3	There are LCD screens that display the day, date, and time in open area	**Freq.**	**-**	**6**	**24**	**174**	**116**	**4.25**	**0.672**
		%	**-**	**1.9**	**7.5**	**54.4**	**36.2**		
4	phones with large buttons are available	**Freq.**	**-**	**18**	**40**	**142**	**120**	**4.14**	**0.842**
		%	**-**	**5.6**	**12.5**	**44.4**	**37.5**		
5		**Freq.**	**4**	**114**	**92**	**36**	**74**	**3.19**	**1.188**

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								Mean	SD
	Devices with audio signal to help people remember to take medications are available	%	1.2	35.6	28.8	11.2	23.1		
6	Smartphone and tablet are available to tourists with especial applications for dementia	Freq.	-	94	58	106	62	3.42	1.106
		%	-	29.4	18.1	33.1	19.4		
7	Adequate lighting in entrance and in rooms	Freq.	-	2	20	172	126	4.32	0.617
		%	-	0.6	6.2	53.8	39.4		
8	Outdoors space to help dementia to enjoy	Freq.	8	8	10	148	146	4.30	0.851
		%	2.5	2.5	3.1	46.2	45.6		
9	Open area are equipped to help tourists with dementia	Freq.	2	44	76	120	78	3.71	1.004
		%	0.6	13.8	23.8	37.5	24.4		
The overall mean								3.90	0.544

As shown in Table (4), the respondents agreed that Hotel rooms equipped to help tourists with dementia (such as furniture, bathrooms). 28.8% of them are strongly agreed about that and 43.8% agree. Contrary, the respondents don't agree about the same phrase by 13.1%. The mean value of this phrase was 3.86 (SD= 1.019) which is located in the agreeing level. This emphasized the acceptance of the statement.

As shown in Table (4), the respondents agreed that in hotels, there is elevators which equipped for dementia. 30.6% of them are strongly agreed about that and 50% agree. Contrary, the respondents don't agree about the same phrase by 12.5%. The mean value of this phrase was 3.99(SD= 0.937) which is located in the agreeing level. This emphasized the acceptance of the statement and this means that the majority of the study sample agrees with this statement.

The results in a table (4) indicated that 36.2 % strongly agreed that there are LCD screens that display the day, date, and time in open area and 54.4% agreed to this, but 7.5% of the sample were neutral in their responses. On the other side, the results found that 1.9% of the respondents did not agree with that. In addition, 0% of the sample strongly disagreed with that. Accordingly, the results indicated that about 90.67% of the study samples accepted the statement, while about 1.9% of the sample did not. The mean value was 4.25 (SD =0.672) which is located in the agreeing level. This means that the majority of the study sample agrees with this statement.

According to table (4) indicated that 37.5 % strongly agreed that phones with large buttons are available and 44.4% agreed to this, but 12.5% of the sample were neutral in their responses. On the other side, the results found that 5.6% of the respondents did not agree with that. In addition, 0% of the sample strongly disagreed with that. Accordingly, the results indicated that about 81.9% of the

study samples accepted the statement, while about 5.6% of the sample did not agree. The mean value was 4.14 (SD =0.842) which is located in the agreeing level. This means that the majority of the study sample agrees with this statement.

As shown in Table (4), the respondents agreed that Devices with audio signal to help people remember to take medications are available. 23.1% of them are strongly agreed about that and 11.2% agree. Contrary, the respondents don't agree about the same phrase by 35.6%. The mean value of this phrase was 3.19 (SD= 1.188) which is located in the dis-agreeing level. This means that the majority of the study sample doesn't agrees with this statement.

As shown in Table (4), the respondents agreed that Smartphone and tablet are available to tourists with especial applications for dementia. 19.4% of them are strongly agreed about that and 33.1% agree. Contrary, the respondents don't agree about the same phrase by 29.4%. The mean value of this phrase was 3.42 (SD= 1.106) which is located in the agreeing level. This emphasized the acceptance of the statement.

As shown in Table (4), the respondents agreed that adequate lighting in entrance and in rooms. 39.4% of them are strongly agreed about that and 53.8% agree. Contrary, the respondents don't agree about the same phrase by 0.6%. The mean value of this phrase was 4.32 (SD= 0.617) which is located in the agreeing level. This emphasized the acceptance of the statement.

As shown in Table (4), the respondents agreed that outdoors space to help dementia to enjoy. 45.6% of them are strongly agreed about that and 46.2% agree. Contrary, the respondents don't agree about the same phrase by 2.5%. The mean value of this phrase was 4.30 (SD= 0.851) which is located in the agreeing level. This emphasized the acceptance of the statement.

According to table (4) indicated that 24.4 % strongly agreed that Open area are equipped to help tourists with dementia and 37.5% agreed to this, but 23.8% of the sample were neutral in their responses. On the other side, the results found that 13.8% of the respondents did not agree with that. In addition, 0.6% of the sample strongly disagreed with that. Accordingly, the results indicated that about 61.9% of the study samples accepted the statement, while about 14.4% of the sample did not agree. The mean value was 3.71 (SD =1.004) which is located in the agreeing level. This means that the majority of the study sample agrees with this statement.

From the above it is clear that if is The study hypothesis say (there is a shortage in accommodation requirements to host dementia tourist)it won't acceptable , as the results from the field study prove that Egypt, as a tourist destination, is capable of receiving tourists with dementia

Results of the suitability of tourist transportation in Egypt for dementia patients.

Table No. (5) Shows the descriptive statistical data of the respondents' attitudes towards the suitability of tourist transportation in Egypt for dementia patients. This part was measured by 5 items.

Table (5): Descriptive statistics for the suitability of tourist transportation in Egypt for dementia patients

Items			Frequencies					Mean	SD
			1	2	3	4	5		
1	Transportation services are available to people with dementia and their families (supportive Transportation)	Freq.	-	34	32	166	88	3.96	0.895
		%	-	10.6	10	51.9	27.5		
2	Transportation services are acceptable to tourists with dementia	Freq.	-	22	36	180	82	4.01	0.804
		%	-	6.9	11.2	56.2	25.6		
3	Transportation services can be accessed easily	Freq.	2	6	46	186	80	4.05	0.724
		%	0.6	1.9	14.4	58.1	25		
4	Transportation services can be adapted to the needs of tourist with dementia	Freq.	4	24	30	168	94	4.01	0.896
		%	1.2	7.5	9.4	52.5	29.4		
5	Transportation services are affordable for dementia tourists	Freq.	-	14	30	194	82	4.08	0.722
		%	-	4.4	9.4	60.6	25.6		
The overall mean								4.02	0.632

As shown in Table (5), the respondents agreed that Transportation services are available to people with dementia and their families (supportive Transportation). 27.5% of them are strongly agreed about that and 51.9% agree. Contrary, the respondents don't agree about the same phrase by 10.6%. The mean value of this phrase was 3.96 (SD= 0.895) which is located in the agreeing level. This emphasized the acceptance of the statement.

As shown in Table (5), the respondents agreed that Transportation services are acceptable to tourists with dementia. 25.6% of them are strongly agreed about that and 56.2% agree. Contrary, the respondents don't agree about the same phrase by 6.9%. The mean value of this phrase was 4.01 (SD= 0.804) which is located in the agreeing level. This emphasized the acceptance of the statement.

According to table (5) indicated that 25 % strongly agreed that Transportation services can be accessed easily and 58.1% agreed to this, but 14.4% of the

sample were neutral in their responses. On the other side, the results found that 1.9% of the respondents did not agree with that. In addition, 0.6% of the sample strongly disagreed with that. Accordingly, the results indicated that about 83.1% of the study samples accepted the statement, while about 5.6% of the sample did not agree. The mean value was 4.05 (SD =0.724) which is located in the agreeing level. This means that the majority of the study sample agrees with this statement.

According to Table (5), the respondents agreed that Transportation services can be adapted to the needs of tourist with dementia and contact details for supporters. 29.4% of them are strongly agreed about that and 52.5% agree. Contrary, the respondents don't agree about the same phrase by 7.5%. The mean value of this phrase was 4.01(SD= 0.896) which is located in the agreeing level. This emphasized the acceptance of the statement

As shown in Table (4), the respondents agreed that Transportation services are affordable for dementia tourists. 25.6% of them are strongly agreed about that and 60.6% agree. Contrary, the respondents don't agree about the same phrase by 4.4%. The mean value of this phrase was 4.08 (SD= 0.722) which is located in the agreeing level. This emphasized the acceptance of the statement.

From the above it is clear if is there a study hypothesis say (there is a suitability of transportation for tourists with dementia.)It will be acceptable, as the results from the field study prove that Egypt, as a tourist destination, is capable of receiving tourists with dementia, as transportation is able to meet the needs of this type of tourism.

Differences among Respondents Regard to the Study Variables based on occupation and experience towards study variables

Kruskal-Wallis test was used to test the differences among demographics based on occupation and experience towards study variables. Kruskal-Wallis test used to compare three or more groups. This test was used at a sig. level of 5%.

Table (5): Kruskal-Wallis test for the difference among respondents based on occupation towards study variables

Variables	Occupation	Mean Rank	Chi-Square	Sig.
The suitability of hotel accommodation in Egypt for tourists with dementia disease.	General manager	56.50	23.976	0.000
	Executive manager	135.92		
	Marketing manager	170.30		
	Tour operator	150.39		
	Others	181.65		
	General manager	178.30	16.098	0.003

Evaluating the ease of communication within the Egyptian tourist destination.	Executive manager	110.61		
	Marketing manager	185.23		
	Tour operator	171.54		
	Others	156.45		
The suitability of tourist transportation in Egypt for dementia patients.	General manager	100.30		
	Executive manager	105.97		
	Marketing manager	168.10	22.291	0.000
	Tour operator	163.15		
	Others	176.82		
The suitability of tourist and heritage sites in Egypt for dementia patients.	General manager	231.50		
	Executive manager	101.92		
	Marketing manager	156.57	23.301	0.000
	Tour operator	172.21		
	Others	160.72		
The availability of medical services in Egyptian tourist destinations for dementia patients.	General manager	74.70		
	Executive manager	164.97		
	Marketing manager	133.77	20.121	0.000
	Tour operator	148.81		
	Others	181.53		

As shown in Table (5), According to the variable (The suitability of hotel accommodation in Egypt for tourists with dementia disease) the P-value = 0.00, which is less than 0.05. This means that there are differences among this variable and other elements. According to the mean rank, the results showed that (Others) are the most Recurrence rate of the variable and followed by (Marketing manager) Next (Tour operator), while (Executive manager) before the last element which is (General manager).

As shown in Table (5), According to the variable (Evaluating the ease of communication within the Egyptian tourist destination) the P-value = 0.003, which is less than 0.05. This means that there are differences among this variable and other elements. According to the mean rank, the results showed that

(Marketing manager) are the most Recurrence rate of the variable and followed by (General manager) Next (Tour operator), while (Others) before the last element which is (Executive manager).

As shown in Table (5), According to the variable (The suitability of tourist transportation in Egypt for dementia patients) the P-value = 0.000, which is less than 0.05. This means that there are differences among this variable and other elements. According to the mean rank, the results showed that (Others) are the most Recurrence rate of the variable and followed by (Marketing manager) Next (Tour operator), while (Executive manager) before the last element which is (General manager).

As shown in Table (5), According to the variable (The suitability of tourist and heritage sites in Egypt for dementia patients) the P-value = 0.000, which is less than 0.000. This means that there are differences among this variable and other elements. According to the mean rank, the results showed that (General manager) are the most Recurrence rate of the variable and followed by (Tour operator) Next (Others), while (Marketing manager) before the last element which is (Executive manager).

As shown in Table (5), According to the variable (The availability of medical services in Egyptian tourist destinations for dementia patients) the P-value = 0.000, which is less than 0.05. This means that there are differences among this variable and other elements. According to the mean rank, the results showed that (Others) are the most Recurrence rate of the variable and followed by (Executive manager) Next (Tour operator), while (Marketing manager) before the last element which is (General Manager).

Table (6): Kruskal-Wallis test for the difference among respondents based on experience towards study variables

Variables	experience	Mean Rank	Chi-Square	Sig.
The suitability of hotel accommodation in Egypt for tourists with dementia disease.	less than 5 years	131.83	27.634	0.000
	5-10 years	167.62		
	11-20 years	172.98		
	More than 20 years	62.59		
Evaluating the ease of communication within the Egyptian tourist destination.	less than 5 years	162.50	10.105	0.018
	5-10 years	161.03		
	11-20 years	177.37		
	More than 20 years	104.32		

	less than 5 years	251.17		
The suitability of tourist transportation in Egypt for dementia patients.	5-10 years	165.13	36.461	0.000
	11-20 years	174.11		
	More than 20 years	55.50		
The suitability of tourist and heritage sites in Egypt for dementia patients.	less than 5 years	164.17		
	5-10 years	163.94	9.164	0.027
	11-20 years	162.63		
	More than 20 years	102.41		
The availability of medical services in Egyptian tourist destinations for dementia patients.	less than 5 years	91.17		
	5-10 years	170.70	35.642	0.000
	11-20 years	165.37		
	More than 20 years	55.14		

As shown in Table (6), According to the variable (The suitability of hotel accommodation in Egypt for tourists with dementia disease.) the P-value = 0.000, which is less than 0.05. This means that there are differences among this variable and other elements. According to the mean rank, the results showed that from (11-20 years of experience) are the most Recurrence rate of the variable and followed by (5-10 years of experience) next from (less than 5 years of experience), while from (More than 20 years of experience) is the last element.

As shown in Table (6), According to the variable (Evaluating the ease of communication within the Egyptian tourist destination) the P-value = 0.000, which is less than 0.018. This means that there are differences among this variable and other elements. According to the mean rank, the results showed that from (11-20 years of experience) are the most Recurrence rate of the variable and followed by (less than 5 years of experience) Next from (5-10 years of experience), while from (More than 20 years of experience) is the last element.

As shown in Table (6), According to the variable (The suitability of tourist transportation in Egypt for dementia patients) the P-value = 0.00, which is less than 0.05. This means that there are differences among this variable and other elements. According to the mean rank, the results showed that from (less than 5 years of experience) are the most Recurrence rate of the variable and followed by (11-20 years of experience) Next from (5-10 years of experience), while from (More than 20 years of experience) is the last element.

As shown in Table (6), According to the variable (The suitability of tourist and heritage sites in Egypt for dementia patients) the P-value = 0.027, which is less than 0.05. This means that there are differences among this variable and other

elements. According to the mean rank, the results showed that from (less than 5 years of experience) are the most Recurrence rate of the variable and followed by (5-10 years of experience) Next from (11-20 years of experience), while from (More than 20 years of experience) is the last element.

As shown in Table (6), According to the variable (The availability of medical services in Egyptian tourist destinations for dementia patients) the P-value = 0.000, which is less than 0.05. This means that there are differences among this variable and other elements. According to the mean rank, the results showed that from (5-10 years of experience) are the most Recurrence rate of the variable and followed by (11-20 years of experience) next from (less than 5 years of experience), while from (More than 20 years of experience) is the last element.

Conclusion and Recommendations

This study aimed to present and define the procedures or standards required to create a tourism program for dementia patients, and to present the dimensions of creating tourism program through evaluating the accommodation and transportation requirements, the researchers discussed this in the theoretical part of the study based on previous studies.

This study also aimed to introduce the importance of introducing and promoting dementia-friendly destinations for patients with dementia, and to develop a plan for how to overcome the challenges to design a dementia-friendly heritage program in the field of Egyptian tourism, The results showed that Egyptian tourism has the potential to attract tourists with dementia by applying some measures, such as encouraging hotels and destinations management to cooperate to host dementia tourists .The results also showed that Egyptian destination is able to receive tourists with dementia as mentioned above, after amending some of the standards required to properly establish this type of tourism.

It is clear from Table (3) that the following ingredients must be available in all kinds of residence to suit tourists with dementia: hotel rooms equipped to help tourists with dementia (such afurniture and bathrooms),In hotels there are elevators equipped for sheep patients - there are LCD screens that display today, date and time in an open area - phones with large buttons are available - the equipment equipped with an audio signal is available to help people remember taking medications - smartphones and tablets are available for tourists with special applications for dementia - lighting Sufficient in the entrance and in the rooms - an external space to help patients with dementia to enjoy and equip the open area to help tourists with dementia.

It is clear from Table (4) that the following ingredients must be available for easy transportation and movement for tourists with dementia, such as: providing transportation services for people with dementia and their families (supportive transport) and transportation services are acceptable for tourists with dementia

and empowerment to easily access transportation services - adapting transportation services with The needs of a tourist with dementia and that the transportation services are affordable for tourists with dementia.

It is also clear from the results that the research reached from the open question in the survey that among the most important requirements for attracting tourists with dementia to Egypt as a tourist destination in general are the following:

- First, the criteria mentioned above in both Table (4) and Table (5) must be applied.

- The necessity of establishing partnerships between the private sector, the governmental sector and all stakeholders in the tourism sector to cooperate in implementing policies and practices to host tourists with dementia especially in the field of accommodation and transportation.

-Destination management should provide supportive Transportation for tourist with dementia and keep transportation services affordable for dementia tourists, accessed easily, and adapted to the needs of tourist with dementia.

- Improve the equipments of hotels to be adapted to the need of tourist with dementia.

- The study recommends that managers of tourism agencies in Egypt adopt new policies and practices and take the necessary measures to attract and improve the tourism program for dementia patients especially in the field of accommodation and transportation.

- Tourism companies must train tour guides to deal specifically with dementia patients, such as training them to provide first aid and provide psychological support in cases of necessity.

- Tourism companies and bodies must overcome the difficulties and prepare to face the challenges facing designing a tourism program for tourists with dementia especially in the field of accommodation and transportation.

- Tourism companies must promote programs that are friendly to dementia patients

- Tourism companies must adopt training programs to qualify their employees with the correct skills and behaviors and make them aware of the importance of bringing this type of tourism to the Egyptian tourist destination.

- Egyptian tourism companies must develop a plan on how to overcome the challenges of designing a program that is friendly to tourists with dementia in the field of Egyptian tourism especially in the field of accommodation and transportation.

6. Limitations and further research

This study, like any study, has a set of limitations. The most prominent of these limitations is that the field study relied on distributing questionnaires to some workers in Category (A) tourist agencies in Egypt. Since there are many tourism

agencies and companies in Egypt, which requires a long time, great effort, and high cost. To overcome this limitation, the questionnaire was not used on all of these agencies and was conducted on a random sample in some of the places where these tourist agencies are located to save effort and money. The researcher used the simple random sample method to describe the research community and reach the required results.

Also, tourism for people with dementia is not a well-known or common type of tourism in Egyptian tourism agencies currently, and if it exists, it is not under the same title, but under other names. Therefore, the researcher decided to determine some of the criteria required to attract this type of tourist and know whether it exists or not, determine the strengths and weaknesses, and know the challenges facing dementia patients within the Egyptian tourist destination and also in tourism agencies, as it is possible in the future for researchers to expand the study of this topic, such as Designing various types of programs to suit the needs and requirements of tourists with dementia.

REFERENCES

-Alzheimer's Society (2013). Building dementia-friendly communities. Available at: http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=2283.(Accessed on 20/4/2020).

-Büter, K. (2013). Ways to Design Holiday Accommodations for People With Dementia and Their Family Caregivers, Technische Universität Dresden, 44. Available at:https://tud.qucosa.de/landing-page/?tx_dlf[id]=https%3A%2F%2Ftud.qucosa.de%2Fapi%2Fqucosa%253A27123%2Fmets.(Accessed on 28 \7\2020).

-Cheia, G. (2010). Research Methods in Tourism, GEOREVIEW: Scientific Annals of Stefan cel Mare University of Suceava, Geography Series, pp. 81-94. Available at: https://www.researchgate.net/publication/307685405_RESEARCH_METHOD S_IN_TOURISM.(Accessed on 7/4/2024).

-Crampton, J.,Dean, J. and Eley, R. (2012). creating a dementia friendly york, JRF joseph rowntree foundation, *Inspring Social Change.* P.68.

-Crampton, J. and Eley, R. (2013). Dementia-friendly communities: What the project "Creating a dementia-friendly York" can tell us. Working with Older People: Community Care Policy & Practice, 17(2), p.49–57.

-Conradin, K. and Hammer, T. (2016). Making the most of world heritage heritage-linking conservation and sustainable regional development? *.Sustainability*, 8(4), p.323.

-Connell, J.,Page, S.J.,Sherriff, I. and Hibbert,J. (2017). Business engagement in a civil society: Transitioning towards a dementia-friendly visitor economy. *Tourism Management*, 61, p.110–128.

- Czekajski, M. (2020). Creating a new cultural tourism product related to local post-industrial heritage as a multiple criteria decision aiding problem. Multiple criteria decision making, 15, pp.93-118.

- Dementia Friendly Communities (2016). global development [Internet] London.Alzheimer's Disease International. Available at: https://www.alz.co.uk/adi/pdf/dfc-developments.pdf.(Accessed on 20/3/2024).

-Department of Health (2012). Prime Minister's Challenge on Dementia – Delivering major improvements in dementia care and research by 2015. Available at: www.dh.gov.uk/ health/2012/03/pm-dementia-challenge. (Accessed on 28 \7\2020).

-Donohoe, H.M. (2012). Sustainable heritage tourism marketing and Canada's Rideau Canal world heritage site. *J. Sustain. Tourism*, 20 (1), p.121–142.

-Eley, R. (2012). Hope and Understanding; Report of Liverpool Hope University and PSS Dementia Awareness Campaign. Available at: www.dementiacentre.com/cpage-267-0-newdc-hopeand-understanding-report.html .(Accessed on 28 July 2020).

-Grey.T., Pierce. M., Cahill. S. and Dyer. M. (2015). Universal Design Guidelines Dementia Friendly Dwellings for People with Dementia, their Families and Carers, Centre for Excellence in Universal Design.

-Herron, R.V. (2015). Caring places for dementia: examining the continuumof care in rural and small town Ontario.(Kingston, Ontario) Canada, PHD, Queen's university.Available at https://qspace. library. queensu. ca/handle/1974/13490).(Accessed on 28 \7\ 2020).

-Heward, M.,Innes, A.,Cutler, C. and Hambidge, S. (2016). Dementia-friendly communities: Challenges and strategies for achieving stakeholder involvement. *Health and Social Care in the Community*, 25(3), p.858–867.

- Hui-Chen, F. (2018). A study of tourist preference on cultural tourism: The case of Chiayi in Taiwan. *International Journal of Humanities, Arts and Social Sciences*, *4*(3), p.120.

-In, J. (2017). Introduction of a Pilot Study, *Korean Journal of Anesthesiology*, 70(6), p.601-607.

-Innes, A.,Page, S.J. and Cutler,C. (2016). Barriers to leisure participation for people with dementia and their carers: An exploratory analysis of carer and people with dementia's experiences. *Dementia*, 15(6), p.1643–1665.

- Kerschner, h. (2021). Dementia & Transportation Plus Dementia Friendly Calculator, Volunteer Driver Program TurnKey Kit.

-Klug, K., Page, S., Connell, J., Robson, D. and Bould, E. (2017). Rethinking heritage: A guide to help make your site more dementia-friendly, Historic Royal Palaces. available at : www.hrp.org.uk/about-us/learning/ alzheimers.org.uk/dementiafriendlycommunities.(Accessed on 28 \7\2020).

-Kumar, S.C.T., Varghese, B., Tharayil, H.M. and Roy, J. (2015). Dementia friendly Kerala —The way forward. *Kerala J Psychiatry*, 28(1), p.94-99.

Mason, P. (2016). Tourism Impacts, Planning and Management, third edition, Routledge, NewYork.

-Muijs, D. (2004). Doing Quantitative Research in Education with SPSS, Sage Publications, London, UK.

- Singleton,P.A. (2013). A Theory of Travel Decision-Making with Applications for Modeling Active Travel Demand. Portland State University.

-Smith, K.,Gee, S.,Sharrock, T. and Croucher, M. (2016). Developing a dementia-friendlyChristchurch: Perspectives of people with dementia. *Australasian Journal on Ageing*, 35(3), p.188–192.

-Taber, K. (2018). The Use of Cronbach's Alpha When Developing and Reporting Research Instruments in Science Education. *Research in Science Education*, 48, p.1273–1296.

-Thomas, D. (2018). The cameras that know if you're happy – Or a threat. Available at: https://www.bbc.com/news/business-44799239 .(Accessed on 3\12\ 2023).

- Visitengland organization (2020). Dementia-friendly tourism A practical guide for businesses, Business Support Guides.

-Yin Lin, s. (2017). 'Dementia-friendly communities' and being dementia friendly in healthcare settings. *Curr Opin Psychiatry*, 30(2), p.145–150.doi: 10.1097/YCO.0000000000000304 , Available at: 'Dementia-friendly communities' and being dementia friendly : Current Opinion in Psychiatry (lww.com).(Accessed on 20/3/2024).

- Yu , X. and Xu,H. (2019). Cultural Heritage Elements in Tourism: A Tier Structure from a Tripartite Analytical Framework, *Journal of Destination Marketing & Management*, p.39-50. Available at:https://www.gstcouncil.org/gstc-criteria/ .(Accessed on 23\6\2021).

مدى ملاءمة مصر كوجهة سياحية للسياح المصابين بالخرف: الإقامة والمواصلات

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الملخص

تعد سياحة الخرف (الزهايمر) واحدة من أهم الأنماط الحديثة للسياحة ، حيث أن الفوائد المحتمل جلبها للمقصد السياحي المصري سوف تساعد فى الحفاظ على الأماكن السياحية وسوف تجلب المزيد من السياح مع الخرف داخل مصر بالإضافة إلى العوائد المادية التى سوف تجلبها ؛ و كذلك سوف تعمل على تعظيم سمعة مصر كمقصد سياحي بالإضافة أنها ستساهم بشكل إيجابي فى تطوير وتحسين جودة المعايير المطلوبة من مصر كمقصد سياحى بما يتماشى مع المعايير العالمية المطلوبة لهذا النوع من السياحة، ولذا فإن تطوير المعايير المطلوبة لجذب هذا النمط مثل الإقامة والمواصلات داخل مصر كمقصد سياحى للسياح مع الزهايمر من أهم النقاط للدراسة لذا تم توزيع عدد ٥٠٠ إستقصاء على وكالات سياحية عديدة لمعرفة مدى توافر هذه العناصر داخل مصر، وتوصلت الدراسة الي أهمية جذب سياحة الخرف (الزهايمر) للمقصد السياحي المصري ويتحقق ذلك من خلال التعاون بين المؤسسات المختلفة سوآءا الحكومية أو غي الحكومية بالإضافة لدور الوكالات السياحية والتى تتمثل فى جذب هذا النمط من خلال التسهيل للسياح مع الزهايمر والتعاون مع الوزارات الحكومية المختلفة للترويج لسياحة الزهايمر ، وذلك بعد اتباع المعايير اللازمة لجذب سياحة الخرف للمقصد السياحي المصري وبالتركيز على معايير المطلوبة خاصة بالنسبة للإقامة والمواصلات .

الكلمات الدالة: الخرف، السياحة، الزهايمر، السياح المصابين بالخرف