Dimensions of hotel experience of people with disabilities: an exploratory study

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Abstract

Purpose – This exploratory study aims to focus on the challenges arising from the interactions between wheelchair users, individuals using crutches and blind people with the hotel environment as well as on the efforts to overcome these challenges.

Design/methodology/approach – The sample was gathered through a snowballing technique. The study utilizes in-depth semi-structured interviews of 45 participants: 20 used wheelchairs; ten were dependent on crutches; and 15 were blind. The data were subject to thematic content analysis.

Findings – Interpreted by the social model of disability, the results suggest that the challenges participants confront derive from the physical design of the environment as well as staff behaviors. Differences were found between the hotel experiences of people with various types of disabilities.

Research limitation/implications – The sample was limited to Israeli participants.

Practical implications – The paper offers recommendations for hotel management with regard to specific physical as well as interpersonal means to alleviate apparent difficulties faced by people with disabilities in their hotel experiences.

Originality/value – This study broadcasts the genuine voice of people with disabilities. The findings are of special relevance to hospitality researchers, educators, executives, and hotel staff.

Keywords People with disabilities, Hotel experience, Crutches, Wheelchairs, Blind people, Israel

Paper type Research paper

Introduction

Marketing literature centered on the needs and experiences of people with disabilities has grown rapidly in recent years (Grady and Ohlin, 2009; Ozturk et al., 2008). The size of the disabled market, estimated at between 10 and 19 percent of the general population, is suggested to be one main motive for such studies (Bull et al., 2003; Huh and Singh, 2007; Kaufman-Scarborough, 1998). Also, efforts to better understand people with disabilities may be based on recent legislative endeavors rooted in US law and subsequently enacted in Europe and elsewhere. The American Disabilities Act (Part III passed in 1990) and the Disability Discrimination Act (Part 3 passed in 1995) symbolize a new stage with regard to the civil rights of people with disabilities. These laws were further modified (for example, the ADA Amendments Act of 2008) and serve...
as models for protecting the civil rights of people with disabilities. Other countries such as, Bermuda (Forbes, 2009), Scotland and Northern Ireland relied on the DDA and the ADA (SAiF, 2009) to establish their own codes of practice. Other countries such as Israel and Canada established country specific codes of practice and regulations based on civil rights and equal opportunity laws relating to access to accommodation (Rosen, 2007). The impact of the ADA and the DDA is also evident in hotel chains and associations (e.g. Hotel Association of India, 2009), many of which established specific practice codes. Such codes relate primarily to hotel rooms and public areas (British Standards, 2008), almost exclusively focusing on the physical aspects of the environment and the mobility considerations of people with disabilities.

Research interest in people with disabilities is also evident in tourism and hospitality related studies (Gröschl, 2007; Lane, 2007; McKercher et al., 2003). Surprisingly, only few empirical studies have focused exclusively on the actual hotel experience of people with disabilities. Moreover, Grady and Ohlin (2009) highlighted the importance of speaking directly with people with disabilities in order to understand their needs in the context of tourism and hospitality (Chen, 2004; Ozturk et al., 2008). Such studies providing people with disabilities with an opportunity to express their needs are rare. This exploratory research aims to enrich the hospitality literature by identifying the difficulties that people with disabilities confront during their hotel experience.

This research is part of a series of studies focusing on the tourism experiences of Israelis with diverse disabilities (Poria et al., 2009, 2010) proposing concrete management implications based on the personal experience of consumers with disabilities.

**Literature review**

*Conceptualizing disability and barriers*

This study adopts the ecological perspective to conceptualize disability. This perspective is subjective and regards disability as an outcome of the interaction of impairment, activity limitations, and participation restriction in a specific environment. Accordingly, impairment does not necessarily yield disability, if the environment poses no restrictions. This approach is in line with that of Nicolle and Peters (1999), who argue that being “handicapped” is a result of “a mismatch” between the individual’s needs, abilities and the environment. This line of reasoning, i.e. the importance of the link between the individual and the environment, was adopted in the present study regarding the term “disability”.

The ecological perspective also conforms to the World Health Organization’s ideology, which regards disability as “a complex phenomenon, reflecting an interaction between features of a person’s body and features of the society in which he or she lives” (WHO, 2007). Furthermore, the ecological perspective adheres to the social model of disability, which emphasizes issues such as the social construction of disability as a state of marginalization, and highlights social issues as potential barriers in lieu of exclusively focusing on the physical environmental aspects.

Prior to examining the hotel experience of people with disabilities, three terms must be clarified: impairment, disability and handicap (Burnett and Baker, 2001). Impairment is defined as a loss or abnormality of psychological or anatomical structure or function. Disability is restriction or lack (resulting from an impairment) of
ability to perform an activity. Handicap is a disadvantage for a given individual that limits or prevents the fulfillment of a role that is normal for that individual (depending on age, gender and social and cultural factors). As such, possessing a handicap reflects an interaction between features of a person’s body, the individual’s state of mind and the environment, meaning that the guests may be defined as handicapped in one hotel, but not in another. In sum, this study attempts to learn when, why and how impairment may lead individuals to feel handicapped, and how hotel management may prevent or mitigate such negative experiences.

Research on people with disabilities in the tourism and hotel sectors

Research about the tourism experience of people with disabilities first emerged in the late 1970s and even in the late 1980s and early 1990s, researchers only “flirted with this issue” (McKercher et al., 2003, p. 467). Today, there are increasing numbers of studies focusing on the tourist experience of people with disabilities. A careful examination of published research indicates that the tourism and hospitality literature focuses on three main issues. First, many studies center on the characteristics of people with disabilities, who partake in the tourist experience, as well as on the economic potential of the people with disabilities market (e.g. Israeli, 2002). Second, research attention focused on legislation dealing with service provision to people with disabilities (e.g. Disability Discrimination Act and Americans with Disabilities Act). Third, tourism literature recognizes people with disabilities as a marginalized and disfranchised group (e.g. Humberstone, 2004; Phillimore and Goodson, 2004; Swain, 2004). Encouraged by the feminist movement, which argues for the need to provide minority groups a voice in the public arena, recently, attention has turned to people with disabilities in the academic sphere (e.g. Yau et al., 2004).

Recent studies highlight the need for further research into the travel experiences of people with disabilities. For example, Burnett and Baker’s (2001, p. 5) claim that our knowledge about travelers with disabilities exclusively “focuses either on demographic or socioeconomic characteristics, with just a few studies exploring business-related factors” remains accurate, particularly in the sphere of hospitality where existing studies focus mainly on employees with disabilities, overlooking guests with disabilities. For example, Ingamells et al. (1991) investigated discrimination against people with disabilities with regard to employment. Gröschl (2007) explored the effects of human resource practices on the employment of people with disabilities and highlighted the importance of an individual’s aesthetic appearance during the service encounter; a concept investigated in hospitality as well as in the service industry in general (Nickson et al., 2005). Ross (2004) pointed toward ethical issues and the treatment of staff with disabilities within the tourism and hospitality industries. Another stream of studies centered on the impact of the ADA (American Disability Act) on the hospitality industry (e.g. Ohlin, 1993).

Other studies emphasize accessibility issues. However, many are descriptive in nature and primarily focus on hotel accommodation and highlight the difficulties people with disabilities face. Yet, these studies tend not to discuss the methods people with disabilities employ to meet these challenges. For example, Chen (2004) indicates that a very high percentage of the population with disabilities used accommodation facilities during their travel. In her descriptive study, she distinguishes between different types of people with disabilities and their lodging and accommodation
preferences; however, she does not clarify the actual hotel experience. Ray and Ryder (2003) also relate to difficulties accessing hotels. However, they too refrain from elaborating on the actual hotel experience. Turco et al. (1998) identify difficulties in reservation procedures for people with disabilities. They also consider the hotel room design, suggesting difficulties in fixture and appliance use for people with disabilities due to the location and layout of certain room features (for example, appliances that are located relatively high up). They also indicate that showers and bathtubs comprise a major problem for people with disabilities. Simon and Pheroza (1999) claim that frequently hotels do not have sufficient numbers of rooms suited to people with disabilities. They mention several logistical factors, such as shower seats and adjustable beds that should be in a hotel room specifically for wheelchair users. Other studies report on instructions, codes of practice and regulations that management should follow to provide people disabilities with better service (e.g. Hancock, 1991; Sall, 1995). Mills et al. (2008) explored the accessibility of hospitality and tourism web sites for people with visual impairments. Most studies on hotel tourists with disabilities center on the hotel room’s physical environment and virtually ignore other hotel areas (such as public spaces and restaurants) as well as elements such as interaction with the hotel staff. Thus, the impression provided is that people with disabilities by and large remain in their rooms and forego use of other hotel facilities. Thus, as, to date, encompassing hotel experiences of people with disabilities have been virtually ignored, and there exists a need for an exploratory study, which provides basic taxonomy of the experiences.

Investigating dimensions of the hotel experience of people with disabilities
The aforementioned literature identifies several reasons for studying the tourist experience of people with disabilities. All delineated reasons are relevant for the hospitality industry. The first mentioned reason is the economic potential of the disabled market (Chen, 2004). It appears that beyond the large market size, the disabled market is characterized by strong brand loyalty (Burnett and Baker, 2001; Denman and Clarkson, 1991; Ray and Ryder, 2003). A further study motivation derives from data suggesting that tourist activity is an important dimension in the treatment of people with disabilities (Prost, 1992). Additionally, certain studies indicated the indirect positive impact of attention to tourists with disabilities. Specifically, attempts to better serve the needs of people with disabilities resulted in improvements in service provision for people without disabilities (Kaufman-Scarborough, 1998). Finally, it is argued by the authors that the tourism and hospitality industries have a social responsibility to provide people with disabilities with an adequate service experience. This responsibility is especially relevant, as travel has been identified as an important aspect in the quality of life of people with disabilities (Kinney and Coyle, 1992; Prost, 1992). Chen (2004) noted that it is the responsibility of governments to ensure barrier-free tourism for people with disabilities. The assumption that travel is a social right converges with the approach taken in the current study.

Research objectives
In line with Baker et al.’s (2002) call for giving people with disabilities a voice, this exploratory study has two main aims: First, to explore the hotel experience of people who use wheelchairs and/or crutches as well as that of blind people – highlighting
both physical and non-physical difficulties raised by the respondents as preventing a satisfying hotel experience. Second, the study aims to explore how people with disabilities overcome the aforementioned difficulties in the hotel servicescape (Bitner, 1992).

In this study, a less common research approach to exploring people with disabilities’ hotel experience was adopted. Specifically, Huh and Singh (2007) argue that studies in tourism which focus on people with disabilities approach the subject from the perspectives of social justice and altruism and meeting legal requirements rather than marketing purposes. This research, however, is unique in the sense that it does not only adopt a marketing approach, but integrates such an approach with the aforementioned ecological perspective to disability. This integration may lead to concrete and applied management recommendations, based on the consumer’s perspective, namely the personal experiences of people with disabilities.

Methodology
This study is part of a series of studies focusing on the tourism experiences of people with disabilities (Poria et al., 2009, 2010). This paper reports the results relating to the hotel and its restaurants. A qualitative methodology approach was used for four main reasons:

1. The complexity of the topic under investigation.
2. The lack of existing data.
3. The exploratory nature of this study.
4. A qualitative research approach is specifically recommended when studying minority groups and people with disabilities in general, and in tourism in particular.

The attributes assigned to qualitative research epistemology are relevant to the study of marginalized groups, such as people with disabilities, as it provides participants with the possibility to speak about their personal experiences. Moreover, this research approach allows researchers to position themselves as learners (rather than experts). As such, the respondents related to their memorable moments and were not directed or guided by the interviewer to refer to specific elements of the hotel experience or its servicescape. This approach may explain why certain servicescapes such as the hotel swimming pool, spa facilities or casinos as well as service encounters such as with room attendants were not mentioned by the participants.

The study population was composed of residents of Israel. Based on a constructivist approach, the aim of the sampling procedure was to provide diversity of voices. Respondents represent a broad cross-section of people with mobility and visual impairments. The disability types were chosen based on ease of recognition by hotel staff. An attempt was made to include participants with congenital impairments as well as those who incurred impairments later in their life due to disease or accidents. Participants were recruited through personal contacts of the researchers, the help of organizations for people with disabilities, and community centers serving this population and their families. This nucleus group of interviewees was expanded by “snowballing”, a sampling strategy that had been found useful and helpful in studies focusing on the tourist experience of people with disabilities. To prevent the snowball
technique from producing a homogeneous sample, different individuals from various environments were approached in the first stage of data collection.

Data collection was composed of two sections. First, in-depth interviews were conducted with experts ($n = 8$) such as doctors and managers of organizations that cater mainly to the disabled (e.g. service providers in blind people’s libraries, sport centers which cater to people with disabilities). Additionally, interviews were conducted with people with disabilities ($n = 14$). These interviews provided initial information about the tourist experience of people with disabilities, as well as suggesting a format for the main interviews. In the main study, a semi-structured interview was utilized, allowing comparison of the participants’ responses. The interview questionnaire was made up of several sections, with questions based on the literature review, the aforementioned preliminary interviews with people with disabilities and relevant experts.

The literature recommended that researchers approach people with disabilities with sensitivity. Based on Diamond’s suggestions (1999), at the beginning interviewees were informed that their participation was voluntary and that if they did not feel comfortable answering certain questions, they could ask to skip to the next question(s) or feel free to leave at any time. In addition, participants were contacted prior to the interview and asked to choose the location for the interview. It was specifically clarified that the interviewer could come to these locations. It was also decided to approach only individuals above the age of 21. No participants indicated any distress, before, during, or after the interviews.

The interview began with some brief “warm-up” questions and the reviewer’s self presentation. In addition, questions about individual visiting patterns were asked (e.g. how many hotels do you visit a year and with whom; did you stay in a room classified as accessible for people with disabilities). Next, participants were asked to relate to difficulties they encountered during their visits to hotels in Israel and abroad, referring to hotels that were classified or advertised as “accessible” (e.g. please describe the difficulties you faced when staying in an accessible room). These questions were derived from various published codes of conduct dealing with accessibility issues in hotels (e.g. ADA, DDA) as well as from tourism literature addressing barriers and obstacles for the tourist experience (e.g. Francken and van Raaij, 1981; Iso-Ahola and Mannell, 1983; McKercher et al., 2003). Participants were also asked to describe specific incidents in the hotel, in which they experienced difficulties associated with their disability. This method is similar to the Critical Incident Technique (Baker et al., 2007). The questions were in line with the social model of disability, attempting to capture how people perceive their own disability. Additionally, participants were asked to describe how they overcame the difficulties they encountered, so that these measures could be possibly used to improve accessibility to the facility and movement within it (e.g. Please describe how you overcome some of the difficulties you mentioned; for instance, you stated that the door was so heavy that you could not open it, so how did you get into the room?). This set of questions was based on the ecological approach to disability, aiming to capture the situation when one’s disability becomes a handicap. Interviewees were also asked to compare their hotel experiences to visiting other tourist attractions (e.g. Please compare the hotel experience for people with disabilities in comparison to a visit to a museum). The questions which contributed most to the study’s implications were those in which the interviewees were asked to provide hotel
management with recommendations on how to improve the hotel visit experience for people like themselves.

As this study’s aim is inspired by the ecological approach and the social model of disability, during the interviews, attempts were made to provide the interviewee with a distinct voice and to enable him/her to reveal his/her feelings. The interviews were in line with the naturalistic approach that seeks to understand phenomena in context-specific settings. To illustrate their views, participants were encouraged to draw on their personal experiences and those of friends. The average interview lasted 75 minutes, and – according to the interviewee’s preference – was either recorded or transcribed. The interviews were conducted in Hebrew. Significant parts of the interviews were translated into English, paying careful attention to the nuances of both languages. Later, the transcripts were submitted along the original Hebrew text to a professional translator who is very familiar with both Israeli and American cultures. The notes were then subjected to thematic content analysis to illuminate underlying themes. Through the “cut and paste approach,” the texts were re-contextualized into topics. Data were analyzed manually due to the inductive nature of this study. As indicated earlier, few studies focus on people with disabilities’ travel experiences and even fewer, focus on the hotel experience. As such and due to the exploratory nature of the study, no underlying hypotheses guided the analysis. The researcher coded the data only after several interviews had been conducted. The analysis was guided by Denzin and Lincoln’s (2000) authenticity criteria to achieve credibility. Specifically, the memoing process, inspired by Glaser and Strauss (1967), was adopted. This study used a data-driven approach and the memoing process served as a basis for the analysis.

To further ensure credibility, the five-stage audit trail suggested by Akkerman et al. (2008) was utilized. In the start document stage (Akkerman et al., 2008, p. 266), a review of the tourism literature and of studies dealing with people with disabilities was conducted. The main focus of the first stage highlighted the conceptualization of barriers for tourism experiences, as well as barriers for participation of other minority groups in leisure and tourism. Additionally, it was decided to adopt the experientially based approach to tourist experience as well as the social approach to disabilities as suggested by Darcy (2002) and Baker et al. (2007). In light with the ontological and epistemological perspective, participants were encouraged to speak and describe themselves. Also, at this stage the researchers reflected on their positioning as active learners rather than experts.

Data collection lasted for almost two years (2005-2007). In total, the main study included 45 Israelis with disabilities. Of these, 20 used wheelchairs (17 manual chairs and three electricity-driven chairs), and ten were dependent on crutches. Participants ranged in age from 23 to 71 ($M = 43$). The remaining 15 participants were visually impaired (totally blind), the youngest of who was 23 and the oldest 70 ($M = 37$). No participant had double impairments. Data were collected from both men and women (19 men and 26 women), in an attempt to reduce the likelihood of gender bias. Participants related to average and high standard hotels as well as to hotels that advertise the availability of accessible rooms regardless of their rank. Data about motel and youth hostel use was not reported. The interviews with participants who do not frequent hotels aimed to identify barriers to the hotel visit (seven participants did not visit hotels). The data collection phase was concluded when it became apparent that additional interviews would yield theoretical saturation.
Data analysis was straightforward in the sense that the researchers achieved a high level of agreement on the emergent categories and themes. Clearly, this type of consensus corresponds to the exploratory nature of the study. The next stage involved the interpretation of the data, emphasising participants’ views whether or not congruent the current body of literature.

It should be noted that to date no official statistics on hotel visits by people with disabilities is available in Israel. In 2008, there were 21 million nights’ stays in Israel hotels (occupancy rate 65.9 percent). There are 47,142 rooms available in 336 officially listed hotels (Israel Bureau of Statistics, 2009). The hospitality industry employs 32,000 people (Israel Bureau of Statistics, 2009). No star or other official ranking classification system is applied, however, given the small size of the country; the quality of most hotels is common knowledge. Currently, an industry-wide code of practice relating to people with disabilities is not available.

Findings
The findings are divided into four sections: the hotel room, hotel public areas, hotel restaurants, and staff. Each section presents the difficulties faced by the participants and how they overcame them. The difficulties reported were in some sections divided according to disability type and in other sections they were unified into a single category. The quotations in the text demonstrate the main themes identified.

Based on the informants’ reports, a differentiation was made between difficulties and barriers. Difficulties and barriers were coded into diverse categories:

- difficulties and barriers linked to types of environment (human or physical); and
- difficulties and barriers linked to emotions (pain, shame, frustration or all).

Hotel room
Almost all the blind people and wheelchair users related to the internal design of the room \(n = 30\), suggesting that the positioning of the furniture frequently impairs free movement. To facilitate free movement, furniture had to be repositioned within the room, and in some cases, housekeeping staff was asked to remove some of the furniture from the room. Participants reported the necessity to re-arrange the room after the daily cleaning, as furniture had been repositioned in its original hotel-designed position. The next quotation highlights this issue:

People using wheelchairs need spacious rooms. We take all the furniture out or move it next to the room walls. Then in the morning the housekeeping staff positions it again in the “right place”. Then, we organize the room again. Then, they reposition it. It is a ping-pong match, in which all players lose (wheelchair user, woman, no. 7).

Wheelchair and crutches users also spoke about the room’s front door \(n = 18\). They argued that wider than standard and swing doors are important. They also stated that some doors are too heavy and difficult for them to open. Participants also complained about difficulties in opening or pulling the door in order to enter. Participants using wheelchairs indicated that the electronic key is located at the top of the lock, which is often beyond their reach.

Wheelchair and crutches users also commonly \(n = 17\) referred to bed height. They found low beds difficult to get into or out of. Interviewees using wheelchairs suggested that although carpet may have aesthetic value, they complicate mobility. They
suggested that thinner carpets might mitigate this difficulty. In contrast, crutches users indicated that carpets were useful and reported feeling insecure on uncarpeted floors, due to their fear of falling. The next comment highlights this issue:

We are afraid of polished smooth floors; we can so easily fall on those floors (crutches user, man, no. 15).

As to the room design, participants using wheelchairs reported some specific problems relating to the height of furniture and appliances (n = 20) such as the mirror, refrigerator, cupboards, shelves, electricity, and air-conditioning switches. Participants suggested that positioning such items lower would increase accessibility for a person using a wheelchair. Participants described using devices such as sticks or umbrellas to overcome this problem. Participants also related to the height difference between the room and the balcony as an obstacle to maneuvering between them.

Focusing on the bathrooms, all participants using wheelchairs (n = 20) reported difficulties getting into and out of the bathtub. Participants also reported that showers were often too small to enable entry. In addition, participants indicated the need for increased space near the toilet to guarantee wheelchair access. Furthermore, wheelchair-users indicated that most bathroom items were out of their reach (e.g. the hair dryer, sink and mirror). Those using crutches had few comments about the bathroom, except for suggesting that a smooth, wet floor poses a potential danger. Some participants reported actual incidents that had caused them injury (n = 4). To avoid these dangers, some reported placing towels on the floor. Participants asserted that often they were “punished” by being provided with fewer towels for what hotel management perceived as wasteful behavior.

Since implementing this green energy conservation policy, hotels punish us because we use crutches. We [crutches users] throw the towels on the floor, because we do not want to slip and fall. Housekeeping comes back in the morning and takes the towels; however, they then restock the room with fewer towels. Housekeeping needs to understand that we are simply afraid of falling (crutches users, man, no. 5).

Blind people said that provided the bell staff informs them of the location of accessories, after several minutes they usually find the room very easy to maneuver. Blind interviewees also noted height gaps between the balcony and the room. Furthermore, they indicated that the room number frequently does not protrude, and they are therefore unable to find the room. Additionally, participants mentioned that they have problems with the electronic keys. They mentioned that they swipe the key the wrong way and are often not able to open the door.

Hotel areas
With regard to public areas, participants related to parking spaces, lobbies, and elevator use. Participants using wheelchairs and crutches noted that although most hotels have disabled parking near the entrance, there is often no ramp between the road and the sidewalk. Moreover, participants felt that the parking spaces should be wider than normal, enabling them to open the car door and remove the wheelchair. Additionally, participants indicated that they should be assisted with their luggage or alternatively, allowed to temporarily park at the hotel entrance during check-in. Some interviewees complained about the occasional use of counterfeit or expired parking permits in Israel by people occupying their parking space.
Wheelchair users stated that often elevator buttons are too high for them to reach. Likewise, public phones and water fountains should be installed at a height suitable for those using wheelchairs. Participants also reported that where accessible facilities were available, frequently the directions were not posted. Consequently, they had to solicit the help of hotel staff; an act that some participants found annoying.

In contrast to the room environment, blind participants strongly criticized accessibility in hotel public spaces. They said that if unaccompanied when entering the hotel they are often unable to locate the reception desk. They also mentioned that although reception clerks inform them of elevator and room location, it is often very difficult for them to find their way, if unaccompanied. Some participants also said that many hotel lobbies are multi-leveled with connecting stairs and pose risks of falling. Hotel elevators present an additional source of difficulty for blind people. Not all elevators are Braille equipped and in many big hotels, elevators may be designated to serve only specific floors.

Try to imagine how you’d feel if you want to go your room to use the bathroom, and you discover that you are in the elevator that only stops on floors ten to 20, and you are on the ninth floor (blind person, man, no. 7).

Restaurants

According to the participants, restaurants and dining play an important role in the hotel experience. Different response patterns are reported here based on the type of disability and the serving style. Generally, wheelchair users \( (n = 18) \) mentioned the existence of stairs as a barrier to entering or dining in a restaurant. Participants highlighted that even a single stair in front of the restroom can present a barrier. In this context, participants suggested that the staff frequently assumes that wheelchair users can easily climb a single stair. It should also be noted that interviewees using wheelchairs also mentioned that the tables are often not high enough for the wheelchair.

They don’t understand that even one stair is a major problem for us. One stair is not something that you can jump on. They think that a wheelchair is a bicycle (wheelchair user, man, no. 18).

Among blind participants, personal serving style restaurants presented minimal challenges with the exception for the need to read the menu and learn how the table is set and how the food is served on the plate. It should be noted that only three participants reported that they eat alone during their stay at the hotel. All participants reported difficulties when the serving style was buffet. Blind participants were not able to tell where the plates were, and what selection of dishes was served on the buffet tables. Moreover, even if provided with help, blind participants felt that they were highly dependent on the help of others \( (n = 5) \), which can be embarrassing at times. Wheelchair users suggested that buffet tables are frequently high, and consequently they are not able to take food from the serving plates or even see the food display. People using crutches found it difficult to move with the plates in their hands at the buffet tables. As will be discussed later, the hotel waiters had a major effect on the guests’ dining experience.
Hotel staff

In general, all participants reported very high satisfaction levels with hotel staff service and attitudes. Specifically, participants noted a high level of willingness to provide them with assistance. However, two issues that had a negative impact on the hotel experience were frequently mentioned – mainly while referring to service received from the reception clerks and waiters. First, participants \((n = 6)\) indicated that some staff members were frequently too helpful and overprotective, trying to help even in the absence of need. Such overprotectiveness is actually perceived as an invasion of privacy and an annoyance. Also, some interviewees \((n = 8)\) suggested that hotel staff over protection instigates false feelings of dependency. Such feelings, in turn, affect self-esteem. Second, participants highlighted that, at times, the staff wanted to help them, however, they did not know how. For example, staff members wanted to assist them in moving from the wheelchair to the restaurant chair, but they did not know how exactly to help. The following comments illustrate the aforementioned:

Sometimes I feel like a baby. The waiter decides that since she didn’t have a chance to help an old lady cross the street today, she should take care of me. I don’t need this help. She doesn’t need to cut the steak for me or twirl the spaghetti on my fork. Such acts are devastating (blind man, no. 6).

We are not luggage. You have to know how to help someone using a wheelchair move from their chair to a restaurant chair. They do not need to take you. They need to know how to position the wheelchair next to the restaurant chair (wheelchair user, woman, no. 12).

As for communication, participants \((n = 22)\) indicated that when talking to people with disabilities, hotel employees, like many members of general society, relate to their appearance and often assume that they have cognitive disabilities and hearing problems. Participants raised this issue while reporting that on many occasions the staff did not approach them, but turned instead to their accompanying companions. Moreover, the staff spoke loudly and slowly. Participants further indicated that the communication between them and the reception clerks, located behind the physically high reception desk is inconvenient and even humiliating, as they are not able to see the person assisting them.

Try to imagine yourself communicating with someone you can only hear. For the money I am paying to finalize my bill, why can’t the reception clerk sit on one of the chairs in the lobby in front of me? (wheelchair user, man, no. 9).

Another issue participants raised was the inaccuracy in the descriptions of the degree of accessibility of the hotel and its facilities by hotel service employees. Participants \((n = 8)\) indicated that on certain occasions the staff described the hotel in general as “accessible”, although this was not the case. Participants specifically indicated that hotel staff assumed that if some rooms are classified as “accessible” for the disabled, the entire hotel environment is accessible. Clearly, this is not necessarily the case. Additionally, participants argued that the staff assumed that if certain spaces are almost accessible, they are “accessible”. For example, a reservation staff member indicated that the restaurant is “accessible”, as it only has one stair. This one stair may be a barrier to use of the restrooms, which in turn may be a barrier to fully enjoying the restaurant experience. In this context, the aforementioned buffet style dining is erroneously often described as “accessible”. Given the gap between staff descriptions...
and the actual situation, participants stated that often only information provided by “one of them”, another disabled person, is perceived as reliable. The willingness to be informed by “one of them” is partly because staff members often do not know exactly what “accessible” means and, in some cases, are not fully aware of services provided by the hotel. For example, one interviewee complained that the swimming pool was described as “accessible”; however the staff did not know whether one of the elevators reached the pool level. Also, there are different standards for “accessibility” in different countries. A room may be considered “accessible” in one country, but not in another. Even at the same hotel chain, cross-national differences can be found with regard to “accessibility”.

Accessibility is a subjective term. There is no standard for an accessible room. In one country, a room can be classified as accessible, while in another country the same room is not categorized as accessible (wheelchair user, man, no. 14).

Discussion
Summary
Not surprisingly, the results indicate that people with disabilities experience difficulties in their interactions with their physical environment. The difficulties are often disability-specific, yet in some cases participants with diverse disabilities had common difficulties. Wheelchair users’ main difficulties arise from their seated position and inability to reach high placed objects or freely maneuver in the hotel room. Participants using wheelchairs also reported major difficulties relating to hotel room showering and toilet use (mainly in the restaurant). Participants using crutches felt that movement may be unsafe and physically demanding in certain environments. However, they reported few barriers to the hotel experience. Blind people relayed feeling unsafe in the hotel public areas as well as in the room. Clearly, the differences between the three groups of people with diverse disabilities illustrate the need to avoid generalizations concerning people with disabilities.

Conclusions
This study focuses on the hotel experience of people with disabilities and examines their interaction with both the physical and the human services environment of the hotels. As such, the study relates to the seminal work of Mary Jo Bitner on “serviescapes” (Kincaid et al., 2010). Bitner (1992) argued that the interaction between the physical and non-physical environments is of crucial importance to the analysis of service organizations such as hotels, due to their “interpersonal”, “complicated” service environments (pp. 57-9). Yet, a tourism and hospitality literature review reveals that this significant link between the customer and the physical environment is under-researched. Clearly, the current study illuminates meaningful information. However, the study indicates that that the servicescape – “the man-made, physical surrounding as opposed to the natural or social environment” (p. 58) is only one component in people’s hotel experience.

Similarly to previous studies, the current research found that the physical environment plays an important role in the consumption experience (Hau and Ryu, 2009). The study’s findings indicate that specific physical or “technical” (Grönroos, 2000) aspects of the travel experience can and should be made more accessible for
people with disabilities. Interviewees revealed that even in spaces classified as “accessible” and appropriate for people with disabilities (i.e. rooms for disabled visitors), there is much room for improvement – some of which can be carried out quickly at minimal cost. In line with the social model of disability, the results presented here suggest that for researchers to better understand the travel experience of disabled consumers, they must ask them for their own personal perspective. There is a crucial need to provide participants with the opportunity to talk about their personal experience, which is affected by their perception of their disability or whether they feel enabled or disabled (Baker et al., 2007). This requirement can be easily achieved as the present study illustrates that people with disabilities are willing to cooperate. This is congruent with marketing literature dealing with minority groups (e.g. Lee, 1993; Macchiette and Adhijit, 1994).

Relating to the human or “functional” (Grönroos, 2000) aspects of service, participants emphasized and assigned a great deal of importance to how they were treated by hotel staff, clearly demonstrating that staff attitude is a major factor affecting the hotel experience. This finding is in line with the argument put forth by Yau et al. (2004) that the physical barriers offer only a partial explanation for the behavior of people with disabilities. This finding is also in line with Baker et al. (2007) who highlighted the importance of service intended for making the disabled customer feel welcome. Such service is in contrast to mere compliance with legal requirements or common ethics. Moreover, such service seems to be in contrast with the dominant role of the “objective” environment as argued by Bitner (1992).

As noted earlier, this finding is also somewhat in contrast with the prevailing western emphasis on legislative and regulatory processes as indicated in codes of practice. One such example is the ADA that dictates room set-ups but often ignores aspects, which have to do with the human service provision (Boyne, 2005). In sum, attending to physical attributes without sufficient attention to the social environment of service and information supply will not meet the full social integration target.

The interviews revealed that, at times, participants were provided with incorrect or useless information regarding the route to and from the hotel. The findings are consistent with previous studies that showed that staff members often do not possess sufficient knowledge to adequately assist people with disabilities (McKercher et al., 2003), and the information provided is often misleading. This phenomenon may be explained by the staff’s excess motivation to help, but lack of ability to supply the required service (Baker et al., 2007). It should be noted, however, that in contrast to studies on other minority groups, inaccurate information was not perceived as staff (and societal) antagonism towards people with disabilities, but rather as an expression of ignorance. Along these lines, it is interesting to note that participants perceive information provided by other people with disabilities as more reliable than that provided by the general population. These findings are consistent with Ray and Ryder’s (2003) findings that people with disabilities are interested in consulting with others like them, who can understand their specific needs, and are skeptical of “foreign” sources of information.

While being relatively tolerant towards inaccurate information provided by staff, almost all participants believe that they have a basic right to fully experience the service offered by the hotel and therefore should not have to make sacrifices and compromises. Participants argued that as paying customers, they are entitled to all
services, just like anyone else. This finding contradicts a previous study which centers on museums experience in which people with disabilities were willing to compromise on aspects of the service experience (Poria et al., 2009). This can be explained in light of the fact that hotels provide services which also relate to customers’ very basic needs (e.g. bed, toilets and shower, food) and on such needs individuals refuse to compromise.

The physical appearance of people with disabilities was found to be an important factor in the visit experience to other tourist attractions (Poria et al., 2009, 2010). Physical appearance was also identified as meaningful in explaining communication and attitudes in tourism and hospitality towards people with disabilities (Gröschl, 2007; Ross, 2004). As noted earlier, participants reported that staff preferred talking to the companions of people with disabilities and not directly to them. Also, the interviewees noted that because of their appearance, they felt that the staff treated them as cognitively disabled. These findings are in line with studies that indicate that less physically attractive people are deemed to possess fewer desirable personal and social traits than attractive people (Ross, 2004).

This study’s findings are of significance to the conceptualization of the service experience of people with disabilities, in general and in hotel environments in particular. The findings clearly indicate that people’s perception of their disability is crucial to the understanding of the way in which they experience the hotel and its environments (social and physical alike). It is not the impairment per se but rather, the person’s perception that determines the person’s definition as “disabled”. Specifically, two people with the identical impairments may experience the hotel in different ways due to their different perceptions of their impairments. This finding adds to the social model of disability and the ecological approach by highlighting the interaction between the individual, the environment, and the perception of disability. Additionally, the hotel and its environments (physical and social) should not be captured as homogenous. Although Bitner (1992) classifies the hotel as an environment which can be classified as “interpersonal service” occurring in an “elaborate physical complexity”, this may not be true for all hotel environments. For example, the current study indicates differences in the perception of the hotel room, hotel public areas and restaurants, arising from different expectations. Additionally, this study suggests that from the perspective of people with disabilities, an “attractive” hotel is one that offers a hospitable, positive attitude and experience that are far above from what is required by law, industry regulations or codes of conduct.

Baker et al. (2007) found that in retail settings “compliance is not synonymous with welcome” (p. 161). The current study indicates that for a space to be perceived as welcoming it should provide a sense of respect to people with disabilities. The sense of respect arises from the physical as well as the social environments. The conclusion based on Grönroos’s (2000) conceptualization is that both the “functional” as well as the “technical” aspects of service are important to people with disabilities. From guest control perspective, physical hurdles could be managed. For example, a guest may feel free and able to alter the room set-up in order to fit their needs. In contrast, they may find it impossible to affect the attitude and behaviors of hotel employees.

To summarize, in general, the interviewees regard hotels as places that do not attempt to discriminate against people with disabilities. Even communication hurdles and service failures were not perceived as intentional, but understood to be reflective of the staff’s accustomed communication style. Within the hotels, there were almost no
reported barriers to the visit, but only difficulties and constraints. The efforts needed to overcome the difficulties were characterized as unpleasant, yet rarely associated with feelings of exclusion and humiliation. To conclude, in contrast to Ray and Ryder (2003), participants here did not regard themselves as “regular folks” (p. 66). Instead, they recognize that they differ from the mainstream population. They do, however, expect a “regular folks” experience.

Managerial recommendations

The implications delineated here are in line with Darcy’s (2002) social model of disability, which emphasizes the way society approaches “people with impairments” rather than viewing disability as a person’s shortcoming. Moreover, the implications are based on the thought that it is the responsibility of hotel management and hotel chains to be socially sensitive and responsive by offering guests with disabilities a respectful (rather than just an “accessible”) hotel experience. The basic approach taken here emphasizes that hotels should cater to the needs of people with disabilities as well as to other population segments (e.g. gay; lesbian; elderly; young) regardless of short-term profitability issues. Following these recommendations may result in more people with disabilities travelling and lodging away from home, affecting hotels profitability (Burnett, 1996).

As tourism and travel are recognized in the western world as a social right, and as people with disabilities are perceived to be a potential source of revenue, hotel managers should attempt to improve their services to people with disabilities, particularly since those attempts often require minor efforts or costs. Specifically, as previously exemplified, it seems that even the use of inexpensive equipment and creative thinking can help management provide a better experience for their disabled customers. The findings presented clearly indicate that although people with disabilities are commonly approached as a single segment, there are marked differences even among the mobility challenged. This implies the need to train hotel staff about providing the required service level for each sub-segment of people with disabilities.

Participants using wheelchairs and crutches highlighted many issues related to the room design that go beyond the specifications of ADA and other legislative acts (Kaufman-Scarborough, 1999). For example, the use of lighter doors would also ease entrance and exit. Adding a second mattress could decrease the difference in height between the wheelchair and the mattress, as well as help people on crutches get in and out of bed. Thin rough carpet or unpolished flooring may prevent falls and assist crutches users.

Adding handles to the bath and adjacent walls or removing doors from the shower may assist wheelchairs users. Wheelchair-users also suggested that certain facilities (e.g. the blow dryer, sink and mirror) should be positioned lower. For those using crutches, non-slip adhesive patches or a carpet on the bathroom floor could prevent slipping. Both wheelchair and crutches users claimed difficulties opening heavy hotel room doors. Installation of a lighter door for rooms designated to people with disabilities may alleviate this problem.

Hotel staff and receptionist in particular, should directly communicate with people with disabilities, without avoiding eye contact. Specifically, when speaking with wheelchair users, reception clerks should leave the reception desk and sit at a regular
table where they can communicate face-to-face. Also, other staff members should be trained to directly communicate with the person with disabilities and not with the accompanying party as well as to the importance of maintaining eye contact. Hospitality service providers should also pay special attention to their tone of voice and volume in order to avoid the frequent type of discourse often used with persons with severe cognitive disabilities. This refers also to the need to avoid speaking to people with disabilities as if they were mentally impaired.

The managerial implications with regard to blind participants differ substantially from those for wheelchair and crutches users. When visually impaired participants related to various tourist attractions, such as museums, they mentioned that in some cases there were models of the attraction that helped them maneuver through the site (Poria et al., 2009). This same concept can be applied in hotels. Such models can instruct blind guests about the structure of the hotel, including the location of different restaurants and the public restrooms as well as the exact layout of the room. Another managerial implication related to the blind people’s reference to hotel elevators. Consequently, it is suggested that the floor number be minted in Braille on the elevator floor panel. Most importantly, participants indicated that the elevator should announce each floor when it stops. In restaurants, hotel management should provide blind people with personal service, even if the serving style is buffet.

Several managerial implications are concerned with the staff service and are of significance to all participants. First, staff should not be overprotective as such an attitude often offends many people with disabilities. Second, staff should be aware of the specific needs of people with disabilities. For example, housekeeping staff should not reposition the furniture in its original position. Such sensitivity is especially crucial for the blind, when in some cases they may prefer removing extra furniture from the room. Moreover, there is an apparent need to heighten the awareness of hotel staff to the facilities available for the disabled. In this context, hotel staff should provide very accurate information to people with disabilities. Given the importance of word-of-mouth communication (Longart, 2010; Xu and Chan, 2010), accurate information that is translated into a satisfying hotel experience, will later be transmitted to numerous potential guests with disabilities. This may also suggest that hotels should rely on people with disabilities in their marketing and communication efforts when reaching out to that particular segment. In this context, hotels should consider creating a forum for their guests with disabilities, enabling them to exchange ideas and share hospitality experiences.

In a call similar to that voiced by Huh and Singh (2007), interviewees encouraged management “to get out of the box” and go beyond the legal requirements. They also suggested that to better learn about the experience and specific needs of people with disabilities, staff and management should experience a simulation exercise and be “disabled for a day”. In addition, participants expressed a strong desire to share their hotel experiences. Management and researchers should communicate directly with the visitors and enable them to articulate their own needs and expectations. In addition, a call is made here to incorporate awareness toward the special needs of people with disabilities into hospitality higher education. Clearly, the future executives of the hospitality industry should internalize the significant role of hospitality in the lives of people with disabilities and the need to be attuned to them.
The study clearly illustrates the significant role of the hospitality industry in integrating people with disabilities into the realm of the western world lifestyle. Since leisure and hospitality experiences have become a “civic right to holidaying”, catering to the unique needs of people with disabilities opens a wide range of social integration options through leisure for people with disabilities and their families. In addition, adjusting the hotel environment and training the staff to better relate to people with disabilities paves the way for a successful family travel and hotel experience. Moreover, as noted by Daniels et al. (2005) and Prost (1992), tourism and travel are of great importance to the well being of people with disabilities. Again, this basic privilege should not be hampered due to environmental and social hurdles present at hotels and their restaurants, especially when one aspires to develop and practice “good tourism”.

**Limitations and future research**

This study has certain limitations. The literature suggests that cultural differences are important in understanding tourist behavior in general (Pullman and Gross, 2004; Reisinger and Turner, 2003), as well as the behavior of people with disabilities (Kisanji, 1995). As the sample was exclusively composed of Israelis, it may be argued that cultural aspects unique to Israel have an impact on the specific findings obtained here. This suggests that the findings may not be totally applicable for people with disabilities in other countries and cultures. However, we contend that these findings have a high degree of generalizability to diverse cultural settings.

It is hoped that this study will lead to further research in this area. During the interviews it became clear that interpersonal (“functional” or “relational”) issues are crucial elements in the understanding the hotel experience of people with disabilities. Thus, it is important to further investigate interpersonal barriers people with disabilities have to confront. For example, the interaction between the individual and the service provider – a factor suggested to be important in servicescapes, shaping the disabled tourist’s experience – needs to be investigated (Gadsby, 1991; McKercher et al., 2003). In addition, future studies should clarify the emotional connection between the guests and the hotel’s physical environment (i.e. the building design, Pullman and Gross, 2004). Moreover, future studies may attempt to differentiate between the importance, that people with disabilities place on the various dimensions of the hotel experience and servicescapes. Based on Bitner’s approach, the hotel is perceived as one servicescape. Future studies may explicitly explore the possibility that the hotel is composed of various servicescapes, each has its unique attributes.

When clarifying an issue not yet presented in the academic literature, it is often necessary to build a body of knowledge through a series of small-scale complementary studies, each extending the insight gained from previous work.

Given the limited body of knowledge on the tourist experience of people with disabilities, a series of exploratory qualitative studies clarifying specific aspects from different perspectives according to a particular disability, should be undertaken. This may serve to deepen the understanding of the travel experience of people with disabilities. Such studies should focus on other areas or services that hotels provide, not covered in the current study. Such further research may enable scholars to assume a more theoretically driven approach.
This study, like most research dealing with the tourist experience of minority groups, is demand-side research based on visitors’ perspective. Future studies should clarify the perspective of the management and the service providers’ (Schneider and Bowen, 1995) conceptualizations of people with disabilities, their needs, and preferences as well as their estimation of the service they provide for people with disabilities. Such studies should investigate attitudes and knowledge about people with disabilities, and staff willingness to interact with guests with disabilities, possibly based on the body of literature focusing on emotional labor, which is at the core of service provider experience.

References


Further reading


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