

YEAR 2018-2019

BACHELLOR DEGREE IN TOURISM AND HOSPITALITY MANAGEMENT

**SUBJECT:** Undergraduate Dissertation

**SEMESTER:** 8

**TITLE OF ASSIGNMENT:**

**“The factors that influence customer with disability experience in a hotel and its related emotional value outcome, an exploratory study”**

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## **Abstract**

This study deals with the issue of hospitality offered to people with disability and their families, when staying in hotels. The purpose of this study is to do a deep analysis about what are the common barriers that people with disability face during their stays in hotels and how their families feel in front of this situation.

The final analysis is the result of the information obtained through qualitative research. This study utilizes in-depth interviews of nine participants, families from Barcelona that have a member with disability: seven with multi-disability and two with intellectual disability.

Interpreted by the social model of disability, the results suggest that the challenges that participants confront derive from the physical design of the environment as well as the staff behaviors. Different value outcomes were found taking into account the condition of the person with disability as well as the condition of the family: Positive value outcome, negative value outcome and helplessness.

In addition, the paper offers recommendations for hotel managers with regard to specific physical as well as interpersonal constraints to reduce difficulties faced by people with disabilities in their hotel experiences. The limitations found in this study are going to be used for giving recommendation for future researches.

**Keywords:** People with disability, Hotel experiences, Value outcome, barriers, accessible tourism

## **Acknowledgements**

First of all, we would like to thank our supervisor, Mònica Cerdán, given that without her this project would not have been a reality to us. Mrs. Cerdán, as a professional in the area of inclusive tourism, has guided us during the investigation giving us recommendations about the topic. In addition, her knowledge and motivation for the topic, together with our desire to learn gave us the opportunity to create an amazing team. For this reason, we find ourselves extremely thankful to her for relying on us.

To the School of Tourism and Hospitality Management (HTSI), for giving us the opportunity of being able to do this magnificent project. We cannot forget to mention the coordinator of the Degree Thesis subject, Gilda Hernández, for all her patience and for giving us the tools for doing a professional research. Her guidance helped us in all the time of research and writing of this thesis.

We would like to show our appreciation to the Associació Centre Pedralbes, who helped us to contact the participants. In addition, we would also like to thank the participation of the families having a member with disability that have contributed in the interviews, who have been a fundamental pillar for this research. We are also very grateful for their time, kindness and effort on improving experiences for all the families that have a member with disability.

This research would not have been possible without the support of our families, the ones who motivated us and encouraged us in all of our pursuits and inspirations to follow our dreams. Thank you for being by our side during the entire process sharing good and bad moments with me.

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## **Chapter 1: Introduction**

### 1.1. Context of the research

In the 21<sup>st</sup> century the accessible tourism market still remains a challenge for companies. That means that disabled people cannot enjoy tourism experiences, as they would like to.

The Convention on the Rights of Persons with Disabilities (United Nations, 2008) has the objective to promote, protect and guarantee the rights of people with disabilities.

Despite these regulations, there are still barriers to this among this field. Literature shows that the barriers that people with disabilities face when traveling and staying in a hotel are related with the physical environment and the social interactions that this segment experience.

The World Health Organization (2011) establishes that 15% of the world's population, an equivalent 1 billion people, is affected with disabilities (according to the estimates of the world population in 2010). The Global Health Survey, stated in 2011 that a 2,2% of this population, which represents 110 million people, has very significant operational difficulties. According to Eurostat, the European Statistical Office, approximately 28 % of people aged 15-64 in the EU reported rather a longstanding health problem or a basic activity difficulty, or even both of them. Regarding Spanish statistics, the INE (Instituto Nacional de Estadística) showed in 2008 that there were 3.85 million people living in households who admit having disabilities or limitations. This supposes a rate of 85.5 per thousand inhabitants. Literature shows that the accessibility tourism is a driver market, as Domínguez, Friaz & Alén (2011) stated, "the forecasts indicate that in the future the increase so much of the demand, as of the offer, will grow, motivated all this by a series of opportunities generated by the accessible tourism."

These percentages represent that a big segment of the society suffers some kind of disability. Nevertheless, in order to be able to do a deep and professional research is important to understand the meaning of impairment, disability and handicap. In addition, it is also necessary to differentiate the types of disabilities, as well as to know which are the different degrees.

The following definition of impairment has been introduced by Buhalis & Darcy (2011): "Impairment is any loss or abnormality of psychological, psychological or anatomical structure or function".

Furthermore, the United Nations Enable (2003) and Buhalis & Darcy (2011) established that "A disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being."

Finally, Edwards in 2005 said "a handicap is a disadvantage for a given individual, resulting from impairment or a disability that limits or prevents the fulfilment of a role that is normal.

The accessibility market cannot be understood as a whole, due to the fact that it covers different sub-markets with dissimilar needs and requirements, that is why, the target can be divided into seven sub-segments according to type of impairment (Albrecht, Seelman, & Bury, 2001; ICF (International Classification of Functioning, Disability and Health), 2001):

- Mobility
- Visual
- Hearing
- Speech
- Mental
- Intellectual
- Hidden impairment
- Elderly population

Moreover, this paper is focused on the different barriers that this segmentation confronts when staying in hotels. As Szewczyk (2015) defined, disabled necessities are not covered by accommodation establishments. For instance, the main disabled clients that hotel industry has are people with wheelchairs; this is why it is important to adapt facilities to fulfill their needs, as this group is the ones facing the biggest barriers. Even though the mobility segment is the easiest to recognize, the other different sub-segments on disability has to be taken into account.

In addition, the investigation is also centered on identifying which is the emotional value outcome related to the experience of each individual with disability as well as their families. There are different definitions of value outcome. For instance, Zeithaml et al., (1988), defined value in the consumer research perspective, “as the evaluation of the trade-offs between the benefits they receive and the sacrifices they make”. Woodall (2003) added that the value for the customer is the economic, functional and psychological perception that the guest has in front of what they expect to receive from the offer.

### 1.2. Identification of the research problem

According to Fletcher (2011), in many parts of the world, the tourism industry is an important factor of capitalist production. As mentioned before, nowadays tourism is an activity much more popular in comparison to some years ago, due to the fact that society is more interested in discovering new places and different cultures. Such information is reinforced by De Lorenzo

García (2003) who established that the free time and the desire to travel is the main factors of the increasing the tourism activities.

Unfortunately, not all the population can afford enjoying these experiences, because during a large period of time, disabled people has been excluded from the society and their needs have not been taking into account in the hospitality industry. However, nowadays there is more awareness that this segment of the market also has the right to enjoy tourism. Unluckily, there are still many barriers for this sector.

Until recently the disability concept has been treated only as a medical matter, but currently thanks to the awareness of the society and also to the studies about disability, the society has gradually been transforming it towards a social concept. Hughes (2007), Oliver (1990) & Zola (1989) differentiate between two different models for the concept of disability, the medical and the social. These authors said that the first model, the medical one, defines disability as a deficiency and establish that is an issue of the individual because of the abnormality that it suffers. However, the social model settles that disability is a part of the society and it takes into account the exclusion, discrimination and oppression.

In the last decade, different studies took place regarding the experienced problems by disabled people when traveling and staying in hotels, and how the hoteliers can solve these problems offering different kind of services. However, there are few studies focused on how the families and companions feel about these barriers and how they confront them, as well as which are their necessities.

So, this paper is focused in the barriers that disabled people, as well as their families, face during their stays in hotels.

### 1.3. Originality and contribution to knowledge

This research will have different contributions. On the one hand, the study will help hoteliers to understand which are the main common barriers that people with disability face when staying in hotels, being environmental, intrinsic or attitudinal barriers.

On the other hand, this research paper will contribute to better understand the experience of people with disabilities, not forgetting that the families have an essential role in the experience of these people, due to some of them cannot travel alone. Therefore, this paper also beneficiates and helps the companions as well as increases the quality of their experiences in hotels.



#### 1.4. Aim and objectives: Family as a consumption unit

This exploratory study reflects to have different aims. The first and main objective is to focus on the challenges that disabled people face during their experiences in hotels, emphasising on the families as a consumption unit, as well as identify which are the emotions and feelings of the families when facing these constraints.

The second aim of this study is to understand which the necessities and the requests are of this collective. Moreover, it is also analyzing which are the expectations of this market segments and if they are covered during their stays.

Finally, once the needs of this part of the segmentation have been studied, the last objective of this research is to give recommendations to hotels, in order to achieve an incredible and memorable hotel experience for everybody.

Taking into account the different objectives of the study, the following research question has been asked: Which are the factors that influence families with disabilities experiences in a hotel? Which is the related emotional value outcome?

#### 1.5. Structure of the study

Hereafter, it is going to be outlined and explained the structure and the different contents of the research. This paper is divided in six different chapters: Introduction, Literature Review, Methodology, Findings and Discussions, Conclusions and Recommendations, Limitations and Further Research. This differentiation has been done in order to do a well-structured paper that is easy and comfortable for the reader.

#### Chapter 2: Literature review

This chapter is going to be focused on reviewing the existing literature regarding people with disability experiences in the Hotel Industry. In addition, the paper differentiates three different concepts that are determinant to the experience of people with disability in the Hotel Industry. First it is going to be explained the general concept of disability, as well as the different types and degrees. Once the general concept has been explained, the paper is going to do a deep study about the people with disability experiences during their stays in hotels. Secondly, the existing regulations of this market segment in the International, European and National ambits will be explained. Thirdly, the social interaction barriers and the physical environment barriers are going to be defined according the previous literature. Furthermore, it will be shown that these barriers will affect the value outcome of people with disability.

This chapter of the research is very important for the understanding of the topic, due to the fact that it collects different backgrounds and theories of different authors, so that the reader will have a deep and clear concept of each topic.

### Chapter 3: Methodology

In this section of the paper it is going to be presented which is are the methods of research chosen for this study, the technique that is going to be applied in order to obtain data, as well as the different steps of this data collection and the managing and analysis of it. In addition, the characteristics and main traits of the sample are going to be explained in detail. This chapter will be useful to evaluate the different items that the research is covering, for a better understanding of the reality of these collective when staying in hotels.

### Chapter 4: Findings and discussions

Once the interviews have been done and transcript, and the data obtained has been analyzed by the researchers, the findings are going to be presented in different tables. These tables are going to show the main characteristics, the travel patterns and the key concepts of the participants. These tables are going to be useful for the researchers in order to establish different connections of the participants taking into account the common behaviors and the usual barriers they face. Furthermore, these findings are going to reinforce the previous theories of other authors related with the topic.

### Chapter 5: Conclusions and recommendations

Having completed the whole study and with the data analyzed, this chapter will be focused on providing some conclusions and recommendations for the Hotel Industry, as for instance recommendations about accessibility as well as about the staff. The main goal of this suggestions is to improve the experiences of people with disabilities and achieve a positive value outcome of the hotel stays for the families with a member with disability.

### Chapter 6: Limitations and further research

In the last chapter of the investigation are going to be explained the different limitations that the researchers have found during the study. Additionally, the investigators will give some recommendations for future researchers in order to complement this study.

## **Chapter 2: Literature Review**

In this second chapter of the paper it is going to be deeply explained the literature of the topic, analyzing and discussing the past and the current research and studies of disability focusing on hotel experience.

In addition, it is going to be showed a literature map and a conceptual framework in order to have a visual perspective for a better understanding.

### 2.1. The Concept of Disability

Nowadays, there are a lot of people who suffers a disability. According to The World Bank in 2018, "one billion people, or 15% of the world's population, experiences some form of disability". As it is a high percentage, it is important to understand the concept of disability in order to be able to later analyse the different barriers that this segment face when they stay in a hotel.

Disability is a wide and difficult concept. When referring to the concept of disability, there are many authors that established different definitions. As Najmiec (2007) established that it is very difficult to obtain a clear idea of what disability is, due to the fact that it refers to various areas of human functioning. Additionally, according to Liachovitz (2010) disability is a complex phenomenon, not only because of the features of a person's body, but also for the characteristics of the society in which he or she lives. Moreover, Grabowski, Milewska & Stasiak (2007) defined a disabled person as "A person who is considered to have a dysfunction of mobility, functionality or life activity in a degree which makes it difficult to fulfil relevant social roles". Another definition for disabled people is the ones established by the Centre for Disability Studies that says that a person with an impairment who experiences disability is a disabled person.

As mentioned before, previous studies and researches confirm that disabled people are a large proportion of society. This percentage of population is also important and has to be considered into account. This is why, the Convention on the Rights of Persons with Disabilities (CRPD) (United Nations, 2006) identifies the same human rights and fundamental freedoms for everybody without taking into consideration the physical, mental, intellectual or sensory impairments.

As Milewska (2008) said, the prognosis of the increasing number of people in this group is also confirmed by research. In consequence, disability is increasingly taken into account as a social

problem. According to Buhalis & Michopoulou (2011) years ago disability had been taken into account only as a medical model and it was not focused on the range of abilities.

As already mentioned in the introduction, the medical model does not consider the inclusion of people with disabilities. However, the social model recognises that this segmentation is homogeneous, because every person is different and has different necessities and requests (Abberley, 1987; Crow, 1996; French, 1993; Hughes & Patterson, 1997; Morris, 1996)

### 2.1.1. Types of Disability

As Sarigollu & Huang (2005) said, “market segmentation refers to the process of classifying customers into groups based on different needs, characteristics or behaviour”. Segmentation is important in order to recognize and target specific buyer groups (Dolnicar, 2004).

In addition, according to Bieger & Laesser (2002), the market can be divided in different groups:

- Geographical
- Socioeconomic
- Demographic
- Psychographic (destination preferences)
- Behavioural criteria (such as ways of travel planning and organisation).

Nevertheless, the disabled market has its own division, because, as this paper showed before, every person has its own characteristics, for this reason, not everybody in the disabled area, has the same necessities and requirements. This is why, this segment cannot be perceived as homogeneous. Buhalis & Michopoulou (2011) said that disabled people cannot be understood as a collective, because each person is unique and the abilities and preferences of them are not always the same.

In accordance with Albrecht, Seelman, & Bury (2001) in ICF (International Classification of Functioning, Disability and Health) depending on the type of impairment this type of market can be separated into seven sub-segments:

- Mobility
- Visual
- Hearing
- Speech

- Mental/intellectual
- Hidden impairment
- Elderly population.

Even though there are seven different sub-segments, not all of them have the same requirements, because it depends on the degree of impairment. For instance, as Buhalis & Michopoulou (2011) establish "not all mobility- impaired users have the same requirements as their abilities vary significantly. In addition to the type and the degree of impairment that results in different sets of requirements, some people experience multiple disabilities (i.e. blind deafness)". As Domínguez, Fraiz & Alén (2011) stated, "to understanding accessibility in its wider meaning would have to take into account to beneficiaries indirect, such as pregnant, people with transitory disabilities or everybody have the capacities limited in some moment of their life."

#### 2.1.2. Degrees of disability

In addition, in the tourism context, Dwyer and Darcy (2008) study demonstrated using the Australian Bureau of Statistics Disability (2004) where those having a disability can have different levels of independence and support needs:

- None
- Mild
- Moderate
- Severe
- Profound (24 hours assistance)

In Spain, following the Medical national classification of disability, grades of disability are classified:

- Mild: under 33%
- Moderate: from 33 up to 65%
- Severe up to 65%
- Profound 100%

Finally, in accordance with Poria, Reichel & Brandt (2011), the literature shows that there are market differences between the disabled individuals. This fact requires a good training of the hotel staff in order to provide the specific service for each sub-segment. As reported by Buhalis

& Michopoulou (2011), this service has to be addressed in an effectively way and satisfy the requirements of the sub-segments, taking into account the impairments.

## 2.2. Regulation

According to Millán (2010), "Leisure is a basic human right, such as education, work and health, and no one should be deprived of it for reasons of gender, sexual orientation, age, race, religion, belief, level of health, disability or economic condition".

In addition, this author also mentioned that nowadays, society is much more advanced and developed, in consequence, there is an increase of the aware of their duty to people that do not have the same conditions and face barriers in their daily life.

The objectives of "The International Charter for Leisure Education" reflect the philosophy of social inclusion and established the importance of making the enjoyment of leisure and tourism available to all. Bellow it is mentioned a fragment of this letter:

*1.1. Training: develop the capacity of the individual and the group to increase the quality of life during leisure and increase self-organization.*

*1.2. Accessibility: work with (all, of course) existing groups in the community to minimize barriers and optimize access to leisure services.*

*1.3. Lifelong learning: promote learning throughout the life cycle of human life as a viable goal.*

*1.4. Social Participation: create opportunities to develop necessary social networks for all human beings.*

*1.5. Decrease in Impediments: provide creative strategies to minimize impediments to meet personal, family and community needs.*

*1.6. Inclusion: develop an inclusive community recognizing the multicultural, sociocultural (disadvantaged), gender, age, ability and other constitutive groups of society.*

*1.7. Civic and Moral Responsibility: develop a sense of national and international community citizenship through responsible and serious leisure behavior*

*1.8. Preservation: increase awareness of the preservation and conservation of natural and cultural resources. "*

On the following points it is going to be described the different regulations about the rights of disabled people. Nevertheless, as it is established in the Convention on the Rights of Persons with Disabilities (2006-2008), this part of the population is still facing barriers when they participate in tourism activities.

### 2.2.1. International ambit

In 1948, the Universal Declaration of Human Rights was approved by the United Nations. This declaration defines that the rights of all members of the human family is the foundation of freedom, justice and peace in the world.

Some years later, in 1971, the United Nations published the Declaration on the Rights of Mentally Retarded Persons.

Then, the Declaration on the Rights of Disabled Persons was written in 2006-2008. It consists of a lengthy preamble, and thirteen proclamations that has promoted the rights of people with disabilities.

In addition, in 1982 the United Nations created the World Program Action Concerning Disabled Persons. The purpose of this program is to promote the prevention, rehabilitation, equality and fully participation of people with disability.

As Millán (2010) established, it is important to remember that, even coexisting norms and regulations internationally recognized, these norms are not a legally binding instrument, so there is still a lot to do in order to raise awareness.

### 2.2.2. European ambit

With the European Charter of Fundamental Rights of the European Union (2000) and the European convention on Human Rights (1950), the European Union and the Council of Europe recognize the right for everyone to be legally protected as well as the protection against discrimination.

Additionally, the Article 13 of the Constitutive Treaty of the Community (2002) defines "appropriate actions to combat discrimination based on sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation".

Moreover, the United Europe went further and created the European Disability Strategy 2010-2020 in order to achieve a Europe without barriers. As Millán (2010) explained, the individual actions of the Member States can be complimented with the following actions of this strategy:

- Initiative of accessibility
- Participation
- Financial support
- Bigger cooperation
- Sensitization

- Data collection and supervision

### 2.2.3. National ambit

Taking into account that the data collection of this paper is focussed in Spanish disabled people, in this section it is going to be explained the Spanish norms and regulations regarding disability.

Firstly, the Article 49 of the Spanish Constitution states that "The public authorities shall carry out a policy of forecasting, treatment, rehabilitation and integration of the physical, sensory and psychic handicapped, to which they shall provide the specialized attention they require and shall protect them especially for the enjoyment of the rights that this Title grants to all citizens".

Referring to the Spanish law, the article 1 of the Law 13/1982, of 7<sup>th</sup> of April, of the Social Integration of the Disabled People recognises the inclusion and total integrity in society of people with physical, psychical or sensorial disabilities.

Therefore, the Spanish Government has established the Spanish Strategy on Disability 2012-2020, which has the same purpose as the European Disability Strategy 2010-2020 but applied to the Spanish society. This strategy recognizes the rights of people with disabilities based on the different normative instruments of international and European organizations.

### 2.3. Customer experience

As O'Dell (2005) described, an experience is the combination of human interaction, pleasure, entertainment and enjoyment, named "experiencescape".

In addition, Binkhorst & Dekker (2009), Prahalad & Ramaswamy (2003), express the experience environment as "a place where consumers are not just passive purchasers but who, rather, actively engage and construct their own experiences through interactions among the seller, the setting, and other customers".

Stated by Cetin & Walls (2016), "Customer experience has been acknowledged as an important factor affecting positive customer behaviours such as loyalty and recommendation". A person needs two types of conceptual cues in order to have a great experience, the physical environment together with the human interaction (Bitner, 1992; Carbone & Haeckel, 1994; Hirschman & Holbrook, 1982; Schmitt, 1999).

Hens, according to the literature these experiences are very important factors that affect positive customer behaviours (Zhang & Mao, 2012).

The tourism industry is focused on offering a service accompanied by an experience (Titz, 2007),



because of the high implication of the tourists in the products and services provided by hoteliers (Cetin & Bilgihan, 2015; Edensor, 2000). As Cetin & Walls (2016) established, “the concept of customer experience is complex and multidimensional in nature.”

Due to the fact that the human interaction is so important in the accommodation industry it is also called hospitality. Thanks to the staff and other customers, the hospitality is produced. (Komppula, 2006). Therefore, as Cetin & Walls (2016) stated “experiences are emerging as distinct value propositions and are acknowledged as more effective than traditional ways of differentiation in tourism”.

It is essential to have in mind another one to know for a better understanding of the emotional value outcome of disabled people is the customer journey. Crosier & Handford (2012) defined customer journey as a “market research tool to help commercial businesses understand consumers’ motivations and behaviours.”

As Lamoreux (2015) defined, the customer journey is divided in three stages: The pre-stay, the stay and the post-stay. A very significant element of the pre-stay experience is the social media and the information provided on the Internet, especially for people with disabilities. It is very important to mention that, as Tang & Jang (2012) stated, “The internet has become an essential tool for promoting destinations”. In addition, Bastida & Huan, 2014; Li & Wang, (2011) added that platforms such as websites, social media and mobile applications are also essential.

As Buhali & Michopoulou (2011) showed in their research, although internet is a key tool to expand information and generated content (photographs, videos...) and most disabled people use these platforms to find information about accessibility before travelling, they show frustration with the lack of trust and the unreliability of the information (Darcy & Daruwalla, 2005; Stumbo & Pegg, 2005).

Buhalis (1997) highlighted the importance of the technology in the tourism industry in order to arrive to different types of tourism demands. However, as Darcy (1998) established having access of information is the main problem that disabled people encounter when they want to travel. Thus, the technology is a great element in hospitality industry but unfortunately the disabled tourists cannot take advantage to it. To sum up, as Poria, Reichel & Brandt (2011), stated “Hotels should rely on people with disabilities in their marketing and communication efforts when reaching out to that particular segment.”

This paper is focussed in the barriers, both physical environment barriers and human interactions barriers that customers with disabilities face during a stay in a hotel and its related emotional value outcome. On the following point these barriers are going to be explained in more detail.

Regarding the post-stay experience of the customer journey, different studies and research sustain that in order to satisfy and make loyal with their own clients the companies should create impressionable environments in order to arrange emotional connections with their customers. (Bitner, 1992; Hirschman & Holbrook, 1982; Pine & Gilmore, 1998; Pullman & Gross, 2004).

### 2.3.1. Barriers faced by people with disabilities as a determinant factor

McKercher *et al.*, (2003), established that travelling with a disability is more than an access issue, due to there are independent elements that need to be studied independently for a better understanding. Reinforcing this theory, according to Buhalis & Michopoulou (2011), to have a completely acceptance of disabled people, as social model requires, is essential to understand the needs of this market.

In addition, Szewczyk (2015), mentioned that disabled necessities are not covered by accommodation. Firstly, because of the financial issues and secondly, due to the fact that the disabled segment represents a very low percentage of the total hotel guests. Consequently, the hoteliers are only covering the minimum legal requirements for such facilities.

As mentioned before, (Bitner, 1992; Carbone & Haeckel, 1994; Hirschman & Holbrook, 1982; Schmitt, 1999), said that an individual needs two sorts of applied signs so as to have an extraordinary experience, the physical environment together with the human collaboration. "The sights, smells, tastes, sounds, and textures generated by things comprise mechanics such as physical environment, quality of lobby décor, aromas, and so on. By contrary, humanics, involve the human interrelation, such as ships that emanate between employees and fellow customers" (Carbone & Haeckel, 1994).

Cetin & Walls (2016) reinforced this theory, differentiating two different elements that affect the customer experience, the physical environment and the social interaction. In the following table is going to be shown this differentiation:

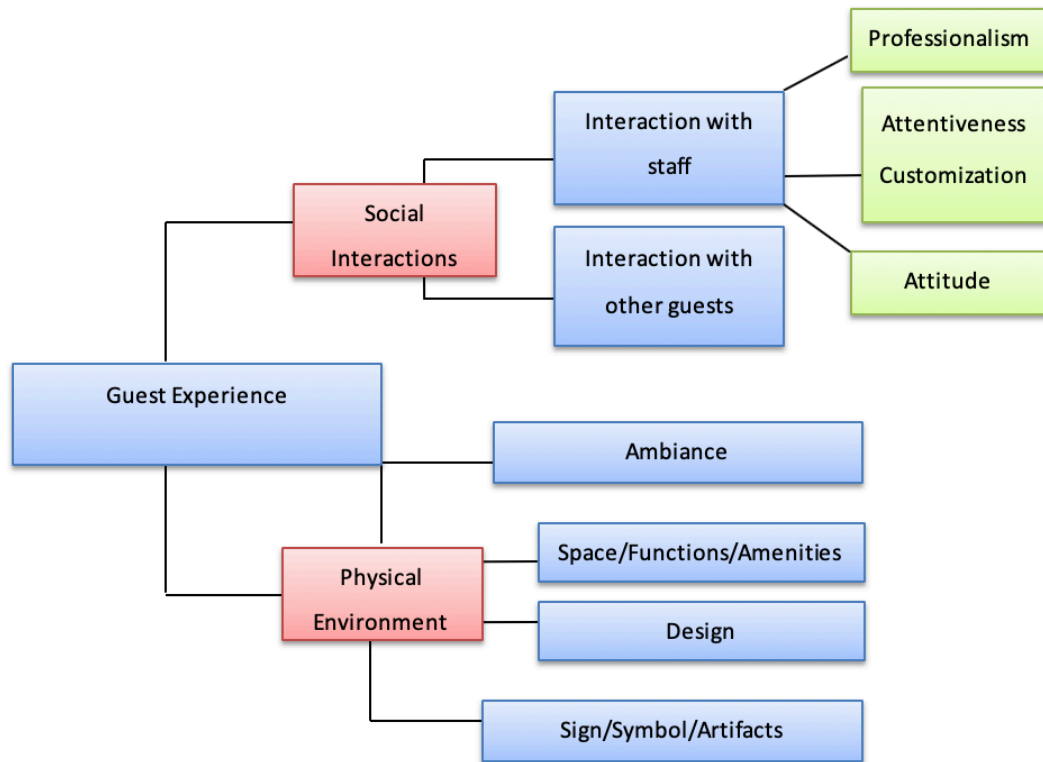


Figure 1: Types of guests experiences

Source: Model for guest experiences in hospitality, (Cetin & Walls (2016) adapted from Walls (2011))

On the one hand, the physical environment is formed by elements and infrastructure that guests encounter during their stays. These elements are the ambiance the space, functions and amenities, the design and the sign, symbols and artifacts.

In the ambiance group, the locations, the cleanliness, the music, the elegance, the quietness, relaxing, the safety and the lighting are all the components that are the most valuable for guests when staying in hotels. Moreover, taking into account the space, functions and amenities element, the main important things for the experience of the guests are the exterior architecture, the decoration, the spacious rooms and the public areas, comfortable furnishing, the garden, the spa, and the pillow menu. In addition, the view, the landscaping, fresh flowers,

the crowd, the noise, the food, the building, the olfactory cues, the quality materials and the interior architecture, are the valuables affecting the guest experience regarding the design. Finally, the signs, symbols and artifacts, it is formed by items like the signage and information, the directions and the local symbol, which are very important, because sometimes guests find very difficult to find things. Furthermore, Mossberg (2007); Otto & Ritchie (1996), added that the combination of these elements affects emotionally, physically and intellectually the guests.

On the other hand, the interactions with the staff and the interactions with other guests are the components that configure the social interactions. These relations are very important to build a memorable experience for the guests. Firstly, the informal interactions with the staff in an informal way are determinant for a better and memorable experience for the hotel clients. This dimension is subdivided in 3 different categories: the professionalism, the attentiveness/customization and the attitude. Secondly, regarding the interactions with other guests, Cetin & Walls (2016) stated that this factor is not as much valuable as the relations with the staff, but is also helping for positive experiences. For instance, if other guests are nice, respectful, educated, kind, quiet, social and pleasant or if other guests are not disturbing with noise guests will have a better stay.

Cetin & Walls (2016) arrived at the conclusion that these two dimensions have to be combined in order to provoke positive and memorable experiences for the guests, because if hotel managers only focus their differentiation solely on physical assets, in the long term will not be sustainable.

This theory can also be applied to the disabled market (Szewczyk, 2015). Doing so, it is important to focus more in small details, as the space of the rooms and the common areas, the hills or the steps, the width of doors, the placement of switches or slippery surfaces between others, which are faced as barriers for them. These elements together with the social interactions as the knowledge and training of the staff for attending people with disabilities. Furthermore, the application of these little details is going to be beneficial not only for the guests, but also for the hotel industry. When these details are applied and taken into account, the disabled customers are going to feel understood so consequently they will feel comfortable. Consequently, it is very important for the hoteliers to consider this segment in the market, due to if they feel as if they were at home, they will come back and furthermore, they will recommend to other disabled people. Thus, this is an opportunity for hotel managers because this segment tends to be very loyal.

### 2.3.2. Value outcome

The value outcome is related with the value perception where the consumer has an opinion of the utility of a product and service based on their point of view of what is received and what is given (Zeithaml et al., 1988). This theory is reinforced by Gallarza & Gil (2008) who established that an experience is more than a product purchase or a brand name, the value is in the consumption experience derived.

There are different definitions of value. For instance, Zeithaml et al., (1988), defined value in the consumer research perspective, “as the evaluation of the trade-offs between the benefits they receive and the sacrifices they make”. Woodall (2003) added that the value for the customer is the economic, functional and psychological perception that the guest has in front of what they expect to receive from the offer.

In addition, Rihova et al., (2014) differentiated two different approaches of value. On the one hand, the cognitivist perspective provides the opportunity to make predictions about the customer’s purchase analyzing how the guests evaluate, assess, and balance against the value of something. On the other hand, the experience economy approach, which it is focused in the emotions that guests have during their experiences. Pine & Gilmore (1999) highlighted the importance of using the experience to offer positive customer value.

Both concepts are related with the value as service attributes and experiential features that creates different value outcomes. For instance, helplessness is one of these manifestations and will be explained bellow.

#### 2.3.2.1 Helplessness

Koo Lee, Agarwal & Ji Kim (2011) differentiated two theories of travel participation in disabled persons. On the one hand, the theory of negotiation, which according to Jackson (1993) it is given when disabled people face leisure barriers, but individuals do not surrender, and they look for solutions to enjoy traveling. On the other hand, the theory of learned helplessness, which will be explained bellow in more detail, is a complex phenomenon that is considered to be a mediator between tourism constraints and the intention of disabled people to travel.

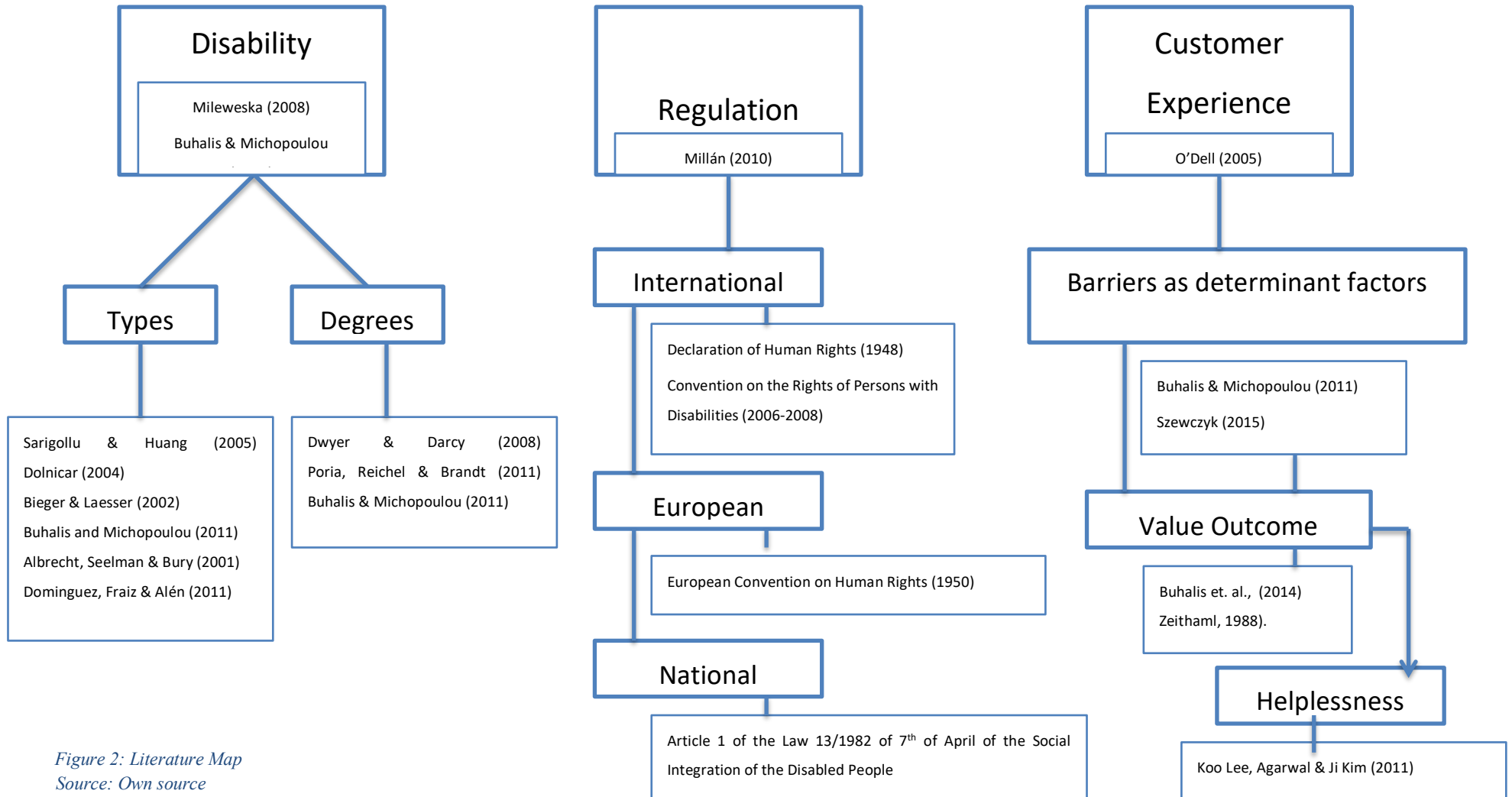
Seligman (1975) developed the theory of helplessness, which explains why this segment is still not traveling and not staying in hotels even though hoteliers are trying to reduce barriers that people with disabilities face in order to attract them and make them loyal clients. Thus, this theory is related to the disabled people’s intention to travel and tourism participation.

As Koo Lee, Agarwal & Ji Kim (2011) stated that when disabled customers have experienced lots of barriers, at the end they feel that are not capable to overcome these barriers, as a result, they can give up or lose confidence in trying to achieve it. Schiaffino & Revenson (1995) also studied the concept of helplessness and established that the fact of having a disability makes that this people needs to control their environment. As consequence, this can generate negative results as for instance the non-participation in the tourism activities and travel, which can provoke a decrease or elimination of the efforts for participating in future occasions.

As mentioned before, this theory is considered to be an intermediary between constraints and the disabled people purpose of traveling. Understanding by tourism and leisure constraint, the set of different components or factors, which block or diminish a person's frequency, rate or enjoyment as a partaker in these activities (Koo Lee, Agarwal & Ji Kim, 2011). For instance, the physical, social and emotional obstacles can be considered as constraints, as Gladwell & Bedini (2004) defined. Furthermore, Crawford et al., (1991) added that the constraints can be categorized in three dimensions: The intrapersonal dimension, which is related to the religious believes, the lack of travel desire, or the lack of competency for traveling. The interpersonal dimension is associated with the lack of companion. Finally, the structural dimension, connected with the lack of money, time and opportunity. Moreover, Poria et al., (2009,2010), exposed the existence of a fourth dimension that affect these travel restrictions for people with disabilities, the non-physical elements, as for instance, the staff attitudes and their knowledge of disabled or the limited opportunities for interaction with other guests.

Consequently, Koo Lee, Agarwal & Ji Kim, (2011), concluded that it is important to study and analyze these dimensions for a better understanding about necessities of people with disability segment, in order to reduce and eliminate these limitations. Despite the improvements in the barriers of accessibility and mobility, still there is existence of lack of trust generated by the constraints confronted by people with disabilities. If these constraints were eliminated, their participation in tourism and hospitality industry would increase. Koo Lee, Agarwal & Ji Kim, (2011) after an extend research concluded that even with the elimination of these tourism limitations, it will always be a percentage of the disabled population that still will not even travel and participate in tourism and leisure activities.

## 2.5. Literature map



*Figure 2: Literature Map*  
 Source: Own source

**2.6. Conceptual framework Which are the factors that influence families with disabilities experiences in a hotel? Which is the related emotional value outcome?**

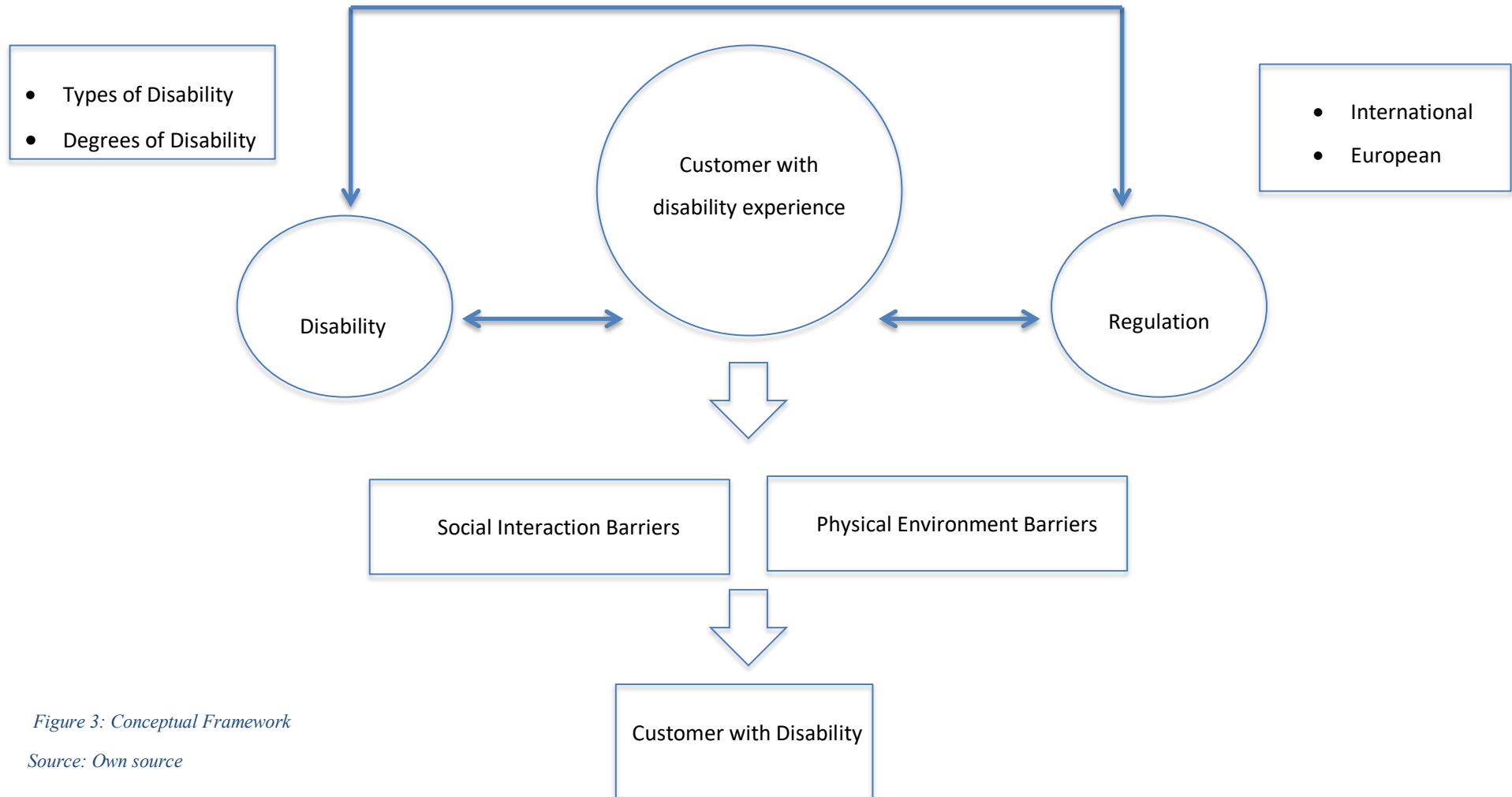


Figure 3: Conceptual Framework

Source: Own source



### **Chapter 3: Methodology**

In this chapter is going to be shown the different methods that are going to be used in terms of analysis and data collection. It is important to apply research methods and skills in order to contrast the literature already studied with the results found. Even though there are different research methods used to address the research problem, this paper collected data through interviews, which are phenomenology methods. Altinay, Paraskevas & Shawn (2016) defined phenomenology researches as the ones who examine people and their social behavior. Furthermore, the authors already mentioned added that in phenomenology studies the sample is the one that contribute the starting point and researchers try to analyze the situation and find the causes. Easterby-Smith et al., (1991) and Saunders et al., (2012) supplemented that this kind of methods usually use smaller sample sizes, in order to have a better comprehension and understanding of the research topic. For instance, through in-depth interviews, the researchers of this paper understand the feelings and emotions that families with disabled people experience when facing barriers during their stays in hotels. Bellow it is going to be defined the concept of in-depth interviews or also called unstructured interviews.

#### 3.1. Overall research design

Studies that are based in primary data are the ones that collect data directly from the original source using different methods, as direct observation, questionnaire surveys, interviews and case studies. As mentioned before the methodology of this paper is focused in interviews, where the data is collected directly from the sample.

The topic of disability is very recent and there is not enough literature and papers regarding this theme. This is the reason why the study cannot be focused in past interviews and have collected the data from primary roots. Consequently, the fact that there are not enough studies about this subject increases the time to design the interviews and analyze the results, as well as it also increases the cost of the investigation (Altinay, Paraskevas & Shawn, 2016).

Moreover, this research is a qualitative study, which means to build up a comprehension of the specific situation in which phenomena and behaviors occur (Altinay, Paraskevas & Shawn, 2016). The data of the research is qualitative due to the fact that there is not enough available data, as well as the difficulty of the topic studied and the exploratory nature of this kind of studies (Poirá, Reichel & Brandt, 2011). In addition, these authors recommended this type of research when studying minority groups and people with disabilities in general. The qualitative researches are

primarily focused on experiences and emotions. That fact helps the participants to give their opinion about the topic. Moreover, this type of research provides a richer and more in-depth illustration of people's experiences, attitudes and beliefs. (Altinay, Paraskevas & Shawn, 2016). As in this study it has been used a qualitative methodology, the research approach is inductive. Altinay, Paraskevas & Shawn (2016) mentioned that with an inductive research approach is easier to make discoveries, due to the fact that the researcher is not forcing the data. Therefore, the inductive approaches help to generate new theoretical insights into a topic. Furthermore, this research approach helps the researchers to identify all the issues regarding the topic, as well as fill the knowledge gap.

### 3.2. Data collection techniques and research instruments

There are different types of data collection techniques used by researchers to fulfill the requirements of their studies. It is important to establish the adequate techniques and instruments taking into account the aim and objectives of the study (Altinay, Paraskevas & Shawn, 2016).

As already mentioned in the previous points, considering that this research is a qualitative and inductive study it has been implemented in-depth interviews. As Altinay, Paraskevas & Shawn (2016) defined interviewing, as a well-organized acquisition of data where the interviewer, first, ask questions, then listen with attention and finally record and take notes of the responses about the research topic. This technique provides to the researcher the opportunity to explore which are the main problems of the topic in order to have knowledge about the situation. It has been chosen this technique in order to be able to do a deep analysis of the object of the study as well as because is a technique that is boosting.

There are four main interview techniques that can be used: unstructured, structured, semi-structured and focus group interviews and the techniques used in this paper are unstructured interviews. Altinay, Paraskevas & Shawn (2016) established that with in-depth interviews the participants can expose their opinions, knowledge and experiences in a more extend way. Moreover, one threat of these kind of interviews is that have three or four broad questions, and that facilitates the informants to explain in detail. Consequently, there are no constraints on what can be discussed. Furthermore, the authors added that using this technique the researchers will have greater breadth of the topic. Another characteristic of this kind of interview is that interviewers need to have good communication, listening and facilitation

skills, in order to be able to observe the flow of conversation and have the capability of identify any new or interesting insights.

This kind of interviews allows the participants to answer the questions expressing themselves freely and extensively describe their experiences during their stays in hotels and other touristic establishments with no restrictions. As the topic of this paper is sensitive and delicate it is important to use unstructured interviews where the researchers can personally connect with the interviewees and the participants will feel more comfortable and understood.

### 3.3. Research context and participants

The target population is families with a member affected by any kind of disability. As already mentioned before, the interviews have been directed to families from Barcelona of people with disability, mainly their parents, due to the fact that people with disabilities do not have the capability to express themselves and follow an interview. The “Associació Centre Pebrabes” together with “L’Escola Pebrabes” have collaborated with the research. Both institutions are from the same foundation. The “Associació Centre Pedralbes”, is an occupational center subsidized by the “Departament de Benestar Social i Família”, which offers rehabilitative and enabling attention to people with intellectual disabilities in dependent situations, over 18 years of age, who cannot perform work activities, with the aim of achieving, within the possibilities of each one, their maximum personal and social integration. “L’Escola Pebrabes” is a center subsidized by the “Departament d’Ensenyament” (Generalitat de Catalunya) for children with disabilities, with the aim of encouraging their cognitive abilities and providing them strategies to achieve their autonomy and their relationship with the environment. The institution has contributed with the research giving the contact details of the parents of people with disability of the center.

In this point it is also going to be explained the characteristics of the participants of the interviews. The following table shows the main traits of the sample, both the parents and their descendants.

Participant	Type of disability	Degree of disability	Autonomy	Age of the person with disability	Age of the parents	Civil Status of the parents
P1	Multi-disability	100%	No	31	57 (Mother)	Married
P2	Multi-disability	72%	No	47	71 (Mother) 74 (Father)	Married
P3	Multi-disability	75%	No	30	67 (Mother) 67 (Father)	Married
P4	Multi-disability	85%	No	16	54 (Mother) 51 (Father)	Married
P5	Multi-disability	75%	No	26	54 (Mother)	Divorced
P6	Intellectual	Between 33% - 65%	No	48	71 (Mother) 83 (Father)	Married
P7	Intellectual	82%	No	33	68 (Mother) 63 (Father)	Married
P8	Multi-disability	100%	No	23	52 (Mother) 63 (Father)	Married
P9	Multi-disability	95%	No	15	50 (Mother) 61 (Father)	Married

*Table 1: Main Traits of the Participants*

*Source: Own source*

As the table shows, it has been done nine different interviews to parents of people with disabilities, due to the fact that it is not possible for them to follow an interview. Of these nine people with disabilities, seven of them have multi-disability and two have intellectual disability. In addition, the majority of them have a degree of more than 65%, except one of them who has between 33% - 65%. Consequently, none of them are autonomous. Furthermore, the youngest person with disability has 15 years old and the oldest one has 48 years old. The age of the parents is between 50 and 83 years old.

#### 3.4. Data analysis

As mentioned in the previous points, this is a qualitative and inductive research that uses in-depth interviews in order to collect the data that will be analyzed. Once these data have been collected using the methods stated in the “Data collection techniques and research instruments” (see p. 26), it has been interpreted.

All the interviews done to the nine participants of the “Associació Centre Pebrals” have been recorded, in order to be able to do a transcription. However, the researchers have been taking notes during the interviews, the transcriptions have been very useful to do a deep analysis of the data. Thanks to the recorded interviews the researchers will identify different key words and direct quotes determinants to the findings and conclusions of the study.

In addition, after doing the transcriptions, it has been done the categorization of the data. The researchers used two different methods. Firstly, the researchers have used the Atlas.Ti, a specific software for categorization of qualitative data. Thanks to this software the researchers have been able to establish a first categorization that has been useful for identifying different groups and categories of results mentioned in the interviews and related with the literature review. It has been differentiated the following groups and categories: Travel Patterns, Loyalty, Environmental Barriers, Intrinsic Barriers, Online Information Provision, Importance of the reviews, Interactional Barriers, Value Outcome & Feelings, Intention to Travel & Helplessness.

Secondly, after doing this categorization with Atlas.Ti, the investigators have decided to continue the process doing a manual codification because of the usefulness and depth of the process for the researchers. Then, the researchers started to use the Saturation Effect (Strauss, 1996).. “According to that method, theoretical saturation is reached when the collected information no longer contributes anything new to the development of the properties and dimensions of analytical categories” (Esaú & Rueda, 2013). After reading several times all the

interview and all the material, the most important and determinant concepts have been highlighted until achieving a sub-codification of the initial information.

Additionally, after doing the process of categorization, it has been able to create different tables that differentiates all the concepts identified in the interviews. Through these tables the researchers could identify the common behaviors of the participants. In addition, this facilitated the investigators to do an in-depth analysis of all the findings as well as it helped to develop the conclusions.

### 3.5. Ethical considerations

This paper ensures ethical considerations before, during and after the project. The research follows the four main principles for ethical research and evaluation in international development stated in the Global Code of Ethics for Tourism and for Responsible Tourism.

Firstly, this research has taken into account the respect for human beings, due to the fact that it made sure that each and every person involved in the study participated by choice. In addition, their rights and cultures were respected. For instance, before doing the interview, the participants have been informed in detail about the research so that they felt free to decide if they wanted to participate. Once they accepted, it has been agreed an appointment for doing the interview in a place where they felt comfortable. Furthermore, before being interviewed it has been explained to each individual that their participation is voluntary, and they can withdraw at any time without giving any reason, without their legal rights being affected. After the researchers have explained all the information, the consent form has been delivered to the participants for being signed, in order to have evidence that they agreed with all the details of the interview.

Secondly, the principle of beneficence has been also implemented in the study. This means that everyone involved in the project gets something positive out of the interview, not just the researcher. Also, the researcher must not do harm or pose significant risk to anyone. In this research, not only the investigators have benefits, but also the participants. By participating in this research, the interviewees, who are a small percentage of the population and in most of the cases are marginalized, have the opportunity to express their feeling and fears when facing barriers in hotels.

The third principle that this study has put into practice is the research merit and integrity, which means that the researchers need to be experienced and competence. In addition, the research

must be well designed, carefully planned so that the benefits of the research are clear to all involved. In this research, it has been done a previous study about disability and travelling with people with disability in order to do a clear and well-structured interview, in which the participants feel comfortable while answering the questions.

Finally, the last principle that the study took into consideration has been the justice. It refers to making sure that the research is fair and inclusive, which means that nobody of a community or population is deliberately left out, including children, people with disability, marginalized groups and people who face languages or literacy barriers. As mentioned before, people with disability is a minority of the population which unfortunately is not taken into account in the hospitality industry. Consequently, one of the aims of this study is to increase the integration of this part of the population and reduce the discrimination.

## Chapter 4: Findings and Discussions

In this point it is going to be presented the different results and findings obtained and analysed through the methods explained in the previous chapter. As explained before it has been done nine different interviews to different families with a member with disability, and it has been analysed in order to obtain different results. This chapter is going to use different tables so that the reader will understand the main characteristics and key concepts regarding each participant. The following table shows the travel patterns of each individual participating in the interviews.

	Travelled on the last 5-6 years	Sort of accommodation	Transportation	Nº travels per year	Type of destination
P1	Yes	Hotel or tourist apartment	Car, plane or taxi	1-2	Local, beach
P2	Yes	Hotels or tourist apartments	Planes, car or taxi	1-2	Beach
P3	No	-	-	-	-
P4	Yes	Hotels	Plane, train, adapted taxi	1-2	Beach
P5	No (the last time was 7 years ago)	Hotels	Plane, car, adapted taxi	-	Local, beach
P6	Yes	Hotels	Plane, train or car Taxi or metro	More than 5	International, cities
P7	Yes	Hotels	Plane or car	1 - 2	International, Mountain
P8	Yes	Hotels	Train, plane, metro	3 -5	Local, cities
P9	Yes	Hotels	Car	1 - 2	Beach

Table 2: Travel Patterns of the Participants

Source: Own source



The following table is related with the different key concepts identified in the interviews. After doing the transcriptions of the interviews it has been distinguished different barriers and consumer behaviours already studied in the literature review: Loyalty, Environmental Barriers, Intrinsic Barriers, Online Information Provision, Importance of the Reviews, Interactional Barriers, Value Outcome & Feelings and Intention to Travel & Helplessness.

	Loyalty	Environmental Barriers	Intrinsic Barriers	Online Information Provision	Importance of the Reviews	Interactional Barriers	Value Outcome & Feelings	Intention to Travel & Helplessness
P1	Yes	Stairs and shower	No	Size of the room, comfort and accessibility	No	-Any problem with the staff -Nice staff	Positive experiences	No
P2	Yes	Stairs and shower	Exhaustion	Accessibility, stairs and bathroom	No	-Any problem with the staff	Frustrated and impotent	No
P3	-	-	-	-	-	-	-	Yes
P4	Yes	Stairs, size of the room, and pool	No	Size of the room and accessibility	Yes, and are determinant	-Nice Staff	Stress and frustration	No
P5	No	Pool, stairs, shower and size of the room	Lack of companion	Accessibility to the pool and the area close to the hotel	No	-The F&B staff is the nicest one. -Staff feels respect	Frustration and impotent	Yes
P6	No	Connected rooms	No	Size of the bed and connected rooms	No	-Any problem with the staff. -Friendly staff	Positive experience	No
P7	Yes	Size of the room and the bathroom	No	Size of the bathroom, and the area close to the hotel	Yes, and are determinant	-Comprehensive and emphatic staff	Positive experience	No
P8	No	Stairs and size of the lift	Difficult but not impossible, special food	Price, location and handicap room	Yes, but are determinant	-Helpful and nice staff	Frustration and indignation but compressive staff	No
P9	Yes	Stairs and connected rooms	Yes	No	Yes and are determinant	-Not comprehensive. -Lack of trained staff	Negative experiences	Yes

Table 3: Key Concepts of Each Participant  
Source: Own source

As mentioned before, after analyzing all the information of the interviews and creating the direct quotes tables (Appendix B), it has been possible to identify the main traits as well as main behaviors of the families with disability. Then, relating the tables showed above, the travel patterns table (Table 2) and the key concepts of each participant (Table 3) it has been identified different results that are important to highlight.

This research has found that the main issues or environmental barriers that people with disabilities face when staying in hotels are the stairs, the size of the lift and the swimming pool, regarding the public areas, and the size of the room, the bathroom and the shower and lack of connected rooms, regarding the hotel room. Related with the common areas, most of the participants expressed the existence of obstacles in the common areas as for instance one or two steps in the lobby and the lack of ramps as a big barrier. In addition, the participants also expressed that most of the hotels in which they have been there were adapted public spaces, as for example a pool with a water chair, but the accessibility to these areas was too difficult.

Regarding the rooms, the interviews showed that one of the big issues for the participants was the bathroom, which most of the times was narrow. In addition, the interviewees pointed that in most of their experiences, even asking for a shower, most of the times they had bath, which supposed a big problem for them. Furthermore, the importance of connected rooms has been also expressed due to the fact that sometimes triple rooms were not enough spacious, and the families needed to book two connected rooms in order to feel comfortable and have their daughter or son close.

The study has also found that loyalty is a common behaviour of these families when staying in hotels, reinforcing the previous studies about experiences of people with disabilities in the Hotel Industry. On the one hand, most of the participants explained that they like to go to the same hotel because they feel comfortable with the staff as well as they know the accessibility of it. Additionally, going to the same hotel guarantees the stability of their daughter/son, as well as make them feel at home. For instance, P7 explained that they like to go every year to the same hotel in Andorra, in which they feel very comfortable. In addition, they choose Andorra because they know the area and it is very close to their home. On the other hand, the participants who are not loyal to the hotels are the ones that did not faced any intrinsic barriers so that they feel capable to travel with their daughter/ son with disability. These families prefer to travel to different places and stay in different hotels, due to the fact that they prioritize to have different experiences. In addition, it is important to take into consideration the type and degree of disability. For instance, P6, with intellectual disability and a degree between 33% and 65%

showed that faced few barriers but they are not loyal because the low degree of disability of their daughter/son. By contrary, P5 and P8, both of them with multi-disability and more than 65% of degree, faced lots of barriers during their stays and are not loyal because of the negatives experiences they had.

Taking into consideration the stages of a journey (pre-stay, during stay and post- stay) already explained in the literature review, the interview included some questions about this topic. The paper reveals that the main details that participants pay attention in the websites when booking a hotel are the size of the room, connected rooms, size of the bed, bathroom, accessibility, stairs, pool, location and comfort. Furthermore, the findings also reflect that these details match with the majority of the environmental barriers that people with disability face. For instance, P2, before booking a hotel look out information about the accessibility and the bathroom. At the same time the environmental barriers that he/she faced are the ones related with the accessibility and the bathroom.

Another result that this paper reflects is the importance for the participants of the reviews on accessibility of other guests in websites such as TripAdvisor before booking a hotel. Four of them explained that do not look at the opinions. The rest look at these opinions and the majority of them expressed that these reviews are essential and determinate for their purchase decision.

Finally, it is important to highlight the importance of the concept of value outcome. As mentioned in the literature review, this concept is related with the value perception where the consumer has an opinion of the utility of a product and service based on their point of view of what is received and what is given (Zeithaml et al., 1988). Taking into account the discussion of the previous tables, it has been possible to distinguish three different outcomes of the experience of each participant.

The following table shows the different value outcome perspectives of the participants identified during the transcriptions of the interviews. As already mentioned in the literature review, the experience of a guest in a hotel can be divided into positive or negative value outcome. In addition, it was considered essential to highlight the importance of the helplessness concept (type of negative value outcome) which is going to be determinant for the findings and conclusions. So that, for a better understanding of the concept, the table below includes different direct quotes related with the experience of the participants during their stays in hotels.

VALUE OUTCOME	POSITIVE V.O	<p><i>"I have never had a negative experience in a hotel, all my experiences have been positive." (P1)</i></p> <p><i>"Fantastic, I had nice experiences and we felt like at home" (P6)</i></p> <p><i>"I do not remember any negative experience in a hotel" I have never though not travelling anymore with my daughter/son" (P7)</i></p>
	NEGATIVE V.O	<p><i>"I get angry, frustrated and impotent when facing barriers" (P2)</i></p> <p><i>"We felt stressed and frustrated" "The industry is not adapted for us; we are a minority." "Hotels are adapted because of the law, if not we could not travel" (P4)</i></p> <p><i>"We felt frustrated and indagated in some occasions" (P8)</i></p>
	HELPLESSNESS	<p><i>"If we travel with my daughter/son, we will not enjoy the experience, is too complicated for us, is not worth it." (P3)</i></p> <p><i>"I stop travelling with my son/daughter because of the difficulties I have found during the stays. It is not worth it." (P5)</i></p> <p><i>"We backed out, with a member with disability in the family you cannot relax" (P9)</i></p>

Table 4: Value Outcome Results

Source: Own source

The participants that have travelled on the last five or six years (P1, P2, P4, P6, P7, P8), can be divided in two groups taking into consideration the value outcome concept, related with the consumption experience. The ones that have a positive value outcome and the ones that have a negative value outcome. The first group have not faced any interactional barriers. They have not had any problems with the staff and during the interviews they emphasised that the personnel of the hotel has always been very nice and friendly. Furthermore, the staff has always been very comprehensive and emphatic with them.

The second group has also had no interactional barriers. However, the main and common feelings expressed by the participants of the second group are frustration, impotence and stress. Even though these families have not faced this kind of barriers, they faced other ones, as environmental or intrinsic, that made them have negative experiences. For instance, P2 did not have any interactional barriers, as he/she stated that the staff was always helpful and nice with them. By contrary, they faced environmental and intrinsic barriers, which made them feel exhausted when travelling with their daughter/son. These barriers generated a negative value outcome in their experiences. Nevertheless, it is also important to take into consideration that even having negative experiences and negative value outcome, there are participants that do not give up and still want to travel.

This paper has also shown that the participants that have not travelled on the last five or six years, (P3 and P5) are the ones that are related with the helplessness concept. In addition, it also shows that there are different reasons for stop travelling. P3 had explained during the interview that travelling with his/her daughter/son is totally impossible, not for the barriers he/she could face but for his/her behaviour in front of situations that break the routine (condition of the person with disability). By contrary, P5 has had negative experiences in hotels, facing too many barriers (physical, interactional and intrinsic) in which he/she felt frustrated and impotent. These feelings, together with the lack of companion, made he/she decided to stop travelling with the disabled member of the family. As already explained in the literature review, when disabled customers have experienced lots of barriers, at the end they feel that are not capable to overcome these barriers, as a result, they can give up or lose confidence in trying to achieve it (Koo Lee, Agarwal & Ji Kim, 2011).

Another participant that can be related with the concept of helplessness is the P9. Even though this family has travelled during the last five or six years, they had negative experiences, where they faced too many barriers and they felt that the staff was not comprehensive with them. In addition, during the interview the participant was very frustrated with his/her previous

experiences and expressed his/her lack of willingness to travel again with the member with disability.

So that, to conclude the discussion, the analysis of the findings shows that both the condition of the people with disability, as well as the condition of the families are determinant for the feelings that this people have when facing barriers during their stays at hotels, so that are determinant for their value outcome.

## **Chapter 5: Conclusions and recommendations**

The present paper has attempted to identify the specific needs that families travelling with their daughter or son with disability have when staying at hotels, which are the different constraints that they face, as well as what are the feelings and emotions they have when facing these barriers. Given the above discussion some conclusions can be drawn in this direction.

First of all, our exploratory study is in line with Buhalis & Michopoulou (2011) who stated that even though there are seven different types of disability, not all of them have the same requirements, due to the fact it depends on the degree of impairment.

Likewise, the theory of Cetin & Walls (2016) about the customer experience has been confirmed in this exploratory research. A person needs two types of conceptual cues in order to have a great experience, the physical environment together with the human interaction. This exploratory study reinforces the theory of Szewczyk (2015) that establish that this theory can also be applied to the customer with disability experience.

According to the findings of this research, people with disability faces a lot of barriers when travelling and staying in hotels. Even though, the more visible barriers are the ones that are related with the environment, as for instance, the stairs or the bath, the intrinsic and interactional barriers are also affecting the experiences of families with disabilities.

Furthermore, the present research also strengths that these two dimensions have to be combined in order to provoke positive and memorable experiences for the guests, the value outcome (Cetin & Walls, 2016). So that, the findings of this research show that the value outcome of the nine families that participated in the interviews, depends on the barriers they face as well as the condition of the person with disability (type and degree) and the condition of the families (civil status).

As a matter of fact, this exploratory study shows three different groups of families related to the perspective of their experiences, their value outcome: The positive value outcome, the negative value outcome and Helplessness. Besides, it also highlights that the value outcome of the experiences of the majority of the families interviewed is very positive. Previous researches studied before doing this investigation showed that people with disability have negative experiences during their stays in hotels because of the big number of barriers they had to face. So that, fortunately this research shows that people with disability is also able to have positive experiences. It is also important to say that these families have very accepted the impairment

of their son or daughter, so that they are totally conscious about the existence of these barriers in their daily routine, so even more when they travel.

To sum up, it is important to mention that previous literature shows that families with disabilities tend to have negative value outcomes because of the barriers they face. However, the sample of this exploratory study shows that most of the families have positive value outcome in their experiences.

### **Recommendations for hoteliers:**

As mentioned in the previous chapters of the paper, there is still a lot of work to do in the industry associated with the barriers that people with disability face, especially the ones related with the accessibility. So that, one recommendation for hoteliers is that they should listen which are their complains about accessibility in order to consider their needs so that they can achieve their comfort level.

In addition, related with the problem of accessibility one recommendation for hotel managers is that they should collaborate with other professional as architects, designers or auditors.

It is important for hotels to do auditions in order to check that everything is accessible for people with disabilities and that hotels fulfil the law.

Finally, this paper reinforces the theory of Cetin & Walls (2016) that the informal interactions with the staff in an informal way are determinant for a better and memorable experience for the hotel clients, due to the fact that one of the complains of these families is the lack of trained staff. So that it can be interesting for hoteliers to invest in trainings in order to have more aware staff about disability.

These three recommendations will be very beneficial for the industry as accessibility and staff are the main barriers that this segment face, and at the end this affect to the value outcome of their experiences. In fact, if hoteliers take into consideration these recommendations, they will increase the loyalty of families with disability.



## **Chapter 6: Limitations and further research**

This study has certain limitations. In this point are going to be explained the limitations found by the researchers while doing the investigation.

The main limitation that has affected to the realisation of the study has been the scarce time. As the researcher did not have enough time, they only did a qualitative analysis. The researchers would have like to do qualitative analysis together with a quantitative analysis in order to go deeper into the results and be able to contrast both methods. This can be a recommendation for further researches.

Another limitation that the investigators encountered has been that the sample of the research are families that has a daily routine very organized and for them has been an effort to establish an appointment with the researchers. This limitation together with the insufficient time for the realization of the study, has delayed the investigation, which has supposed a challenge for the researchers. A recommendation for future researchers could be to contact with the families with much more time in advanced so that the families can organize themselves and establish a date without pressure.

Truth be told, another limitation has been the small number of participants doing the interviews. Usually, qualitative studies need a minimum of 30 participants in order to take relevant and determinant conclusions. However, due to the fact of the limited time only nine families participated in the interviews.

Finally, the researchers have realized that during the interviews the majority of the participants did not know how to answer the question regarding the percentage of income they spent travelling with their daughter/son with disability. Furthermore, the researchers noticed that the interviewees did not feel comfortable when they had to answer this question as it was very personal. So that, the researchers have realized that there is a missing value. The aim of this question is to know the importance that families gives to travel with a member with disability. In order to avoid this missing value, future researchers should focus the question from another perspective, so that the interviewees would feel more comfortable.

The last recommendation that researchers give for future researchers is to do the same investigation in another city. Even though most of the participants of this research have traveled around the world, it is important to consider doing the same investigation in other cities so that the results found can be contrasted with the results of this paper. Additionally, as the sample of this investigation lives in Barcelona, it would be interesting to do the same research in another

city, so that it would probably get results from the barriers found in hotels in Barcelona, as well as their value outcome.

## References

- Abberley, P. (1987). The concept of oppression and the development of a social theory of disability. *Disability, Handicap & Society*. 2(1), 5–19.
- Albrecht, G., Seelman, K., & Bury, M. (Eds.). (2001). *Handbook of disability studies*. London: Sage Publications.
- Altinay, L., Paraskevas, A. & Jang, S. (2016). *Planning research in hospitality and tourism*. 2nd ed. Oxford: Routledge.
- Bastida, U., & Huan, T. (2014). Performance evaluation of tourism websites' information quality of four global destination brands: Beijing, Hong Kong, Shanghai, and Taipei. *Journal of Business Research*. 67(2), 167–170
- Bieger, T., & Laesser, C. (2002). Market segmentation by motivation: The case of Switzerland. *Journal of Travel Research*. 41(1), 68–76.
- Binkhorst, E., & Dekker, T. D. (2009). Agenda for co-creation tourism experience research. *Journal of Hospitality Marketing & Management*. 18(2/3), 311–327
- Bitner, M. J. (1992). Servicescapes: The impact of physical surroundings on customers and employees. *Journal of Marketing*. 56(2), 57–71
- Buhalis, D. (1997). Information and telecommunication technology as a strategic tool for economic, social and environmental benefits enhancement of tourism at destination regions. *Progress in Tourism and Hospitality Research*. , 3(1), 71–93.
- Buhalis D. & Darcy S. (2011). *Accessible tourism, concepts and issues*, Channel Viu Publications, Bristol.
- Carbone, L. P., & Haeckel S. H. (1994). Engineering customer experiences. *Marketing Management*. 3(3), 8–19.
- Cetin, G., & Bilgihan, A. (2015). Components of cultural tourists' experiences in destinations. *Current Issues in Tourism*. 19:2, 137 154 DOI: [10.1080/13683500.2014.994595](https://doi.org/10.1080/13683500.2014.994595)

Cetin, G. & Walls, A. (2016). Understanding the customer Experiences from the perspective of guest and hotel managers: Empirical findings from luxury hotels in Istanbul, Turkey. *Journal of Hospitality Marketing & Management*, 25:395–424

Charter of Fundamental Rights of the European Union. (2000). Official Journal of the European Communities. Available from: <https://www.ohchr.org/EN/ProfessionalInterest/Pages/RightsOfDisabledPersons.aspx>

Constitutive Treaty of the Community. Art 13. (2002). European Union. Available from: [https://curia.europa.eu/jcms/upload/docs/application/pdf/2009-11/en\\_extrait\\_cour\\_2009-11-30\\_11-32-32\\_981.pdf](https://curia.europa.eu/jcms/upload/docs/application/pdf/2009-11/en_extrait_cour_2009-11-30_11-32-32_981.pdf)

Council of Europe. European Court of Human Rights. (1950). European convention on Human Rights. Available from: <https://www.echr.coe.int/pages/home.aspx?p=basictexts>

Crawford, D. W., Jackson, E. L., & Godbey, G. (1991). A hierarchical model of leisure constraints. *Leisure Sciences*, 13(4), 309-320.

Crosier, A., & Handford, A. (2012). Customer Journey Mapping as an Advocacy Tool for Disabled People: A Case Study. *Social Marketing Quarterly*, 18(1), 67–76.

Crow, L. (1996). *Including all of our lives: Renewing the social model of disability*. In C. Barnes & G. Mercer (Eds.), *Exploring the divide: Illness and disability*. Leeds, UK: The Disability.

Darcy, S. (1998). *Anxiety to access: Tourism patterns and experiences of New South Wales people with a physical disability*. Sydney: Tourism New South Wales.

Daruwalla, P. S., & Darcy, S. (2005). Personal and Societal Attitudes to Disability. *Annals of Tourism Research*. 32(3), 549-570

De Lorenzo García, R. (2003) *“El futuro de las personas con discapacidad en el mundo. Informe Club Roma”*. Ediciones del Umbral. Fundación ONCE.

Dimitrios Buhalis & Eleni Michopoulou (2011) Information-enabled tourism destination marketing: addressing the accessibility market, *Current Issues in Tourism*, 14:2, 145-168, DOI: 10.1080/13683501003653361.

Dolnicar, S. (2004). Beyond 'commonsense segmentation': A systematics of segmentation approaches in tourism. *Journal of Travel Research*. 42(3), 244–250

Dominguez, T., Fraiz, J. & Alén, M. (2011). Tourism and Accessibility: A global vision about the situation of Spain. *Cuaderno de Turismo*, 28, 23-45.

Dwyer, L., & Darcy, S. (2008). Chapter 4 - Economic contribution of disability to tourism in

Australia. In S. Darcy, B. Cameron, L. Dwyer, T. Taylor, E. Wong & A. Thomson

(Eds.), *Technical Report 90040: Visitor accessibility in urban centres* (pp. 15-21).

Easterby-Smith, M., Thorpe, R., & Lowe, A. (1991) *Management Research: An Introduction*. London: Sage Publications.

Edensor, T. (2000). Staging tourism: Tourists as performers. *Annals of Tourism Research*. 27(2), 322–344

Edwards Steven D. (2005). *Disability: Definitions, Value and Identity*, Radcliffe Publishing Oxford Seattle.

Esaú, E. & Rueda, J. (2013). La saturación teórica en la teoría fundamentada: su de-limitación en el análisis de trayectorias de vida de víctimas del desplazamiento forzado en Colombia\*1. Universidad Industrial de Santander, Colombia. *Revista Colombiana de Sociología*. Vol. 36 nº 2.

European Disability Strategy 2010-2020. European Commission. Available from: [https://ec.europa.eu/eip/ageing/standards/general/general-documents/european-disability-strategy-2010-2020\\_en](https://ec.europa.eu/eip/ageing/standards/general/general-documents/european-disability-strategy-2010-2020_en)

Eurostat. (2018). Disability Statics – Health. Available from: <https://ec.europa.eu/eurostat/statisticsexplained/>

Fletcher, R. (2011). Sustaining tourism, sustaining capitalism? The tourism industry's role in global capitalist expansion. *Tourism Geographies*. 13, 443–461

French, S. (1993). Disability, impairment or something in between? In J. Swain, V. Finkelstein, S. French, & M. Oliver (Eds.), *Disabling barriers—Enabling environments* (pp. 17-25).

Gallarza, M. & Gil, I. (2008). The concept of value and its dimensions: a tool for analyzing tourism experiences. *Tourism Review*. Vol. 63 Issue: 3, pp.4-20, <https://doi.org/10.1108/16605370810901553>

Gladwell, N. Y., & Bedini, L. A. (2004). In search of lost leisure: the impact of care-giving on leisure travel. *Tourism Management*. 25, 685-693

Global Code of Ethics for Tourism and for Responsible Tourism. Available from: <http://ethics.unwto.org/es/content/codigo-etico-mundial-para-el-turismo>

Grabowski, J., Milewska, M., Stasiak, A. (2007), *Vademecum organizatora turystyki niepełnosprawnych*, Wydawnictwo GWSH, Łódź.

Hirschman, E. C., & Holbrook, M. B. (1982). Hedonic consumption: Emerging concepts, methods and propositions. *Journal of Marketing*. 48(3), 92–101

Hughes, B. (2007). Being disabled: Towards a critical ontology for disability studies. *Disability & Society*. 22(7), 673–684

Hughes, B., & Patterson, K. (1997). The social model of disability and the disappearing body: Towards a sociology of impairment. *Disability & Society*. 12(3), 325–340

Jackson, E. L., Crawford, D. W., & Godbey, G. (1993). Negotiations of leisure constraints. *Leisure Sciences*. 15, 1-11

Koo Lee, B., Agarwal, S. & Ji Kim, H. (2011). Influences of travel constraints on the people with disabilities intention to travel: An application of Seligman's helplessness theory. *Tourism Management* 33 (2012) 569-579

Komppula, R. (2006). Developing the quality of a tourist experience product in the case of nature-based activity services. *Scandinavian Journal of Hospitality and Tourism*. 6(2), 136–149.

Lamoureux, M. (2015). Report: SOCAP International. *Managing Guest Experience Before, During and After Each Hotel Stay*. LeCenter Sheraton Montreal/Starwood Hotels.

Li, X., & Wang, Y. (2011). Measuring the effectiveness of us official state tourism websites. *Journal of Vacation Marketing*. 17(4), 287–302.

Liachowitz Claire H. (2010), *Disability as a Social Construct: Legislative Roots*, Penn Press.

McKercher, B., Packer, T., Yau, M.K. & Lam, P. (2003), "Travel agents as facilitators or inhibitors of travel: perception of people with disabilities", *Tourism Management*. Vol. 24, pp. 465-74.

Millán, M. (2010). *Turismo accesible/Turismo para todos, un derecho ante la discapacidad*. Gran Tour: Revista de Investigaciones Turísticas no 2 pp. 101-126.

Milewska, M. (2008), „Turystyka osób niepełnosprawnych w Europie i w Polsce”, in Stasiak, A. (Ed), *Rola krajoznawstwa i turystyki w życiu osób niepełnosprawnych*. PTTK, WSTH - Łódź, Warszawa, pp. 37-46.

Morris, J. (Ed.). (1996). *Encounters with strangers: Feminism and disability*. London: The Women's Press.

Mossberg, L. (2007). A marketing approach to the tourist experience. *Scandinavian Journal of Hospitality and Tourism*. 7(1), 59–74.

Najmiec, A. (2007), *Sytuacja osób niepełnosprawnych na rynku pracy w państwach Unii Europejskiej*, CiOP- Instytut Badawczy, Warszawa.

O'Dell, T. (2005). Experiencescapes: Blurring borders and testing connections. In T. O'Dell & P. Billing (Eds.), *Experiencescapes: Tourism, culture, and economy*.

Oliver, M. (1990). *The politics of disablement*. Basingstoke, UK: Macmillan.

Otto, J. E., & Ritchie, R. B. (1996). The service experience in tourism. *Tourism Management*. 17(3), 165–174

Panorámica de la discapacidad en España. Encuesta de Discapacidad, Autonomía personal y situaciones de Dependencia. (2008). Instituto Nacional de Estadística. Spain. Available from: <https://www.ine.es/revistas/cifraine/1009.pdf>

Prahalad, C. K., & Ramaswamy, V. (2003). The new frontier of experience innovation. *MIT Sloan Management Review*. 44, 12–18.

Pine, J., & Gilmore, J. H. (1998). Welcome to the experience economy. *Harvard Business Review*. 97–105

Pine, J., & Gilmore, J. H. (1999). *The experience economy: Work is a theater and every business a stage*. Boston, MA: Harvard Business Press.

Poria, Y., Reichel, A. & Brandt, Y. (2009), "People with disabilities visit art museums: an exploratory study of obstacles and difficulties", *Journal of Heritage Tourism*. 4, 117-29

Poria, Y., Reichel, A. & Brandt, Y. (2010), "People with disabilities flight experiences: an exploratory study", *Journal of Travel Research*. 49, 216-27.

Poria, Y., Reichel, A. & Brandt, Y., (2011) "Dimensions of hotel experience of people with disabilities:an exploratory study", *International Journal of Contemporary Hospitality Management*, 23, 571-591

Pullman, M. E., & Gross, M. A. (2004). Ability of experience design elements to elicit emotions and loyalty behaviors. *Decision Sciences*. 35(3), 551–578

Rihova, I., Buhalis, D., Moital, M. & Gouthro, M-B. (2014) Conceptualising customer-to-customer co-creation in socially dense tourism contexts. *International Journal of Tourism Research*. DOI: 10.1002/jtr.1993

Sarigollu, E., & Huang, R. (2005). Benefits segmentation of visitors to Latin America. *Journal of Travel Research*. 43(3), 277–293

Saunders, M., Lewis, P., & Thornhill, A. (2012). *Research Methods for Business Students* (6<sup>th</sup> edn). London: Prentice Hall Financial Times.

Schmitt, B. (1999). *Experiential marketing*. New York, NY: The Free Press. Scott, N., Laws, E., & Boksberger, P. (2009). The marketing of hospitality and leisure experiences. *Journal of Hospitality Marketing & Management*. 18(2/3), 99–110



Seligman, M. E. (1975). *Helplessness: On depression, development and death*. San Francisco: W.H. Freeman.

Social Integration of the Disabled People. Law 13/1982, of 7th of April. (1982). BOE. Available from: <https://www.boe.es/buscar/doc.php?id=BOE-A-1982-9983>

Spanish Constitution. Art. 49. (1978). Available from: <http://www.congreso.es/consti/constitucion/indice/titulos/articulos.jsp?ini=49&tipo=2>

Spanish Strategy on Disability 2012-2020, Government of Spain. Available from: [http://sid.usal.es/idocs/F8/FDO26112/Estrategia2012\\_2020.pdf](http://sid.usal.es/idocs/F8/FDO26112/Estrategia2012_2020.pdf)

Stumbo, N. J., & Pegg, S. (2005). Travelers and tourists with disabilities: a matter of priorities and loyalties. *Tourism Review International*. 8(3), 195-209

Szewczyk, I. (2015). Accessible Szczyrk Hotels' Features for Disabled Tourists. *Tourism in Southern and Eastern Europe*, 3, 369-382.

Tang, L., & Jang, S. (2012). Investigating the routes of communication on destination websites. *Journal of Travel Research*. 51(1), 94–108

“The International Charter for Leisure Education”. (1993). Parliamentary Assembly. Available from: <http://www.assembly.coe.int/nw/xml/XRef/X2H-XrefViewHTML.asp?FileID=10971&lang=EN>

Titz, K. (2007). *Experiential consumption: Affect—emotions—hedonism*. In A. Pizam & H. Oh (Eds.), *Handbook of hospitality marketing management*. Oxford, England: Butterworth-Heinemann.

United Nations. (2006). *Convention on the rights of persons with disabilities*. UN. Available from: <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

United Nations. (2008). Convention on the rights of persons with disabilities. UN. Available from: <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

United Nations. (1982). World Program Action Concerning Disabled Persons. Available from: <https://www.un.org/development/desa/disabilities/resources/world-programme-of-action-concerning-disabled-persons.html>

United Nations. (1971). Declaration on the Rights of Mentally Retarded Persons. Available from: <https://www.ohchr.org/EN/ProfessionalInterest/Pages/RightsOfMentallyRetardedPersons.aspx>

United Nations Enable. (2003). What is the definition of disability? Available from: <http://www.un.org/esa/socdev/enable/faqs.htm>

Woodall, T. 2003. Conceptualising value for the customer: an attributional, structural and dispositional analysis. *Academy of Marketing Science Review*. 12(1-42).

World Bank. (2019). *Disability Inclusion Overview*. Available from: <https://www.worldbank.org/en/topic/disability>

World Report on Disability. (2011). World Health Organization. Available from: [https://www.who.int/disabilities/world\\_report/2011/report.pdf](https://www.who.int/disabilities/world_report/2011/report.pdf)

Zeithaml, V. A., Berry, L. L., Parasuraman, A. 1988. Communication and control processes in the delivery of service quality. *The Journal of Marketing*. 52(2), 35-48

Zhang, J. J., & Mao, Z. (2012). Image of all hotel scales on travel blogs: Its impact on customer loyalty. *Journal of Hospitality Marketing & Management*. 21(2), 113–131.

Zola, I. (1989). Towards the necessary universalizing of disability policy. *The Milbank Quarterly*. 67(2), 401–426.

## **Appendix**

### **Appendix A: Template form**

#### **Travel patterns:**

Have you ever travelled with your daughter/son on the last 5-6 years? In case of negative, why?

What sort of accommodation do you go?

How do you move?

How many times do you travel with your daughter/son in a period of a year? Once or twice, among 3 and 5 or more than 5 times?

The fact of having a daughter/son with disability, has influenced in the amount of trips do you do? In which way?

What type of destination do you look for? Local or international destination? Beach, mountain or city?

Do you go to the same accommodation or you prefer to change? Why?

#### **Environmental constraints:**

What are the physical difficulties that you have faced?

According your point of view, what should be the priority for a hotel in order to improve its accessibility?

#### **Intrinsic constraints:**

Do you think it is difficult to travel when you have a daughter/son with a disability? Why?

Can you explain a situation where you have found yourself uncomfortable in a hotel?

Which feelings did you have in this kind of uncomfortable situation? How did they make you feel?

#### **Constraints external to information and communication:**

Before:

What is your criterial when you peep a tourist's establishment website?

Can you give an example where the found information on the website has not been reflected in the establishment?

Do you look at the opinions on accessibility of other guests in websites such as TripAdvisor? Are these comments determinant for your decision of travelling? Why?

During:

Can you explain a case where you found that there was no signage or not enough information in the environment?

After:

Do you post your experiences on websites such as TripAdvisor to help future guests with disabilities?

**Interactional constraints:**

Can you explain a problem that you have had with the staff of the tourist establishment?

Can you explain a situation in which you felt understood by the hotel staff?

**Helplessness:**

Do you think that the tourism industry is not adapted for people with disability? Why?

Have you ever though not travelling anymore with my daughter/son? In the case of yes: which is the reason?

Can you explain your last positive experience in a hotel?

In the case that the services of the hotels were more adapted, would you travel more?

**Socio-demographic and socio-economic variables:**

Civil status:

Age:

Age of the daughter/son with disability:

Grade of disability: 0,33 - 0,65 - more than 65

Type of disability: sensory, physical, intellectual, multi-disability

What percentage of income do you spend traveling on a year? How much do you spend on a trip?

### Appendix C: Direct Quotes Tables

	P1
<b>Loyalty</b>	<p>“Siempre nos vamos a Mallorca cada verano. Entonces nuestros viajes son mas locales.”</p> <p>“Si he estado a gusto en un hotel con mi hijo, si repetiría en el mismo hotel.”</p>
<b>Environmental Barriers</b>	<p>“Las escaleras, y a veces las duchas de la habitación, no siempre hay ducha de plato.”</p> <p>“Hay hoteles que has de ir al bar y ya tienen un escalón, o 5 escalones.”</p>
<b>Intrinsic barriers</b>	<p>“Yo difícil no creo que sea, lo que, lo has de tener muy por la mano viajar con un hijo con discapacidad.”</p>
<b>Online information provision</b>	<p>“Yo miro que sea un hotel con una habitación un poco amplia, que tenga comodidades básicas y que me sea cómodo</p> <p>Si veo un hotel que ya tiene una entrada no adaptada con escaleras, pues ya no lo cojo”</p> <p>“En lo que más me fijo es en la accesibilidad”</p>
<b>Importance of the reviews</b>	<p>“No, al principio lo miraba”</p>
<b>Interactional barriers</b>	<p>“Nunca he tenido problemas con el personal del hotel. La gente es súper agradable con mi hijo”</p>
<b>Value Outcome and feelings</b>	<p>“Nunca he tenido ninguna situación incomoda”</p> <p>“Todas las experiencias han sido positivas”</p>
<b>Intention to travel and Helplessness</b>	<p>“No he llegado pensar “ya no viajo con mi hijo.” “Los hoteles de la mayoría de las grandes ciudades si que están adaptados para discapacitados. En Europa tienes una gama muy amplia para encontrar hoteles accesibles.”</p>

	P2
<b>Loyalty</b>	“Nosotros vamos mucho a lugares y hoteles que ya conocemos.”
<b>Environmental Barriers</b>	<p>“Las rampas en sitios donde tiene que haberlas, los baños para discapacitados y el baño de la habitación que bajo ningún concepto puede ser una bañera, porque se hace muy difícil.”</p> <p>“No cabía la silla de ruedas en el ascensor”</p>
<b>Intrinsic barriers</b>	“Viajar con mi hijo es un agotamiento.”
<b>Online information provision</b>	“En la accesibilidad. Que haya rampas, que haya un baño cerca del restaurante.”
<b>Importance of the reviews</b>	“No miramos comentarios, es que nosotros nos movemos por la Costa Brava y lo conocemos muy bien.”
<b>Interaccional barriers</b>	“Nunca he tenido ningún problema con el personal.”
<b>Value Outcome and feelings</b>	“Te enfadas, Te sabe mal, te sientes frustrada e impotente.”
<b>Intention to travel and Helplessness</b>	<p>“Si no viajamos mas con el es porque nosotros también ya somos mayores y además mi hijo es feliz en Barcelona haciendo su vida.”</p> <p>“Tampoco es muy viable viajar con el, no es la industria la que afecta sino ya de por si la discapacidad de el.”</p>

	P3
<b>Loyalty</b>	-
<b>Environmental Barriers</b>	-
<b>Intrinsic barriers</b>	-
<b>Online information provision</b>	-
<b>Importance of the reviews</b>	-
<b>Interactional barriers</b>	-
<b>Value Outcome and feelings</b>	-
<b>Intention to travel and Helplessness</b>	<p>“Es inviable totalmente. No por barreras físicas, sino por problemas de comportamiento de ella. Ella no disfruta viajando, tanto follón le pone muy nerviosa, entonces en un hotel segurísimo que iría la cosa mal y ya no me lo planteo.</p> <p>Cuando era pequeña si que nos la llevamos alguna vez a hotel, pero fue un desastre”</p> <p>“También creo que en el caso de que viajáramos, creo que ni ella disfrutaría ni yo disfrutaría”</p> <p>“Es demasiada complicación, no me vale la pena”</p> <p>“En el caso de que el personal estuviese mas adaptado, probablemente si viajase más”</p>

	<b>P4</b>
<b>Loyalty</b>	<p>“Acostumbramos a ir al mismo, si vemos un hotel que esta adaptado siempre vamos al mismo.”</p> <p>“Estos últimos años hemos ido al mismo hotel, porque tiene una plataforma de madera que llega hasta el agua, en el agua tiene un espacio solo para discapacitados en frente del hotel, con una plataforma donde no hay arena y puedes dejar la silla de ruedas.”</p>
<b>Environmental Barriers</b>	<p>“Otra barrera física, seria la playa, y una persona que vaya en silla de ruedas, como no haya una plataforma de madera, prácticamente es imposible. Y pocos hoteles tienen la silla acuática para bajar a la playa. En un hotel no les funcionaba la plataforma y no podíamos subir las escaleras y había como 6 o 7 escalones y no había rampa.”</p> <p>“Una habitación muy pequeña que con la silla no podíamos movilizarnos.”</p>
<b>Intrinsic barriers</b>	“Es difícil porque tienes un montón de obstáculos pero te lo ponen bastante asequible.”
<b>Online information provision</b>	“El tipo de habitación, el tamaño y la accesibilidad”
<b>Importance of the reviews</b>	“Si miramos comentarios y estos comentarios si son determinantes a la hora de viajar.”
<b>Interactional barriers</b>	“Por ejemplo, El personal no era tan empático en ese hotel y en TripAdvisor hablan muy bien de ese hotel.”
<b>Value Outcome and feelings</b>	<p>“Principio estrés.No me hicieron sentir frustrada porque al final lo arreglaron y se ofrecieron a ayudar, pero poniéndote un poco pesada e insistiendo.”</p> <p>“No esta adaptada, porque somos una minoría. Lo hacen por ley, si no lo hiciesen por ley, no podríamos viajar. Para nosotros es una tranquilidad ir a un hotel que te lo dejan todo perfecto.”</p>
<b>Intention to travel and Helplessness</b>	“Nunca he llegado a pensar: ya no viajo con mi hijo, iajar con un hijo discapacitado es toda una odisea: el asiento, la comida, el frio, que no se enferme, en el avión, etc”



	<b>P5</b>
<b>Loyalty</b>	“No, cambiábamos. Cada verano decidíamos ir a un sitio diferente.”
<b>Environmental Barriers</b>	<p>“Falta de accesibilidad, no solo en el hotel sino en el entorno, en las playas... en general. aunque la piscina estuviera adaptada porque tuviera escaleras de obra, llegar hasta ahí era muy complicado.”</p> <p>“A veces son rampas complicadas para subirlas dentro del hotel propio, o tienen mucha subida o es corta y muy alta, es complicada.”</p> <p>“Una ducha amplia y que tuviera barandillas y también porque necesitas más espacio para dejar la silla de ruedas.”</p>
<b>Intrinsic barriers</b>	“Sí, mucho. Porque allá donde vas te encuentras con una dificultad y en mi caso que viajo sola sin su padre pues todo es más complicado.”
<b>Online information provision</b>	“Me fijo en la piscina sobretodo, que sea accesible, me fijo en el entorno, fácil acceso a la playa.”
<b>Importance of the reviews</b>	
<b>Interactional barriers</b>	<p>“Demasiada empatía no, pero si que les cuesta establecer una relación sí.”</p> <p>“La gente más agradable del personal más agradables con mi hija siempre han sido las camareras del restaurante.”</p>
<b>Value Outcome and feelings</b>	“Muy frustrada, muy impotente porque es una incertidumbre total de decir y ahora qué hacemos aquí. Sobretodo frustrada por la poca empatía.”
<b>Intention to travel and Helplessness</b>	<p>“Bueno yo dejé de viajar con mi hija hace 7 por las dificultades que conllevaba.”</p> <p>“Porque te encuentras con muchas dificultades entonces ya llega un momento que tiras la toalla y no me vale la pena porque es un esfuerzo, encontrarte situaciones que no sabes como manejar... realmente no me merece la pena. en el caso que viajara con mi hija me supondría un desembolso importante.”</p>

	P6
<b>Loyalty</b>	
<b>Environmental Barriers</b>	“La mayoría de los hoteles tienen muy pocas habitaciones colindantes.”
<b>Intrinsic barriers</b>	“Claro que es más difícil pero en la vida como en todo, cuando te rindes, te rindes pero si no te rindes pues lucha y ya, nosotros hemos ido a todo el mundo con el, pero lógicamente es más difícil.”
<b>Online information provision</b>	“Sí, eso si que lo tengo en cuenta, el tamaño de la cama y La mayoría de los hoteles tienen muy pocas habitaciones colindantes.”
<b>Importance of the reviews</b>	“No, no me interesa la opinión de los otros.”
<b>Interaccional barriers</b>	<p>“La verdad es que no hemos tenido ningún problema con el personal del hotel.”</p> <p>“En general la gente con nosotros la gente ha sido siempre muy amable y en muchísimos países están ya muy motivados para darles prioridad sin humillación.”</p>
<b>Value Outcome and feelings</b>	“Fantástico, le hace sentir alguien y como encasa entonces es una experiencia bonita.”
<b>Intention to travel and Helplessness</b>	“Queremos darle la mejor vida posible porque el la disfruta y porque lógicamente tiene limitaciones en otras áreas y si eso a el le gusta, lo disfruta y podemos hacerlo, y tenemos salud, lo hacemos.”

	<b>P7</b>
<b>Loyalty</b>	“Cada año vamos a Andorra, seguro que 4 o 5 días al año los pasamos en Andorra.”
<b>Environmental Barriers</b>	<p>“Como es la habitación y el cuarto de baño, que sean amplios.”</p> <p>“Quizás, agradeceríamos que estuviera más visible y mejor indicado por donde tienen que ir las personas con discapacidad, ya que siempre tenemos que ir nosotros a pedir el favor.”</p>
<b>Intrinsic barriers</b>	“Yo diría que, en nuestro caso, nuestro hijo no ha sido un factor en tener en cuenta ya que, si hemos querido hacer un viaje con el, lo hemos hecho y punto.”
<b>Online information provision</b>	“En estas paginas web tienes que mirar todo lo que es el hotel en sí, habitación, cuarto de baño y todo lo que le rodea, si esta bien o mal reflejado en las fotografías, esto se valora mucho ya que ves enseguida si será el hotel ideal o no.”
<b>Importance of the reviews</b>	<p>“Le doy mucha importancia a los comentarios de otras personas.”</p> <p>“Yo no publico. Es cierto que no tenemos vocación por publicar comentarios y fotos, pero si que recomendamos a amigos que tengan el mismo problema.”</p>
<b>Interaccional barriers</b>	<p>“Nos ayudan y nos entienden de inmediato, la gente es bastante comprensiva.”</p> <p>“Las personas que tienen la empatía por estas personas y que están ofreciendo un servicio, están atentos de ayudarte, pero sin llegar a un extremo de ser pesados o sentirnos incomodos.”</p>
<b>Emotional Value Outcome</b>	“No recuerdo ninguna situación negativa.”
<b>Intention to travel and Helplessness</b>	“Nunca he llegado a pensar: yo ya no viajo con mi hijo.”

	<b>P8</b>
<b>Loyalty</b>	“Solemos cambiar, dependiendo las ofertas que encontremos eso sí, previamente estudiamos mucho los hoteles.”
<b>Environmental Barriers</b>	“En hoteles y hostales de 2 o 3 estrellas el ascensor, tienen rampa de acceso, pero en el ascensor no cabes En hoteles de 3 estrellas para abajo, hay muchos problemas de acceso la prioridad seria Rampas en condiciones y ascensores amplios.”
<b>Intrinsic barriers</b>	“Es más difícil pero no es imposible.” “Por la comida ya que tenemos que llevar su comida y no nos podemos ir a sitios muy lejos.”
<b>Online information provision</b>	“Miro el precio y la localización del hotel sitio que este bien comunicado.” “Yo siempre suelo llamar o ir para verificar la información y cuando ves que hay habitaciones adaptadas, ya me quedo más tranquilo.”
<b>Importance of the reviews</b>	“No son determinantes, pero los tengo en cuenta.”
<b>Interaccional barriers</b>	“El personal siempre que te ve con una persona con dificultades se deshace por ayudarte y poner todos los medios humanos e intentar darte la mejor habitación posible.” “El personal siempre que ve a una persona con discapacidad triplican sus esfuerzos, amabilidad, cariño, etc.”
<b>Value Outcome and feelings</b>	“Frustración indignación nos hemos sentido comprendidos”
<b>Intention to travel and Helplessness</b>	“Si hubiera hoteles más adaptados, sobretodo en la temporada donde los hoteles están más llenos, viajaríamos más.”

	<b>P9</b>
<b>Loyalty</b>	“Cuando viajábamos con mi hijo, íbamos siempre a Canarias por comodidad ya que nos conocíamos los hoteles, las habitaciones eran amplias, etc.”
<b>Environmental Barriers</b>	<p>“Muchas escaleras, muchos desniveles antes de llegar al ascensor, en general hoteles que son muy bonitos pero que no son viables para ir con una silla de ruedas.”</p> <p>“La accesibilidad dentro del hotel es complicada Respecto a las habitaciones, muchas veces buscábamos que estuvieran conectadas. “</p>
<b>Intrinsic barriers</b>	<p>“Si que es más difícil.”</p> <p>“Si que influye, la vida de la familia cambia.”</p>
<b>Online information provision</b>	-
<b>Importance of the reviews</b>	“Estos comentarios son bastante determinantes para mi viaje, del 1 al 10 podría decir que un 7”
<b>Interactional barriers</b>	<p>“Me sentí mal por mi hijo ya que no se encontraba bien y por el personal del hotel porque noté que la situación les iba un poco grande.”</p> <p>“Muchas veces, hay gente que muestra que no le gusta esta situación ya que no la dominan.”</p> <p>“Me he dado cuenta de que el personal es menos comprensivo cuando más alta es la temporada, más tráfico tengan y más cansado vayan.”</p>
<b>Value Outcome and feelings</b>	
<b>Intention to travel and Helplessness</b>	<p>“Muchas veces dejas de hacer cosas porque te da pereza todo lo que tienes que hacer.”</p> <p>“Sí, los viajes que hacemos ahora son menos incluso no siempre nos llevamos a mi hijo, el último viaje con el fue hace 4 años.”</p> <p>“Te tira un poco para atrás y con una persona con discapacidad no te puedes relajar.”</p>

## **Appendix D: Ethics Form and Consent Form for Interviews**

**Ethics form**

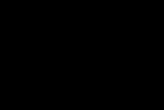

Risk checklist – Please answer ALL the questions in each of the sections below.

<b>Risk category</b>	Yes	No
Use any information OTHER than that which is freely available in the public domain?		X
Involve analysis of pre-existing data, which contains sensitive or personal information?		X
Involve direct and/or indirect contact with human participants?	X	
Require consent to conduct?	X	
Require consent to publish?	X	
Have a risk of compromising confidentiality?		X
Have a risk of compromising anonymity?		X
Involve risk to any party, including the researcher?		X
Contain elements which you OR your supervisor are NOT trained to conduct?		X
<b>Risk Category 2</b>		
Require informed consent OTHER than that which is straightforward to obtain to conduct the research?		X
Require informed consent OTHER than that which is straightforward to obtain to publish the research?		X
Require information to be collected and/or provided OTHER than that which is straightforward to obtain?		X
<b>Risk Category 3</b>		
Involve participants who are particularly vulnerable?		X
Involve participants who are unable to give informed consent?		X
Involve data collection taking place BEFORE consent form is given?		X
Involve any deliberate cover data collection?		X
Involve risk to the researcher or participants beyond that experienced in everyday life?		X
Cause (or could cause) physical or psychological negative consequences?		X
Use intrusive or invasive procedures?		X
Include a financial incentive to participate in the research?		X

**IF APPLICABLE:**

List agreed actions with your tutor to be taken to address issues raised in questions Risk Category 2:

**Student Declaration:** I confirm that I will undertake the Degree Thesis as detailed above. I understand that I must abide by the terms of this approval and that I may not make any substantial amendments to the Degree Thesis without further approval.

Name student 1: INÉS ARGIVÉ Signed:  ..... Date: 10-04-2019  
Name student 2: ALBA ADAMA Signed:  ..... Date: 10-04-2019

Agreement from the supervisor of the student:

Name: Núria Cebal Signed:  ..... Date: 10/4/2019

**Risk Category 1:** If you answered NO to all the questions, your study is classified as Risk Category 1. In this case:

- The supervisor can give immediate approval for undertaking the fieldwork.
- A copy of this signed Form MUST be included in the Degree Thesis.

**Risk Category 2:** If you answered YES only to questions in Risk Category 1 and/or 2, your study is classified as Risk Category 2. In this case:

- You must meet with your supervisor and clarify how the issues encountered are going to be dealt with before taking off with the fieldwork.
- Once clarified, the actions taken must be stated in the Form. Then the supervisor can guarantee approval for the fieldwork for the Degree Thesis.
- A copy of this signed Form MUST be included in the Degree Thesis.

**Risk Category 3:** If you answered YES to questions included in Risk Category 3, your study is classified as Risk Category 3. In this case:

- You must discuss with your supervisor how to re-direct the research and data collection thesis to avoid risks mentioned in Category 3.
- You must complete the Ethical Form again until Risk Category 1 or 2 is obtained.
- A copy of this signed Form MUST be included in the Degree Thesis.