

Tourism and social innovation in a pandemic context

Carmen MATEI¹

Cite as: Matei, C. (2021). Tourism and social innovation in a pandemic context.
Romanian Journal of Economics, 2(62), 91-107

Abstract: *The COVID-19 pandemic has generated a complex social phenomenon reflected in global psycho-emotional and behavioral group or individual manifestations. Regarding the tourism field, in our country, the statistical data provided by the National Institute of Statistics for the COVID-19 pandemic period indicate low values of the index of net use of tourist accommodation, with significant differences between urban and rural areas. On the other hand, the structure of population expenditures indicates their priority orientation towards ensuring basic needs, an orientation that can also be explained by the side effects generated by the specific context of the pandemic.*

Keywords: *index; alternative; social innovation; quality of life; creative education;*

JEL Classification: *L83, Z30, I10*

1. Introduction

I chose to analyze tourism in this paper, firstly because of the social effects currently produced: employees lost their jobs, entrepreneurs facing the risk of bankruptcy generated by restriction or lack of activity, decreased profit and side effects experienced by family members, suppliers, and business partners.

Secondly, tourism is the economic activity conditioned by the proper functioning of the other sectors of activity. Although it meets the specific conditions of the economic field, it has recreational, sporting, recovery values, facilitating the widening of the knowledge horizon and the recovery of psycho-emotional balance or somatic health.

The COVID-19 pandemic, through the surprise effect created by its almost sudden appearance and rapid expansion, was, perhaps, the most rigorous test given to all humanity.

¹ Col.(r). PhD., School of Advanced Studies of the Romanian Academy: Quality of Life Research Institute, carmen.cantec@gmail.com

The success of the test will be seen. For a moment, mankind's pursuit of a never satisfying well-being stopped. The social welfare associated so far, especially with the material side of life, has suddenly revealed itself in another much deeper dimension, reminding us that man is an eminently social being. The search engine so far has been fueled by individualism and pride, but overcoming collective anxiety requires the need for social solidarity, emotional support, and shared hope.

The context subtly directs towards the valorization of the social side of the economy, the need for new valences attributed to it. Why not reflect on redefining notions like profit? Money, material goods have been the reason of a race through life to obtain them in an ever-increasing quantity. But for a quality life they must create satisfaction, sustain the richness of inner and relational life.

Although the feeling of emotional security cannot be quantified, it conditions labor productivity, which gives it a priority position. Maybe it's time to reflect on the generalization of employers' concerns for constructive-supportive interpersonal relationships, cultivating an assertive communication, ensuring the time allocated to personal life, etc. Why should only money be the value expression of the salary? Why not deposit time and constructive emotions in the bank?

2. Purpose

The study aims to contribute to the identification of opportunities and solutions offered by tourism to social needs in a perspective like communicating vessels, aiming to maintain systemic balance. The pandemic period, perceived as a phenomenon with dramatic consequences, also facilitated the identification of multiple possibilities for solving problems in different sectors of activity. The identified alternatives also encourage the search in tourism, a field of activity which registered a growing trend before 2020 in Romania (Romania's Tourism Development Strategy, vol. I, 2018), but whose activity has been affected in the global health context.

The fluctuation of the values registered by the Index of net use of tourist accommodation for May 2019, 2020 and 2021, as it appears from the online press releases (INS, 2020 and INS, 2021) issued by the National Institute of Statistics, is one of the benchmarks of the impact of the pandemic on the Romanian tourism industry: 30.3% for 2019, 6.9% for 2020 and 22.9% for 2021.

The pandemic has put unprecedented pressure on the working lives of frontline occupations in the fight to stop its destructive effects, such as doctors, social workers or policemen, pushing their work effort beyond limits. Under these conditions, tourism can offer a viable, therapeutic alternative for the recovery of work capacity, for the strengthening of physical and mental health and for the increase of the quality of life of these professional categories and their families.

3. Analysis of relevant literature

3.1. Economic field – tourism

The COVID-19 pandemic has increased the visibility of some social vulnerabilities, especially in the fields of education, environment, and health. Thus, the topics addressed are health tourism and cultural-educational tourism.

3.1.1. Health tourism

For health tourism there are several definitions in the literature, such as: economic activity involving trade in medical and tourism services (Bookman, 2007), medical services that require a trip (Fedorov et al., 2009, Cormany and Baloglu, 2010, Crozier and Baylis, 2010), tourism with medical refugees (Milstein and Smith, 2006), tourist activity that also includes a medical procedure contributing to the tourist's well-being (Lee and Spisto, 2007) etc.

The effects of practicing these types of activities contribute to individual and collective well-being, prevent illness, and support the growth of the active period. But health tourism should not be confused with medical tourism, which includes and differs in the diversity of services and activities offered to support health, as defined in 1946, by the World Health Organization:

“Health is that state of complete physical, mental and social well-being and does not consist only in the absence of disease and infirmity.”

This form of tourism can be considered the oldest activity in this field. It dates to antiquity when long journeys were made in search of solutions to treat various diseases for the recovery of health. At that time the most appreciated and known treatments were based on the internal and external use of mineral waters. Thus, about four thousand years ago, the first spa complexes built by the Sumerians appeared. Back then, the treatment of somato-psychic disorders was a practice that could not be separated from spirituality, so that these health complexes were near mineral springs, where the temples were located. But the birthplace of medical tourism was considered the sanctuary of the Greek god Asklepios, in the Saronic Gulf. As health requires strength and beauty, the Romans also built health spas.

Medical tourism also appears as a related activity of leisure tourism. The first recreational resorts appeared on the seashore in Great Britain in the XVI-XVII centuries. They are valorizing the sanogenic effects of the breeze loaded with potassium, calcium, magnesium ions and mineral salts. Spa resorts for the treatment of tuberculosis also appeared in the southwestern United States, and aerosols are still considered beneficial for treating respiratory diseases. At the same time, the spa resorts developed in the space of Europe, including on the territory of Romania.

Asia can be considered in the category of fascinating areas: both from the culture and from the alternative treatments' perspectives. The last one is constantly expanding. The country

that has gained the greatest recognition in the world is India, where for more than five thousand years Ayurvedic medicine and yoga techniques have been the most effective promotion of health and cultural tourism.

Nowadays, health tourism has become widespread all over the world, taking various forms, some of which are even highly controversial (such as transplant tourism, sex tourism, etc.). They respond to the needs of tourists, to specific zonal economic situations, or to the needs of certain regions or population categories, as well as health policies promoted by some states, etc.

Thus, a study of Slusariuc (2020) highlighted different subtypes of health tourism (see Table 1).

Table 1 – Forms of health tourism

No.	Forms of health tourism
1.	Medical tourism
2.	Surgical tourism
3.	Dental tourism
4.	Surrogate tourism
5.	Transplant tourism
6.	Tourism for fertilization
7.	Birth tourism
8.	Babymoon tourism
9.	Euthanasia tourism
10.	Suicidal tourism
11.	Wellness and medical spa
12.	Tourism for nutrition and obesity
13.	Religious tourism
14.	Beauty tourism and anti-aging
15.	Tourism for meditation and yoga
16.	Balneary tourism
17.	Relaxation and rest tourism
18.	Mountain tourism
19.	Sex tourism
20.	Coastal tourism
21.	Rural tourism, agrotourism

Source: Slusariuc G.C. (2020), "Health tourism - evolutions and perspectives", in: Tourism magazine. Studies and research in tourism, no.29, pp.73-76

3.1.2. Cultural-educational tourism

Among the definitions attributed to cultural tourism, the one given by the International Council for Cultural and Historical Monuments in 2002 is the most comprehensive:

“Cultural and cultural-cognitive tourism is that form of tourism that focuses on the cultural environment and which in turn includes the cultural and historical landmarks of a destination or cultural-historical heritage, values and lifestyle of the local population, arts, crafts, the traditions and customs of the local population.”

The World Tourism Organization (UNWTO Report, 2012) defines the product of cultural tourism as “excursions whose main or secondary purpose is to visit sites and those events whose cultural and historical value has made them part of the cultural heritage of a community.”

The term “cultural heritage”, common to the two definitions, is clarified by the content of the Law on Cultural Heritage (Article no. 2, 1st paragraph), which states that it consists of „a set of cultural values, bearing historical memory, national value and having a scientific or cultural value.”

So, cultural tourism has two major attributes, economic and cognitive, being a tool for strategic development for a healthy environment and social stability, as shown by the article “Tourism and cultural renaissance”, published in the Annals of “Constantin Brâncuși” University of Târgu Jiu (Niculescu, 2009).

Cognitive or cultural-educational tourism has its origins in the early twentieth century, when it became clear that culture is one of the factors that contribute to the tourist’s decision on choosing the holiday destination. People want to know as much as possible about the variety and beauty of this world, knowledge facilitated by the emergence of fast and accessible means of transport for almost anyone. The desire to understand what characterizes us as exponents of different civilizations is fueled by mediated information and materializes through direct living and experiencing life, be it limited to a vacation, in the environment of the area, region or community that aroused curiosity and led to the decision.

On the other hand, folklore, traditions, history, works of art, national and world heritage values, local, national, and international personalities are cultural attractions that contribute to increasing the accumulation and education of the young generation, increasing the prestige of an area or country, generating economic well-being for the inhabitants of that geographical area.

Individually, the feeling of belonging to a culture valued and respected by others increases self-esteem and motivates the local population to create new values. Culture strengthens national identity, highlights the uniqueness of the individual and the nation, as part of humanity, and opens borders to knowledge and respect between individuals and nations.

Knowing the history of a civilization and its evolution is the best lesson not to repeat the mistakes of the past; the strongest argument for promoting tolerant and non-discriminatory behavior, for a sustainable society in which problem solving is done at the dialogue table.

Depending on the objective pursued, destination and theme, cultural tourism has several forms, some of them presented in the table below:

Table 2 – Forms of cultural and educational tourism

No.	Forms of cultural and educational tourism
1.	Excursion tourism, cognitive
2.	Recreational tourism
3.	Religious tourism
4.	Ethnographic tourism
5.	Ecological tourism
6.	Thematic tourism
7.	Heritage tourism
8.	Artistic tourism
9.	Creative tourism
10.	Urban cultural tourism
11.	Local cultural tourism
12.	Contemporary cultural tourism

Source: based on data provided by the previously cited sources

3.2. Social field

The country strategic documents developed in accordance with European and international regulations, also foresaw the objective of increasing the quality of life by implementing measures to address social needs generated by: migration, accelerated urbanization, the population aging, increasing social inequalities and increasing polarization of society, asymmetric demographic evolution, quality of education, labor market supply, digitalization, the need to ensure minimum standards for both labor products and the work environment, such as the provisions of the National Health Strategy 2014-2020 and the National Education Strategy tertiary 2025-2030.

Starting with 2020, some needs have worsened due to the COVID-19 pandemic. Measures to prevent the spread of disease have had a preventive and protective effect, but in the background have facilitated the highlighting of other social needs, of which those in health, education and the environment have become the most visible. The immediate interventions were in accordance with the directions of action specified in the text of Law no. 55/2020 on some measures to prevent and combat the effects of the COVID-19 pandemic.

On the other hand, tourism, as an economic activity, has been affected to the greatest extent, and its social effects have been acutely felt by service providers, but also by beneficiaries. But the solution to the recovery of tourism could be identified in solving the new problems that have arisen in the social field, priority in health and education. Romania has potential in spa tourism which could include other forms of tourism, as identity tourism could provide jobs for old trades and places for practical learning, in the case of the younger generation.

3.2.1. Medical sociology/clinical sociology

Medical sociology is one of the sub-branches of sociology, whose debut was marked by the publication of the paper "Suicide. Sociological study" (Durkheim, 2005), which talks about social solidarity and its forms. The author distinguished between mechanical solidarity specific to primitive societies and organic solidarity which is specific to modern societies in which specialization and interdependence between individuals appear. Durkheim explains the emergence and manifestation of social facts through factors of a social nature. In the current situation, the collapse of tourism was caused by the direct or side effects of the COVID-19 pandemic.

Other theories of medical sociology emerged around 1950, being developed by Parsons, Merton, or Kendall, and, in 1972, Strauss integrated sociological concepts, principles, and research in medicine. In the same year, Steudler defined the place of the social system in society and the relations between different social policies through a study of the economic and social aspects of society. The present context has not changed the interdependence relations between the three social systems (tourism, education, health), but has influenced the economic and social aspects: the increase in the number of diseases and the need for more beds in hospitals, the decrease in the number of tourists, and the apparent uselessness of accommodation and dining units.

Health is one of the indicators of quality of life. An optimal state of health (physical, mental, spiritual) conditions the individual well-being of the group and society, having a major impact on the economic sector (expressed by yield, productivity, efficiency, effectiveness, quality of the finished product). Reflecting the definition given by the World Health Organization, the level of this indicator cannot be established only by reference to actions in the strictly medical area, the lack of emotions and positive feelings, as well as the lack of beneficial social interactions being felt as symptoms of mental illness.

3.2.2. Education sociology

This branch of sociology approaches education as a social phenomenon and school as an organization. Social facts have a formative role on the individual, group and society, and educational action, through its objectives, ensures the "uninterrupted transfer of information from society to the individual" (Nicola, 2003), being an independent phenomenon of human society. The pandemic period substantially attenuated the image of the school as an organization, its place was assigned to the family environment, so that the transfer of information suffered the influences of mediation through a technology insufficiently known by teachers and non-existent for a certain social category of students. Therefore, the transmission of the information was discontinuous, which indicates the need to address these gaps through subsequent alternative measures.

Education appeared at the same time with human society, being the path of human development through the knowledge of his living environment. There is no evolution outside of education as an action of modelling, spiritualization, discipline to improve man. In its ideal form it tends to create the type of personality adapted to the social conditions and the particularities of a historical stage. But this action remains only a trend because human society is in a continuous dynamic, and education must be flexible and adaptable to the particularities of the socio-economic-political context. We can say that the current dynamics have not been encountered in history until now. The changes are numerous, they follow one another quickly and a large part of the students cannot keep up, not due to a personal incapacity, but due to external, material, and environmental conditions (group mentality, anxieties generated by the unknown and passed on etc.).

More than a hundred definitions of education are known, but it can be defined as the result of an organized process that mediates the interaction between environmental conditions and heredity, facilitating students' socialization and respecting and developing their individuality. Therefore, the most important roles are socializing and humanizing (Debesse, 1970). Returning to the present, when learning is predominantly digitally mediated, and in poor communities, the lack of a teaching act or the replacement with reduced information in a so-called Worksheet becomes obvious the need to identify how the two functions can be met or recovered.

Other definitions present the non-institutionalized education as an action of adults exercised towards the exponents of the young generation to form them or transfer certain physical, intellectual, moral abilities necessary for survival in a certain living environment. It has a predominant role in adapting and perpetuating the traditions and values of a cultural space. One of the positive effects of the pandemic is to have supported the meditation on values and traditions, being visible the interest for them through posts and comments in the social media.

Education, an indicator of quality of life, influences well-being at all levels (individual, group, society), being a vector of cultural values and collective accumulations and a tool to create new values, solve problems and ensure evolution through knowledge. Because the problems of the moment seem to be increased and severer compared to other historical periods, education should be the main social action to support the identification of solutions.

4. Analysis of secondary data regarding tourist activity in Romania during the COVID-19 pandemic

4.1. Characterization of the evolution of the tourist activity between 2019 and 2021

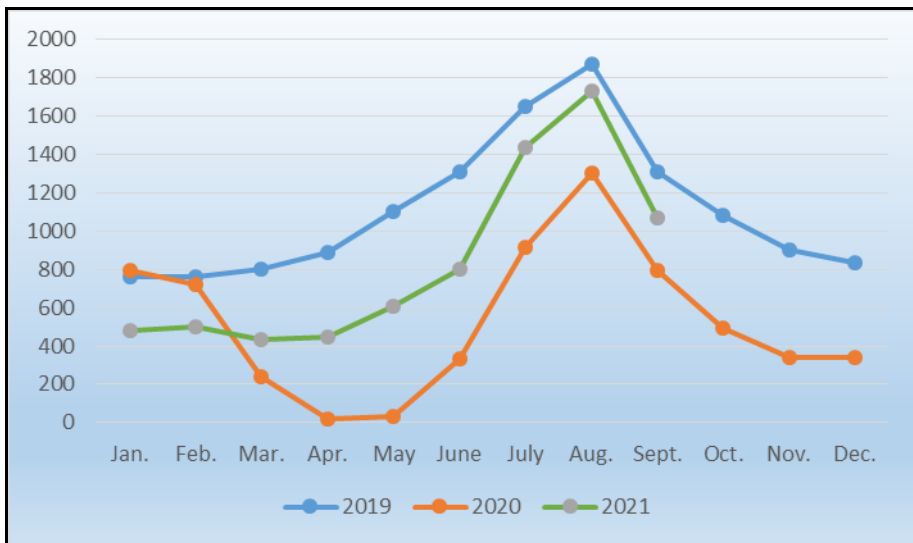
The tourist activity in Romania during the coronavirus pandemic was analyzed in the light of the following statistical indicators: arrivals of tourists in the tourist reception structures, overnight stays of tourists in the tourist reception structures, the index of net utilization of the

tourist accommodation capacity in total and by types of tourist reception structures, the number of Romanian tourists participating in domestic tourism actions organized by travel agencies by types of tourism. These values of the indicators were taken from the database of the National Institute of Statistics TEMPO-ONLINE and characterize the interval 2019-2020 (annual and monthly frequency). In the case of the monthly values of the indicators, the months of January-September 2021 were also considered.

In 2020, the coronavirus pandemic caused a restriction of tourist activity in terms of tourist arrivals, their number practically halving compared to 2019 (there was a decrease in tourist arrivals by 52.16%). By analyzing the evolution of monthly tourist arrivals between January 2019 and September 2021, it is found that the seasonal character is maintained, but after the onset of the pandemic in our country the indicator levels in 2020 were lower throughout the year than in the previous year.

The most significant differences between the values of the indicator in the two years were manifested in the second quarter. In 2021, however, there is a recovery of tourist arrivals in the tourist reception structures compared to 2020, but without the indicator reaching the monthly levels of 2019. A favorable aspect to be noted is that in August 2021 (month with a tourist activity of maximum intensity) the difference compared to the similar period of 2019 (year in which the economy was in a state of normality) was minimal, compared to the differences from the other months (Figure 1).

Figure 1. Monthly tourists' arrivals (thousands), 2019-2021

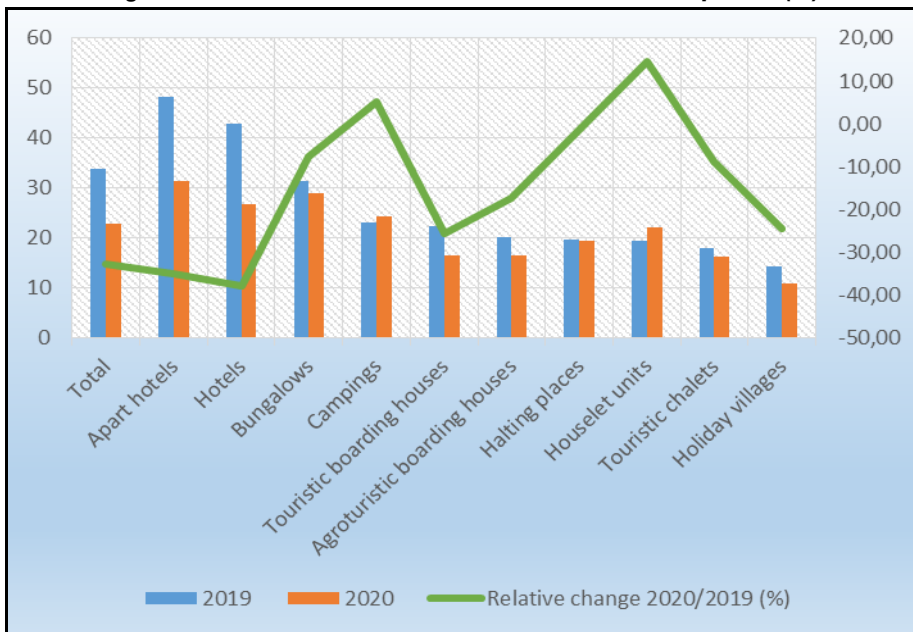


Source: based on data provided by INS, Tempo-online

The degree of utilization of the tourist accommodation capacity is analyzed using the index of net utilization of the tourist accommodation capacity in operation. On the whole of the tourist reception structures in 2020, the degree of utilization of the accommodation capacity was only 22.8%, decreasing by a third compared to 2019.

Analyzing the dynamics of the indicator, its level decreased the most in the case of hotels (by almost 40%), an evolution explained by the higher degree of tourist congestion and the difficulty of complying with the distance restrictions imposed by the pandemic. At the opposite pole there are the tourist houses and campsites, whose capacity utilization increased in 2020 compared to 2019 by 15% and 5%, respectively, the tourists' preferences going to tourist destinations and structures that allow more time to spend in open air and social distancing (Figure 2).

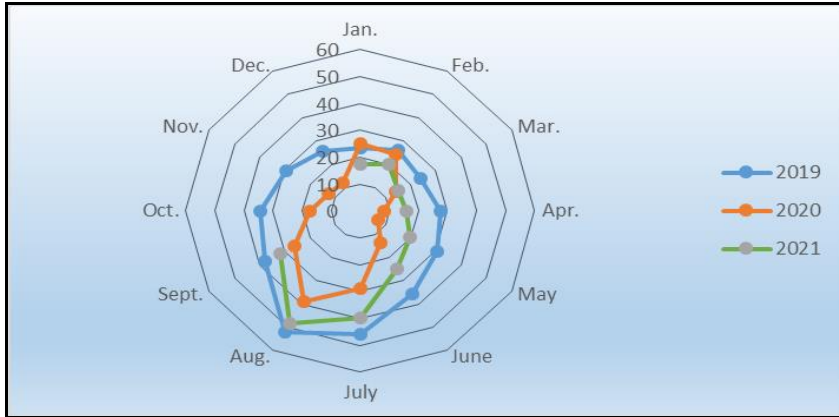
Figure 2. Index of net use of tourist accommodation places (%)



Source: based on data provided by INS, Tempo-online

The monthly evolution of the index of net use of tourist accommodation capacity in January 2019-September 2021, indicate a similar trend to that of tourist arrivals: a lower level of the indicator throughout 2020 compared to 2019 (after the onset of the pandemic in Romania), but with recovery signs in 2021 (when, in August, the index came quite close to the level of the similar period of 2019 - Figure 3).

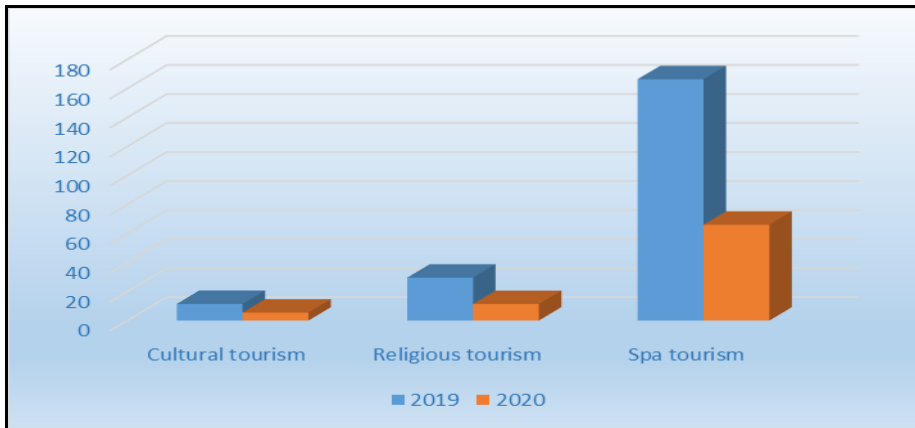
Figure 3. Monthly index of net use of tourist accommodation places (%)



Source: based on data provided by INS, Tempo-online

The number of Romanian tourists who participated in domestic tourism actions organized by travel agencies decreased in 2020 by over 56% compared to the previous year, the preferences for cultural and health tourism being very low (5%, respectively 13%), in the context in which the agencies' offer was not very generous either. The pandemic determined the drastic reduction of tourists who took part in these types of tourism (spa, religious and cultural) with weights between 52% and 61% in 2020 compared to 2019 (Figure 4).

Figure 4. Number of Romanian tourists taking part in domestic tourism activities organized by travel agencies (thousands of persons)



Source: based on data provided by INS, Tempo-online

4.2. Comparative analysis of the tourist activity in the first two months of 2019, 2020, 2021 by tourists' nationality

The data were provided by the National Institute of Statistics for the pandemic period 01.01-28.02.2021 compared to the period 01.01-29.02.2020, having as a benchmark the index of net use of tourist accommodation.

The sample consisted of a number of 12,211 accommodation structures with over 10 bed places authorized on December 16, 2020 (according to the existing data on the website of the Ministry of Economy, Entrepreneurship and Tourism-Department for Tourism): 9206 accommodation structures and 3005 apartments and rooms for rent.

The persons in quarantine, accommodated in the tourist structures, were excluded from the calculation of the index of net use of tourist accommodation places.

Compared to February 2020, in February 2021, 761 units were closed due to the COVID-19 pandemic, 2952 units were undergoing major repairs and 1230 did not complete the questionnaire.

Table 3 – Arrivals and overnight stays of tourists in tourist reception structures with accommodation functions, between 01.01-28.02.2021 compared to 01.01-29.02.2020

Tourists (thousands)	Arrivals			Overnight stays		
	01.01. - 29.02.2020	01.01. - 28.02.2021	01.01. - 28.02.2021 vs 01.01. - 29.02.2020	01.01. - 29.02.2020	01.01. - 28.02.2021	01.01. - 28.02.2021 vs 01.01. - 29.02.2020
Romanian tourists	1272,3	939,6	73,9	2442,5	1735,6	71,1
Foreign tourists	248,4	39,6	15,9	537,6	91,5	17,0
Total	1520,7	979,2	64,4	2980,1	1827,1	61,3

Source: INS, https://insse.ro/cms/sites/default/files/com_presa/com_pdf/turism02r21.pdf, https://insse.ro/cms/sites/default/files/com_presa/com_pdf/turism04r21.pdf

The data in Table 4 are suggestive to highlight the way in which the tourist activity was affected by the implications of the sanitary protection measures at the beginning of the pandemic. The comparison is made for the first two months of 2019, 2020 and 2021, the reporting being made to the data corresponding to the period 01.01-28.02.2019.

Table 4 – Arrivals and overnight stays of tourists in tourist reception structures with accommodation functions, in the periods 01.01-28.02.2021 and 01.01-29.02.2020 compared to the period 01.01-28.02.2019

Tourists (thousands)	Arrivals			Overnight stays		
	01.01. - 29.02.2019	01.01. - 29.02.2020	01.01. - 28.02.2021	01.01. - 29.02.2019	01.01. - 29.02.2020	01.01. - 28.02.2021
Romanian and foreign tourists	1516.9	1520.7	979.2	2969.3	2980.1	1827.1
Comparison having the same period as a reference point in 2019	100%	100.25%	64.55%	100%	103.86%	61.53%

Source: INS, https://insse.ro/cms/sites/default/files/com_presa/com_pdf/turism01r19.pdf, https://insse.ro/cms/sites/default/files/com_presa/com_pdf/turism02r19.pdf

5. Documentary study

The reference document was the text of Law no. 55/2020 on some measures to prevent and combat the effects of the COVID-19 pandemic, which in Chapter II presents the sectoral measures for each field of activity: economy, health, employment and social protection, transport and infrastructure, education and research, youth and sports, culture and cults, insolvency, execution of punishments and educational measures and other measures ordered by the judiciary during the criminal process. In essence, in all sectors of activity, sanitary measures required in addition to cleaning and disinfection, also the social distancing or online work, and highlighted the lack of space or their adequacy for carrying out activities in institutions, etc.

The EU 2020 - General Report on the Activities of the European Union, adopted by the European Commission on 15 February 2021, provides the general framework and directions for action for economic resilience, environmental protection, education of the young generation, promoting tolerance, providing interstate financial support, encouraging, and promoting innovative ideas in all areas etc. The pandemic context can be the starting line for identifying solutions and imagining new social systems. It may seem like a lot, but the technological leap in the digital field, the manifestation of individualism and globalization are in themselves new social phenomena with different forms of manifestation from what was familiar to us until now. These can occur "spontaneously" but the balance and harmony in human communities also require a rational intervention, in an inclusive vision.

6. Research results

The data compared for January-February for the years 2019, 2020 and 2021 indicate the demarcation line between the prosperous period of the field and the beginning of the decline of this activity. While in the period January-February of 2020 arrivals (100.25%) and overnight stays (103.86%) indicate a slight increase compared to the period January-February 2019, in the same period of 2021 arrivals (64.55%) and overnight stays (61.53%) register a significant decrease both in relation to the identical period of 2019 and, obviously, to that of 2021. In this context, the following analysis that will be performed below considers the data specific to 2020, respectively 2021.

Arrivals registered between 1.01.-28.02.2021 were 979.2 thousand (of which 96.0% Romanian tourists and 4.0% foreign tourists), decreasing by 35.6% compared to 1.01.-29.02.2020.

The overnight stays between 1.01.-28.02.2021 numbered 1827.1 thousand (95% Romanian tourists and 5.0% foreign tourists), decreasing by 38.7% compared to those between 1.01.-29.02.2020.

The average length of stay between 1.01.-28.02.2021, was 1.8 days for Romanian tourists and 2.3 days for foreign tourists.

The index of net use of tourist accommodation places in the period 1.01.-28.02.2021 was of 18.4% on total tourist accommodation structures, decreasing by 6.3 percentage points compared to the period 1.01.-29.02.2020, registering differences between different tourist areas or types of accommodation.

From this brief analysis it results that 75.3% were arranged and equipped in a proportioned and equipped space in 2020, respectively 81.6% in 2021.

Analyzing the two forms of tourism of interest for study, health / spa tourism and cultural-cognitive tourism (which also included religious tourism), two conclusions can be drawn: the offers made by travel agencies are not numerous, but also tourists' preferences seem to be reduced. Comparative data for 2019 and 2020 show that tourists who travelled to spas accounted for almost 13% in 2019 (166.4 thousand people, 100 thousand more than in 2020). Cultural and religious tourism was preferred by less than 5% of all registered tourists during this period.

Needs generated by direct risks and vulnerabilities or in relation to the state of health highlighted since the beginning of the COVID-19 pandemic: the need for workspaces to guarantee medical safety and compliance with the minimum standards for different areas of activity, the need to avoid occurrence and installation burnout by reducing continuous exposure to high stress, by working breaks in relaxation areas, the need for supportive interventions to maintain the somato-psycho-emotional balance and the work capacity of employees (medical institutions, defense, institutions, order public and national security,

etc.), the need for actions to prevent illness, but also to recover the capacity for physical work and psycho-emotional rebalancing, etc.

Needs for information, training and instruction in relation to distance learning, online education and work: the need for education programs in the field of digital skills and online security for all age groups, the need for information and training in this area theoretically and practically, in properly arranged spaces, the need for training for multidisciplinary integrated actions, the development and updating of the legislative, procedural and methodological framework for the development of skills to facilitate professional success in life and society, the need to reduce social inequalities (e.g. the difference between students in rural areas and those in urban areas), the need to form "staff reserves" that can be mobilized in crisis situations, etc.

Increase resilience in all sectors of activity by identifying alternative, innovative measures and by mobilizing unused latent resources, as well as by using few accessed levers so far, such as public-private partnerships.

7. Conclusions

The medical crisis has contributed to the exacerbation of the crisis in education and tourism. The exercise of the socializing function of education in schools has been influenced by the measures of social distancing and the development of the school training activity in the online environment. Various sectors of activity have restricted or ceased their activity, including tourism. The institutions faced the need to provide psychological support to their own staff, and, in the case of social assistance institutions, to the beneficiaries as well. The level of stress at work has increased and added to personal concerns.

In an innovative way, the problems in one sector of activity could become solutions to the problems specific to another sector. These actions can be achieved through public-private partnerships and by streamlining the legislative framework. The tourism field could provide unconventional spaces for information and training activities, non-formal education, creative workshops, etc.; non-invasive work capacity recovery services could be offered through interventions specific to occupational medicine and psychology, granted based on the recommendation's doctors and psychologists in this field, etc. These actions involve, in some cases, minimal investments and specializations, with possible positive results such as: the provision of public utility for the 81.6% / 2021 unused accommodation units, the creation of premises for reducing the migration of specialized staff, encouraging innovative initiatives in the private sector, the diversification of the forms of cultural-educational and health tourism.

Regarding the identification and use of existing resources from the perspective of health tourism, they are represented by unused or in advanced degradation spas. Traditional medicine could complement the supply of jobs, eliminate side effects by using products

obtained by chemical synthesis and would be a source of knowledge. Also, from the perspective of knowledge and evolution, it is worth reanalyzing the concept of food as a medicine in the case of traditional organic culinary products.

From the perspective of cognitive-cultural tourism, the old crafts and traditional arts could be revitalized, expanding the job offer and ensuring the authentic restoration of heritage buildings, even rural areas, without excluding the provision of modern services to increase comfort.

A first step towards starting such actions could be the creation of centralized records of heritage objects, trades, and traditional arts, as well as social needs.

The future research aim may be to validate/invalidate the above suggested solutions by conducting social experiments implemented and monitored by multidisciplinary teams that can record somatic and psychosocial progress and effects at the individual and group levels, as well as the macrosocial impact.

Another research direction involves the critical analysis of the framework of each activity area, the maintenance of the functional aspects and the revision from the perspective of the operating of the society as a whole and in accordance with its specificity.

Acknowledgement

This paper received financial support through the project entitled: DECIDE - Development through entrepreneurial education and innovative doctoral and postdoctoral research, project code POCU / 380/6/13/125031, project co-financed from the European Social Fund through the Operational Program Human Capital 2014 – 2020.

References

- Baylis F., Crozier G. (2010). The ethical physician encounters international medical travel. *Journal of Medical Ethics*, pg.297-301.
- Bookman M.Z., Bookman K.Z. (2007). Medical Tourism in Developing Countries. *Pasos, revista di turism e patrimonio cultural*, vol.7, no.1.
- Cormany D., Baloglu S. (2010). Medical travel facilitator websites: An exploratory study of web page contents and services offered to the prospective medical tourist. *Tourism Management*, pg.709-716.
- Debesse M. (1970). *Child psychology from birth to adolescence*. Didactic and Pedagogical
- Durkheim E. (2005). *Suicide. Sociological study*. Antet Revolution.
- European Commission, *The EU 2020 - General Report on the Activities of the European Union*, Publications Office of the EU. <https://op.europa.eu/webpub/com/general-report-2020/ro/> .
- Fedorov G. (2009). *Medical Travel in Asia and the Pacific: challenges and opportunities*. UN ESCAP.
- General Secretariat of the Government, "Romania's National Tourism Development Strategy 2019-2030, Vol. 1: Report on the rapid assessment of the tourism sector". <http://sgg.gov.ro/1/wp->

- content/uploads/2020/09/Strategia-de-Dezvoltare-Turistic%C4%83-a-Rom%C3%A2niei-volumul-1-Raport-privind-Evaluarea-rapid%C4%83-a-sectorului-turistic.pdf, pg.12
- Hatos, A. (2006). *Sociology of education*. Polirom
- lordache C., Ciocina I. (2004). Challenges in the medical tourism industry in the context of globalization. *Management Strategies Magazine*, no.2.
- Lee C., Spisto M. (2007). *Medical Tourism: The Future of Health Services*. The 12th International Conference on ISO 9000 and TQM, pg. 1-7.
- Milstein A., Smith M. (2006). America's New Refugees – Seeking Affordable Surgery Offshore. *New England Journal of Medicine*, pg.1637-1640.
- Ministry of Health, National Health Strategy 2014-2020. <http://www.ms.ro/strategia-nationala-de-sanatate-2014-2020/>.
- Ministry of Education, "National strategy on tertiary education 2025-2030". <https://edu.ro/strategia-nationala-pentru-invatamant-tertiar>.
- Nedelea, A.M. (2003). *Tourism marketing policies*. Economics.
- Nicola I. (2003). *Treatise on school pedagogy*. Aramis.
- Niculescu G. (2009). *Tourism and cultural renaissance*. *Annals of the "Constantin Brâncuși" University – Economics*, no.3.
- Slusariuc G.C. (2020). *Health tourism - evolutions and perspectives*. *Tourism magazine. Studies and research in tourism*, no.29 pp.73-76.
- The World Tourism Organization (2012). *The World Tourism Organization Report 2012*, eLibrary. <https://www.e-unwto.org/doi/pdf/10.18111/9789284415373>.
- Whittaker, A. (2008). *Pleasure and pain: Medical travel in Asia*. *Global Public Health*, no.3.
- INS (The National Institute of Statistics), TEMPO online database, <http://statistici.insse.ro:8077/tempo-online/>.
- INS (The National Institute of Statistics), The on-line press release No. 48 / March 1st, 2019, https://insse.ro/cms/sites/default/files/com_presa/com_pdf/turism01r19.pdf.
- INS (The National Institute of Statistics), The on-line press release No. 80/ April 2nd, 2019, https://insse.ro/cms/sites/default/files/com_presa/com_pdf/turism02r19.pdf.
- INS (The National Institute of Statistics), The on-line press release No. 174 / July 2nd, 2020, https://insse.ro/cms/sites/default/files/com_presa/com_pdf/turism05r20.pdf.
- INS (The National Institute of Statistics), The on-line press release No. 82 / April 2nd, 2021, https://insse.ro/cms/sites/default/files/com_presa/com_pdf/turism02r21.pdf.
- INS (The National Institute of Statistics), The on-line press release No. 136 / June 2nd, 2021, https://insse.ro/cms/sites/default/files/com_presa/com_pdf/turism04r21.pdf.
- INS (The National Institute of Statistics), The on-line press release No. 171 / July 2nd, 2021, https://insse.ro/cms/sites/default/files/com_presa/com_pdf/turism05r21.pdf.
- *** Law no. 422 of July 18th, 2001 on the protection of historical monuments, Legislative Portal, on-line on: <http://legislatie.just.ro/Public/DetaliiDocument/29761>.
- *** Law no. 55/2020 on some measures to prevent and combat the effects of the COVID-19 pandemic, Legislative Portal, <http://legislatie.just.ro/Public/DetaliiDocument/225620>.