Téoros
Revue de recherche en tourisme

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Résumé de l'article

Despite progress in the inclusion of people with disabilities in society and in leisure participation, including access to tourism, their satisfaction with the tourism experience is still an area that receives limited attention in tourism research. Ingrained in the social psychology of tourism studies, the purpose of this study is to adapt the leisure constraints model to fill this gap and contribute positively to the tourism experience of this market segment. A questionnaire based on the literature was administered to a sample of people with various types of disabilities, to assess the importance of certain constraints on enjoyment, and highlight the importance of certain criteria for enjoyment. Findings support submissions that this market is a viable tourist segment based on travel frequency, preference for domestic travel, and information sources. Slight differences among disability groups regarding perceived constraints, problems encountered when travelling, inclusion, and important criteria for enjoyment are recorded.

Transformative consumer service
Toward a better tourism enjoyment for tourists with disabilities

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ABSTRACT : Despite progress in the inclusion of people with disabilities in society and in leisure participation, including access to tourism, their satisfaction with the tourism experience is still an area that receives limited attention in tourism research. Ingrained in the social psychology of tourism studies, the purpose of this study is to adapt the leisure constraints model to fill this gap and contribute positively to the tourism experience of this market segment. A questionnaire based on the literature was administered to a sample of people with various types of disabilities, to assess the importance of certain constraints on enjoyment, and highlight the importance of certain criteria for enjoyment. Findings support submissions that this market is a viable tourist segment based on travel frequency, preference for domestic travel, and information sources. Slight differences among disability groups regarding perceived constraints, problems encountered when travelling, inclusion, and important criteria for enjoyment are recorded.

Keywords : accessibility, disability, handicap, transformative services, enjoyment, quality of life.

People with disabilities, together with family, friends and caregivers, constitute a large potential consumer market segment for the tourism and hospitality industry (Huh and Singh, 2007; Darcy and Dickson, 2009). Government authorities have reported that a considerable number of people have disabilities or are likely to acquire them over the coming decades (Cameron *et al.,* 2010). There are approximately 650 million disabled people in the world (UN, 2007a; 2007b), about 53 million in Europe and 24 million in France (Atout France, 2005). These numbers are expected to rise significantly over the next 40 years, and their profile is expected to change as a direct consequence of population ageing (Cameron *et al.,* 2010; Buhalis and Darcy, 2010; Buhalis and Michopoulou, 2011). Estimates of disability prevalence should be read cautiously as there are differing definitions of disability, and consequently "measuring disability poses several challenges" (WHO, 2011: 21). Table 1 shows the age distribution of this segment in France, the case study of this paper.

The life history of people with a disability is a continuous struggle for inclusion in society at large (UN, 2007; WHO, 2011; 2013). The main concern in this regard is to improve their livelihood (Darcy, 2003). Despite the progress achieved through successive disability models, people with disabilities are still struggling to meet basic survival needs. Each of these models—medical, social and economic—aligns with an underlying philosophy (see Scope, 2013). There has been definite progress from perceiving disability as a personal impairment toward identifying it as a societal problem (Darcy, 2003), and afterwards as a consumer market (Buhalis and Darcy, 2010). Despite their good intentions, these models remain focused on improving the basic needs of this segment, namely facilitating social inclusion, including access to tourism sites (Card *et al.,* 2006).

One of the major emerging issues for people with disabilities relates to quality of life—the attributes of an individual's total existence (Gilbert and Abdullah, 2004), encompassing success, wealth, productivity, and happiness (Lindstrom and Kohler, 1991). Indeed, although quality of life has improved over the past decade for the general population that of people with disabilities is comparatively lower (Kinney and Kinney, 1992). According to Card and colleagues (2006), 33% of people with a physical disability reported being satisfied with their life in general, compared with 67% of those without a disability. Their quality of life is affected by factors such as

Table 1: **Age distribution of people with a disability between 15 and 64 years old in France**

Age category	Percentage
15-24 years old	3%
25-39 years old	19%
40-49 years old	28%
50-64 years old	50%

Source : INSEE (2007, quoted in Atout France, 2009).

physical health, psychological state, social relationships, and level of independence (Card *et al.,* 2006).

Participation in leisure activities has been identified as a contributing factor to quality of life for people with a disability (Darcy and Daruwalla, 1999). The leisure industry has been preoccupied with facilitating participation in recreational activities and improving accessibility. Improving access, however, does not necessarily guarantee an improved quality of life. Accessibility is a precondition for participation, but it does not necessarily guarantee enjoyment in life (Freeman and Selmi, 2010) or quality of the leisure experience (Kelly, 1999; Mannell and Kleiber, 1997), and neither does participation (Poria *et al.,* 2010).

Leisure "enjoyment has been found to be a key factor accompanying leisure engagements" (Iwazaki *et al.,* 2005: 82). Behaviour and experience represent two major dimensions of leisure. What people do is different from how they experience doing it (e.g. Mannell and Kleiber, 1997). Therefore, accessibility, participation, and enjoyment should converge to optimize the quality of the experience, and hence the quality of life of people with disabilities. The study takes a transformative service research stand (Mick, 2006; Rosenbaum *et al.,* 2011) and highlights a shift in perspective from an accessibility-centered market to a more consumer-centric perspective. This shift calls for the leisure constraints model (Crawford *et al.,* 1991) to include enjoyment as a principal component of leisure (e.g., Csikszentmihaliyi and Kleiber, 1991) for people with, a suggestion that will be developed further.

Understanding the extent to which individuals participate in leisure activities, how they participate, barriers that prevent them from participating, and how they experience their participation could help with the design and implementation of effective programs to promote and develop skills, and thereby enhance the quality of life for people with disabilities (Buttimer and Tierney, 2005). Participation in tourism has been identified as an important factor that contributes to their quality of life (Daniels *et al.,* 2005; Darcy, 1998; Smith, 1987; Turco *et al.,* 1998). However, although the importance of tourism to their quality of life and wellbeing is well recognized (Kinney and Kinney 1992; Yau *et al.,* 2004), studies focusing on tourism behaviour of this consumer segment (Freeman and Selmi, 2010) from a service-oriented perspective are lacking (Poria *et al.,* 2010), and those considering their tourism experience are even more rare. Comparatively more research is conducted on legislation, policy, and accessibility.

Also, people with disabilities are usually commonly treated as a homogeneous group with little or no consideration for their differing disabilities (Freeman and Selmi, 2010; see also diversity of disability, WHO, 2011: 7), whether by the industry side or researchers. To serve them better, the industry must examine their respective barriers to and criteria for enjoyment.

More is known about them as a homogeneous group; but less is known about their respective perceptions, needs and desires. For example, while it has been supported that in general, people with disabilities like to travel (Huh and Singh, 2007), the extent to which one disability segment differs from the others in this regard is not clear and empirical data about their respective tourism patterns are not available. Furthermore, are there differences between disability type in terms of tourism-related service perceptions (Michopoulou and Buhalis, 2013), information availability, or inclusion? Within the constraints to enjoyment, which factor is considered most important for people with a hearing or a visual disability?

Researchers have rarely collected data directly from people with disabilities, but mostly from professionals who deal with them (*Poria et al.,* 2010; Yates, 2007; Darcy, 2003). The study gathered information from a sample of people with various disabilities. A review of the literature (e.g. Yau *et al.,* 2004; Michopoulou and Buhalis, 2013; Darcy and Pegg, 2010; Buhalis and Michopoulou, 2011; Freeman and Selmi, 2010; Poria *et al.,* 2010) identified key themes, issues, and questions to focus on. Specifically, the study considered a set of questions, including information about trip constraints and trip enjoyment. It also examined the frequency of their vacations, the nature of their vacation destination, trip information search, as well as inclusion with mainstream tourists.

The concept of inclusion has been around for several decades in the leisure and recreation literature. According to Coco-Ripp (2005), inclusive recreation provides services that offer everyone involved a full range of choices, social connections and support. Devine and King (2006) emphasized that those who participate in recreation experience social, emotional, physical and cognitive benefits, regardless of their disability. People with disabilities are also constrained by the concept of "beautism" (Ross, 2004) and its effects on how they perceive they are being perceived by non-disabled participants (Poria *et al.* 2010; Freeman and Selmi, 2010). Subsequently, finding out whether tourists with disabilities prefer to be included with mainstream tourists or be segregated, for a better service and experience, was also a focus of this study. Accordingly, this paper examines aspects of such issues for four sample groups: people with motor, visual, hearing, and intellectual disabilities. The primary question of the study is: how can managers contribute to the quality of the trip experience of people with disabilities. Specifically, the paper examines their trip characteristics; the problems they encounter during the trip; and important criteria for enjoyment on site.

Methodology

Among the methods used to conduct research on the tourism behaviour and experience of people with disabilities, interpretive design prevails. For example, Buhalis and

Michopoulou (2011) used focus groups to assess website accessibility for people with disabilities. Darcy and Pegg (2010) used both interviews and focus groups to study the perceptions of disability service delivery among hotel accommodation managers. Freeman and Selmi (2010) interviewed people with disabilities to understand their flight experience. Examining societal and individual attitudes toward disability, Daruwalla and Darcy (2005) used a sample of people in a government organization where disability awareness training was implemented. Accessibility of information for people with disabilities was investigated by Eichhorn *et al.,* (2008) who used focus groups and organizations. Kim *et al.* (2012) studied the needs of disabled hotel guests and used interviews with leaders of disability groups to represent their group, as well as interviews with hotel managers. Michopoulou and Buhalis (2013) investigated the development of accessible tourism information for the people with disabilities segment and used focus groups with various stakeholders. To explore the tourism experiences of people with mobility and visual impairment, Yau *et al.,* (2004) employed in-depth interviews and focus groups with a sample of these segments.

Basically, these studies are mostly exploratory, with the goal of understanding the nature of tourism phenomena related to disability issues. The purpose of this study was to select a few relevant statements from the literature and assess their importance for each disability segment. Hence the logical choice was for a quantitative design, especially that supported by researchers (e.g. Buhalis and Michopoulou, 2011), as People with disabilities have dissimilar needs and requirements. To add to existing knowledge, this study used a survey instrument to gather information about the questions it has raised.

Sampling technique
A total of 420 organizations linked with disability in France were contacted by email and encouraged to ask their clients to fill in the questionnaire, which was designed online via "kwiksurvey." Online surveys have been used frequently by the European Disability Forum (e.g. European Disability Forum, 2008). The organizations contacted included those best known in France, such as Les Maisons Départementales des Personnes Handicapées (MDPH), Les délégations départementales de l'Association des Paralysés de France (APF), Les Comités Départementaux Handisports (CDH), Les Comités de Liaison et de Coordination des Associations de Personnes Handicapées et Malades Chroniques (CLCPH), and a large number of associations focusing on hearing, visual, physical and intellectual disabilities. Organizations such as MDPH and CLCPH also forwarded the questionnaire to their partner associations. For example, CLCPH of Montpellier referred the questionnaire to 60 associations. Sampling took place in March and April 2013.

The study involved 306 participants, randomly selected, resulting in 182 respondents with a motor disability (60%), 54 with a visual disability (15%), 40 with a hearing disability (13%) and 30 with an intellectual disability (10%). Compared with the few existing quantitative studies whose participants were people with disabilities (e.g. Freeman and Selmi, 2010),

not service managers or industry representatives, the sample size for this study is reasonable, especially since it comprises four disability segments. Most studies (e.g. Yau *et al.,* 2004; Michopoulou and Buhalis, 2013; Darcy and Pegg, 2010; Buhalis and Michopoulou, 2011) employed a constructivist design, certainly because of their exploratory nature.

Sample
There are four main categories of disability, and these are considered in this study: motor disability, intellectual disability, hearing disability, and visual disabilities (Atout France, 2005). While some questionnaires were self-administered, others, especially in the case of individuals with an intellectual disability, were administered by a family member or caregiver. The covering letter highlighted the right of refusal to take part in the research and use of the main caregiver to fill in the questionnaire (Ward 1997). The letter included a description of the project and a contact person to whom issues and concerns about the project could be addressed. Based on Diamond's (1999) recommendations concerning ethical issues when dealing with populations with disabilities, assurances of anonymity and confidentiality were clearly stated (see also Buttimer and Tierney, 2005). Participating individuals and agencies were told they could request the final report from the author if interested. A few respondents and participating agencies did in fact request the final report.

Respondents were people with disabilities in France. Five percent of the sample was under 18 years old, 18% were between 18 and 34, 37% between 35 and 49, 25% between 50 and 59, and 16% were age 60 years or older. These figures are consistent with the population at large. Slightly more than half the respondents described themselves as independent while 47% needed to be accompanied when traveling. It must also be noted that some respondents may have had more than one type of disability.

Instrument
The questionnaire was either self-administered or administered by or with the help of a family member or caregiver, when necessary. It contained questions pertaining to general trip information, problems encountered, inclusion, enjoyment and searching for information. Respondents were asked to reflect on the importance of a few statements. With respect to the problems they encounter while traveling, for example, they were asked to state their opinion on the importance of the following statements: "Equipment is inaccessible, the attitude of staff is not adapted, information on accessibility is hard to find, information often proved incorrect, and I don't feel integrated." The statements were selected from the general literature about disability (e.g. Darcy and Pegg, 2010; Darcy, 2010; Eichhorn *et al.,* 2008; Buhalis and Michopoulou, 2011), for the purpose of assessing their importance and testing them on individuals with the four disability types.

For example, regarding information concerns, Buhalis and Michopoulou (2011: 150) explain: "There is the issue that users do not trust the websites because they feel that the information is not sufficient or reliable (or accessibility for that matter)". Similar questions were asked about "accuracy of information,"
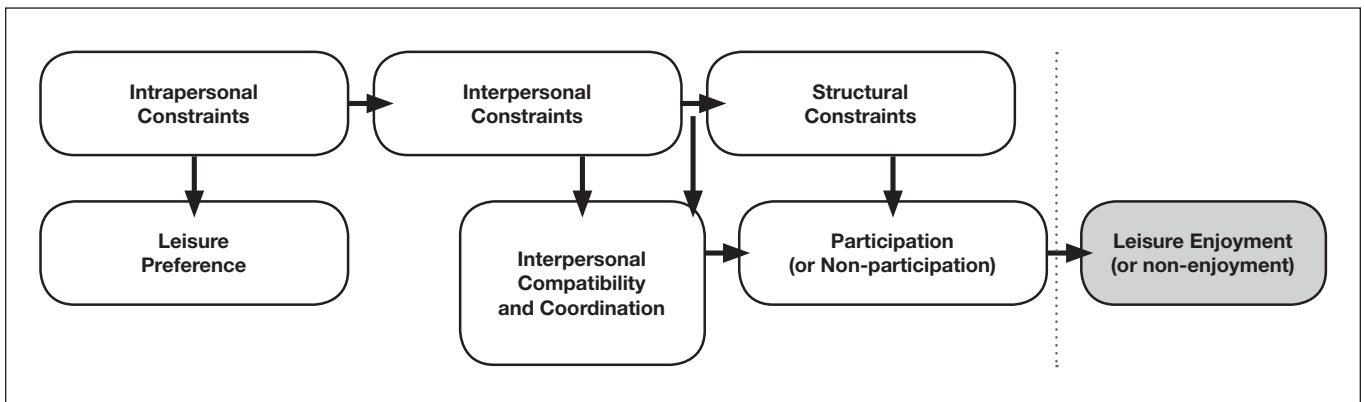
FIGURE 1 : Leisure Constraints Model, with the addition of leisure enjoyment (source : adapted from Crawford *et al.* (1991: 91)).

"clarity of information," and "availability of information." In relation to "anti-beautism" (Ross, 2004) or people's attitudes towards people with disabilities as a constraining factor (e.g. Freeman and Selmi, 2010), Poria *et al.* (2010; 216) suggest that the physical and social difficulties that people with disabilities encounter when boarding or on a plane result in "humiliation and physical suffering." Consistent with this argument, the interest was to determine objectively whether these tourists favoured inclusion with mainstream tourists or preferred segregated services and experiences.

Theoretical background

Various authors in the leisure, tourism and travel literature have categorized barriers by developing different frameworks. Crawford *et al.* (1991) propose three categories. These include structural and interpersonal barriers and add intrapersonal barriers: those that interact with individual preferences and are affected by the individual's psychological attributes and emotional states such as stress, anxiety and depression. These three classifications and their links with individual preferences and participation are represented in the leisure constraints model in Figure 1. This model ends with "participation or non-participation." Leisure enjoyment or non-enjoyment has been added to the original model to stress the importance of enjoyment for quality of the tourism or leisure experience of people with disabilities . The emphasis is no longer *only* on participation but also on experience, and therefore attention should *also* be given to nature and degree of enjoyment.

The phenomenology of enjoyment has eight interrelated major components. Those of immediate importance to the study are: "One acts with deep, but effortless involvement, that removes the worries and frustrations of everyday life from awareness" and "One exercises a sense of control over their actions" (Csikszentmihalyi, 1990: 3). Neither appears to feature in the tourism experience of people with disabilities. These tourists encounter many factors that reduce enjoyment, including anxiety, worry, and frustration (e.g. Smith, 1987; Poria *et al.,* 2010; Freeman and Selmi, 2010). This reasoning is consistent with the progress of research and the attention given to this society's constituency in the transitional process, to improve quality of life.

Darcy (2002) conceptualized the tourism journey by travellers with disabilities as involving a number of stages dealing with underlying social and cultural constraints; travel planning information; transportation barriers; accessible accommodation; and the destination experience. Of the barriers that can be encuntered during these steps, the attitudinal ones can be the most limiting (Card *et al.*, 2006). Although public disability awareness has led to more positive attitudes toward people with disabilities in recent decades, negative attitudes still represent a major barrier to tourism participation (Buhalis and Darcy, 2010). Attitudes can encourage or discourage participation in recreation, leisure and tourism activities and impact on the level of enjoyment. Participants in an exploratory study assigned a great deal of importance to the manner in which they were treated by hotel staff, demonstrating that staff attitude is a major factor affecting the hotel experience (Brandt *et al.*, 2011).

This conclusion is consistent the argument of Yau *et al.* (2004) that physical barriers are not the only cause of service failure for people with disabilities. For example, Darcy and Pegg (2010) found staff training to be crucial in the way persons with disabilities are treated. Lucas (1999) noted that most literature on attitudes toward individuals with physical disabilities indicates that most are negative. Studies have found that a negative attitude may be "one of the most powerful obstacles faced by individuals with disabilities attempting to be included in community recreation programs" (Perry *et al.*, 2008, p. 8).

Non-disabled people tend to see disabled individuals as less able to participate in activities and stigmatize them as incompetent, different or inferior (Lucas, 1999). Stereotypes and attitudes differ depending on the nature of the disability, in that attitudes tend to be less favourable toward those who appear incompetent and abnormal than toward those who are competent and appear "normal" (Lucas, 1999).

The transition

Attention given to research on people with disabilities in *advanced* developed countries has gone through complementary stages: the medical, social, and economic models (Oliver, 1990; Scope, 2013; Huh and Singh, 2007). Recently,
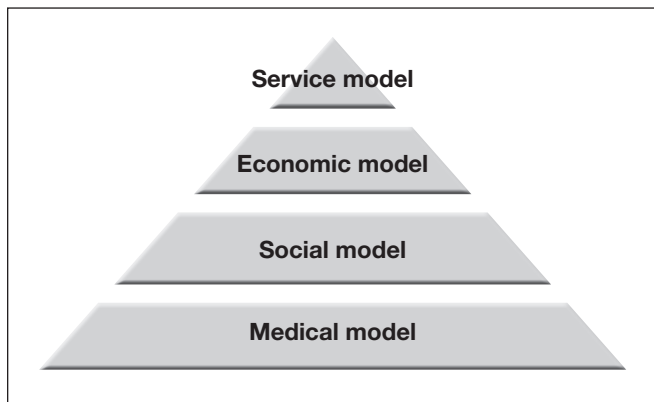
FIGURE 2 : Hierarchical service model for people with disabilities (source : this author).

there has been a move toward the service model (Poria *et al.*, 2010; Freeman and Selmi, 2010). This progress is illustrated in Figure 2. Based on the literature, the figure posits that research on, and society's response to, the needs of people with disabilities are predominantly preoccupied with the basic needs--medication, accessibility, and participation. Optimal service, however, remains at the top of the pyramid, a severely neglected concern in terms of research interest, as well as service delivery.

The service model of disability

People with disabilities constitute a rapidly growing market segment (David and Kiss, 2011) and are very loyal to service providers sensitive to their needs (Card *et al.,* 2006). Factors such as global competition, legislation and an ageing population support the conclusion that to be competitive, tourism destinations and organizations not only must improve accessibility and provide appropriate information for this market (Buhalis and Michopoulou, 2011), but also must enhance the quality of their experience and enjoyment of products and services. It is argued that enjoyment can be enhanced not only by eliminating physical barriers, but also by recognizing less tangible needs and desires (Freeman and Selmi, 2010). These are represented in the way customers are served. It is important to recognize that customer service is only one aspect of the broader service construct and only one element of the total service performance package in tourism and hospitality (Kwortnik, 2005). Research on service quality for persons with a disability and on employee service performance focuses mainly on tangible service aspects, relating more to accessibility than to customer service. Intangible concerns--attitudes, feelings and perceptions--warrant more attention. Hence, with reference to the hierarchical model proposed in Figure 2, it can be argued that even within the service model of disability, the four *intangible* dimensions of service quality—"reliability, responsiveness, assurance, empathy"—(Zeithaml, *et al.,* 1990; Parasuraman *et al.,* 1991) are lagging behind the "tangible" dimension of service quality.

There is more emphasis on *physical* accessibility and barriers, but less on *psychological* accessibility and related

perceived barriers that hamper enjoyment. Similarly, customer research on disability is still preoccupied with the processes of accessibility (similar to product development), rather than with the service that follows (Freeman and Selmi, 2010). Darcy and Pegg (2011: 469) explain: "It is perhaps interesting to note that most system and market approaches to conceptualizing tourism are centred on the tourist and the industry responses to servicing their touristic needs […]. Yet, this does not appear to be the case for people with disabilities as a great deal of previous demand based research has identified that their needs are not being met to the same degree or do not appear to have the same priority as those of the nondisabled."

The proposed model represents the transition from concern with basic human needs, in terms of leisure provision—facilities, programs, resources, and activities—to an emphasis on human fulfilment—the contribution to their psychological and emotional needs and development.

Results and discussion

This section includes results about general trip information, problems encountered, searching for information, inclusion, and important criterion of enjoyment.

General trip information

As can be seen in Table 2, generally, more than 96% of people with disabilities take a vacation trip at least once a year. People with a hearing disability are more likely to travel frequently than the others. Proportionately, more individuals with an intellectual disability never take a vacation trip, compared with their counterparts. While most trips are taken within the country, people with a hearing disability are more likely than those with anther disability to travel internationally. The findings supplement the study by Atout France (2009), which found that almost 35% of respondents prefer to travel a period of two weeks, and approximately 11% do so for at least three weeks. Only 3% of respondents like to travel for less than 3 days. Respondents who indicated that they never go on vacation were mostly concerned with trip affordability and expenses.

Problems encountered by people with disabilities

The study assessed problems encountered during travel that involved accessibility, staff attitude, and availability of information, each through a set of statements.

Accessibility

Accessibility of equipment evidently was a major concern for all respondents regardless of their type of disability (Table 3). However, accessibility of equipment was a greater concern for individuals with an intellectual disability (42.3%), compared with those with a hearing disability (32.2%), for example. This makes sense considering the importance placed on *physical* accessibility and progress made in accessible tourism. Several initiatives have in fact been adopted in the tourism sector to facilitate access for people with disabilities (AFIT, 2001). These relate mostly to the limitations imposed by physical barriers to accessibility. Accessibility factors include adapted facilities: ramps, elevators, adequate restrooms and accommodation, suitably wide doors and passageways; appropriate means of

Table 2: **Frequency of vacation trips and places, by disability type (yes %)**

	Visual N = 54	Hearing N= 40	Physical N= 182	Intellectual N= 30	All N= 306
Frequency of vacation travel					
Several times a year	44.4%	55.0%	43.4%	33.3%	44.1%
Once a year	53.7%	45.0%	52.2%	60.0%	52.3%
Never	1.9%	0.0%	4.4%	6.7%	3.6%
Vacation destination					
In France	75.5%	67.5%	86.7%	85.7%	82.0%
Abroad	24.5%	32.5%	13.3%	14.3%	18.0%

Source : author's compilation.

Table 3: **Problems encountered when travelling, by disability type (yes%)**

Problems encountered when travelling	Visual N = 54	Hearing N= 40	Physical N= 182	Intellectual N= 30	All N= 306
Equipment is inaccessible	32.2%	24.6%	36.4%	42.3%	34.6%
The attitude of staff is not adapted	22.2%	29.8%	7.1%	19.2%	13.1%
Information on accessibility is hard to find	27.8%	22.8%	24.7%	15.4%	24.6%
Information often proved inaccurate	8.9%	7.0%	22.2%	11.5%	17.5%
The service actually provided is very different from that provided to non-disabled people; one does not feel integrated.	6.7%	8.8%	8.0%	7.7%	7.9%
Other	2.2%	7.0%	1.5%	3.9%	2.4%

Source : author's compilation.

transportation; and trained staff with experience and relevant expertise (David and Kiss, 2011). Considering the following comprehensive definition of accessible tourism,

> "*a form of tourism that involves collaborative processes between stakeholders that enables people with access requirements, including mobility, vision, hearing and cognitive dimensions of access, to function independently and with equity and dignity through the delivery of universally designed tourism products, services and environments*" (Ambrose *et al.,* 2012: 45),

it becomes clear that despite efforts to facilitate access, whether for market or social reasons, accessible tourism is still "a work in progress," even in countries that have adopted the underlying principles. In most countries, the need for such accessibility remains unrecognized (David and Kiss, 2011). These findings support the study by Oxley and Richards (1993, quoted in Reichhart, 2011), which revealed that the main obstacle to travel for individuals with disabilities is the difficulty finding information on the accessibility of a destination. It also confirms the suggestion that tourism professionals do not communicate enough about accessibility (Bugnot, 2013).

Staff attitude

Contrary to common belief about staff attitude toward hosting people with disabilities, in this study only 13% of all respondents indicated that staff were not adapted to their needs. One reason might be that blind people and wheelchair users usually travel with a companion, so service providers deal with them appropriately (Poria *et al.,* 2010). There may be a need for further research to examine tourism and recreation barriers from the third party's perspective. This information might be most insightful, as these people are dealing both with the disabled person and the service provider.

Responses on staff attitude change by disability type, as individuals with a hearing disability (29.8%) were more concerned with this aspect of service than those with a physical disability (7.1%), for example (Table 3). Very few staff in the tourism and hospitality sector are trained to serve wheelchair customers (Freeman and Selmi, 2010), let alone people with a hearing, visual or intellectual disability. Thus, serving them appropriately remains an issue. This gap is unlikely to be closed in the near future, given the lack of training and courses in tourism and hospitality programs focused on

serving people with a disability. Such courses should become the norm and could be easily integrated into hospitality and tourism curricula.

Availability of information

Information on accessibility was the second most serious problem encountered by one fourth of all respondents. However, it was a greater problem for people with a visual impairment than for their counterparts. Inaccurate information on accessibility appeared to be a greater concern for people with a motor disability, even more important than staff attitude for this consumer segment. According to Williams and Rattray (2005), people with disabilities may have difficulty accessing webpage content. Webpages are generally not adapted to serving people with disabilities, nor are they tailored to providing service by disability or impairment type (Williams and Rattray, 2005). Existing Internet resources are not impairment friendly because they have not been designed with accessibility issues in mind.

Software, techniques and applications, such as "speech recognition systems that control computer function by voice; onscreen keyboards controlled by eye, mouth, or head; refreshable Braille display computer screens; and screen readers with speech synthesizers or Braille display" have been designed to facilitate Internet use for people with disabilities. Some of this software and hardware includes screen reading programs that consist of software and a speech synthesizer (Mills *et al.*, 2008: 30). Unfortunately, such innovation has not been widely adopted. Decades ago, Turco *et al.* (1998) called for reliable information sources geared specifically toward the disabled. Today, specialized information is available but not readily accessible. For specific Internet adaptability recommendations, see Mills *et al.* (2008).

Respondents who selected the "Other" option were concerned primarily with onsite information. For example, people with a hearing disability cited problems with verbal instructions given on planes and trains. Security in hotels was also mentioned by this group. It was reported that when a person with a hearing disability goes to bed and removes his or her hearing aid, she/he does not feel secure, especially if the hotel does not have a visible fire alarm. Respondents with visual disabilities also cited problems of information comprehension.

Search for information and organization of vacations

Most respondents (84%) organize their vacations alone or with the people who accompany them, and thus do not rely on associations or travel agencies. This observation differs from that in the Atout France (2009) study, which reported that only 30% of this market segment organizes its travel alone.

For people who organize their vacation alone, the most commonly used source of information is mainstream Internet websites (40%) and websites specializing in travel for people with disabilities (10%). Word of mouth was used by 20% and travel guides by 20% of respondents. These results agree with those reported by Ray and Ryder (2003), who stated that these tourists depend on word of mouth, the Internet and travel guides when planning travel. However, this study reveals a slight difference for people with an intellectual disability, as they rely more on specialist associations than on word of mouth.

When these tourists plan their trips, they search for information about tourism-related accessibility on the website of the town they want to visit and/or the facilities (campsites, hotels, etc.) where they want to stay. They also visit tourism office websites for the selected destination. Transportation websites are also popular with respondents, as are websites for booking accommodation such as "Abritel" and "Booking.com." Of websites specializing in disability, the most cited is "Jaccede.com". The associations used as information sources are the APF for physical disability, and "Association Valentin Haüy" (AVH) and "Les Joyeux Miraud" for visual disability. No association specializing in people with intellectual disabilities was cited by respondents, but it has been reported elsewhere that this group also uses associations when preparing vacation travel. The travel guide most used by respondents is "Le Guide du Routard."

Inclusion of disabled people

One of the primary questions posed by the study was whether people with disabilities prefer to tour alone or with other tourists without disabilities. Inclusion with mainstream tourists, or *wanted* segregation, as a choice, would certainly impact on their tourism experience and enjoyment. The literature indicates that there still is a widespread societal misconception about people with disabilities, represented in the stereotypes of disability and linked to the medical model of dependency and to the social model of prejudice and stigmatization (Freeman and Selmi, 2010).

The results, however, support the desire to include people with disabilities with mainstream tourists, as most (84%) do not want to be segregated. Despite the still prevalent views of these models, overall, a large majority of people with disabilities want to be included and served with the general tourist population. This finding is surprising considering the effect of "anti-beautism" discussed by Ross (2004), Poria *et al.* (2010) and Freeman and Selmi (2010: 479), whereby some people with disabilities found "people were made uncomfortable and demonstrated discomfort when the [*disabled*] respondent came into a room or passed by them [*because of the visible disability*]." Instead, this could be the case of people with an intellectual disability. Examining each segment separately, it can be seen that about one-half (44%) of people with an intellectual disability want to have a tourism experience separated from mainstream tourists, and 33% want a separated experience with service tailored to their specific needs. The remaining 11% desire a separate service, specifically to avoid facing non-disabled people (Table 4).

Accordingly, whereas Poria *et al.* (2010) and Freeman and Selmi (2010), for example, *rightly* highlight the importance of using a qualitative approach to study the travel experience of people with disabilities, the present study illustrates the need to use a quantitative research approach to be able to generalize the findings to the overall study population, especially since it is not a homogeneous group. Concepts from the general literature on behaviour, participation or constraints can always be extrapolated, but for valid information, quantitative

Table 4: **Inclusion of disabled people in tourism and leisure services (yes %)**

Vacation preference by type of disability	Visual N = 54	Hearing N= 40	Physical N= 182	Intellectual N= 30	All N= 306
Inclusion with non-disabled people when enjoying a tourism service (e.g. same vacation centre, same group of cultural activities, etc.)	90%	82%	87%	56%	84%
Separate service from non-disabled people so it can be tailored to the needs of people with a disability	6%	12%	10%	33%	12%
Separate service from non-disabled, to avoid facing non-disabled people	4%	6%	2%	11%	4%
Other	0%	0%	1%	0%	0%

Source : author's compilation.

Table 5: **Criteria for enjoyment of the tourism experience (yes %)**

Important criteria of tourism experience, by disability type	Visual N = 54	Hearing N= 40	Physical N= 182	Intellectual N= 30	All N= 306
Staff are sensitized and have a positive attitude	53%	31%	23%	66%	33%
Welcoming of people with a disability	16%	21%	13%	7%	14%
Information provided is comprehensible	0%	26%	3%	7%	6%
Communication in public areas is simple (phone, Internet, etc.)	2%	13%	2%	3%	3%
Adapted signage	6%	3%	2%	0%	2%
Security	8%	5%	7%	0%	6%
Building is accessible	16%	0%	50%	17%	34%
Other	0%	3%	1%	0%	1%

Source : author's compilation.

data are *also* necessary. Since one approach focuses on depth and the other on width, there is no need to overemphasize the importance of one over the other. Both are needed for a comprehensive understanding.

The issue of inclusion may indicate a degree of tolerance from people with disabilities toward the general population, a topic rarely considered in research. Thus, despite the emotional difficulties resulting from people with disabilities feeling they are "*physically* cumbersome" as passengers to staff and other people (Proai *et al.,* 2010), for example, or from concept of beautism (Freeman and Selmi, 2010), most still want to be integrated. People with disabilities have adopted certain ways to deal with "normal" people in such a way as to avoid inconveniencing others (Poria *et al.,* 2010). The matter then is not only to train staff but also to sensitize "the other" participants about how to deal with people with disabilities.

Important criteria for enjoyment on site

To determine what can contribute to the enjoyment of a vacation for people with disabilities, respondents were offered a selection of items to choose from, questions covering the enjoyment criteria proposed by the organization *Tourisme et Handicaps*. As Table 5 shows, the two criteria essential to enjoyment of the tourism experience for these tourists are staff's sensitization (33%) and physical accessibility (34%). This table highlights the following differences between the four groups.

• Intellectual disability: almost 73% of the responses involve staff attitude, the most factor. The second most important is building accessibility (17%).
• Visual disability: Staff sensitization and attitude is most important (69%) followed by building accessibility (16%).
• Hearing disability: the most important criterion is also staff sensitivity and attitude, cited in 52% of responses. Comprehensive information (26%) is the second most important for this group.
• Motor disability: the most important criterionfor enjoyment is building accessibility (50%), followed by staff sensitivity and attitude (36%).

These results support the finding of Darcy and Pegg (2010) that staff training is crucial in serving of people with disabilities, and thus to their tourism experience.

Conclusion

A few aspects in the tourism and disability literature warrant emphasis: (a) tourism data on people with disabilities are still in their infancy, despite the fact that these people like to travel; (b) data about this segment as a heterogeneous group are lacking, despite the fact that these people have different impairments, and therefore different needs and desires; (c) quantitative data about these people's respective tourism behaviour are lacking, despite the fact that many data have been grounded in exploratory studies; (d) data about their tourism experience and therefore enjoyment are scarce, despite the progress made in services marketing and transformative services research (Mick, 2006; Mark *et al.*, 2011). These aspects have laid the groundwork for this paper, which seeks to contribute to the body of knowledge on the tourism experience of people with disabilities, with greater emphasis on their enjoyment than on accessibility or participation, since both are prerequisites to, but do not necessarily guarantee, enjoyment.

In summary, most respondents (97%) travel at least once a year. Many travel several times a year, especially individuals with a hearing disability (55%). Most trips are taken inside the country, but people with a hearing disability tend to travel more abroad (32.5%). Site accessibility and equipment is the most critical inhibitor for all respondents, but appears to be more critical for people with an intellectual disability (42.3%). Information on accessibility is the second most important inhibitor, even more critical for those with a visual disability (27.8%). Receiving incorrect information about accessibility from third parties is the third most important factor,; more critical for individuals with a physical disability. Staff attitude was the fourth most important, but appears to be more crucial for those with a physical disability (29.8%). Most respondents felt integrated and 84% wanted to be integrated with mainstream tourists in tourism activities. However, 44% of people with an intellectual disability prefer to be segregated, of whom 33% want a tailored service, and 11% seek to avoid facing non-disabled tourists. Among factors that might directly influence their tourism experience, staff attitude is a major factor for 47% of respondents, followed by accessibility (50%). Whereas staff attitude is more important for those with an intellectual disability (73%), and for those with a visual disability (69%), the critical factor for enjoyment by those with a hearing disability is information clarity (26%). Security, adapted signage, and communication in public areas were relatively less important for all.

There has been progress in perceptions and treatment of people with disabilities in society, legislation and the tourism industry since the 1990s. This progress can be seen as an upward movement from the medical model, which views people with disabilities as patients, through the social model, which sees them as dependent individuals (Oliver, 1990), and into the economic model, which recognizes their consumer power as a lucrative market segment (Gröschl, 2007; Huh and Singh, 2007; Shaw, 2007; Shaw and Coles, 2004). Yet progress remains slow and myopic. Perhaps society has become complacent about people with disabilities, believing that building a few ramps here and there is *the* response to business and moral issues. Focus on the service model and on leisure enjoyment represents a move toward human fulfilment, an integral part of transformative consumer service research, and social behaviour. ■

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APPROCHES MÉTHODOLOGIQUES EN TOURISME • APPEL À TEXTES

Qu'elle soit qualitative ou quantitative, la recherche implique le recours à des techniques de collecte de données et d'analyses qui ont fait leurs preuves. Il arrive cependant que l'expérience touristique, par sa nature particulière (l'étude de phénomènes ou pratiques où certains acteurs sont en mode opérationnels alors que les prestataires sont en mode repos), nécessite une approche particulière. Considérant la nature multidisciplinaire du tourisme, et l'évolution rapides des expériences offertes, les chercheur(e)s sont ainsi confronté(e)s à des défis particuliers.

Il y a un besoin réel de trouver des solutions adaptées aux problèmes engendrés par la recherche en tourisme et de développer des outils adaptés aux situations particulières du domaine. Il est tout aussi important de jeter un regard critique sur les méthodologies employées jusqu'à présent en recherche touristique.

Téoros est à la recherche de textes consacrés à la méthodologie de recherche en tourisme, soit à propos de nouvelles approches, soit à propos de nouvelles façons de recourir aux méthodes de recherches existantes. Seront considérés les articles développés autour de discussions conceptuelles ou encore sur les applications de diverses méthodes. En plus de ces aspects, votre article peut porter sur :

- de nouvelles méthodes de recherche en tourisme selon les disciplines concernées par le phénomène ;
- de nouvelles façons d'employer des méthodes de recherche conventionnelles en tourisme ;
- des façons créatives de combiner les méthodes qualitative et quantitative ;
- de nouvelles approches pour l'étude des questions contemporaines qui impliquent l'effort de communications entre les disciplines (comme, par exemple, la nature interdisciplinaire croissante des études en tourisme et le développement accéléré des études virtuelles).

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Chaque article doit inclure les nom et prénom de tous les auteurs, leur titre principal et leur affiliation (une seule), leur adresse électronique (courriel) et postale, un résumé de 150 à 200 mots maximum en français ainsi qu'une une liste des mots clés (maximum de 5). Il n'y a pas de date limite pour soumettre un texte sur les approches méthodologiques : *Téoros* les reçoit en tout temps. Les propositions de textes doivent être adressées à la revue : teoros@uqam.ca. Veuillez inscrire «Méthodologie» dans la ligne de sujet.

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