

Travel Service Gaps for Wheelchair Users

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Introduction

Full participation of persons with disabilities in society is the goal of the Americans with Disabilities Act (ADA). Participation in society is a vital part of the human experience (Law, 2002), and research has consistently shown that the participation of those with disabilities in meaningful work, leisure, family activities, and other life domains is directly related to their life satisfaction (Fuhrer, Rintala, Hart, Cleaman, & Young, 1992; van Leeuwen, et al. 2012). In mainstream America, however, participation in work, school, leisure, and social activities requires travel to some degree, and a disability such as mobility impairment may make travel more difficult. For example, travel for wheelchair users can be challenging due to various physical barriers that may be present during the travel process (Darcy, 1998).

Since the passing of the ADA in 1990, accessibility issues have been addressed by many government sectors and private businesses, and there has been an increasing effort towards research in this area. However, travel barriers for people with disabilities, especially wheelchair users, are still often reported. Research on accessible travel and tourism to date has primarily focused on understanding the specific barriers that people with disabilities face in various travel and tourism settings, such as airports (Chan & Chen, 2012) and hotels (Darcy, 2012). There is still a need to understand what service aspects are missing in the attempts of travel-related businesses to provide satisfactory experiences to travelers with disabilities. This study, which focuses on the barriers experienced by wheelchair users, aims to identify the gaps that exist in travel-related services as perceived by four stakeholder groups: people living with spinal cord injury (SCI), since the majority of this population are wheelchair users; their family and/or caregivers; therapists; and travel professionals who specialize in providing service to people with disabilities. Findings from the study should offer insights to travel, tourism, and hospitality businesses about how to better meet the needs of travelers with disabilities.

Literature Review

The increasing prevalence of travel in modern society is evident in the 2.1 billion long-distance trips (overnight trips or trips of 50+ miles of one-way travel) taken by U.S. residents in 2014 for business and leisure (USTA, 2015). As travel becomes recognized as a fundamental need in mainstream society (Pearce, 1993), people with disabilities are expected to have the same needs to travel for obligatory tasks and the same desire for voluntary and intentional travel, whether local or long-distance (Darcy, 1998). The fact that people with disabilities have the same wishes and needs for travel as people without disabilities is indeed confirmed in the research of Shi, Cole and Chancellor (2012). In examining the travel motivations of people who had acquired mobility impairments among a group of avid travelers, they found that participants expressed the same desire to escape, relax, enhance relationships with family and friends, feel a sense of achievement, and to experience novelty and excitement through travel. Participants in the study also expressed a sense of *urgency* for travel due to the realization of their changing physical condition: one stated, “Things I can do today, I may not be able to do tomorrow” (p.230). Other studies have reported that people with disabilities consider themselves to be just like everyone else who travels to fulfill needs for work, education, and keeping physically active (Burnett & Baker, 2001; Ray & Ryder, 2003).

Research conducted by the Open Doors Organization (2003, 2006) reported that people with disabilities generally travel about 1-2 times every two years. For people living with SCI, data from the National Spinal Cord Injury Statistics Center (NSCISC) system from 2007 to 2011 shows that 38 percent of people with SCI in the data system had not spent a night away from home (excluding hospitalization) in the past 12 months of which 25 percent did not get out of their house even once a week, or were only out one or two days per week (Cole, Charlifue, Whiteneck, & Zhang, 2015). In contrast, the U.S. Travel Association reported that in the same time period, Americans took an average of five to six overnight trips or one-way trips to places 50+ miles (one-way) away from home each year (USTA, 2015). Carpenter

et al. (2007) found that for people living with SCI, the most disrupted life habits include participation in travel, and only 4 percent of their study respondents chose travel as one of their social activities. Lund et al.'s study (2005) showed that only half of the respondents living with SCI reported sufficient participation in going on trips, and experiencing life in the way they desire.

Reduced levels of participation after SCI have been of interest to researchers, health and rehabilitation professionals, and others who work to identify the barriers that impede independent living and community participation of people after SCI. The natural environment, lack of adequate transportation services, and personal factors such as health conditions and income are often reported barriers to full participation by people with SCI in society (Schopp, et al., 2007; Whiteneck, et al., 2004). In the travel and tourism literature, research is emerging on personal and environmental barriers to travel for people with disabilities in general (Avis, Card, & Cole, 2005; Daniels, Rodgers, & Wiggins, 2005; Freeman, & Selmi, 2010; Jo, Kosciulek, Huh, & Holecek, 2004; Packer, McKercher, & Yau, 2007). For example, Bi, Card and Cole (2007) found that people with disabilities encounter the most accessibility barriers at tourist attractions in comparison to lodging facilities, transportation, and eating-drinking facilities. Poria et al. (2010) in particular have highlighted the crucial role of the non-physical environment (e.g. staff attitude and lack of information) that inhibits travel experience for persons with disabilities. Other studies (McKercher, Packer, Yau, & Lam, 2003; Shaw & Coles, 2004; Yau, McKercher, & Packer, 2004) have identified financial issues, a lack of specialist travel companies, insecure environments, inaccuracy or inadequate information about destinations and facilities, and a limited choice of resources as barriers encountered by people with disabilities when planning for and conducting trips.

What can the travel industry do to help improve the travel experiences of people with disabilities, especially wheelchair users? There is still lack of understanding of what services the travel

industry needs to improve to help people with disabilities to achieve full participation in society. This study attempts to shed light on these issues.

Methodology

This study, adopting a qualitative approach, attempts to better understand the service gaps existing in the travel and hospitality industries from the perspectives of both customers and service providers. Semi-structured telephone personal interviews were conducted among 39 individuals living with SCI, 24 caregivers and family members, 9 recreation therapists, and 11 travel agents who specialized in travel services for people with special needs.

The interviews were conducted from May to October 2015. The lead researcher conducted all interviews while a team of nine research assistants helped to analyze the interview data. The majority of the interviews lasted from 30 to 90 minutes. Data analysis was conducted simultaneously with the interviews so the research team was able to determine when conceptual saturation was achieved for each stakeholder group (Glaser & Strauss, 1967).

Data analysis was conducted using the constant comparative method, in which at least two data analysts carefully coded texts that were transcribed verbatim from the interviews. All analysts then met weekly to identify the main concepts and categories derived from all the interviews. A subgroup of key analysts also met periodically to refine the main categories.

Results

Most respondents felt that the Americans with Disabilities Act has significantly contributed to improved travel accessibility. However, many indicated there is still much to be done in terms of universal accessibility for wheelchair users. Individuals living with SCI, their family members/caregivers, and therapists who worked with them to find accessible travel options noted that certain hotels or certain parts of the hotels are still not accessible to wheelchair users, airplanes are not easy for them to transfer onto, curb cuts on sidewalks are often missing or built at an inaccessible angle, etc. However,

over half of the interviewees recognized the challenges involved in making all places accessible, and they expected some level of inaccessibility during travel. What the majority of the respondents were critical of, however, was when the features that were supposed to be “accessible” were not easy to use, especially for wheelchair users. For example, they pointed out that some accessible bathrooms only had grab-bars and did not contain adequate room for maneuvering a wheelchair.

According to most of the respondents, the central issue creating accessibility barriers for people with disabilities was a general attitude and the lack of understanding of their needs. Respondents consistently reported a systemic ignorance toward people with disabilities. That ignorance ranged from stereotypes defining people in wheelchairs as lesser than others to travel services not understanding the needs specific to wheelchair users. Thus, respondents suggested the designers of facilities and travel businesses attempt to “put themselves in the shoes” of wheelchair users when providing their services.

In addition, almost all respondents described long-distance travel as hassle for those who use wheelchairs which usually required extensive additional planning and often required excessive amounts of additional time during the travel process. The hassles ranged from being patted down by TSA agent instead of being able to go through a scanner to trouble researching whether the destination area accommodates wheelchairs. As several respondents explained, travel was never a spontaneous decision; one stated, “even once I get to the Grand Cannon, I still need to know what I can do there.” Hence, many people indicated the need for travel businesses to provide comprehensive and inclusive travel packages and service for wheelchair users.

In general, the travel agents interviewed agreed with the comments of people with SCI about issues with the travel industry. In fact, many of them provided services specific to people with disabilities because they realized the needs of these underserved travelers. However, there are several issues with travel services for people with disabilities. First of all, there are not many specialized travel

services for this population in the U.S. According to the agents interviewed, the incentives for specializing are not high due to the time it takes to serve these customers and the market's unwillingness to allow for higher prices for specialized agents. Additionally, such services are often limited to a specific attraction or a specific type of disability. This state of affairs leaves the needs of travelers in wheelchairs largely unmet.

Conclusion:

Although inaccessibility encountered during travel was viewed as a major barrier, many respondents believed the lack of understanding of disability needs among businesses and society at large was equally important. They considered this ignorance to be one of the primary reasons for a lack of accessibility in the travel industry. Our results suggest that travel service providers should understand the different needs of people with ambulatory and non-ambulatory disabilities to make sure travelers in wheelchairs are accommodated. In addition, inclusive travel packages accessible to wheelchair users are needed. Travel businesses will have to be creative, not only in creating ways to eliminate travel hassles for wheelchair users, but also to reduce the cost of servicing travelers with special needs.

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