



Discussion paper

Investigating the accessibility factors affecting hotel satisfaction of people with physical disabilities



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ABSTRACT

People with physical disabilities (PwPD) have various incapacities, use different assistive devices and can encounter many barriers in hotels. The purpose of this study is to examine the effects of accessibility, disability types and forms of assistive devices on the hotel satisfaction of PwPD. A survey was conducted among PwPD who use mobility devices. Factor analysis revealed five accessibility dimensions: accessibility of public areas, rooms, recreation and other areas, baths in rooms, and food and beverage areas. Accessibility dimensions, disability types and forms of assistive devices had significant impact on the hotel satisfaction while accessibility of public, recreation and other areas, and baths in rooms were the strongest predictors of the satisfaction. People with acquired physical disabilities, powerchair and wheelchair users were the most disadvantaged group in hotels. Hotel satisfaction of PwPD is directly related to the accessibility of hotels. Insufficient and inaccessible areas have negative effect on this satisfaction.

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1. Introduction

According to the World Health Organization, there are approximately one billion people with disabilities (WHO, 2011). This fact indicates that 15 percent of the world population has a mental, physical or sensory disability (UNWTO, 2013). Considering the population of the USA (303.9 million people), approximately 57 million people (19 percent) have a disability whereas nearly 38 million people (13 percent) have a severe disability. Moreover, 41 million adults (17 percent of the 241 million adults aged 15 and older) have physical disabilities in the country (Brault, 2012). An estimated 3.8 million (14 percent) Canadian adults are limited in their daily activities due to disability and 15 percent of them have flexibility and mobility problems (Statistics Canada, 2013). Age is an important factor in health, mobility and disability. About 19 million of the 39 million people (50 percent) aged 65 and older have a disability in the USA. (Brault, 2010). On the other hand, 33 percent of Canadians aged 65 or older report a disability and 81 percent of people with disabilities (PwD) report using some kind of aid or assistive device (Statistics Canada, 2013). The number of people aged 65 or older is estimated to increase nearly three times from 524 million in 2010–1.5 billion people in 2050 with a higher growth rate in developing countries (NIA and NIH, 2011). Regarding the signifi-

cant size of disabled community and increasing ageing population, there is a need to understand the needs of people with disabilities, and to support more inclusive models for mobility planning (Rains and Butland, 2013).

Previous research has revealed the significance of the disability market and the importance of accessibility for tourism (Buhalis and Michopoulou, 2011). However, tourism and hospitality industry have not much focussed on people with disabilities and their companions (Huh and Singh, 2007). People who use mobility devices have many accessibility problems in and out of transportation vehicles and ports. Tourism activities, travels and flights can be problematic for individuals with disabilities and those who use wheelchairs and crutches (Poria et al., 2010). Tourism industry can promote and design touristic products for all by focusing on the travel behaviours, expectations, needs, barriers and constraints of guests with and without disabilities (Figueiredo et al., 2012; Huh and Singh, 2007). Travelling or participating in a tourism activity for PwD is more than a physical access (Yau et al., 2004). There are many barriers for people with disabilities in tourism activities. Notably, people with physical disabilities (PwPD) or the ones with mobility impairments experience psychological, social and physical barriers in their daily lives, but their everyday experience may not prepare them to deal with the barriers during leisure and tourism activities (Shi, 2010). Although PwD have the similar tourism requests and wishes as others (Yau et al., 2004), they are widely kept out from tourism activities mostly

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because of barriers and constraints (Burns et al., 2009; Shaw and Coles, 2004; Yau et al., 2004). In this regard, the purpose of this research is to find out the dimensions of accessibility in hotels and to analyze the effects of accessibility factors, disability types and forms of assistive devices on the hotel satisfaction of PwPD who use mobility devices.

2. Literature review

2.1. Accessibility

The Americans with Disabilities Act (ADA), July 26, 1990, bans discrimination against PwD. ADA addresses access to services, goods, and public accommodations (e.g. restaurants, hotels, bars, spas, fitness centres, parks, recreation areas, public and private transportation) in order to make American society more accessible for PwD. Since the passing of the ADA in 1990, hotel and motel owners have been very much concerned with providing comfortable rooms and displaying hospitality to satisfy all the guests (Peniston, 1996). They audit their accessible rooms and provide measurements and information available for guests upon request (Darcy and Cameron, 2008). These works have been re-regulated by ADA Standards for Accessible Design which was published on September 15, 2010 to set standards of minimum specifications and requirements for newly designed and constructed built environments and public accommodations. ADA standards were designed to remove architectural and environmental barriers and ensure public accommodations are accessible and usable by PwD (U.S. Access Board, 2010). These standards include new requirements for golf facilities, amusement parks, swimming pools, spas, saunas, exercise machines and equipment. Moreover, these norms have priorities for removing barriers for accessibility to the accommodation facilities extending to new standards focusing on the hotel services such as accessible restaurants, swimming pools and spas, restrooms drinking fountains, elevators and ATMs.

ADA provides a basis beyond a simple compliance with minimal building codes by allowing designers to accommodate for equivalent facilitation of building access (Gray et al., 2003). Architectural and environmental barriers may pose problems for PwD and limit their participation in tourism and recreation facilities (Rimmer et al., 2004). These people wish to participate in tourism activities together with the ones without disabilities and not in a segregated, exclusive format (Figueiredo et al., 2012). Therefore buildings for people with disabilities should be in line with the universal design, which seeks to create high quality, safe and comfortable environments for all guests, including those with disabilities (Papamichail, 2014). The universal design goes above and beyond the minimum accessibility standards in the way that the accessibility has been integrated into the design of overall environment (Ostroff, 2001). Although the general principle of universal design is clear, identification of the guidelines that apply to specific cases remains a challenge (Gray et al., 2003).

PwPD need to use public and/or private facilities as people without disabilities. Preliminary studies verified that accommodation managers did not understand the accessibility features of their rooms and built environment (Darcy and Pegg, 2011). Moreover the link between the hotel guests and the physical environment has been under-researched (Poria et al., 2011). PwD often encounter problems in the built environment because of failure in the delivery or poor application of appropriate accessibility standards due to the designers' poor understanding about the needs of these people and lack of user involvement in the design process (CENELEC, 2011). On the other hand, accessible tourism for all is not only about providing access to PwD, but also to their companions and to people that may have temporary disabilities, to families with young chil-

dren, to the ageing population as well as employees (Buhalis et al., 2012). Universal design offer possibilities to create venues where entire families or groups of friends may enjoy their time together in an inclusive experience.

2.2. Satisfaction and disability in tourism

Tourism and hospitality companies cannot survive and exist without satisfied guests. The disconfirmation of expectations theory developed by Oliver (1980) and supported by other studies (Hsu, 2003; Pizam and Milman, 1993; Piercy and Ellinger, 2015) is frequent in customer satisfaction research, with some minor variations (Millan and Esteban, 2004). Being defined a result of the disconfirmation of performance from expectation (Oliver, 1980), satisfaction is preliminary determined by the value of services provided to customers (Chi and Gursoy, 2009). Customers or guests evaluate the perceived performance and experience according to their prior expectations. In tourism, satisfaction refers to the result of the emotions, expectations, attitudes and experiences of the tourist (Bigne et al., 2005; Bowen, 2001). According to Whipple and Thach (1988) expectations before new or initial purchases can be important to choose, but not to get satisfied. Some research has revealed that performance is the major predictor of satisfaction, since this indicator explains more variance in satisfaction than disconfirmation of expectations (Olshavsky and Miller, 1972; Spreng and Olshavsky, 1993; Spreng and Mackoy, 1996; Kozak, 2001). In addition, satisfaction is based on an outcome or a process (Pizam et al., 2016) due to the dependence upon the availability and the quality of services during the service delivery process (Vavra, 1997; Rahman and Shil, 2012). Various studies have suggested that customer satisfaction can be used as a measure to assess and evaluate the performance of tourism products and services (Ross and Iso-Ahola, 1991; Noe and Uysal, 1997). Therefore, the accessibility of services and the activities offered by hotels is important for the satisfaction of PwPD. The satisfaction or dissatisfaction with a hotel depends on whether their accessibility expectations are met and confirmed or not met and are disconfirmed.

PwD experience the gains of tourism activities in a more intense manner than people without disabilities (Figueiredo et al., 2012; Shaw and Coles, 2004; Smith and Hughes, 1999). Despite the difficulty for PwPD to confront barriers, this situation generates some benefits and satisfaction opportunities (Shi, 2010; Pagan, 2015). PwD generally face more challenges than the ones without disabilities in regards to tourism and recreation participation (Burns and Graefe, 2007). Researchers have demonstrated that participation in recreation, leisure and tourism has multiple benefits for people with and without disabilities. These activities may help people to cope with stress, improve health conditions, increase happiness, self-esteem and satisfaction (Figueiredo et al., 2012; Neal et al., 2007; Dattilo et al., 1998; Ouellet et al., 1995).

As perceptions and satisfaction levels may differ across different disabilities, understanding the experiences of PwPD and considering their accessibility needs and requirements are necessary. In terms of tourism experience, Smith (1987) argued that satisfaction level of PwD in tourism may be lower than that of other tourists, because important aspects of the overall experience may be inaccessible to them. In addition, tourism activities can be stressful for PwPD as these people require the access to the information, site and/or transportation. On the other hand, studies on destination and tourist satisfaction are generally limited to holiday experiences of people without disabilities. Other studies pertaining to PwD in tourism tend to focus on their motivations, decision processes, quality of life and human rights during tourism activities. Moreover, studies examining the accessibility of hotel settings and hotel satisfaction of PwPD are not common in tourism and disabil-

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