

ACCESSIBLE TOURISM: AN INTEGRATED MODEL OF THE BEHAVIOUR OF TOURISTS WITH DISABILITIES IN A DESTINATION

Ariadna Gassiot Melian

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Doctoral Thesis

**Accessible tourism:
An integrated model of the behaviour of tourists
with disabilities in a destination.**

Compendium of publications

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JOINT DOCTORAL PROGRAMME IN TOURISM

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Girona, 3 de Juny de 2016

El Dr. Lluís Prats, el Dr. Lluís Coromina, i el Dr. Jaume Guia, de la Universitat de Girona,

DECLAREM:

Que el treball titulat *Accessible tourism: An integrated model of the behaviour of tourists with disabilities in a destination*, que presenta Ariadna Gassiot Melian per a l'obtenció del títol de doctora, ha estat realitzat sota la nostra direcció i que compleix els requisits per poder optar a Menció Internacional.

I, perquè així consti i tingui els efectes oportuns, signem aquest document.

Signatures



Dr. Lluís Prats



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Research stay

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ABSTRACT

People with disabilities face a series of tourism constraints when they are visiting a tourism destination. These constraints have a disproportionate effect on their behaviour compared to those who do not have a disability. The first article of this thesis aims to study these constraints in depth and identify different types. In order to do so, a measurement scale is developed and validated. Results show that some of these constraints are unique to people with disabilities in tourism destinations, and that they can be classified slightly differently compared to other studies focused on people without disabilities in other contexts.

In the second article, perceived value of accessibility, satisfaction and loyalty behavioural components are investigated. First, perceived value of accessibility is created. Second, its role in tourists' behaviour is tested and compared between people with disabilities and those without. Specifically, the interrelationships between perceived value of accessibility and satisfaction, and between satisfaction and loyalty are tested and compared between the two groups. On one hand, results show that people with disabilities perceive the items of accessibility in a tourism destination differently. On the other hand, the above-mentioned relationships are proved to be stronger among tourists with disabilities than among those without. This implies that, once accessibility is perceived as being good, people with disabilities tends to be more satisfied and, consequently, tend to recommend, encourage, and revisit the tourism destination more than those without disabilities.

Both the measurement scale used to assess tourism constraints, and the tested theoretical model mentioned above provide a solid basis to develop the third article of the thesis. Here, the theoretical model sets out the effects of the most important perceived constraints. Results show tourism constraints have a negative effect on the perceived value of accessibility, and tourism constraints also have a negative effect on loyalty.

The general contribution of this thesis is the creation of a behavioural model for tourists with disabilities in a tourism destination, which integrates well-known components of behaviour such as overall satisfaction and loyalty. However, it also includes a new component: perceived value of accessibility, which is a determinant of satisfaction. Furthermore, the perceived constraints are integrated in the same model, as they are found to negatively modify their behaviour. The results, as a whole, have both theoretical and managerial implications. When choosing to focus on this market segment, any tourism destination or manager must consider all these behavioural factors, and prioritize eliminating, or at least minimising, these constraints.



La gent amb discapacitats ha d'afrontar una sèrie de barreres turístiques quan visiten una destinació turística. Aquestes barreres afecten desproporcionadament el seu comportament en comparació amb aquelles que no tenen discapacitats. El primer article d'aquesta tesi té l'objectiu d'investigar detalladament quines són aquestes barreres i de quins tipus són. Per tal de fer-ho, es desenvolupa i valida una escala per mesurar-los. Els resultats mostren que algunes d'aquestes barreres que la gent amb discapacitats es troba en les destinacions turístiques són úniques i que es poden classificar d'una manera lleugerament diferent en comparació amb altres estudis centrats en els turistes sense discapacitats en altres contextos.

En el segon article de la tesi, components del comportament del turista com són el valor percebut de l'accessibilitat, la satisfacció i la lleialtat són l'objecte d'investigació. En primer lloc, es crea el valor percebut de l'accessibilitat. En segon lloc, es prova el seu paper dins del model i es compara entre el grup de gent amb discapacitats i els que no en tenen. En concret, es proven i comparen les interrelacions entre valor percebut d'accessibilitat i satisfacció, i entre satisfacció i lleialtat. Per una banda, els resultats mostren que la gent amb discapacitats té una percepció diferent dels ítems d'accessibilitat en una destinació turística. Per altra banda, les relacions introduïdes anteriorment són més fortes que entre aquells que no tenen discapacitat. Això implica que, un cop l'accessibilitat es percep d'una manera positiva, una persona amb discapacitats tendeix a estar més satisfet i, al mateix temps, comparat amb una persona sense discapacitats, aquesta persona tendeix a ser recomanar, encoratjar i visitar més la pròpia destinació.

Tant l'escala per mesurar les barreres turístiques com el model teòric prèviament provat proporcionen una base sòlida per desenvolupar el tercer article de la tesi. En aquest article, l'efecte de les barreres percebudes més importants s'introdueix en el model. Els resultats mostren un efecte negatiu de

les barreres percebudes sobre el valor percebut de l'accessibilitat i de les mateixes barreres sobre la lleialtat.

La contribució general d'aquesta tesi és la creació d'un model de comportament pels turistes amb discapacitats en una destinació turística. Aquest model integra components àmpliament coneguts com la satisfacció global o la lleialtat, però també inclou un nou component que és determinant de la satisfacció, el valor percebut de l'accessibilitat. A més a més, les barreres percebudes s'integren en el mateix model, ja que es considera que modifiquen negativament el seu comportament. En general, els resultats tenen tant implicacions teòriques com pràctiques. Qualsevol destinació turística o gestor, quan s'escull focalitzar-se en aquest segment de mercat, ha de considerar tots aquests factors del comportament dels turistes amb discapacitats al mateix temps que ha de prioritzar l'eliminació o minimització de les barreres turístiques.



La gente con discapacidades debe afrontar una serie de barreras turísticas cuando visitan un destino turístico. Estas barreras afectan desproporcionadamente su comportamiento en comparación con aquellas personas que no tienen ninguna discapacidad. El primer artículo de esta tesis tiene el objetivo de investigar detalladamente cuáles son estas barreras y de qué tipo son. Para hacerlo, se desarrolla y valida una escala para medirlos. Los resultados muestran que algunas de estas barreras que la gente con discapacidades se encuentra en los destinos turísticos son únicas y que se pueden clasificar de una manera ligeramente distinta en comparación con otros estudios centrados en los turistas sin discapacidades en otros contextos.

En el segundo artículo de la tesis, componentes del comportamiento del turista como el valor percibido de la accesibilidad, la satisfacción y la lealtad son el objeto de investigación. En primer lugar, se crea el valor percibido de la accesibilidad. En segundo lugar, se prueba su papel dentro del modelo y se compara entre el grupo de gente con discapacidades y los que no tienen ninguna. Concretamente, se prueban y comparan las interrelaciones entre valor percibido de accesibilidad y satisfacción, y entre satisfacción y lealtad. Por un lado, los resultados muestran que la gente con discapacidades tiene una percepción diferente de los ítems de accesibilidad en un destino turístico. Por otra parte, las relaciones introducidas anteriormente son más fuertes que entre aquellos que no tienen discapacidades. Esto implica que, una vez la accesibilidad se percibe de una manera positiva, una persona con discapacidades tiende a estar más satisfecho y, al mismo tiempo, comparado con una persona sin discapacidades, esta persona tiende a ser recomendar, alentar y visitar más el propio destino.

Tanto la escala para medir las barreras turísticas como el modelo teórico previamente probado proporcionan una base sólida para desarrollar el tercer

artículo de la tesis. En este artículo, el efecto de las barreras percibidas más importantes se introduce en el modelo. Los resultados muestran un efecto negativo de las barreras percibidas sobre el valor percibido de la accesibilidad y de las mismas barreras sobre la lealtad.

La contribución general de esta tesis es la creación de un modelo de comportamiento para los turistas con discapacidades en un destino turístico. Este modelo integra componentes ampliamente conocidos como la satisfacción global o la lealtad, pero también incluye un nuevo componente que es determinante de la satisfacción, el valor percibido de la accesibilidad. Además, las barreras percibidas se integran en el mismo modelo, ya que se considera que modifican negativamente su comportamiento. En general, los resultados tienen tanto implicaciones teóricas como prácticas. Cualquier destino turístico o gestor turístico, cuando escoge focalizarse en este segmento de mercado, debe considerar todos estos factores del comportamiento de los turistas con discapacidades a la vez que debe priorizar la eliminación o minimización de las barreras turísticas.



People with disabilities have the same needs and desires for tourism as others (Yau, McKercher, & Packer, 2004). However, when they decide to experience tourism activities and travel to a destination, they may face some situations people without disabilities do not encounter. 'Universal design' ideas aim at producing products and services that are inherently accessible for everybody, from people with disabilities to families, seniors and people without disabilities in general. Even though this concept is more and more widespread in tourism destinations, there is still a need to explore these challenging environments, which inhibit people from fully experiencing tourism activities, and aim to dignify them.

According to the latest official data, one in six people in the EU has a disability, making the number of people who are often prevented from taking part fully in society and the economy close to 80 million (European Commission, 2010). This data corroborates the importance of this sector of the population, and its deep significance for the purpose of this thesis.

First, people with disabilities may face unique tourism constraints in a destination and these constraints disproportionately affect them (Smith, 1987). This thesis starts with an article, which analyses these constraints deeply in order to understand them. With this aim, a measurement scale is developed and validated. The expected contribution of this part of the thesis is the empirical validation of a list of items previously identified in literature on this area of focus.

In the second article, other components of tourist behaviour, such as perceived value, satisfaction, and loyalty are analysed and their interrelationships are tested in the destination of this study and compared between people with disabilities and those without. A special emphasis is put

on the perceived value of accessibility as a determinant of tourist behaviour. The main contemplated contribution is, on the one hand, to prove the role of perceived value of accessibility in a well-known behavioural model and, on the other hand, to compare this role between people with disabilities and those without.

Once the measurement scale for tourism constraints and the theoretical model of tourists behaviour are proved, this basis gives us enough consistence to build the third part of the thesis. In it, the most relevant perceived constraints are joined to this previously tested theoretical model. Therefore, the main expected contribution is to investigate the effect of constraints on the behaviour of tourists with disabilities.

In order to identify the novelty of all the above-mentioned contributions, the gaps in the knowledge are identified below, following an article-based structure.

1. Tourism constraints

In leisure studies, constraints have been studied as a determinant of people's behaviour for some time. However, they have appeared in tourism literature more recently. Constraints were first defined in leisure literature as inhibitors to travel and they were thought to affect participation (Crawford & Godbey, 1987; Jackson, 1988). Later, they were considered to be complex components of tourists' behaviour that not only affect tourist participation but also satisfaction (Smith, 1987), or behavioural intentions (Huang & Hsu, 2007; Hung & Petrick, 2012). Furthermore, constraints are no longer seen as something static anymore, but as something dynamic and complex that can be negotiated (Jackson, Crawford, & Godbey, 1993).

Constraints can be classified into intrapersonal, interpersonal and structural (Crawford & Godbey, 1987; Smith, 1987). Intrapersonal constraints are related to each tourist's skills, characteristics and functioning level (Smith, 1987).

Interpersonal constraints are related to communication and interaction with others (Smith, 1987). Structural constraints are related to the environment where the tourism experience takes place, which is external to the tourist (Smith, 1987).

First, these three types of constraints are seen as something separate and sequential, meaning that, there is a hierarchy of constraints (Crawford, Jackson, & Godbey, 1991). It implies that only when intrapersonal constraints are faced and surmounted, the next type of constraints, interpersonal constraints, can be encountered; and only when the latter are faced and surmounted, are the last type, structural constraints, encountered. This model has been extensively criticised by those who think the different types of barriers coexist and happen at the same time during the tourism experience.

It is proved that travel constraints are not the same across different groups of the population and across different travel contexts (Hung & Petrick, 2010). Constraints for people with disabilities have been studied before, as they are found to be determinant of their behaviour (Smith, 1987; Daniels, Drogin Rodgers, & Wiggins, 2005; Lee, Agarwal, & Kim, 2012). However, although some scales have been developed to assess travel constraints in different activities, such as cruising (Hung & Petrick, 2010) or adventure tourism (Tsaur, Lin, & Liu, 2013), no one has developed and validated a specific one for tourists with disabilities.

Thus, the gap identified in this section is the lack of a measurement tool to assess constraints among people with disabilities. Consequently, it is possible to compare these constraints with constraints that people without disabilities face and with other scales developed in different contexts.

2. Perceived value of accessibility, satisfaction and loyalty

Previous literature has extensively proved the theoretical links between perceived value and satisfaction, and between satisfaction and loyalty.

However, when focusing on the behaviour of people with disabilities in tourism destinations, some gaps are still identified.

The perceived value that a tourist has of a destination is the tourist's own overall assessment of this place. This is a subjective construct, as it differs across different groups of the population. The assessment of accessibility in a destination is crucial for all tourists, as a universal design facilitates experiences for everybody. However, we believe that this component is more determinant among those who have disabilities than those who do not. Assuming these differences in behaviour, there is a need to analyse the items that compose the perceived value of accessibility and compare them between those with disabilities and those without. Consequently, a gap is identified here, as there is a lack of knowledge regarding the role of perceived value of accessibility in tourist behaviour models.

Satisfaction with a destination is based on a tourist's evaluation of the experience they have had there. Overall satisfaction is assessed by evaluating items based on the overall experience, satisfaction with the choice of destination, among others. The contribution of single features of a destination on overall satisfaction with it has to be explored within groups of tourists because, not dividing them into groups, implies masking differences between groups (Füller & Matzler, 2008). Consequently, this identifies another gap in the literature, as the effects of perceived value of accessibility on overall satisfaction must be assessed for each group and later compared.

Behavioural loyalty to a destination can be measured through behavioural intentions such as recommendation, encouragement, or revisit (Oppermann, 2000). Assuming again that tourists with disabilities behave differently and tend to be more loyal to a product or destination once their needs are met or once they are satisfied (Burnett & Baker, 2001; McKercher, Packer, Yau, & Lam, 2003; Ozturk, Yayli, & Yesiltas, 2008), another gap is recognized. There is a

need to explore whether this happens in the context of tourism destinations where people with disabilities and those without coexist.

3. The effect of perceived constraints on travel behaviour

In tourism literature, it is proved that constraints may have a negative effect on many behavioural components. They can be linked to travel motivations (Kim & Chalip, 2004), to travel intentions (Huang & Hsu, 2007; Hung & Petrick, 2012; Kim & Chalip, 2004), to tourism image (Chen, Chen, & Okumus, 2012), and, from the very beginning of leisure constraints literature, to travel participation / nonparticipation (Nyaupane & Andereck, 2007).

Several studies, specific to people with disabilities, focus on the effects of perceived travel constraints may have on their behaviour. For example, Bi, Card & Cole (2007) explored the role of attitudinal barriers among Chinese people with disabilities. Hua, Ibrahim & Chiu (2013) explore constraints when physically disabled individuals want to participate in sports activities and their effect on their levels of participation.

Despite this, there is still a need to address the effects perceived travel constraints may have on the behaviour of people with disabilities (i.e. perceived value of accessibility, satisfaction, and loyalty) in tourism destinations, and this is considered the fourth, and final gap found in this thesis. This section integrates the previously detected shortcomings.



OBJECTIVES OF THE THESIS

Considering all the above-mentioned assumptions, and taking into account the fact that people with disabilities behave differently in tourism destinations, the following general objective is suggested to:

- Elaborate a theoretical model to explain the behaviour of people with disabilities in a tourism destination.

All three articles focus on people with disabilities who are willing to participate in tourism activities. However, each article has its own specific objectives derived from this general objective.

The first article, entitled “Tourism constraints for Spanish disabled tourists in destination planning: scale development and validation”, is accepted in *Documents d’Anàlisi Geogràfica* and focuses on constraints that people with disabilities must face when visiting a destination. These inhibiting factors are considered crucial when analysing the behaviour of people with disabilities and a deep analysis of them is considered to be determinant for the development of this thesis. Thus, the main objective of this article is to:

- Develop and validate a scale to measure the intrapersonal, interpersonal and structural tourism constraints faced by tourists with disabilities.

The next step was to choose a destination as a case study for this thesis. Lourdes, a tourism destination where the main products and services are based on religion, was considered to be the best choice for several reasons. First, it is a place where people go to be healed, so it attracts many people with special access needs. This facilitated the process of reaching and surveying this type of visitor. Second, Lourdes is proven to be one of the most important pilgrimage sites in the world. It has established universal design, adapted to

one of the most important markets; people with special access needs. This is something which could be considered challenging in a place where heritage, religion and tourism coexist.

In the second article, the behaviour of tourists with disabilities and the behaviour of tourists without disabilities in the chosen destination are compared. This article is entitled “The perceived value of accessibility in religious sites - Do disabled and non-disabled travellers behave differently?” and is already published in the *Tourism Review* journal.

Three components of travel behaviour are analysed and linked: perceived value of accessibility, satisfaction and loyalty. As mentioned in the introduction, previous literature has proved the link between perceived value and satisfaction, and between satisfaction and loyalty or behavioural intentions. However, in this thesis, a new component of the tourists’ behaviour emerges: the perceived value of accessibility. Not only is the perception of availability and diversity of services considered important for all tourists, but also the perception of accessibility to these services. When talking about universal design, we take into consideration that buildings, products and services must be inherently accessible for people with disabilities, as well as seniors, families, and people without disabilities in general. Consequently, the role of perceived value of accessibility in the behavioural patterns of people with disabilities is explored, in addition to its role in the behaviour of people without disabilities. Thus, the objectives of the second article were:

- To explore the items composing perceived value of accessibility in both disabled and non-disabled behavioural patterns and compare them.
- To investigate and compare the role of perceived value of accessibility plays in satisfaction, and the effect satisfaction has on loyalty in both disabled and non-disabled behavioural patterns.

In the third article, “The effect of perceived constraints on the behaviour of tourists with disabilities. An exploratory study”, the components analysed in

the first two articles are put together. On one hand, constraints are considered to be included in the model as factors with a negative effect in the model. On the other hand, the perceived value of accessibility – satisfaction – loyalty chain is used again to prove the effect that constraints may have on each of these components. This last investigation is exploratory and it is based on the group of people with disabilities. People with disabilities perceive these constraints differently. They may encounter unique constraints and are disproportionately affected by them. This is the reason this last article explores their behaviour separately, with the following aim:

- To investigate the effect of perceived travel constraints on the perceived value of accessibility, satisfaction and loyalty among tourists with disabilities.

To sum up, the objectives of the articles in this thesis are put together with the aim of creating a theoretical model to explain the behaviour of people with disabilities at a destination, and compare this with general behavioural patterns.

The main topics of this thesis are introduced, gaps identified, and objectives provided. Following this, the three articles are transcribed using the same structure as the introduction. Finally, general conclusions are drawn from the study.



Tourism constraints for Spanish tourists with disabilities: Scale Development and Validation

Abstract

In Spain, more than 2.5 million people live with some form of disability (IMSERSO, 2014). Tourism constraints are defined as factors influencing travel participation and behaviour, and can be divided into three categories: intrapersonal, interpersonal and structural. The aim of this exploratory study is to develop and validate a measurement scale for each of these types of tourism constraints faced by 248 Spanish tourists with disabilities. Results show that intrapersonal constraints derive from three factors: lack of knowledge, health-related problems, and physical and psychological dependency. Interpersonal constraints are divided into two factors: skill-challenge incongruities and communication. Structural constraints are classified into four factors: information and communication, cost and attendant, socio-spatial, and attitudinal. Taking into consideration the importance of this market segment, both in Spain and all over the world, this study provides tourism destinations with a quantitative tool for evaluating the barriers tourists with special access needs may encounter at a destination.

Keywords: accessible tourism, tourism for all, disability, barriers.

Resumen

En España, más de 2.5 millones de personas viven con algún tipo de discapacidad (IMSERSO, 2014). Las barreras turísticas se pueden definir como factores que influyen la participación y el comportamiento de los turistas y se dividen en tres categorías: intrapersonales, interpersonales y estructurales.

El objetivo de este estudio exploratorio es desarrollar y validar una escala para medir los tipos de barreras que 248 turistas españoles con algún tipo de discapacidad deben afrontar cuando viajan. Los resultados muestran que de las barreras intrapersonales derivan tres factores distintos: falta de conocimiento, problemas de salud, y dependencia física y psicológica. Las barreras interpersonales se dividen en dos factores: incongruencias entre habilidad y reto, y comunicación. Las barreras estructurales se clasifican en cuatro factores: información y comunicación, coste y cuidador, socio-espaciales, y de actitud. Teniendo en cuenta la importancia de este segmento de mercado en España y el resto del mundo, el artículo aporta una herramienta cuantitativa para que los destinos turísticos puedan evaluar las barreras turísticas que estos turistas con necesidades especiales de accesibilidad pueden encontrar cuando los visitan.

Palabras clave: turismo accesible, turismo para todos, discapacidad, barreras.

Resum

A Espanya, més de 2,5 milions de persones viuen amb algun tipus de discapacitat (IMSERSO, 2014). Les barreres turístiques es poden definir com factors que influencien la participació i el comportament dels turistes i es divideixen en tres categories: intrapersonals, interpersonals i estructurals. L'objectiu d'aquest estudi exploratori és desenvolupar i validar una escala per mesurar els tipus de barreres que 248 turistes espanyols amb algun tipus de discapacitat han d'afrontar quan viatgen. Els resultats mostren que les barreres intrapersonals deriven en tres factors diferents: falta de coneixement, problemes de salut, i dependència física i psicològica. Les barreres interpersonals es divideixen en dos factors: incongruències entre habilitat i repte, i comunicació. Les barreres estructurals es classifiquen en quatre factors: informació i comunicació, cost i cuidador, socio-espaciales, i d'actitud. Tenint en compte la importància d'aquest segment de mercat a Espanya i a la resta del món, l'article aporta una eina quantitativa per tal que les destinacions

turístiques puguin avaluar les barreres turístiques que aquests turistes amb necessitats especials d'accessibilitat poden trobar quan les visiten.

Paraules clau: turisme accessible, turisme per a tothom, discapacitat, barreres.

Résumé

En Espagne, plus de 2,5 millions de personnes vivent avec un handicap (IMSERSO, 2014). Les contraintes touristiques peuvent être définies comme des facteurs qui influent sur la participation et le comportement des touristes et sont divisées en trois catégories: intrapersonnelles, interpersonnelles et structurelles. L'objectif de cette étude exploratoire est de développer et de valider une échelle pour mesurer les types de contraintes que 248 touristes espagnols handicapés doivent affronter lorsqu'ils voyagent. Les résultats montrent que les contraintes intrapersonnelles peuvent être divisées en trois facteurs: le manque de connaissances, les problèmes de santé, et la dépendance physique et psychologique. Les facteurs interpersonnels sont divisés en deux: les incohérences entre les compétences et le défi, et la communication. Les obstacles structurels sont classés en quatre facteurs : l'information et la communication, le coût et l'aide, socio-spatial et l'attitude. Compte tenu l'importance de ce segment de marché en Espagne et dans le reste du monde, cet article propose aux destinations touristiques un outil quantitatif afin qu'elles puissent évaluer les contraintes touristiques que les personnes à besoins spécifiques en matière d'accessibilité peuvent trouver quand ils visitent ces sites.

Mots-clés: tourisme accessible, tourisme à tous, handicap, contrainte.

1. Introduction

People with disabilities also have the same needs and desires for tourism as others (Blichfeldt and Nicolaisen, 2011), and as a result the accessible tourism market segment is growing rapidly, in fact more than other market segments. However, few studies focus on this potential market segment and disabilities are often neglected within tourism research (Bi, Card, and Cole, 2007; Daniels, Drogin Rodgers, and Wiggins, 2005; Darcy, Cameron, and Pegg, 2010).

Accessible tourism enables tourists with specific access needs to enjoy tourism experiences with dignity and equality. More than one billion people in the world live with some form of disability, of whom nearly 200 million experience considerable difficulties in functioning (World Health Organisation and The World Bank, 2011). According to a study by IMSERSO (2014), more than 2.5 million people in Spain live with some form of disability. The present study focuses on people with disabilities, a sub-segment of accessible tourism. However, implications and results can be useful for other tourists with specific access needs, such as seniors, families with babies or temporarily injured people, among others.

In spite of all the effort to define tourism as a basic need and the fact that this market segment is considered to be large and therefore a great business opportunity, tourism literature on tourists with disabilities is still in its infancy (Blichfeldt and Nicolaisen, 2011).

The concept "Tourism for All" has gained importance in the tourism sector. Some countries, such as United States and Australia, have already developed complex mechanisms, such as rules and standards, in order to ensure rights and access to leisure and tourism for people with disabilities. However, other countries are still in the early stages of developing a barrier-free environment (Cameron et al., 2003). In Spain, for example, each region is responsible for creating legislation regarding wellbeing, which includes accessibility. In this regard, we are facing 17 different positions and legislations in only one

country. This lack of homogeneity represents a challenging scenario for accessible tourism, especially when developing common policies.

Many governments and tourism destinations already have accessibility on their agenda. Making products and services accessible to all segments of the population has become crucial for tourism businesses, as an increasing number of people have special access needs. In parallel, tourism destinations need to develop accessible tourism policies and strategies to optimize their efforts and resources when addressing this market segment. In order to ensure the development of successful accessible tourism products and destinations, one of the key issues that need to be addressed is how to face constraints, which are defined as a subset of reasons for not engaging in a particular behaviour (Jackson, 1988). Travel constraints are factors that can inhibit or influence travel satisfaction, motivation and needs. Although constraints were traditionally studied within a leisure context, becoming a growing research area in the 1990s (McGuire, 1984; Jackson, 1988; Hawkins, Hsieh, and Eklund, 1999; Jackson, Crawford, and Godbey, 1993; Crawford, Jackson, and Godbey, 1991; Samdahl and Jekubovich, 1997), it is only recently that they have started to be addressed within tourism studies (Bi, Card, and Cole, 2007; Blichfeldt and Nicolaisen, 2011; Daniels, Drogin Rodgers, and Wiggins, 2005; Lee, Agarwal, and Kim, 2012).

This theme has recently become an important concept when studying tourism and people with disabilities (Lee, Agarwal, and Kim, 2012; Bi, Card, and Cole, 2007; Burns, Paterson, and Watson, 2009; Daniels, Drogin Rodgers, and Wiggins, 2005; Figueiredo, Eusébio, and Kastenholz, 2012), as identifying and surmounting them is essential to ensure equal tourism opportunities. However, few studies aim at developing measurement scales (Hung and Petrick, 2010) and none of these scales has yet addressed the market for people with disabilities. Therefore, using a sample of Spanish tourists with disabilities, the main purpose of this exploratory study is to develop and validate a scale to measure travel constraints. Factors that may influence or

inhibit the tourism experiences of people with disabilities are outlined in order to provide tourism destinations and professionals with a tool to evaluate them.

Being able to identify and analyse the constraints people with disabilities encounter when they travel can help tourism stakeholders create or adapt successful tourism products for them. In addition, there is special interest in analysing travel constraints for people with disabilities in order to improve and dignify their experiences.

In order to facilitate the planning process, there is a need to develop rigorous tangible and intangible elements and methodologies to evaluate accessibility of a destination or an area. Accessibility is often evaluated through criteria related to public transport, parking space, and physical features (Talavera-Garcia, Soria-Lara, and Valenzuela-Montes, 2014). However, barriers obstructing destination development are not only structural, but also intrapersonal or interpersonal.

Furthermore, the development and planning of regions in tourism is complex as they are not uniform entities, and barriers add challenge to this process as well. In other words, variations in stages of tourism development and in types and levels of barriers exist. Even all these difficulties, this study tries to provide tourism planners with a tool to evaluate these inhibiting factors in order to remove them and diminish this complexity. At the same time, it enhances the competitiveness of tourism destinations or regions and their proper development.

2. Literature Review

2.1. Leisure Constraints

When literature on leisure constraints was first published in the 1960s and 70s, they were defined as 'barriers to participation' (Crawford and Godbey, 1987; Jackson, 1988). Later, they were described as inhibitors of people's ability to participate in leisure activities, to spend more time doing these activities, to

use leisure services, or to achieve a desired level of satisfaction (Jackson, 1988). In other words, they are 'a subset of reasons for not engaging in a particular behaviour' (Jackson, 1988). Hence, constraints not only affect aspects of leisure behaviour like participation, but also other aspects such as choices (Crawford, Jackson, and Godbey, 1991) or motivation and satisfaction (Jackson, 1991).

Furthermore, prevalent in literature is the fact that there is more than one type of constraint, each type playing a particular role in the leisure constraints models. One of the earliest classifications of constraints differentiates between internal and external constraints (Jackson and Searle, 1985). Internal constraints refer to the attributes of the individual, while external constraints are the characteristics of the environment. Similar to this classification, other dichotomies are fixed between personal and social (Boothby, Tungatt, and Townsend, 1981). This dichotomy is later extended to a threefold classification of interpersonal or interactive, intrapersonal or intrinsic, and structural or environmental constraints (Crawford and Godbey, 1987). The last type influences preferences, while the other two can affect both preferences and participation.

Searle and Jackson (1985) propose that the effects of leisure constraints must be seen as a sequence rather than something simultaneous. Consequently, three separate models corresponding to each of the three types of barriers were developed (Crawford and Godbey, 1987). Finally, this last conceptualization was later modified by Crawford, Jackson, and Godbey (1991). They put together the three models from Crawford and Godbey (1987) in a single model, and added concepts like constraints negotiation and the hierarchy of importance (where intrapersonal constraints are seen as the most important ones).

Since the early 1990s research on leisure constraints has been understood as a complex phenomenon. However, constraints are no longer seen as

insurmountable obstacles and ways to negotiate constraints has become a focus of leisure constraints' research (Jackson, Crawford, and Godbey, 1993; Raymore et al., 1993; Samdahl and Jekubovich, 1997). More recent studies have tried to identify domains of constraints and categorize items into these domains.

2.2. Travel Constraints for tourists with disabilities

Even constraints are an important component of leisure literature, it is a recent phenomenon in tourism literature (Carneiro and Crompton, 2009; Hudson and Gilbert, 2000; Nyaupane and Andereck, 2007; Priporas et al., 2015) and more recent it is its application to travellers with disabilities studies.

Travel constraints are not homogeneous across different groups and activities and it is unknown where leisure measurement scales are equally applicable to a specific travel context (Hung and Petrick, 2010). Some studies have focused on scale development for a specific tourism activity, such as cruising (Hung and Petrick, 2010) or a specific group of the population, such as adventure tourists (Tsaour, Lin, and Liu, 2013). This study is focused on Spanish tourists with disabilities. Previous studies address leisure constraints specific to people with disabilities in particular destinations, such as countryside leisure experiences (Burns, Paterson, and Watson, 2009) or sport tourism (Hua, Ibrahim, and Chiu, 2013).

This heterogeneity is particularly prevalent in the disability market segment. Both the type of disability (i.e. mental, physical or sensory) and the degree of disability (i.e. mild, moderate, or severe) are important when analysing this market segment. Previous studies (Burns, Paterson, and Watson, 2009; Figueiredo, Eusébio, and Kastenholz, 2012; Kastenholz, Eusébio and Figueiredo, 2015) prove that people with different types and degrees of disabilities encounter specific barriers and, consequently, need tailored tourism services, products and activities. Furthermore, they may have different

motivations, attitudes and desires regarding tourism and leisure (Figueiredo, Eusébio, and Kastenholz, 2012).

Smith (1987, 377) focused on travel constraints for people with disabilities and stated that 'every tourist undoubtedly experiences barriers to leisure participation, but individuals with disabilities, in particular, have been noted as disproportionately affected by leisure constraints'. Taking this into consideration, the analysis of tourism constraints among people with disabilities may be determinant in order to understand their travel behaviour.

In general, studies on constraints for tourists with disabilities are normally focused on a specific tourism sector, such as transportation (Poria, Reichel, and Brandt, 2009) or accommodation (Darcy, 2010; Poria, Reichel, and Brandt, 2011). For example, Poria, Reichel, and Brandt (2011) discover challenges that individuals with disabilities face in hotels and the effort they have to make to surmount them. These challenges can be related to such things as the physical environment or staff behaviour.

Studies on disabilities and tourism normally focus on people with physical disabilities (Burnett and Baker, 2001; Daniels, Drogin Rodgers, and Wiggins, 2005; Bi, Card, and Cole, 2007; Blichfeldt and Nicolaisen, 2011; Hua, Ibrahim, and Chiu, 2013) but there are also studies focused on sensory impairment (Poria, Reichel, and Brandt, 2009; Yau, McKercher, and Packer, 2004). On one hand, Daniels, Drogin Rodgers, and Wiggins (2005) analyse travel constraints and the negotiation strategies of people with physical disabilities, while Hua, Ibrahim, and Chiu (2013) identify constraints that this sub segment must face when experiencing sport tourism. There are other studies which consider both sensory and physical disabilities. For example, Poria, Reichel, and Brandt (2009) examine flight experiences of blind and people with physical disabilities. Figueiredo, Eusébio, and Kastenholz (2012) consider that recognizing this diversity is crucial in tourism studies due to the fact that it can result in different motivations, interests and needs. In general, due to the difficulty to

reach this market, studies on people with special access needs are mainly qualitative. Therefore, as this study has a quantitative approach, it will be useful to adopt more quantitative or mixed methods in future studies.

Before proceeding to the scale development and validation, items and typologies used in similar studies must be listed. Daniels, Drogin Rodgers and Wiggins (2005) identify six intrapersonal, six interpersonal and eight structural themes in tourists with disabilities narratives through travel pattern analysis. Intrapersonal themes are related to knowledge, physical/sensory and emotional constraints. Interpersonal constraints are related to communication with travel companions, service providers and strangers. Finally, structural themes are linked to transportation, facilities, environment and financial issues. Hua, Ibrahim, and Chiu (2013) divide constraints into intrapersonal, interpersonal, structural and cultural. Intrapersonal constraints are related to knowledge and involvement, among other issues. Interpersonal constraints include aspects related to travel companions or interaction skills. Structural constraints are linked to transportation, money and service providers, and cultural constraints include culture and religion issues. Freeman and Selmi (2009) classify them into physical, attitudinal, financial and communication barriers, with physical barriers including such issues as public transportation, architecture and materials used in various sites, legislation and hotel accessibility. Attitudinal barriers range from inappropriate treatment to people's lack of knowledge or prejudices. Financial barriers are based on limited income and increasing prices. Lastly, communication barriers include non-accessibility of information, lack of skills, among others. Poria, Reichel, and Brandt (2009) discover two types of constraints: physical and social. These constraints are related to considerations such as seat location, toilets or communication with staff. Darcy (2004) identifies a list of constraints that people with disabilities must face throughout the journey and classifies them following the categories of Smith (1987): intrapersonal, interpersonal and structural constraints.

All these barriers are considered important for people with disabilities when travelling to a destination and tourism stakeholders need to minimize or remove them in order to improve the competitiveness of a destination. Stakeholders have to work together to better welcome tourists with disabilities at a destination. Another important constraint for tourists with disabilities is the lack of a common legislation. There is a huge difference in legislation between different countries, despite the emphasis on developing capacity building schemes and common policies. Several studies focus on the effect of different regulations for tourists with disabilities. One such study by Ray and Ryder (2003) discusses the importance of American's Disabilities Act (ADA) for people with physical disabilities in the US. They outline the most important sources of information for people with disabilities and their special interests. Shaw and Coles (2004) talk about the 1995 Disability Discrimination Act in the UK and the implications this awareness raising has on tourism and disability studies.

Even though many studies have identified a list of constraints for tourists with disabilities, there is not a scale measurement for tourists with disabilities. Here, the scale is validated with a sample of Spanish travellers with disabilities. As intrapersonal, interpersonal and structural constraints have different effects on participation and preferences, an insight into each type of constraint is provided here.

3. Scale Development and Validation

Scale measurements aim to list a series of items within the same construct and analyse to what extent each of these items represents the construct they are related to. This study follows the steps of scale measurement development defined by Churchill (1979). The main stages of this process are: specification of domain of construct, item generation, data collection, refinement of the scale, assessment of validity and reliability.

3.1. Specification of domain of construct

Following on from the literature review, three distinct dimensions (types) of constraints are mainly used for the further development and validation of the scale. Constraints are categorised as follows: intrapersonal, interpersonal and structural.

Intrapersonal barriers range from lack of knowledge to the physical or psychological dependency of the person with disabilities. This type of constraint is associated with the individual's physical, psychological or cognitive condition (Smith, 1987; Lee, Agarwal, and Kim, 2012; Figueiredo, Eusébio, and Kastenholz, 2012). Daniels, Drogin Rodgers, and Wiggins (2005) defined different areas where this kind of constraint arises: stress, anxiety, lack of knowledge, health related problems and social ineffectiveness. Lee, Agarwal, and Kim (2012) include personality factors, attitudes, religious beliefs, moods, as well as physical and psychological dependency. This study contemplates the following constructs within intrapersonal constraints (Darcy, 2004): lack of knowledge, health related problems, and physical and psychological dependency.

Interpersonal or interactive barriers refer to communication and interaction with people. They can be related to skill-challenge incongruities or communication (Figueiredo, Eusébio, and Kastenholz, 2012; Lee, Agarwal, and Kim, 2012). This type of barrier arises out of social interaction or relationships between people within social contexts (Lee, Agarwal, and Kim, 2012). Specifically, relationships with care-givers and service providers may lead to maladaptive social relationships among tourists with disabilities (Smith, 1987). This type of constraint is divided in this study into skill-challenge incongruities and communication, following Darcy (2004).

Structural barriers range from economic barriers to architectural or transport barriers. Daniels, Drogin Rodgers, and Wiggins (2005) classify them into categories: transport, facilities, environmental and geographical, and financial

barriers. Lee, Agarwal, and Kim (2012) cover the following categories: lack of money, time and opportunity barriers. This study uses the following structural barriers classification: lack of information, organization of communication of access, economic circumstance, cost, attendant care and socio-spatial constraints at the destination. This last group of constraints includes the following constructs following the classification by Darcy (2004): lack of information, organization and communication of access, economic circumstance, cost, attendant care, and socio-spatial. In conclusion, each type of constraint used for further analysis is defined in Table 1.

Table 1: Specification of domains of construct.

Construct Domain	Construct Definition	Relevant Literature
Intrapersonal Constraints	Constraints associated with each participant's own physical, psychological or cognitive functioning level.	(Smith, 1987; Daniels, Drogin Rodgers, and Wiggins, 2005; Lee, Agarwal, and Kim, 2012; Figueiredo, Eusébio, and Kastenholz, 2012)
Interpersonal Constraints	Constraints related to tourist communication and interaction with other people.	(Smith, 1987; Lee, Agarwal, and Kim, 2012; Figueiredo, Eusébio, and Kastenholz, 2012)
Structural Constraints	Tourism-inhibiting factors, which are predominantly external to the tourist and imposed by social or physical conditions.	(Smith, 1987; Daniels, Drogin Rodgers, and Wiggins, 2005; Figueiredo, Eusébio, and Kastenholz, 2012; Lee, Agarwal, and Kim, 2012)

3.2. Item generation

From previous research, a list of 48 constraints affecting tourism participation and the experiences of people with disabilities is drawn up. In this study, the aim is to evaluate the constraints people with disabilities must face from the moment they arrive at the destination to the moment they leave, so just those related to this experience are taken.

A jury of three experts and two frequent travellers with disabilities (all from Spain) reviewed this list of items. The experts have conducted previous research on tourism behaviour models and methodology and the interviewees had extensive tourism experience. They were given the list of constraints and an explanation of each of the categories and then asked to provide recommendations to ensure the following: representativeness of these constraints in each of the constructs, and accuracy of the translation and wording. After this procedure 2 items were eliminated because of redundancy and applicability, resulting in a final list of 46 items (see Table 2). A questionnaire deriving from this list of constraints was then designed and translated into Spanish.

Table 2: Scale items retained for online self-administered questionnaires.

Intrapersonal Constraints

1. Lack of knowledge of the individuals with disabilities.
2. Lack of knowledge of associates or service providers who organize trips.
3. The industry does not recognize the difference between disability and illness.
4. Inflexible booking arrangements to minimize pain and discomfort.
5. Lack of temperature controlled environments.
6. Reliance on full time carers or attendants.
7. Dependency on monopolized personal care and paratransit services.

Interpersonal Constraints

1. Tourism industry assumptions of ability limited disabled choices of what was offered.
2. Risk involved in participating due to lack of access to environments.
3. Non-disabled aversion to communicating with people with disabilities.
4. Attendants do not facilitate communication.
5. Disability is not seen as an *appropriate other* to be gazed upon.

Structural Constraints

1. All dimensions of access, accuracy, detail, presentation and format.
 2. Complexity of operationalizing all dimensions of access, accuracy, detail, presentation and format.
 3. Discourses of access create different meanings for individuals
 4. Communication of tourism access information to staff at all levels of organizations
 5. Inclusion of tourism access information in generic marketing/target marketing
 6. Dimension of access, particularly vision, hearing, cognitive or psychiatric
 7. Provision of alternative communication technology and formats
-

Table 2 (continuation): Scale items retained for online self-administered questionnaires.

Structural Constraints (continuation)

-
8. Economic constraints disadvantage a disproportionate number of people
 9. Affects ability to travel and also the frequency, duration and choice of trip
 10. Double cost for those travelling with an attendant
 11. Accommodation costs higher due to accessible rooms only available in higher-class accommodation
 12. Paratransit systems are more expensive than public transport
 13. Equipment hire
 14. Resources and flexibility of home and community care programs away from residence
 15. Availability of attendants
 16. Suitability of attendants for the individual
 17. Customer service exclusion through non-provision / inappropriate language use and unfair treatment
 18. Assumptions about abilities of travellers with disabilities
 19. Attitudinal exclusion = segregated tourism experience
 20. Destination accessibility
 21. Access to area attractions/activities/services/natural areas
 22. Independent and dignified spatial use
 23. Linkages between transport, the natural and built environments
 24. Basics of parking, toilets and a continuous pathway are absent
 25. Finding appropriate accommodation
 26. Bedroom and bathroom requirements
 27. Access to other areas of hotel
 28. Discourses of access of accommodation – equality of provision
 29. Lack of accessible public transport provision
 30. Available class of transportation provision
 31. Lack of day tour operations (coach, rail & watercraft) result in segregated experiences
 32. Relevant environmental planning legislation not implemented correctly
 33. Results in the nuisance or fire hazard interaction of people with disabilities and the non-disabled
 34. Aircraft access regulated through international agreements
-

3.3. Data collection

Data were collected to evaluate the 46-item scale using an online, self-administered questionnaire. A sample of Spanish frequent travellers with disabilities were contacted through support centres for people with disabilities in 7 Spanish universities and 10 associations of people with disabilities. The survey was carried out between June and October 2014. This sampling method was used because of the difficulty of reaching this market segment, and considering the particular difficulty of identifying people with hidden disabilities. After eliminating the incomplete questionnaires, a total of 248 usable responses were obtained for the data analysis. In the first part of the questionnaire, participants were asked to evaluate to what extent each of the 46 constraints included in the study influenced his/her participation and travel preferences. Items were assessed using a 7-point Likert-type scale, from 1 (it does not influence at all) to 7 (it influences a lot). The second part of the questionnaire included 6 sociodemographic questions related to the following: age, gender, type of disability, degree of disability, need of assistant, and association or university through whom they were contacted.

As shown in Table 3, there were more female (56.9%) than male participants. The mean age is 41.66 and the median is 41 years old. In terms of the degree of disability, the majority had a mild disability (41.1%), followed by those with a severe disability (38.3%), and then moderate disability (20.6%). Over half of the sample had a physical disability (53.2%), followed by sensory disabilities (26.6%), and cognitive disabilities (6%). 14.1% of the sample had more than one type of the above-mentioned disabilities and the majority of the sample did not need a carer or assistant (66.5%).

Table 3: Demographics and disability profile.

Variable	Category	Distribution
Gender	Male	107 (43.1%)
	Female	141 (56.9%)
Age	Mean (s.d)	41.66 (12.11)
	Median	41
Degree disability	Mild	102 (41.1%)
	Moderate	51 (20.6%)
	Severe	95 (38.3%)
Type disability	Physical only	132 (53.2%)
	Sensory only	66 (26.6%)
	Cognitive only	15 (6%)
	Combined	35 (14.1%)
Need assistant	Yes	83 (33.5%)
	No	165 (66.5%)

3.4. Refinement of the scale

First, item-to-total correlations were calculated for the original lists of 7, 5 and 34 items of intrapersonal, interpersonal and structural constraints, respectively. All items in each of the three types of constraints had factor loadings over 0.5. Therefore, none of them was considered to be eliminated.

Then, an Exploratory Factor Analysis (EFA) with Varimax rotation and a principle component was conducted to determine the dimensions of each of the types of constraints. Items with cross-loadings greater than 0.4 were eliminated. Kaiser-Meyer-Olkin (KMO) measure and Bartlett's test of sphericity were calculated with the aim of determining the appropriateness of conducting a factor analysis. The internal reliability of each factor was then measured by using Cronbach's alpha. Factors with lower than 0.7 Cronbach's Alpha must be considered for elimination. The results of these EFA for each of the types of constraints are detailed below (Table 4).

Table 4: Results of the EFA.

Factor		KMO	Cronbach's Alpha	Explained Variance (%)
Intrapersonal Constraints		0.817		77%
	Factor 1. Lack of knowledge		0.718	52.89%
	Factor 2. Health related problems		0.753	12.98%
	Factor 3. Physical and psychological dependency		0.807	11.25%
Interpersonal constraints		0.691		82%
	Factor 1. Skill-challenge incongruities		0.765	20.96%
	Factor 2. Communication		0.795	61.29%
Structural Constraints		0.951		79%
	Factor 1. Information and communication		0.930	3.96%
	Factor 2. Cost and attendant		0.940	5.57%
	Factor 3. Socio-spatial		0.973	62.23%
	Factor 4. Attitudinal		0.783	3.02%

All items in intrapersonal constraints had cross-loadings greater than 0.4, so none was eliminated. The KMO measure was 0.817 and Bartlett's test of sphericity was significant ($p < 0.000$). Cronbach's alpha of all factors was greater than 0.7, showing that all groupings were internally consistent. EFA resulted in 3 factors, which are called: lack of knowledge, health related problems, and physical and psychological dependency. This dimensionality of 3 factors accounted for 77% of the total variance.

For the second type of constraint, interpersonal constraints, 4 out of the original 5 items were retained for further analysis. One item was eliminated because cross-loadings were greater than 0.4. KMO measure was 0.691. Cronbach's alpha of all factors was greater than 0.7, showing that all groupings were internally consistent. This EFA resulted in 2 factors called: skill-challenge incongruities, and communication. With these 2 factors, 82% of the variance was explained.

In the EFA of structural constraints, 31 of the original 34 items were retained. The other 3 were eliminated because cross-loadings were greater than 0.4. KMO measure was 0.951. Cronbach's alpha of all factors was greater than 0.7,

showing that all groupings were internally consistent. This EFA suggested that these 31 items loaded in 4 different factors. These factors were termed as follows: information and communication, cost and attendant, socio-spatial, and attitudinal. With these 4 factors, 79% of the variance was retained.

In summary, intrapersonal constraints are divided into 3 factors following previous studies. These are called: lack of knowledge, health related problems, and physical and psychological dependency. Interpersonal constraints are divided into 2 factors: skill-challenge incongruities and communication. Structural constraints result in 4 factors: information and communication, cost and attendant, socio-spatial, and attitudinal.

3.5. Assessment of validity and reliability

This final step aims at validating the dimensions and constructs identified in the EFA described in the previous section. A Confirmatory Factor Analysis (CFA) for each of the three categories of constraints is conducted using the robust maximum likelihood with Mplus 7.11. This section will include validity, reliability and overall fit assessments.

First, validity refers to what extent the scale measures the reality it aims to measure, in other words, accuracy in measurement. Convergent validity refers to the extent of the correlation between the intended measure and other measures used to measure the same construct (Carmines and Zeller, 1979). Factor loadings of items with standardized values greater than 0.5 with significance at 5% level and the average variance extracted (AVE) values greater than 0.5 suggest convergent validity. Discriminant validity refers to what extent intended measure is different to other measures that refer to other constructs in the model (Carmines and Zeller, 1979). Discriminant validity is ensured when a latent construct has more variance with its indicators than with other latent constructs, which means that the square root of the AVE for

each construct is higher than the estimated correlation between those constructs (Fornell and Larcker, 1981).

Results show that standardized factor loadings are significant and range from 0.591 to 0.911. AVE values are from 0.70 to 0.83 (see tables 5, 6 and 7) ensuring convergent validity of the measurement. Discriminant validity is supported by the fact that all square roots of the AVE for the constructs are higher than any correlation between constructs (see tables, 5, 6 and 7), where square root of AVE is shown in the diagonal of the matrix, and correlations between factors are shown in the off-diagonal. Therefore, convergent and discriminant validity hold.

Table 5: Discriminant validity for intrapersonal constraints.

	Lack of knowledge	Health related problems	Physical and psychological dependency
Lack of knowledge	0.866 ^a		
Health related problems	0.802	0.839 ^a	
Physical and psychological dependency	0.630	0.618	0.909 ^a

^aSquare root of AVE.

Table 6: Discriminant validity for interpersonal constraints

	Skill challenge incongruities	Communication
Skill challenge incongruities	0.888 ^a	
Communication	0.611	0.904 ^a

^aSquare root of AVE.

Table 7: Discriminant validity for structural constraints.

	Information and communication	Cost and attendant	Socio spatial	Attitudinal
Information and communication	0.910 ^a			
Cost and attendant	0.752	0.908 ^a		
Socio spatial	0.847	0.788	0.912 ^a	
Attitudinal	0.704	0.655	0.738	.871 ^a

^aSquare root of AVE.

Second, reliability covers the fact that the measurement has stability and consistency. Composite reliability of the factors of the three models ranges from 0.72 to 0.97. Therefore, reliability is confirmed for each model.

Third, the overall fit of each of the three models corresponding to the main three types of constraints is tested using different goodness-of-fit indexes. The following goodness-of-fit indices are adopted: χ^2 , relative χ^2 value to degree of freedom ($\chi^2/d.f$), Tucker-Lewis index (TLI), the comparative fit index (CFI), standardized root mean square residual (SRMR), and the root mean square error of approximation (RMSEA). Generally accepted fit measures are that the ratio $\chi^2/d.f$ should be lower than 3, TLI and CFI should be greater than 0.90, RMSEA should not exceed 0.08, and SRMR should be lower than 0.05. Here, the intrapersonal constraints model with 3 factors generates acceptable goodness-of-fit indices (see Table 8 notes). An interpersonal constraints model with 2 factors shows satisfactory levels of fit (see Table 9 notes). Finally, structural constraints model with 4 factors demonstrates good fit (see Table 10 notes).

4. Results and discussion

CFA were used to confirm the factor structure previously identified. Results shown in Table 8 demonstrate the 3-dimensional structure of intrapersonal constraints. All items are related to the participant's own physical, psychological or cognitive functioning level, as stated in the definition of the construct. Intrapersonal constraints related to physical and psychological dependency are seen as important inhibitors for travel in this study. Therefore, emphasis must be put in providing the right skills and training to all tourism and social professionals that in any moment of the travel experience have contact with people with special access needs. Therefore, all these professionals will be more able to facilitate and minimize this dependency that can affect participation and preferences of travellers. Consequently, all this can enhance their participation to travel.

Table 8: CFA for intrapersonal constraints.

Factor/Item	Composite Reliability	AVE	Factor Loading	Est./S.E.	p-value
Factor 1. Lack of knowledge	0.72	0.75			
Lack of knowledge of the people with disabilities.			0.687	12.932	***
Lack of knowledge of associates or service providers who organize trips.			0.814	17.447	***
Factor 2. Health related problems	0.75	0.70			
The industry does not recognize the difference between disability and illness.			0.767	17.375	***
Inflexible booking arrangements to minimize pain and discomfort.			0.750	15.636	***
Lack of temperature controlled environments.			0.591	10.643	***
Factor 3. Physical and psychological dependency	0.81	0.83			
Reliance on full time carers or attendants.			0.741	12.280	***
Dependency on monopolized personal care and paratransit services.			0.911	22.068	***

*** p-value<0.05

Note: $\chi^2 = 26.77$, 11 degrees of freedom ($p < 0.05$), SRMR= 0.032, TLI= 0.935, CFI = 0.966, RMSEA = 0.078.

Concerning interpersonal constraints, results in Table 9 show a two-dimensional structure: skill-challenge incongruities, and communication, which is in line with previous literature (Darcy, 2004; Figueiredo, Eusébio, and Kastenholz, 2012; Lee, Agarwal, and Kim, 2012). The factor named communication (i.e. ‘attendants as communication facilitators’ and ‘non-disabled aversion to communicating with people with disabilities’) is the most influencing interpersonal constraint among the participants of this study. Interpersonal constraints also affect both participation and preferences. Again, knowledge provision on how to communicate with people with special access needs and how to meet their needs is a crucial factor to make them participate in travel.

Table 9: CFA for interpersonal constraints.

Factor / Item	Composite Reliability	AVE	Factor Loading	Est./S.E.	p-value
Factor 1. Skill challenge incongruities	0.77	0.79			
Tourism industry assumptions of ability limited people with disabilities choices of what was offered.			0.855	11.698	***
Risk involved in participating due to lack of access to environments.			0.721	10.385	***
Factor 2. Communication	0.80	0.82			
Non-disabled aversion to communicating with people with disabilities.			0.725	10.816	***
Attendants as communication facilitators.			0.909	14.498	***

*** p-value<0.05

Note: $\chi^2 = 0.618$, 1 degree of freedom ($p = 0.432$), SRMR= 0.001, TLI=1, CFI = 1, RMSEA = 0.000.

Finally, results in Table 10 suggest that there are 4 dimensions in the structural constraints model. These factors are: information and communication, cost and attendant, socio-spatial, and attitudinal.

The information and communication factor is related to the delivery of tourism information through marketing materials and awareness of its availability among tourism staff. This communication factor is different from the one identified in interpersonal constraints as the former is dependent on factors related to the environment only, while the latter depends on the interaction between the visitor with disabilities and the environment. Furthermore, previous literature (Lee, Agarwal, and Kim, 2012; Darcy, 2004) has treated information and communication as two different factors. However, it is not surprising they are included in the same factor here, as the communication stage naturally follows the information preparation stage. To add to this, communication and information constraints have been a prevalent area of study in tourism for some time (Williams, Rattray, and Grimes, 2006; Darcy, 2010). Many barriers arise during the pre-planning and information stages (Blichfeldt and Nicolaisen, 2011). This study corroborates the prevalence and influence of these constraints among people with disabilities and, therefore, the appropriateness of considering accessibility to information a key issue when providing equal opportunities.

The cost and attendant factor includes all constraints linked to economic issues related to the tourism experience, and includes carers who sometimes travel with people with disabilities to help with their basic needs. Although these two themes have emerged in previous literature (Darcy, 2004; Lee, Agarwal, and Kim, 2012) as separate factors, a single factor emerges here. This finding supports the idea that travelling with an attendant is normally linked to an extra cost, so it can be considered an economic constraint in itself.

Socio-spatial constraints include constraints related to not only accessibility to the destination and different areas within the destination, but also specific constraints related to other needs, such as accommodation or transport. In previous studies, legislation constraints have been treated as a separate factor, however they are included in the same factor here. Differences from one country to another in legislation, or in its implementation, can lead to different

socio-spatial uses and obligations. For example, when environmental planning legislations are not implemented correctly, accessibility to a destination and its attractions can be negatively influenced. Even the dimensions can be identified here, it is important to consider that this type of constraints are heavily dependent to the characteristics of the destination people with special access needs visit, so they may vary from one place to another.

Finally, attitudinal barriers are identified as a separate factor. Therefore, the participants of this study perceive the attitudes of tourists with disabilities, or the attitudes of tourism staff and other tourists towards them differently to the socio-spatial constraints. Attitudinal barriers are also treated as a separate factor in previous literature (Bi, Card, and Cole, 2007). This is not surprising because attitudes are related to mental states or dispositions, while socio-spatial constraints tend to be related to the destinations' characteristics.

Table 10: CFA for structural constraints.

Factor/item	Composite Reliability	AVE	Factor Loading	Est./S.E.	p-value
Factor 1. Information and communication	0.93	0.83			
All dimensions of access, accuracy, detail, presentation and format.			0.874	36.599	***
Complexity of operationalizing all dimensions of access, accuracy, detail, presentation and format.			0.873	25.921	***
Discourses of access create different meanings for individuals			0.899	43.167	***
Communication of tourism access information to staff at all levels of organizations			0.866	32.084	***
Dimension of access, particularly vision, hearing, cognitive or psychiatric			0.767	19.197	***
Provision of alternative communication technology and formats			0.687	15.530	***
Factor 2. Cost and attendant	0.94	0.82			
Double cost for those traveling with an attendant			0.776	20.917	***
Accommodation costs due to accessible rooms only being available in higher-class accommodation			0.801	20.233	***
Paratransit systems are more expensive than public transport			0.900	46.678	***
Equipment hire			0.831	28.856	***
Resources and flexibility of home and community care programs away from residence			0.860	34.542	***
Availability of attendants			0.798	24.625	***
Suitability of attendants for the individual			0.804	25.418	***

*** p-value<0.05

Note: $\chi^2 = 865.99$, 428 degrees of freedom ($p < 0.001$), SRMR=0.050, TLI=0.901, CFI=0.909, RMSEA=0.064.

Table 10 (continuation): CFA for structural constraints.

Factor/item (continuation)	Composite Reliability	AVE	Factor Loading	Est./S.E.	p-value
Factor 3. Socio-spatial	0.97	0.83			
Destination accessibility			0.898	49.513	***
Access to area attractions/activities/services/natural areas			0.911	45.624	***
Independent and dignified spatial use			0.855	28.015	***
Linkages between transport, the natural and built environments			0.816	23.249	***
Basics of parking, toilets and a continuous pathway are absent			0.885	39.818	***
Finding appropriate accommodation			0.831	29.218	***
Bedroom and bathroom requirements			0.827	27.962	***
Access to other areas of hotel			0.819	28.297	***
Discourses of access of accommodation – equality of provision			0.864	36.003	***
Lack of accessible public transport provision			0.784	19.284	***
Available class of transportation provision			0.843	30.770	***
Lack of day tour operations (coach, rail & watercraft) result in segregated experiences			0.772	18.503	***
Relevant environmental planning legislation not implemented correctly			0.822	25.148	***
Results in the nuisance or fire hazard interaction of people with disabilities and the non-disabled			0.806	22.321	***
Aircraft access regulated through international agreements			0.757	17.804	***
Factor 4. Attitudinal	0.80	0.76			
Customer service exclusion through non-provision / inappropriate language use and unfair treatment			0.825	20.043	***
Assumptions about abilities of travellers with disabilities			0.825	15.449	***
Attitudinal exclusion = segregated tourism experience			0.623	9.433	***

*** p-value<0.05

Note: $\chi^2 = 865.99$, 428 degrees of freedom (p < 0.001), SRMR=0.050, TLI=0.901, CFI=0.909, RMSEA=0.064.

5. Conclusions

This study provides a tool to measure travel constraints for Spanish tourists with disabilities. Both qualitative and quantitative methods have been employed with the aim of evaluating constraints that people with disabilities may face from the moment they arrive at a destination to the moment they leave. The results of the study have both theoretical and managerial implications, which will be discussed in this section.

5.1. Theoretical Implications

This study contributes to the knowledge on travel constraints for visitors with disabilities. Constraints are highly influential among tourists with disabilities. Thus, there is a growing interest in exploring these inhibiting and influencing factors, which can affect tourism experiences. Although there are several studies based on qualitative and quantitative methodologies aiming at identifying a list of constraints, there is not yet a developed and validated scale among Spanish tourists with disabilities. Consequently, this study will provide scholars with a quantitative tool for further research in the area. Furthermore, this study explores the dimensionality of each type of constraint. In this sense, it will also be useful for further research exploring any of the specific types of travel constraints of people with disabilities, in particular because a specific measurement tool is provided. In the context of Spain, as it happens in other countries, the market of people with special access needs is growing, so it is especially important that tourism scholars explore their behaviour with the aim of providing tourism practitioners with the right tools and strategies to accommodate their needs.

5.2. Managerial Implications

As previously stated, the accessible tourism market is growing more rapidly than other market segments. This study can provide tourism destinations with a practical tool to evaluate barriers that people with disabilities encounter. In

addition, tourism professionals and companies can take advantage of the results obtained in this study specially when adapting or creating accessible tourism products.

Both the tourism industry and governments need to be aware of the importance of identifying and minimizing constraints. Using this tool would help in tourism planning, especially when optimizing efforts to face these accessibility constraints. In parallel, this scale can be useful when developing policies and strategies in accessible tourism. In addition, because understanding these constraints is critical to tourism planning and marketing, tourism destinations should develop and implement strategies to overcome perceived constraints (Chen, Chen, & Okumus, 2012).

Working on eliminating barriers facilitates tourism experiences for people with disabilities, and at the same time improves the quality of products and services for all groups of the population. A destination or a product accessible to everyone can have competitive advantage through this differentiation and focusing to this market segment.

Not only do we have key constraints for further research, but we also have a tool tourism companies and organizations can use to identify where they have to improve in order to overcome these barriers and develop accessible products. It is also useful for them to give recommendations and roadmap to improve on accessibility and surmount barriers that are important for the market.

As suggested by Figueiredo, Eusébio, and Kastenholz (2012), when addressing this market segment, and when evaluating these barriers in tourism destinations, it is important to take into account the diversity of this group, as their needs and the barriers they encounter may be different depending on the type and the degree of disability, for example. Thus, when using the tool provided here, attention must be paid to the particular barriers that strongly affect one type of tourist with a disability more than another, or one degree of

disability more than another. For example, the format of the information on the destination webpage may not be a barrier for people with physical disabilities. However, providing the information in different formats (e.g. audio description, with subtitles, large font size, high contrast, etc.) may be crucial for people with sensory disabilities, such as the visually or hearing impaired.

Furthermore, improving accessibility levels by identifying and surmounting these barriers can attract new markets with other types of accessibility requirements, such as families and seniors. In other words, good levels of accessibility or a barrier-free environment at a destination will not just dignify tourists with disabilities experiences, but it will also raise levels of comfort for other groups in the population. In particular, in a country such as Spain, where tourism is one of the most important activities in its economy, this improvement of accessibility standards can help both to enhance the domestic and the international tourism. Here, it is important to consider the concept of 'universal design', which can be defined as the different actions undertaken with the aim of having a design of products and environments that can be used by all people, to the greatest extent possible, excluding adaptation or specialised design. Consequently, the entire planning, management, and decision making process should not separate people with special access needs. Accessible destinations development and planning specially comprises a wide range of stakeholder groups and the direct involvement of people with disabilities and organisations in this process can lead to more inclusive environments.

5.3. Limitations and further research

This study follows a precise method to develop and validate a scale. However, it has limitations, and these need to be taken into consideration. The sample is limited to the Spanish population and tourists with disabilities who are contacted through associations or universities. However, the fact that this population group is difficult to reach must also be considered when identifying

these limitations. For further studies, researchers must be aware of this when inferring to other countries or regions, or to other accessible tourism market sub segments different to people with disabilities (e.g. seniors).

This tool is not specific to each type of disability, but applicable to the disabled market segment as a whole. The heterogeneity of this market segment is acknowledged here, so further research considering differences, depending on the types and degrees of disability, is highly encouraged and, as suggested in the implications section, any destination that uses this tool must pay attention to the particular constraints faced by specific types and degrees of disabilities. Furthermore, this scale may not be applicable in all contexts; so further research in a range of tourism destinations is also recommended.

This is an exploratory study, aimed at developing a scale to assess and determine tourism constraints among Spanish citizens with disabilities. Consequently, further research is encouraged to discover new dimensions and constraints yet to be uncovered in this study. Although these limitations are recognized here, the cultural similarities between Spain and neighbouring countries may lead to these countries to consider applying this scale.

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The perceived value of accessibility in religious sites– Do disabled and non-disabled travellers behave differently?

Abstract

Purpose – This study aims at exploring whether there are differences in behaviour between people with special access needs and those who do not have these needs at a religious destination. In particular, a comparison is made between the role and structure of the perceived value of accessibility and its effect on satisfaction and loyalty.

Design/methodology/approach – Data is collected using a self-administered questionnaire (n=523). Information on perceived value of accessibility, satisfaction and loyalty is subjected to confirmatory factor analysis to ensure the reliability and validity of the three components. Structural equation modelling is used to test the hypothesized relationship between these constructs.

Findings – Findings suggest: (1) the weight of the items of the perceived value of accessibility is different between the groups analysed; (2) its effects on satisfaction and loyalty are higher among people with access needs.

Research limitations/implications – Results imply that perceived value of accessibility may be determinant in predicting satisfaction. Thus, any study aiming at analysing this may take it into consideration. At the same time, from a practical point of view, ensuring accessibility will also benefit destinations in providing better experiences. A clear limitation of this study is the use of convenience sample.

Originality/value – Religious tourism and accessible tourism have been treated as two separate issues in academic literature. However, curative shrines are sites where religious tourism and accessible tourism naturally merge. Hence,

the originality of this article lies on focusing on accessible tourism in these religious sites.

Introduction

According to the World Tourism Organisation (2014), between 300 and 330 million tourists visit the world's most prominent religious sites every year, totalling approximately 600 million national and international religious journeys in the world, 40% of which take place in Europe. In addition, according to the World Health Organisation (2012), over one thousand million people, approximately 15% of the world's population, have some form of disability and these rates are increasing due to population aging and an increase in chronic health conditions.

Religious destinations where people travel in the hope of being healed are places where religious tourism and accessible tourism naturally merge. Such places include, for example, catholic sanctuary towns and pilgrimage shrines founded after the apparitions of the Virgin Mary. These sites are diverse and can also be found in different stages of urban development (Raj and Morpeth, 2007). Some are considered bona fide tourism destinations and have reached the consolidation stage. Even though traditions and values are still strong and a saturation point is not normally contemplated in these destinations (Raj and Morpeth, 2007), attention must still be given to the site's development in order to keep its attractiveness. The successful development of a destination depends on analysing factors such as tourist motivations, satisfaction and loyalty (Yoon and Uysal, 2005).

This research presents the case of Lourdes, France, one of the largest curative shrine complexes in the world, which has had mass tourism-like impacts on its environs, and has attracted both pilgrims and secular tourists since the nineteenth century (Eade, 1992; Nolan and Nolan, 1992). It has become a special destination for the sick from all over the world (Raj and Morpeth, 2007). Consequently, tourists with and without disabilities or chronic illnesses

consume the same destination, and basically use the same infrastructures, facilities and services, except those specific for disabled, such as special care services. As these two groups of tourists are different in nature, they behave distinctively, even though they coexist at the same destination. Hence, the main aim of this research is to examine whether there is a difference in behaviour between people with disabilities and people without disabilities in a religious destination. In this sense, the following behavioural elements are analysed: perceived value of accessibility, satisfaction and loyalty.

The secondary aim of the study is to explore the items that perceived value of accessibility is composed of in both disabled and non-disabled behavioural patterns. Previous papers from tourism literature have focused on the behaviour of religious tourists (Bond *et al.*, 2014; Eid 2015; Song *et al.*, 2015; Battour *et al.*, 2012) and accessibility at tourism destinations (Israeli, 2002; Bi *et al.*, 2007; Darcy, 2010). However, none of the studies include accessibility as a determinant factor in religious tourism destinations where people go to be healed. Considering the impact of the market with special access needs on this type of religious destination, there is also a need to explore their behaviour there.

This study has both theoretical and managerial implications. First, it will contribute to the knowledge of consumer behaviour patterns, particularly those of people with special access needs in religious destinations. Second, it is useful to analyse the perception of accessibility among disabled and non-disabled tourists, to then compare its effects on satisfaction and loyalty levels. Third, from an operational point of view, knowing more about visitors behaviour in these sites can help when improving accessibility standards and adapting tourism products to the needs of disabled visitors. It is also essential when marketing the destination as accessible and prepared for them (Israeli, 2002).

In a nutshell, people with disabilities or chronic illnesses can be considered an important market segment at a religious shrine where people go for healing purposes. Therefore, knowing whether there is a significant difference in behaviour between these two groups can help in meeting the needs of these visitors and, consequently, in offering suitable services and products for them.

Literature Review

Disability is identified as a factor, which influences tourists' behaviour in many contexts (Small *et al.*, 2012; Faria *et al.*, 2011; Poria *et al.*, 2011). This factor can also be determinant when discriminating between the behaviour of people with disabilities and people without disabilities at religious destinations. First, we assume people with disabilities have a different perception of accessibility in such destinations, so the present study aims at exploring these differences. Second, this perception of accessibility may affect satisfaction and loyalty levels, and these relationships are addressed here.

Perceived Value of Accessibility

From the moment that business improvement is not just focused on internal processes in a company or a destination, but also on customer experiences, the concept of perceived value becomes a construct to be taken into consideration in consumer behaviour models. In the marketing literature, it is defined as the consumer's overall assessment of the utility of a product on the basis of the perceptions of what is received and what is given. This value can be based on low price, the characteristics of a product, value for money, the quality that the consumer receives for the price paid, among other criteria (Zeithaml, 1988). Here, the perceived value of accessibility is not based on low price, nor on what a visitor receives for the price paid. It is based on meeting the visitors' needs in terms of accessibility, in order to dignify their experiences and make them feel free within the destination.

Perceived value is a subjective construct which varies between customers, between cultures and in different time periods (Sánchez *et al.*, 2006). In other words, each of the attributes that are evaluated is not equally important for every tourist. In this study, it is even more important to consider that a disabled tourist employs a different decision-making process to evaluate a tourist site than a tourist who does not have any disabilities (Israeli, 2002) and, consequently, each of the accessibility attributes that is evaluated needs to be contrasted, as it may have a different value and different effects on tourists behaviour, depending on whether they have a disability or not.

Moreover, the perceived value of accessibility can be evaluated through the perception of elements at a destination (Israeli, 2002), such as staircases or elevators, or through the perception of accessibility of a sector (Bi *et al.*, 2007) within a destination. While previous studies focus on the accessibility of one of these sectors, such as transportation or accommodation, this study aims at assessing the accessibility of several tourism and religion related activities within the destination, such as 'accommodation', 'transport', 'hospitality services', 'religious sites', and 'religious activities'. Furthermore, a single item assessing the overall accessibility of the destination is not appropriate in this research, as differences in the level of accessibility provided are significant from one sector to another. In this sense, a broader approach towards the perception of accessibility is taken.

Overall Satisfaction

Expectation-disconfirmation theory (Oliver, 1980) understands satisfaction as a cognitive comparison of perceived performance of a product or service and expectations the customer had before the purchase. Pizam *et al.* (1978) define satisfaction with a destination area as 'the result of the interaction between a tourist's experience at the destination area and the expectations he or she had about that destination'.

While overall satisfaction with a destination can be defined as an evaluative judgement of the last experience at the place, transaction-specific satisfaction is based on a single trait of the destination. Transaction-specific satisfaction is likely to vary from experience to experience, while overall satisfaction is a moving average that is relatively stable and most resembles an overall attitude to purchasing a brand (Eid and El-gohary, 2015). Hence, previous studies (Jones and Suh, 2000) have proved that overall satisfaction can be a better predictor of tourists' behavioural intentions, rather than transaction-specific satisfaction. For this reason, overall satisfaction is investigated in this study through three items: 'my choice to come here was a wise one'; 'based on all my experience at this destination, I am very satisfied'; 'overall, I am satisfied with my decision to visit Lourdes'.

Loyalty

Together with customer satisfaction, loyalty is a key driver of performance (Matzler *et al.*, 2007). Even so, according to the same authors, good attribute performance and high overall satisfaction do not always automatically lead to higher loyalty.

There are many definitions of loyalty and many approaches to measure it. The first studies on loyalty were based on the behavioural dimension, later the attitudinal dimension was also considered. Finally, composite loyalty, combining these two types of loyalty was suggested. Behavioural loyalty is based on actual or reported behaviour towards a product or destination (Oppermann, 2000), which can be translated to, for example, the commitment to revisit a place or rebuy a product. However, a truly loyal visitor must both visit the destination and have a positive attitude toward it. Attitudinal loyalty measures these positive attitudes, which can include intention to recommend and/or encourage. In this study, both attitudinal and behavioural intentions are analysed in order to explore true loyalty.

Oliver (1999) defines the phases of customer loyalty, depending on the type and degree of commitment to the product, service or, in this study, destination, as cognitive, affective, conative, and action. Cognitive loyalty is based on the available attribute information of the destination. Affective loyalty involves a liking attitude towards the destination. Conative loyalty is based on behavioural intentions, which can be defined as the desire to revisit a destination. However, these are just intentions that are sometimes not realised. Finally, action loyalty takes place when desires and intentions are a reality and are converted to readiness to act (Oliver, 1999).

Behavioural intentions are proven to be a good predictor of customer loyalty (Thompson and Schofield, 2007; Gallarza and Saura, 2006). Many studies in tourism have considered 'intention to revisit' (Gallarza and Saura, 2006; Yoon and Uysal, 2005), as an indicator of positive perception and the destination. Visitors who keep on returning to the same destination, are likely to provide more positive word-of-mouth (Oppermann, 2000). In this sense, 'intention to recommend the destination', and 'intention to encourage going to the destination' are also included in this study.

Hypotheses

Following the literature review considerations, the accessibility perceived value is a subjective construct that can vary depending the characteristics of the tourists. Taking into consideration people with disabilities have different needs than those without in terms of accessibility, the following hypothesis regarding the structure of perceived value of accessibility is formulated:

Hypothesis 1 (H1): Items that explain perceived value of accessibility are weighed differently between disabled and non-disabled tourists.

The contribution of a single product or service feature to overall satisfaction should be analysed within a particular market segment level, rather than on an aggregate level (Füller and Matzler, 2008). If this impact were to be explored at

an aggregate level, it could not be correctly assessed, as differences among the customer groups are masked (Füller and Matzler, 2008). Thus the effects of the perceived value of accessibility on overall satisfaction must be analysed for two market segments: people with access needs and those without. Following these theoretical considerations, the following hypotheses are defined:

Hypothesis 2a (H2a): The perceived value of accessibility positively influences overall satisfaction in both disabled and non-disabled models.

Hypothesis 2b (H2b): The effect of perceived value of accessibility on overall satisfaction is higher among people with disabilities than among people without disabilities.

Previous studies prove that tourists with disabilities tend to be more loyal to a product or service when they are satisfied with it (Burnett and Baker, 2001; McKercher *et al.*, 2003; Ozturk *et al.*, 2008). They tend to be more loyal when they receive attention from tourism stakeholders, as this is usually lacking (Burnett and Baker, 2001). For example, when people with disabilities are satisfied with information sources accommodating their special needs, they often become very loyal customers (Nielsen, 2000; Rogers and Rajkumar, 1999). With regard to travel agents, once a person with a disability finds a reliable travel agent, he or she is likely to become a loyal customer (McKercher *et al.*, 2003).

Regarding tourism destinations, previous studies show that people with disabilities are loyal customers once their needs are met, and they often return to places that provide good accessibility (Ozturk *et al.*, 2008). Considering all these previous theoretical insights, two hypotheses are proposed as follows:

Hypothesis 3a (H3a): Overall satisfaction positively influences loyalty in both disabled and non-disabled models.

Hypothesis 3b (H3b): The effects of overall satisfaction on loyalty are higher among people with disabilities than among people without disabilities

Figure 1 shows the model with the three constructs and the hypothesised relationships between them. Disability is considered as the segmenting variable. First, the factor loadings of the items that make up perceived value of accessibility are calculated for disabled and non-disabled models separately in order to compare them and test H1. Second, the positive effects between the above-mentioned constructs of the model are analysed and H2a and H3a are tested. Later, standardized models for people with disabilities and people without disabilities are compared in order to test H2b and H3b.

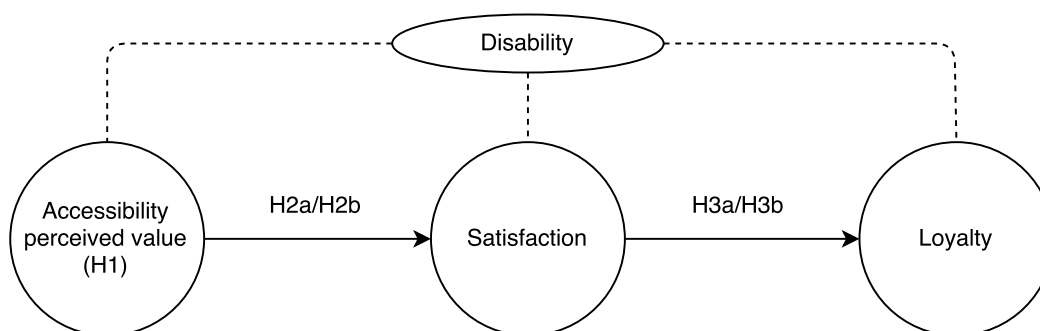


Figure 1: Proposed generic model.

Research Method

Data Collection and sampling

In order to meet the aims of this study, a questionnaire was conducted on site between 28th June and 2nd July 2014. Adult visitors to Lourdes were approached as they entered or exited the shrine, meaning it was a convenience sample. A self-administered questionnaire was used in order not to influence sensitive responses. Of the 800 questionnaires distributed, 523 were returned (response rate = 65.4%). Data was collected on both weekdays and weekends, in mornings and afternoons to ensure randomness.

First, the sampling of this study ensures that all kinds of visitors to the destination, including pilgrims, religious tourists, secular tourists, among others, are included in the research. Second, most studies focus on physical

disabilities (Bi *et al.*, 2007; Burnett and Baker, 2001; Ray and Ryder, 2003). However, recent studies have highlighted the diversity of the market segment of people with special access needs (Figueiredo *et al.*, 2012). Hence, the sample of this study covers the wide range of sub-segments of accessible tourism: physically disabled, sensory disabled, mentally disabled, and seniors with chronic illnesses, among others.

The survey is divided into two parts. The first part captured perceived value, satisfaction, and loyalty. The second part captured sociodemographic characteristics (gender, age, nationality) and disability profile (type of disability, degree of disability, need of assistant, and need of assistive devices). This structure and the accuracy of the wording were previously revised and some adjustments and corrections were incorporated in order to ensure the proper interpretation of all the questions.

First, the survey measured perceived value of the single items on a Likert-type scale from 1 (very poor) to 7 (very good). Accessibility is evaluated by sector, as done by Bi *et al.* (2007), so items such as accessibility to accommodation, transport, hospitality services, religious sites and religious activities, as the main amenities of the destination, are included in the study. Second, overall customer satisfaction was measured with 3 items on the same 7-point scale: 'my choice to come here was a wise one', 'Based on all my experience at this destination, I am very satisfied', and 'overall, I am satisfied with my decision to visit Lourdes' (Cronin *et al.*, 2000; Gallarza and Saura 2006; Yuksel, Yuksel, and Bilim 2010). Third, visitor loyalty was measured by means of questions on recommendation, encouragement and returning intentions using the same Likert-type scale from 1 (definitely not) to 7 (yes, definitely).

Sociodemographic characteristics are described in table 1. More females (61.3%) than males (38.7) were included in the sample. With respect to age, 31.2% of the sample were between 18 and 29 years old, followed by people 65 or over (28.5%). The sample was dominated by people without disabilities

(74.8%) versus people with disabilities (25.2%). The profile of people with disabilities is detailed in table 2. More than half of the subsample of people with disabilities (50.8%) had a physical disability. Sensory disabilities, including visual and hearing disabilities, represented 24.2% of the subsample. Approximately 6.2% of the respondents had a mental disability, while the rest (18.8%) had more than one type of disability. Regarding the degree of disability, 53.1% of the respondents had a moderate disability, followed by severe disabilities (26.6%) and mild disabilities (20.6%). 40.9% of those with disabilities needed a carer or an assistant to help in their daily routines, while 55.1% needed some kind of assistive device.

Table 1: Demographics and sample description

Variable	Category	Distribution
Gender	Male	201 (38.7%)
	Female	318 (61.3%)
Age	Mean	47.51
	Median	47
	18-29	150 (31.2%)
	30-45	75 (15.6%)
	46-64	119 (24.7%)
	65 or above	137 (28.5%)
Disability	Yes	131 (25.2%)
	No	388 (74.8%)

Table 2: Profile of the disabled participants

Variable	Category	Distribution
Degree of disability	Mild	26 (20.3%)
	Moderate	68 (53.1%)
	Severe	34 (26.6%)
Type of disability	Physical	65 (50.8%)
	Sensory	31 (24.2%)
	Cognitive	8 (6.2%)
	Combined	24 (18.8%)
Need of assistant	Yes	52 (40.9%)
	No	75 (59.1%)
Need of devices	Yes	70 (55.1%)
	No	57 (44.9%)

Data analysis and results

Data analysis consists of, first, Confirmatory Factor analysis (CFA) to ensure the reliability and validity of the three components analysed and to determine the weight of the items in each construct: perceived value of accessibility, satisfaction and loyalty. Then structural modelling is used to test the hypothesized relationship between these constructs.

First, factor loadings are calculated for each item representing the three latent variables of the model (i.e. accessibility perceived value, satisfaction, and loyalty) and for each group of the study, people with disabilities and people without disabilities. This first step ensures the consistency of each of the dimensions and investigates to what extent they are accurate to represent the latent variable they are meant to represent. This study takes a standardized cut-off value of .5 with significance at 5% level (Netemeyer *et al.*, 2003). Table 3 shows that these item-to-total correlations range from .590 to .939 for the disabled group, and from .514 to .906 for the non-disabled subsample. Reliability of each factor is then measured by using Cronbach's alpha. All the constructs of this study have Cronbach's alpha values greater than .8. For the disabled group, Cronbach's Alpha is .840, .892 and .855 for accessibility perceived value, satisfaction and loyalty, respectively. For the non-disabled subsample, these values are .810, .899 and .845 for each of the three components of the model. Hence, reliability of constructs holds.

Considering factor loadings of the items that compose perceived value of accessibility, 'accessibility of accommodation' is considered the most important factor among non-disabled. While 'accessibility to religious activities' is the most important attribute among disabled, it is the item that has less weight on perceived value of accessibility has for people with disabilities. In general, items on religion are important to represent accessibility perceived value among disabled, while the standardized factor loadings of these religion-related attributes are lower in the non-disabled

model. All these results prove H1 can be accepted here because differences in the weight of items perceived value of accessibility is composed of exist.

Table 3 Coefficient alpha, CR, and factor loadings.

Factor/item	Factor loading	
	Disabled	Non-disabled
Accessibility Perceived Value	$\alpha=.840$; CR=.838	$\alpha=.810$; CR=.808
Accessibility of the destination	0.637***	0.732***
Accessibility of accommodation	0.665***	0.735***
Accessibility of transport	0.722***	0.611***
Accessibility of hospitality services	0.590***	0.700***
Accessibility of religious sites	0.699***	0.549***
Accessibility of religious activities	0.766***	0.514***
Overall Satisfaction	$\alpha=.892$; CR=.895	$\alpha=.899$; CR=.902
My choice to come here was a wise one.	0.863***	0.833***
Based on all my experience at this destination, I am very satisfied.	0.776***	0.865***
Overall, I am satisfied with my decision to visit Lourdes.	0.937***	0.906***
Loyalty	$\alpha=.855$; CR=.878	$\alpha=.845$; CR=.853
I would recommend Lourdes.	0.917***	0.858***
I would encourage people to come to Lourdes.	0.939***	0.869***
I would return to Lourdes.	0.640***	0.700***

*** p-value<.05

Second, discriminant validity is ensured when a latent construct has more variance with its indicators than with other latent constructs. This means that the square root of the AVE for each construct is higher than the estimated correlation between those constructs (Fornell and Larcker, 1981). As shown in Table 4, both models have greater square root of AVE than correlation values between components, showing that discriminant validity holds.

Table 4: Discriminant validity results for the disabled and non-disabled models.

			Accessibility perceived value	Satisfaction	Loyalty
Disabled Model					
Perceived	value	of	.825^a		
accessibility					
Satisfaction			.714	.927^a	
Loyalty			.581	.814	.912^a
Non-disabled model					
Perceived	value	of	.800^a		
accessibility					
Satisfaction			.374	.932^a	
Loyalty			.253	.676	.899^a

^a Square root of AVE.

Finally, once validity and reliability of each of the three dimensions is ensured, a model is created through structural equation modelling and Confirmatory Factor Analysis (CFA) for each of the groups of the sample. Structural modelling with robust maximum likelihood estimation is conducted. Mplus 7.11 software is used with the aim of testing the hypothesised causal relationships between the perceived value of accessibility and satisfaction on the one hand, and satisfaction and loyalty on the other hand. The overall fit indexes are shown in table 5, and they are the following: chi-squared (χ^2), degrees of freedom (DF), p-value, standardized root mean square residual (SRMR), Tucker-Lewis index (TLI), the comparative fit index (CFI), and the root mean square error of approximation (RMSEA). Generally accepted cut-off values are: $>.90$ for TLI and CFI, $<.08$ for RMSEA, and $<.08$ for SRMR. For the disabled model, SRMR = .048, TLI = .982, CFI = .986, RMSEA = .035. For the non-disabled model, SRMR = .054, TLI = .950, CFI = .961, RMSEA = .050. Therefore, the goodness-of-fit indexes measures are acceptable.

Table 5: Comparison of fit indices of models for disabled and non-disabled subsamples.

Model	χ^2	DF	p-value	SRMR	TLI	CFI	RMSEA
Disabled people	59.338	51	.1978	.048	.982	.986	.035
Non-disabled people	99.798	51	.0001	.054	.950	.961	.050

The causal relationships of the models can be either direct or indirect. Indirect effects are the result of multiplying the standardized path coefficients. After proving there is no significant direct effect of the perceived value of accessibility on loyalty, indirect effects are computed. Even in both groups this indirect effect is significant ($p\text{-value} < .05$), this effect is higher among people with disabilities (.581) than among those without disabilities (.253).

Regarding causal relationships among the components of the models, results show there is a significant positive causal relationship in both models between the perceived value of accessibility and satisfaction, and between satisfaction and loyalty. Figure 2 shows standardized estimates for the group with disabilities, and figure 3 shows these estimates for the group without disabilities.

Hypotheses 2a and 2b are related to the relationship between the perceived value of accessibility and satisfaction. For the disabled group, accessibility perceived value positively affects satisfaction (standardized estimate = .714; $p\text{-value} < .001$). For the non-disabled group, the perceived value of accessibility has a positive effect on satisfaction as well (standardized estimate = .374; $p\text{-value} < .001$). These results support Hypothesis 2a. Following, to test hypothesis 2b, models for both groups are compared. The same results suggest that the positive influence the perceived value of accessibility has on satisfaction is higher among disabled people than among non-disabled people. Hence, hypothesis 2b is supported.

Hypotheses 3a and 3b are linked to the relationship between satisfaction and loyalty. For disabled people, satisfaction positively influences loyalty (standardized estimate = .814; $p\text{-value} < .001$). Likewise, this relationship is significant for disabled people (standardized estimate = .676; $p\text{-value} < .001$). Thus, Hypothesis 3a is supported. Next, to test hypothesis 3b, the two models are again compared. The later results show that satisfaction positively

influences more loyalty among disabled participants than among non-disabled participants, supporting hypothesis 3b.

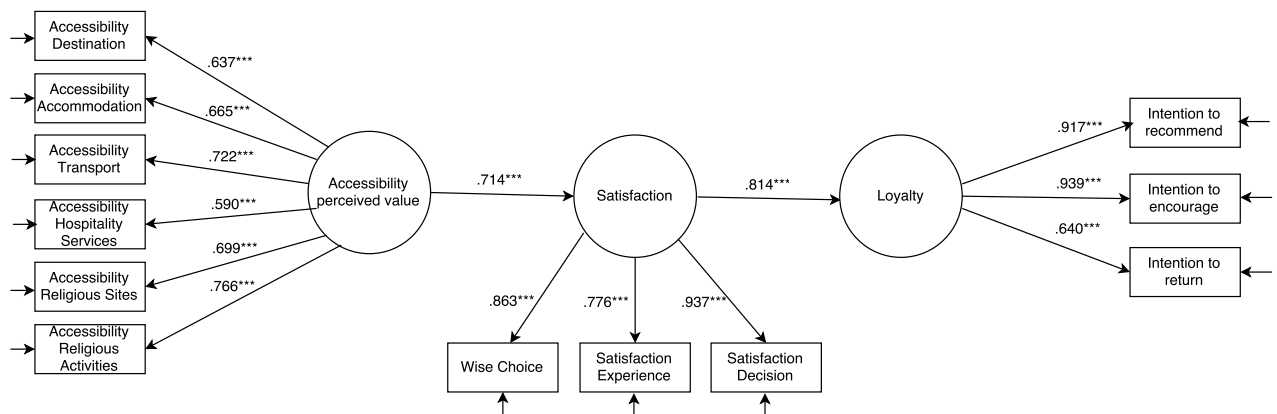


Figure 2: Results of the model for tourists with disabilities.

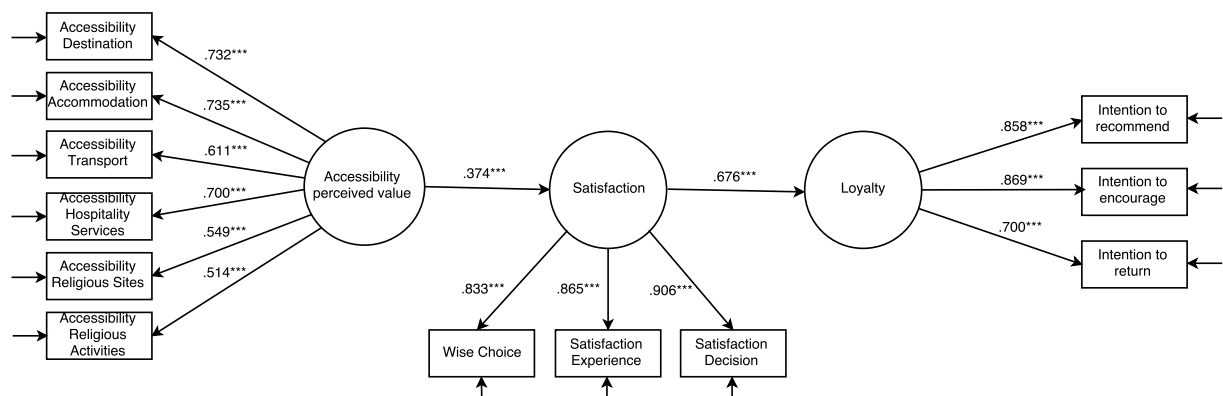


Figure 3: Results of the model for tourists without disabilities.

Conclusion

The main aim of this article is to explore whether there is a difference in behaviour between people with disabilities and those without in a religious destination through hypotheses testing. This study reveals that differences exist because the perceived value of accessibility has a higher positive effect

on satisfaction among disabled than non-disabled, and because the positive effect of satisfaction on loyalty is also higher among disabled than among non-disabled. Furthermore, in this study, it is proved that there is no significant direct relationship between the perceived value of accessibility and loyalty. Burnett and Baker (2001) recommend all destinations should market the disabled because they are very loyal to institutions that are sensitive to their needs. In the present study, these higher effects on satisfaction and loyalty once the needs are met are also proved.

Regarding the secondary objective of this study, this article analyses the perceived value of accessibility as a component in behavioural patterns of people with and without disabilities. Findings suggest that people with and without disabilities have different perceptions of accessibility. In the present study, visitors with disabilities give more importance to factors such as 'accessibility to religious activities', whereas people without disabilities prioritize accessibility to basic services such as accommodation. These findings support the hypothesis of Israeli (2002), which determines that the relative importance of accessibility factors among disabled people should be interpreted differently than for non-disabled tourists. This means that people with special access needs also have different preferences to the non-disabled individuals when visiting this type of destinations. This is supported by the present study findings, which suggest that guaranteeing accessibility to religious activities and events could please disabled tourists when they visit curative shrines, as these may be part of their main motivations for going there. On the other hand, accessibility to secular services is more important for non-disabled tourists.

Discussion and implications

In this section, discussion and implications are addressed jointly and they ordered using the main topics of the article. From a theoretical perspective, perceived value of accessibility is proved to be influencing on satisfaction levels

in both disabled and non-disabled groups. Consequently, any analysis of satisfaction must take into account this construct to predict their behavioural patterns. However, the importance disabled and non-disabled give to different attributes of perceived value of accessibility is proved to be different and, as a consequence, when analysing it, these divergences must be contemplated. Clearly, from a practical approach, this evaluation of the relative importance of accessibility factors may direct future improvements in tourism sites because attention is directed to the most significant factors and site performance is improved accordingly (Israeli, 2002).

From an operational point of view, it is essential to pay attention to the conservation and restoration of both religious and secular infrastructures (Raj and Morpeth, 2007). The findings of this study also suggest that both religious and secular infrastructure accessibility standards must be assured as they have an influence on tourists' satisfaction levels. Even so, the relative importance that is given to either religious or secular facilities is different between non-disabled and disabled. The latter group gives more importance to accessibility to religious activities and facilities, while non-disabled perceived value of accessibility is more influenced by secular attributes, thus could be used by destination marketers as a tool to satisfy and retain disabled tourists market segment. Furthermore, the process of reaching accessibility standards might be quite challenging in destinations where religious tourism is one of the main assets of the destination, as religious and secular tourism organisations must align strategies and aims. Even so, this process must be ensured, especially after finding out these differences in the perception of accessibility of secular and religious attributes.

It is already known that the disabled group makes up a broad market in religious shrines, and they have special needs in terms of accessibility, a fact which cannot be ignored. All the differences found in the perceptions of accessibility of these two groups can also lead tourism professionals and

religious organisations to address the market segment of people with disabilities as an independent group of visitors with high potential.

In addition, for a destination, it is important to know how satisfaction can help to keep loyal visitors. Even though higher levels of loyalty among disabled people than among non-disabled people have already been found in previous research (Burnett and Baker, 2001; McKercher *et al.*, 2003), this study corroborates this for the case of religious destinations. Loyal visitors may be the most attractive segment as they contribute to reducing long-term marketing costs (Oppermann, 2000). Consequently, marketing and positioning strategies should be planned taking this into consideration when a destination aims at attracting people with special access needs.

Generally, the study of perceived value, satisfaction and loyalty to a tourism destination can help tourism stakeholders in many ways. First, knowing more about their current visitors can aid in making predictions and estimations regarding future demand. Second, identifying differences in the behaviour of current market segments can provide destination managers with adequate knowledge to position the destination for specific market segments, such as people with disabilities or people with special access needs. Third, this research can be useful for tourism stakeholders when taking decisions to diversify the offer or the services at the destination. Taking into account the principles of universal design, providing access to tourism destination experiences will not only dignify people with disabilities experiences but it will also facilitate and boost experiences of families with young children, pregnant women, among others.

These differences in perceptions of accessibility, satisfaction and loyalty can also be prevalent in other religious destinations and in other types of destinations consumed by both people with and without special access needs. Therefore, future research should be aimed at assessing these behaviours in different destinations where this market segment may be a potential source of

visitors. Moreover, as the behaviour of people with disabilities is proven to be diverse, on the basis of the type and severity of the disability (Waara *et al.*, 2015; Figueiredo *et al.*, 2012), future research may also choose to focus on exploring differences between these sub-segments.

This study is a first approach to analyse accessibility in religious destinations as a whole. Consequently, accessibility is studied using attributes related to a series of services or products offered in the destination instead of focusing on one sector. Further research should focus on each sector in order to give more details and cope the difference between attributes that can contribute to the perception of accessibility of each sector.

A limitation of this study is the sample used. It is previously proved that family and friends of people with special access needs behavior may be different because of the relationship and the knowledge they have about the needs and preferences of these people (Ermagun *et al.*, 2016). Non-disabled individuals interviewed in this study include pilgrims, volunteers, family and friends, among others. We may think that, especially in the destinations such the one of this study, they have similar behaviours because they all have a close relationship with people with special access needs.

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The effect of perceived constraints on the behaviour of tourists with disabilities. An exploratory study.

Abstract

This study explores the relationship between travel constraints and the perceived value of accessibility, satisfaction and loyalty in the behaviour of people with disabilities. Although several studies address travel constraints among people with disabilities, few evaluate the impact they may have on their behavioural components in a specific religious tourism destination. First, three dimensions of travel constraints (intrapersonal, interpersonal, and structural) are identified. Second, Confirmatory Factor Analysis is conducted for all the components of the model and the above-mentioned relationships among them are confirmed. Results show a significant negative relationship between travel constraints, a second order factor, and the perceived value of accessibility, and also between travel constraints and loyalty. This study concludes that travel constraints negatively influence both perceived levels of accessibility of a destination and behavioural intentions, and corroborates the prevalence of the influence of travel constraints on the behaviour of people with disabilities.

Keywords

Perceived travel constraints, perceived value of accessibility, satisfaction, loyalty.



CONCLUSIONS

This thesis contributes to the knowledge surrounding the behaviour of tourists with disabilities in tourism destinations, by providing a measurement tool to evaluate the different types of constraints they encounter, and by analysing the components of their behaviour in these destinations. In this last part of the thesis, the main conclusions of each article are outlined and, finally, conclusions of the study as a whole are drawn.

First, in order to meet the objective of the first article, which was to develop and validate a tool to measure intrapersonal, interpersonal and structural tourism constraints faced by tourists with disabilities, a list of constraints tourists with disabilities may encounter when travelling to a destination is drawn up, taking into consideration previous literature. A measurement scale to assess these constraints is provided. This tool may be of a theoretical interest, as it explores the dimensionality of constraints faced by these people in tourism destinations. Furthermore, from a practical point of view, this tool can be useful for tourism destinations when creating and developing management strategies and policies in order to face and minimize these constraints.

Second, the specific objectives of the second article were to analyse and compare the behaviour of people with disabilities and those without disabilities in a tourism destination. The main aim is to explore the items that comprise perceived value of accessibility in both disabled and non-disabled behavioural patterns and compare them. Analyses are carried out in order to discover the items underlying this component of travel behaviour and significant differences are found between the two groups: people with disabilities give more importance to factors related to the accessibility to different sites and activities; while people without disabilities tend to lend

more importance to accessing basic tourism services such as accommodation. These differences in behaviour can help tourism destination planners when interpreting the demand needs and preferences and when trying to prioritize actions.

The second objective of the second article is to investigate the effect of perceived value of accessibility on satisfaction, and the effect of satisfaction on loyalty in both disabled and non-disabled behavioural patterns and compare them. Perceived value of accessibility is found to play an important role when determining tourists' overall satisfaction, and this effect is higher among those who have a disability. This means that ensuring accessibility standards is important for all tourism destinations, but it becomes crucial when they want to focus on the market segment of people with disabilities. Furthermore, corroborating previous studies, people with disabilities are found to be more loyal when satisfied than those who do not have disabilities. Having loyal visitors is highly important for tourism marketers and managers, so they should focus on meeting visitors' needs in order to facilitate these positive behavioural intentions, such as recommendation, encouragement, and revisit.

Third, the objective of the third article is to investigate the effect of perceived travel constraints on perceived value of accessibility, satisfaction and loyalty among tourists with disabilities. These constraints are found to negatively influence perceived value of accessibility and loyalty a significant level. It may be logical that the more constraints you perceive, the worse you will perceive accessibility in a destination. In addition, negative effects of constraints on loyalty are discovered. In this sense, people who perceive more constraints, tend to recommend, encourage, and revisit a destination less. Again, a need for destinations to address constraints, and put them on the agenda emerges.

As a whole, this dissertation can contribute to the knowledge of a group within the population, and which has been recently addressed in tourism literature. In addition, guidelines are given to those who want to meet the

needs of this market segment. It can also be useful for those who want to go a step further and not only adapt their services or products to them, but also facilitate others' consumption of their products and services by eliminating or minimizing barriers. This gives clues to whether they ought to be treated as a separate and different market segment, or included in the general behavioural models. Whether there is a need to create specialised products for this group of the population, or not, is not the purpose of this thesis, even though its importance is acknowledged here. However, behavioural differences identified may lead to differences in their preferences and their decision-making process. Thus, not only strategies thought to retain them as visitors to a destination are important to be considered separately for them, but also actions to attract them and meet their needs should be different.

The main limitation of this research, as stated in each article, is to reach the population of the study. Despite representing a high percentage of the population, there are many hidden disabilities that are difficult to recognise at first sight when conducting field research. Furthermore, once they are reached, there are many interactive constraints that must be either negotiated or attenuated in order to complete the questionnaire.

This study recognises the different sub-segments within the market segment of people with disabilities. People with different types of disabilities and different degrees of disability may behave differently in the situations analysed, so further research addressing and comparing these differences within this market segment is highly encouraged. This dissertation is only a first approach to this market segment as a whole.



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