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SELCUK UNIVERSITY
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**THE EVALUATION OF MANAGERS' AND STAFF'S PERCEPTIONS ON
PROVIDING ACCESSIBILITY TOWARDS DETERMINATION AND SATISFYING
HANDICAPPED TOURISTS' NEEDS**

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ÖZET

Erişilebilirlik hem fiziksel, hem psikolojik, hem politik hem de felsefî yönleri kapsayan geniş bir kavram olsa da, erişilebilirlik teriminin ideal olarak anlamı daha geniş çerçevede ele alınmalıdır. Başka bir deyişle, terimin anlaşılması özellikle erişilebilir turizm açısından, sadece belli başlı engel türleri açısından ele alındığı düşünüldüğünde bu tez çalışmasının amacı erişilebilirlik, erişilebilir turizm ile engelli turistlerin ve otel yöneticilerinin ve çalışanlarının algıları arasındaki ilişkiye bakmaktır. Tez çalışması dört bölümden oluşmaktadır. Birinci bölüm, turizmin tanımı, turizm türleri, etkileri ve turizmin arka planı, erişilebilir turizm, erişilebilir turizm engelleri, engelli turistlerin ve otel yöneticilerinin ve çalışanlarının erişilebilir turizmdeki yeri ve etkileri, erişilebilir turizme dahil olan engelli türleri ve engelli turistler için farklılıklar veya ek olanaklardan oluşmaktadır. İkinci bölümde, veri toplama ve analiz süreçleri dahil olmak üzere tez sürecinde izlenen yol tartışılmıştır. Tezin üçüncü bölümünde, 20 yönetici ve personel ile yapılan nitel analizin sonuçları ile 211 yönetici ve personel ve 305 engelli turist ile yapılan nicel analizlerin sonuçları ortaya konmuştur. Dördüncü bölüm literatür de yapılan araştırmalar ve tartışmalardan ve beşinci Bölüm ise sonuç ve gelecekte yapılacak çalışmalar için faydalı önerilerden oluşmaktadır.

Anahtar Kelimeler: Erişilebilir Turizm, Erişilebilirlik, Algı, Turizm, Engelli Turizmi



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SUMMARY

Although accessibility is a broad concept encompassing both physical, psychological, political and philosophical aspects, the meaning of the term accessibility ideally should be understood from the context it appears in. In other words, the understanding of the term is often limited to being linked to physical impairment and physical handicaps - especially in regard to accessible tourism. By looking into the relationship between accessibility, accessible tourism and handicapped tourists' and managers' and staff's perceptions, this thesis consists of four chapters. The first chapter consists of four parts in which definition of tourism, tourism types, impacts and background of tourism, accessible tourism, barriers for accessible tourism, place of handicapped tourists and managers and staff in accessible tourism, varieties of handicapped types that are included in accessible tourism and difficulties or additional facilities for the handicapped tourists are discussed. In the second chapter the path of the thesis is discussed including data collection and analysis processes. Third Chapter of the thesis reveals the results and relations of the qualitative analysis conducted with 20 managers and staff and quantitative analysis conducted with 211 managers and staff and 305 handicapped tourists. Fourth chapter of the thesis includes discussion with the help of researches conducted previously. Last and fifth chapter reveals the conclusions and implications for practice part to enlighten the future research.

Key Words: Accessibility, Tourism, Perceptions, Accessible Tourism, Handicapped Tourism

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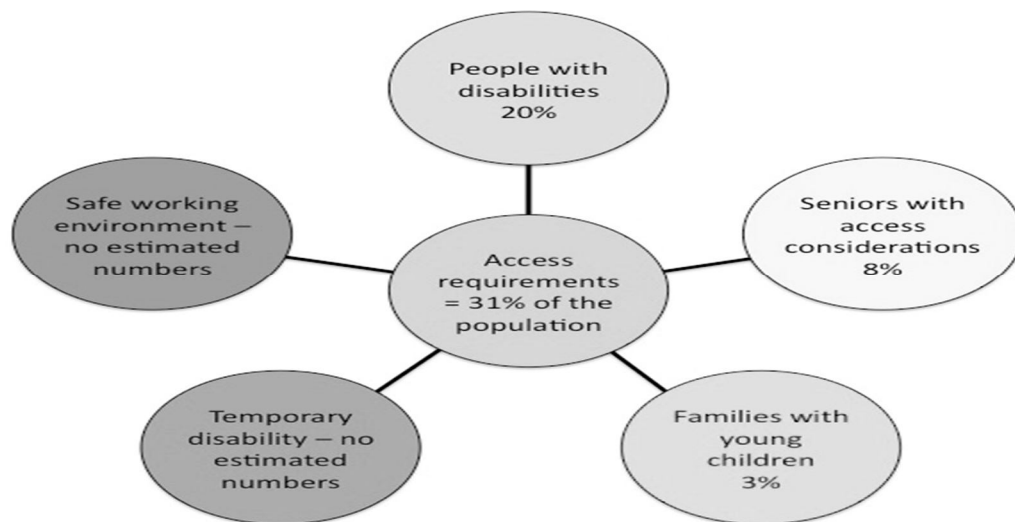


CHAPTER I: LITERATURE REVIEW

There is a big and valuable market in Turkey that the tourism industry has extremely disregarded for a long time. Darcy and Dickson (2009) state that in fact, this market is so immense that it is above 700 million people globally and is predicted to be approximately 1.2 billion people by 2023. Potential for growth is enormous and its members are converted into regular costumers more easily and usually they seem to spend more amount of money per trip than the usual tourist. Therefore, the vital question is who is this market rise to the surface and the answer to this question is ‘accessible tourism’ which comes up as a rather new concept.

Many questions as above come to mind when discussing the concept of accessible tourism. Accessible tourism is generally known as life span or whole-of-life approach to tourism (Preiser and Ostroff, 2001; Priestley, 2001). Everyone at some stage in their lives will have or had requirements of access whether that is personally acquired as a result of an accident or injury, being exposed to the situations as family or friends with access requirements, or with someone with whom they are travelling permanently or temporarily. Application of Universal design principles that is, providing access for all are indicated as a solution to meet people’s access requirements for the travel and tourism industry and destination management that is, providing access for all. As Figure 1 shows, 30% of the population estimated to have access requirements (Dickson, 2009).

Figure 1: Universal Design Beneficiaries and Proportion, (Darcy and Dickson, 2009)



Despite the fact that accessibility is an extensive concept, which includes both physical, psychological, political and philosophical aspects, the term ‘accessibility’ preferably should be understood from the context it appears in. Stated in other words, the understanding of the term is often linked to physical impairment or physically handicapped - especially in regard to accessible tourism. In figure 1, the approach shows that handicaps are complex issues and they may occur at any stage of life permanently or temporarily. Although handicaps known as causing dramatic consequences for the individual or their friends or families, handicaps should not by nature reduce an individual’s participation in the community in any area of their choosing. In accordance with the UN Convention on the Rights of People with Disabilities, the concept of citizenship (Hutchinson, 1997; Meekosha and Dowse, 1997) is synonymous with the whole-of-life approach, where rights to participation in the arts, leisure, sport and tourism are central to any notions of citizenship (Darcy, 2003).

By looking into the relationship between accessibility, accessible tourism and handicapped tourists’ and managers’ perceptions, this thesis aims at revealing

more knowledge about accessible tourism and handicapped tourists' and managers' perceptions viewed from different perspectives and in various contexts. The development of accessible tourism opportunities and facilities in Turkey is a new topic that is an enormous market that is fundamental these days in both national media and on tourism agendas in various areas of the country. The city of Konya is not far from being a promoter in this specific and important field of tourism on handicapped tourists' experiences as an accessible destination since it is the one of very important historical cities, and one of the most developed cities of Turkey in terms of economy, is also important with its natural and historical richness. With this introduction for many reasons, in Konya changes have to take place in order that it is becoming an attractive destination for accessible travel. Each person in the tourism industry are aware of the fact that people who need extra service, have a right to experience the same services and opportunities as everyone else such as independent travel, accessible facilities, trained staff, reliable information and inclusive marketing. Accessible tourism should benefit each person equally. More individuals who prefer enjoying the opportunity to travel shows that the tourism industry gets more visitors, longer stay, longer seasons and regular incomes. Society as a whole benefits from new job opportunities, more taxes revenue for government and an accessible environment for both citizens and visitors (Yarra Ranges Business and Tourism 2011).

Accessible tourism is also based on new emerging niche market in tourism industry related to disabled travelers and seniors including a major component of human life span and an experience, which can affect any person at any stage of his or her life. Therefore this thesis covers handicapped individuals' needs and desires and what should be done by hotel managers to meet those needs and handicapped individuals' perceptions. In order to cover these issues, demands and needs of handicapped tourists, their satisfaction levels, their desires during accommodating at a hotel, legislative duties that should be applied, their priority claims, what should be done for accessible rooms and public areas at a hotel and what managers and staff perceptions at hotels and what should they do to support all these issues are discussed.

1. DEFINITIONS OF TOURISM

One of the first definitions of tourism was provided by the Austrian economist Hermann Von Schullard (1910) who defined it as, ‘sum total of operators, mainly of an economic nature, which directly relates to the entry, stay and movement of foreigners inside and outside a country, city or a region’. Blake and Cortes (2007) defined tourism as ‘the sum of the phenomena and relationships arising from the travel and stay of non-residents, in so far as they do not lead to permanent residence and are not connected with any earning activity’ which were nearly the same but covered definitions. The Institute of Tourism (2004), later became the Tourism Society, suggested tourism as the temporary and short-term movement of people to any destination outside the places where they normally live and work. Therefore, tourism consists of movement of people for all reasons and purposes, and includes daily visits or daily excursions (Daruwalla and Darcy, 2005).

The United Nations World Tourism Organization (2006) declared,

“Tourism encompasses the activities of people travelling to and staying in place outside of their usual environment for not more than one consecutive year for leisure, business or other purposes”.

At this stage, some people may distinguish domestic and international tourism (Yuksel, 2004). In fact, the domestic refers to travel that is exclusively undertaken within the national boundaries of the travelers’ home country but the international one refers to travel within the borders of somebody’s home country. Domestic travels should have an impact on the balance of payments and should reduce the outflow of money from the tourists’ home country (Mathieson and Wall, 1982).

There are number of ways, which tourism can be defined, and for this reason, the United Nations World Tourism Organization (UNWTO) (2014) conducted and completed a project between 2005 and 2007 in order to create a glossary of terms for tourism. Tourism is defined as follows:

‘Tourism is a social, cultural and economic phenomenon which entails the movement of people to countries or places outside their usual environment for personal or business/professional purposes. These people are called visitors (which may be either tourists or excursionists; residents or non-residents) and tourism has to do with their activities, some of which imply tourism expenditure’ (The United Nations World Tourism Organization, 2014).

Today, tourism is mentioned as one of the fastest growing economic sectors in the world because the key reasons are the socio-economic progress within Turkish society and the inter-connectedness of the world we all live in and moreover it is the fastest-growing industries in many countries around the world particularly, in Turkey, and the main source of foreign income for a significant number of developing countries. Therefore, the study in the tourism field has attracted remarkable attention of policy makers, public and private organizations, and tourism researchers (Pearce, 1997; Crouch and Ritchie, 1999; Kozak and Rimmington, 1999; Buhalis, 2000; Hassan, 2000; Dwyer et al., 2003; Newton, 2004).

Tourism, has become a fundamental social need as well as being an important and great economic factor for economic growth and job creation. The studies show that tourism has an encouraging effect on people that take many advantages of it (Daniels, Drogin Rodgers and Wiggins, 2005; Eichorn, Miller and Tribe, 2013; Minnaert, Maitland and Miller, 2009; Ozturk, Yayli and Yesiltas, 2008). Moreover, the UNWTO Global Code of Ethics for Tourism, the global framework for the responsible and sustainable development of the sector, underlines in its Article 7 that all people should be able to exercise their rights to enjoy tourism without barriers. As for its position on top of the social hierarchy needs, it does require the possibility that everyone should access it to equal advantage, independent of physical, social and economic circumstances.

As it is mentioned previously, the United Nations World Tourism Organization (UNWTO) (2018) stated tourism with a variety of definition. One definition of tourism is a diverse industry, which is a central economic driver for socio-economic development in a number of areas/destinations throughout the world. Today, the

business volume of tourism equals or even surpasses that of oil exports, food products or automobiles in many domains around the world. Tourism becomes one of the major players in international relations, and represents at the same time one of the main income sources for many fast developing countries like Turkey. This global spread of tourism, especially in industrializing and developing states has produced economic and employment benefits in many related sectors from agriculture to construction or telecommunications.

Lastly, the complete range of industries that are represented under the banner of ‘tourism’, as well as the number of tentacles, which exist between tourism and other sectors of the economy, makes tourism a difficult subject for stakeholders to achieve definitional consensus on. Weaver and Lawton (2010) noted that it was only in the 1980s that the UNWTO managed to align the majority of countries to a standardized set of tourism definitions. Despite this, debate sustains on a number of central issues relating to the study of tourism, including whether or not there is such a thing as a single identifiable tourism industry. The presence of complex inter-relationships between a diverse range of stakeholders and industry sectors leads to some commentators to continue a system approach to the study of tourism management (Inskeep, 1991; Leiper, 1990). Tourism system theories recognized that ‘all development sectors and support facilities and services were interrelated with one another and with the natural environment and society of the area’ (Inskeep, 1991: 27). One of the most commonly cited approaches to the tourism systems study was proposed by Leiper (1990) who identified that they are composed of five interdependent components as being at least each:

- 1) One tourist,
- 2) One tourist-generating region,
- 3) One transit region,
- 4) One tourist destination, and,
- 5) At least one travel and tourism industry that should facilitate movement within the system.

Leiper’s (1990) systems model is often held up as the starting point for

understanding how system philosophies shall be applied to the study of tourism. Within Leiper's (1990) model, tourists are identified as being influenced by human, socio-cultural, economic, technological, physical, political and legal environments in which they are operating (Weaver and Lawton, 2010). In terms of accessibility, it is a social construct, the exact nature of the relationship between the tourist with handicap and the rest of the tourism system which seemed to be not constant.

2. BACKGROUND OF TOURISM

Travel for leisure purposes evolved from an experience reserved for very few people into something enjoyed by many of the people in the world. In the previous times, the ability to travel seemed to be reserved for only royalty and for upper classes. From ancient Roman times through to the 17th century, young men of high standing were encouraged to travel through Europe on a 'grand tour' as reported in Chaney (2000). Through the middle ages, many societies had been encouraged to practice of religious pilgrimage, as reflected in Chaucer's (1963) *Canterbury Tales* and in other literature such as Chaucer's (2001) *The Canterbury Tales*, *The Prologue*.

The word hospitality predates the use of the word tourism, and first appeared in the 14th century. It was derived from the Latin *hospes*, which encompassed the words guest, host, and foreigner (Latdict, 2014). According to Griffiths and Griffiths (1772), the word tourist appeared in print much later. Theobald (1998) suggested that the word tour comes from Greek and Latin words for circle and turn, and that tourism and tourist represented the activities of circling away from home, and then returning.

Cox and Kings (2014) maintained that the first known travel agency was founded in 1758 when Richard Cox became official travel agent of the British Royal Armed Forces. More or less 100 years later, in June, 1841, Thomas Cook opened the first leisure travel agency, designed to help Britons improve their lives by seeing the world and participating in the temperance movement. In 1845, Cook ran his first commercial packaged tour, complete with cost-effective railway tickets and a printed guide (Thomas Cook, 2014).

The continued popularity of rail travel and the emergence of the automobile presented additional milestones in the development of tourism. In fact, a long journey taken by Karl Benz's wife in 1886 served to kick off interest in auto travel and helped to publicize his budding car company, which one day became Mercedes Benz (Auer, 2006).

Fast forward to 1952 with the first commercial air flights from London in England, to Johannesburg in South Africa, and Colombo in Sri Lanka (Flightglobal, 2002) and the dawn of the airways age, which many competencies existed as the start of the modern tourism industry. The creation of Club Méditerranée also was seen in the 1950s (Gyr, 2010) and similar club holiday destinations increased as the origin of today's all-inclusive resorts.

The decade that followed is considered to have been a significant period in tourism development, as more travel companies came on to the scene, increasing competition for customers and moving toward 'mass tourism, introducing new destinations and modes of holidaying', as reported in Gyr (2010: 32). Industry growth was interrupted at several key points in the history, including World War I, the Great Depression, and World War II.

At the same time, the industry began a massive technological shift as increased internet use revolutionized travel services. Through the 2000s, online travel bookings grew enduringly, and by 2018 global leader Expedia had expanded to include brands such as Hotels.com, the Hotwire Group, trivago, and Expedia CruiseShip Centers, earning revenues of over \$4.7 million (Expedia Inc., 2013). However, as can be seen already, the impacts of the global tourism industry today are impressive and far reaching. A more in-depth exploration of the impact of the online marketplace, and other trends in global tourism, are provided in detailing the following sections.

3. TOURISM IMPACTS

Tourism impacts can be grouped into three main categories: economic, social, and environmental. These impacts are analyzed in many studies using the data gathered by business people, governments, and industry organizations.

3.1. Economic Impacts

According to a UNWTO report, in 2011, ‘international tourism receipts exceeded US \$1 trillion for the first time’ (UNWTO, 2012). UNWTO (2012) stated this excess of \$1 trillion was especially important news given the global economic crisis of 2008, as tourism could help rebuild still- struggling economies, because it was a key export and labour intensive (UNWTO, 2012).

Tourism around the world is now worth over \$1 trillion annually, and it is a growing industry almost everywhere. Regions with the highest growth in terms of tourism dollars earned are the Americas, Europe, Asia and the Pacific, and Africa. Only the Middle East posted negative growth at the report time (UNWTO, 2012).

While North and South America are growing the fastest, Europe continues to lead the way in terms of overall percentage of dollars earned (UNWTO, 2012) as the following:

- 1) Europe (45%),
- 2) Asia and the Pacific (28%),
- 3) North and South America (19%),
- 4) Middle East (4%).

Global industry growth and high receipts are expected to continue. In its August 2014 expenditure barometer, the UNWTO found worldwide visitation had increased by 22 million people in the first half of the year over the previous year, to reach 517 million visits (UNWTO, 2014a). As well, the UNWTO’s Tourism 2020 Vision predicts that international arrivals are predicted to reach nearly 1.6 billion by 2020.

In addition to economic benefits of tourism development, positive social impacts include an increase in facilities (for example, parks and recreation facilities), investment in arts and culture, celebration of first nations’ people, and community pride. When developed carefully, tourism should contribute to a positive quality of life for residents. However, as identified by the United Nations Environment

Programme (UNEP, 2003a), negative social impacts of tourism can include these below:

- 1) Change or loss of original identity and values,
- 2) Clashes of culture,
- 3) Physical causes stemming from social stress (increased demand for resources),
- 4) Ethical issues (the exploitation of child labors).

3.2. Environmental Impacts

Tourism should rely on, and greatly impact the natural environment in which it operates. Even though many areas of the world are conserved in the form of parks and protected areas, tourism development may have severe negative impacts. According to UNEP (2003b), these should include:

- 1) Reduction of natural resources (water, forests),
- 2) Pollution (air pollution, noise, sewage, waste and littering),
- 3) Physical impacts (construction activities, marina development, trampling, loss of biodiversity).

The environmental impacts of tourism may reach outside local regions and may have an effect on the global ecosystem. One example seemed to be increasing air travel, which is a major contributor to climate change. Whether positive or negative, tourism is a force for change around the world, and the industry is transforming at a stumbling rate.

4. VARIETIES OF TOURISM

Tourism can be divided into different forms on the basis of region, duration, purpose, nationality, accompany, season and the number of tourists. There are a lot of changes, creation, variety found in tourism. Therefore, the classification of tourism came into vogue over the years. The major types of tourism are explained in detail in the following sections.

4.1. Classification of Tourism on the Basis of Region

If it is considered on the criterion of the region for the classification of tourism, it can be classified into two major types as explained in the following.

4.1.1. Domestic Tourism

In this type of tourism the tourist visited the tourist spots within the boundaries of their country, such as tourist activity of residents of a country within their own country in which they do not cross the boundaries of the country. In other words, people may travel outside their normal residence to a certain other area or areas within their countries.

4.1.2. Foreign Tourism

In this type of tourism, the tourist may travel to such countries which are different from the countries of their residence. They can become foreign tourist and can visit more than one nation in a single trip. In this type of tourism, visa, passport and other documents should be essential for the tourist. There may be problems, however, in communication and currency because the language and currency are usually different from the tourist's own country. In fact, foreign tourism is very important for a country because the country earns valuable foreign currency.

4.2. Classification of Tourism on the Basis of Number of Tourists

If it is considered on the criterion of number of tourists for the classification of tourism, it can be classified into two major types as written below.

4.2.1. Individual Tourism

Tourist goes sometimes individually on tours to satisfy their lust for travel with which the visiting to the place should be fixed by them. They can decide their program before starting travelling, but it should be flexible. Therefore, they can change their route and destination whenever they need. In this kind of tourism, the decision can be taken by tourist him/herself. They may also mix business with pleasure in terms of tourism which is called as individual tourism.

4.2.2. Mass Tourism

In mass tourism, large numbers of people set out at a time together for enjoying their leisure time. The pioneer of this type of tourism known as modern mass tourism was Thomas Cook as reported in Chawla (2008). They reported that Thomas Cook organized the first package tour of 570 people in July 1841. It was developed by Cook with improvements in a limited technology use at that time, allowing the transport of many people in a short space of time to places of leisure interest, so that a large number of people began to enjoy the benefits of leisure time.

4.3. Classification of Tourism on the Basis of Duration of Tourism

There are two types of this kind of tourism on the basis of duration of tourism.

4.3.1. Short Term Tourism

In short term tourism, the duration of tourism is between one week and ten days in general because those tourists who cannot go for a long period for tourism. The reason why it is short time because of economic problems or holidays or lack of time, therefore, these tourists can arrange short term tourism.

4.3.2. Long Term Tourism

In this type of tourism, the duration of tourism is longer than short term tourism when they are compared. When the period of holidays is more, at that time this type of tourism, long term tourism, is undertaken by the tourist. It may be between a few weeks and several months. In addition, due to fastest and luxurious transport facilities, tourist can see several countries with this type of tourism.

4.4. Classification of Tourism on the Basis of Season

If it is considered on the criterion of the season for classification of tourism, it can be classified into three major subtypes as in the following.

4.4.1. Winter Tourism

Winter tourism became very famous in western countries. It was largely invented by the British leisured classes initially at Swiss village Zermatt and St. Moritz in 1864 (Burakowski and Magnusson, 2012). It is usually arranged from

December to March, winter and snowing time. In the coldest winter season, the land must be covered by snow because this condition is very ideal for skating and skiing. Additionally, the Korea tourism organization has been organizing fun ski and snow festival annually since 1998 and has participated thousands of tourists from Asia for years. In winter tourism, majority of some events is not dependent on the snow. For example, even if there is not snow, participants are foreign visitors who come from different countries with a warm climate spend their time enjoyable together in accordance with the aim of tourism.

4.4.2. Summer Tourism

Summer tourism is also famous in western countries and in America. In the summer season, when the temperature is increased at that time the people turn to hill stations (Ordache and Cebuc, 2009). Therefore, the summer tourism is arranged from March to June in every year at the hill stations. The activities like sunbath, water sports, and rain dance are enjoyed by the tourists.

4.4.3. Rainy Season Tourism

Rainy season tourism is now famous in India, particularly in Maharashtra because of monsoon climate. Tourists are eager to take experience of heavy rainfall, fog and waterfalls. Therefore, the tourists arrange their tours at the high rainfall spot in a rainy season of the year.

4.5. Classification of Tourism on the Basis of Attraction

There are eight subtypes of tourism on the basis of attraction

4.5.1. Mountain Tourism

The mountain tourism is big business in many hilly regions. Because mountaineering, trekking, rock climbing, skiing, river rafting and golf are the major attraction for the tourists besides natural scenic attractions. In this type of tourism, tourist always attract towards mountain tourism. There is a lot of varieties of herbs, wild flowers and plants cover the mountain in thick foliage and they can add to the natural beauty and richness of the mountains.

4.5.2. Space Tourism

Space tourism encompasses not only tourist activities in space but also visiting earth based on museum such as National Air and Space Museum, participating in space camps, enjoying theme parks. Space campers can spend two weeks learning about the universe and space flight, riding in simulators using astronaut. After the selection for the space tourism of tourists, they are trained primarily in the operation of the space craft system and how to live in the space. Limited training can be considered as a fun activity and can be included in the vacation package.

4.5.3. Adventure Tourism

Adventure is always filled with fun and thrill, for example, the lush greenery of valleys, splendid sites of top of the hills, blue water, sunny days and starry nights, boating, canoeing, kayaking, trekking rock climbing, paragliding, parasailing, scuba diving, bungee jumping, river rafting, white water rafting, ocean bed walking, ballooning, micro light flying, para trooping, sea surfing, wind surfing, water skiing and roller skating are the different branches of Adventure Tourism. These types of adventurous activities are undertaken and are usually enjoyed by the tourists under the supervision of trained guides. Also it may include active holidays, such as winter sports which are commonly associated with rural sites. Mountain resorts have often been developed to attract winter sports enthusiasts.

4.5.4. Sports Tourism

Sports tourism is motivated by the person who wishes to practice sport. In this type of tourism, both participants and the spectators may fetch recognition, fame and name along with a bonanza of money. In view of this position, many international events like olympic games, cricket world cup, football, hockey, tennis, rugby, badminton, boxing championship, which attracts not only sports people but also thousands of followers and other interested people. When the people visit other countries to watch live sports competitions and matches, they become sports tourist in this context.

4.5.5. Dark Tourism

Dark tourism involving travel to sites associated with death and suffering. This

tourism is identified by Lenon and Foley in 2000. This type of tourism involves visits to 'dark' sites such as battlegrounds, scenes of horrific crimes or acts of genocide. This includes sites of pilgrimage such as the site of St. Peter's death in Roam battlefields in Scotland, sites of disaster either natural or man-made such as ground zero in New York. Prisons are now open for the public such as Boamaris prison in Anglesey and Wales one of must notorious destination for dark tourism in the Nazi extermination camp at Auschwitz in Poland.

4.5.6. Conference Tourism

This is emerged as a new area in tourism and becoming popular in recent years. In order to share the latest knowledge, techniques, exchange of views among the intellectuals, leaders, businessmen and professionals used to meet and this is known as conference tourism. NAAGI, MBP and DGS conference are held every year at some designated destination and interested academicians can attend such conference.

4.5.7. Business Tourism

Business tourism assumes an important place in the tourism scenario. With a growth in industrial and business sector, the percentage of people undertaking business trip per year also increased a great deal. Several businessmen visit to other places and countries to conduct business transactions or sign business deals with their prospective partners in foreign countries. When they finish their work, their business associates take them to popular tourist spots or resorts

4.6. Classification of Tourism on the Basis of Approach of Tourism

If it is considered with the criterion of approach of tourism for the classification of tourism, it can be classified into two major types as explained below.

4.6.1. Eco Tourism

The concept of Eco tourism is defined as travel to destinations where the flora, fauna and cultural heritage are primary attractions. In this tourism, tourist can be taken to the national parks, bird sanctuaries, wildlife sanctuaries, the natural habitat of local tribes and backwater areas of a particular region (Geetanjali, 2010). They

enjoy the tourist activities, but at the same time some of them are exploited the environs of a tourist spot. Tourists may not be allowed to pollute the tourist spots visited by them. They are motivated to plant trees and green and green plants in those hotels where they stay. In this type of tourism, the use of polytheism bags is banned. While they visit zoos, they must be advised not to feed animals. They are also advised not to burn bonfires while they enjoying the trip to a wild forest. Rules and norms are becoming strict in parlance of eco tourism (Kothari 2011). Ecotourism is a form of tourism that is related to the responsible tourism to natural areas. Its focus is on the conservation of the environment, including flora and fauna. At the same time, it is intended to improve the well-being of the local people as it characterised by its low-impact, small-scale tourism (rather than mass tourism, which is more commercial).

4.7. Classification of Tourism on the Basis of Purpose of Tourism

If it is considered on the criterion of purpose of tourism for the classification of tourism, it can be classified into fourteen major subtypes as in the followings.

4.7.1. Cultural Tourism

Cultural tourism is based on the mosaic of places, tradition, art forms, celebrations and experiences that portray the nation and its people, reflecting the diversity and character of the nation. The aim of cultural tourism is to experience activities and aspect. The pride of every country depends upon his cultural edifice and the remains of forts, museum, theaters, art galleries, music, academies and libraries are the standing testimonials of culture. It is undertaken to gain more knowledge about people and around their respective culture. Cultural tourism has a special place in India because of its past's civilization. Thousands of historical and archeological monuments scattered throughout the country provide opportunities to learn about ancient history and culture. Cultural Tourism (or culture tourism) is concerned with the traveller's engagement with a country or region's culture. Tourists travel to learn about the lifestyle of other people. They may be interested in their history, art, architecture, religion(s), and other elements that helped them shape their wayoflife.

4.7.2. Heritage Tourism

The national trust defines cultural heritage tourism as travelling to experience the places, artifacts and activities that authentically represent the stories and people of the past and present. It includes cultural, historical and natural resources.

The glorious past of the countries has insured that the present and subsequent generations have plenty of historical and cultural heritages to be proud of. For example, in Turkey, rich heritage comes alive with all its fragrance and colour which are still breathing in the heritage forts, palaces, temples and monuments fringed in each and every corner.

4.7.3. Historical Tourism

Some tourists go only to see old places, forts and museums. They may not show any interest in other places of tourist attraction. These people may be archeologists, historians or research scholars. In the historical tourism, the people aim to visit and see ancient historical places.

4.7.4. Religious Tourism

Such tourism activities are undertaken by religious pilgrims. Muslims, Christians, Jews, Hindus, Buddhists and Sikhs go to their respective religious places in search of peace of mind and salvation. The tourists can undertake tours for the ceremony undertaken by them falls under the popular religious places such as Makka and Madina, which are very much famous religious places that tourist visits to prefer. Religious tourism is a type of tourism, where tourists may travel individually or in groups for pilgrimage, missionary, or leisure (fellowship) purposes.

4.7.5. Educational Tourism

In this type of tourism, tourists can go to educate themselves about the lands, people, geography, culture, weather, eco system, economy, demography or general conditions of living of a foreign country. They may visit two or more countries in one itinerary. They do not take up educational courses in the academic institutes of those countries because they are tourists and not students. These types of tourist

activities can also be undertaken by a tourist within the country of his/her residence. The chief guiding force behind this type of tourism is curiosity which people want to learn (Girish. 2010). Educational Tourism may also involve those tourists who travel to a destination for educational purposes. Very often, many students pursue specialized courses to learn foreign language(s) in tourist destinations.

4.7.6. Rural Tourism

Rural tourism is based on integration in the local environment, utilization of local products and participation in local activities. For rural tourism, tourists are taken to such a rural areas as they want to be fresh, untouched by materialism and be very natural. Many urban dwellers may want to get away from the hustle and bustle of urban life, that's why, they may seek relaxation and lonely environs. Therefore, many tour operators send such types of tourist in remote villages. Tourists usually visit these typical places of villages and become rural folk for a few days. They can also visit field along with villagers of those villages that are visited by them. Rural Tourism includes lakes and mountain tourism, but may also comprise countryside touring, agritourism products, such as farm holidays, fruit picking, gardens, visits and stays in rural retreats, river and canal holidays, wild life parks and national parks.

4.7.7. Agricultural Tourism

This type of tourism activity is conducted for those tourists who are interested in agriculture, farm management and animal husbandry. They can also visit to field in rural areas and can see how villagers grow crops, add fertilizers in soil, irrigate their fields and finally reap their harvest.

4.7.8. Farm Tourism

Farm tourism is somewhat similar to agricultural tourism because around the urban place the farms may be beautifully decorated, despite the fact that their chief products are fruits, vegetables and orchids. In fact, the owners of these farms can develop this type of tourism events for the purpose of relaxing during the weekend. Their employees grow crops, vegetables, flowers and fruits and sell them in open markets. In this farm, the facilities like food, games and hospitality are available.

Such facilities attracted tourist and owners earn profit and employees also stand to gain.

4.7.9. Political Tourism

This form of travel implies the participation in great political events and important national celebrations. This type of travel is undertaken by the politicians for studying the actual working of important organ of the government, namely legislative, executive, judicial system of other countries.

4.7.10. Holiday Tourism

The purpose of holiday tourism of tourist is to spend the holidays far away from his residence. The tourist can prefer to visit to the scenic beauty, dam, beach, mountain, and forest with his family (Borate, 2011). The middle class people in different countries enjoy holiday tourism during their children's school holidays. Mostly such type of tourism is enjoyed with family, relatives, friends and colleagues.

4.7.11. Wilderness Tourism

For the experience of wilderness tourism, tourists are taken to remote areas, which are far away from human settlements. These tourists want to enjoy the loneliness of the environs of such destination. Deep gorges, high mountains, remote and hot deserts, wild seas and dense forests are wishing to see in the list of tourist. These tourists want to enjoy the silence of the nature at these tourist spots.

4.7.12. Culinary Tourism

Culinary tourism or food tourism involves the exploration of food. This aspect of a destination may be considered as a vital component of the tourism experience. Very often, tourists will dine in local restaurants when they are on holiday. Various types of restaurant fall into several industry classifications based upon menu style, preparation methods and pricing. Additionally, how the food is served to the customer helps to determine this classification.

4.7.13. Health Tourism

Turkey became very well-known country among the best countries of health

tourism for traditional health care systems and therapies. Some of these include aromatherapy, and body massage including thermal cures in the natured and hot watered spas. These systems of medicine have proved to be quite effective in those medical cases that were declared as impossible by the modern medical science. Many visitors are using these facilities and visiting areas where they can get relief from the diseases. Turkey offers some kind reliefs to many chronic diseases without side effects for which many people from different parts of the world are visiting the famous health centers. This is like medicinal springs or spas that provided relief to the needy. 'Health is wealth' is a standard epithet. Many people use to visit health centers for getting relief to their chronic diseases. (Kothari, 2011). Health Tourism may be offered by resorts and spas. They may be based in rural, seaside or urban areas.

4.7.14. Medical Tourism

Medical tourism is different from health tourism because a cost of medical treatment and surgery are a lot in some countries. However, Turkey is one of the cheapest countries for medical treatment to the people who live in developed countries where people prefer to come to Turkey paying less money to the medical centers than their countries medical centers. However, Turkey is one of the best modern medical countries for medical operation and surgery using the latest medical technology. Medical tourism involves those people who are travelling to obtain medical treatment in a different country. In the past, this term may have referred to those who travelled from less-developed countries to major medical centres that may be situated in highly developed countries (Merrell, Boucher, Carabello, Herrick, Lazzaro, Ludwick, Woodman and Doarn, 2008).

5. ACCOMMODATION BUSINESSES

When looking at tourism it is important to consider the term 'hospitality'. Some define (Sharma, 2012; Oshins, 2017) hospitality as 'the business of helping people to feel welcome and relaxed and to enjoy themselves' Simply put, the hospitality industry is the combination of accommodation and food and beverage

groupings collectively making up the largest segment of the industry. Unuvar (2008) defines accommodation as a static item in the tourism industry, which is offered to tourists who move. One of the most important needs of the person who temporarily leaves the permanent place of residence is accommodation. The enterprises that meet the need of overnight for tourists are accommodation businesses (Akat, 1997: 83). Except for daily trips, whatever the purpose of travel is, tourists need to stay overnight. The type of accommodation of tourists is closely related to both the type of travel and the destination. Since ancient times, there were units to meet the accommodation needs of people traveling. The first examples of the hotel 'Posting House' is known to be developed in the old Roman period. In later periods, 'Roman Hospices' appeared (Batman, 2004: 82). In the following periods, the khans and caravansaries built on the roads met the requirements of the people and more modern accommodation facilities were created in time. In the 18th century, palace-like hotels were built in Europe for the nobles under the name of 'Palace Palas'. With the spread of tourism to the masses of people after the World War II, more popular and reliable hotels have emerged for people with lower income levels than those in the past (Öner, 1997: 22). Nowadays, accommodation facilities have become an important part of the tourism industry. The products of accommodation establishments are not in the form of physical products. The need for above existing room capacity is not met during the day and is not possible to store rooms that cannot be sold. This situation is not only valid for rooms but also valid among other services (Met and Erdem, 2006: 55).

6. ACCESSIBLE TOURISM

Accessibility is recognized as being one of the important aspects of the process of work for making equal all handicapped individuals in the United Nation Convention on the Rights of People with Handicaps. Accessibility within the context of the United Nations is not only an essential right of people with handicaps but also means of ensuring that people with handicaps are able to practice all rights and necessary freedoms. In addition, they are authorized to participate fully in society on equal terms with all others. (Department of Economic and Social Affairs, 2013: 3).

Since policy-making on accessibility of the handicapped is still up to the individual countries of the world, there are still great differences between the countries' attitudes towards accessibility. The role of politics and power plays a very visible part, In the case of accessible tourism. Accessible tourism means that continuing efforts to ensure tourist destinations, products and services are accessible to all people, regardless of their physical limitations, difficulties, handicaps or ages. The term was defined by Darcy and Dickson (2009: 34) as the following:

'Accessible tourism enables people with access requirements, including mobility, vision, hearing and cognitive dimensions of access, to function independently and with equity and dignity through the delivery of universally designed tourism products, services and environments.' This definition is inclusive of all people including those travelling with children in prams, people with handicaps and seniors (Darcy and Dickson , 2009: 34).

At a Commonwealth level, the Commonwealth Department of Industry, Tourism and Resources (2003) defined people with handicaps and seniors as an emerging market area, and Tourism Australia (2005b) established accessible tourism. After then, accessible tourism was not defined in any of the government documents until 2005. After 2005, Sustainable Tourism Cooperative Research Centre (2006) (STCRC) funded workshop was held to develop an agenda for accessible tourism. The workshop provided an opportunity to bring together the stakeholders to collaboratively develop a research agenda for accessible tourism. The workshop proposed a working definition for accessible tourism below as it is mentioned previously,

'... a process of enabling people with handicaps and seniors to function independently and with equity and dignity through the delivery of universal tourism products, services and environments (adapted from OCA, 1999).' The definition is inclusive of the mobility, vision, hearing and cognitive dimensions of access. (Darcy, 2006: 4)

Importantly, this definition identifies the importance of accessible tourism

requiring a process based on three important values:

- 1) Independence,
- 2) Equity, and
- 3) Dignity.

When these three values are appropriate in a destination, as reflected in the design and experience development, individuals with access requirements may be able to travel more independently, thus requiring less support from tourism destinations. Moreover they will be enabled to enjoy the destination with equity and dignity.

Khatri, Shrestha and Mahat (2012) noted that ‘Accessible tourism is about making it easy for all people to enjoy tourism experiences’, which importantly places the focus on what anyone travels for , enjoyable tourism experiences. Though, the process for ensuring this is far more complex than this statement belief. One way of understanding and developing a foundation for accessible tourism can be found through the concept of universal design which is a paradigm that extends the concepts of continuous pathways, access and mobility, and barrier-free environments to incorporate intergenerational and lifespan planning. It recognises the nexus between ageing, handicap and the continuum of ability of people over lifespan (Aslaksen, Bergh, Bring and Heggem, 1997). Universal design has been defined as,

‘... the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design ... The intent of the universal design concept is to simplify life for everyone by making products, communications, and the built environment more usable by more people at little or no extra cost. The universal design concept targets all people of all ages, sizes and abilities’ (Center for Universal Design, 2003).

As accessibility is a social construct, the exact nature of the relationship between the tourist with handicap and the rest of the tourism system is not constant (Darcy and Dickson, 2009: 34). Therefore, it can be said that accessible tourism

targets any segment of the market that prefers accessing a tourism experience with ease, whether it is the seniors that may prefer walking up a gentle ramp than going up a large number of steep stairs or those with any type of handicap, who appreciate more tourism facilities with continuous pathways, tactile surfaces and clear and bright sign age.

According to ENAT, the European Network for Accessible Tourism (2014), accessible tourism includes:

- 1) Barrier-free destinations: infrastructures and facilities,
- 2) Transport: by air, land and sea, suitable for all users,
- 3) High quality services: delivered by trained staff,
- 4) Activities, exhibits, attractions: allowing participation in tourism by everyone,
- 5) Marketing, booking systems, Web sites and services: information accessible to all.

Although often taken for granted, the words ‘access’ and ‘accessibility’ are complex concepts and have different meanings to different individuals in different contexts (Iwarsson and Ståhl, 2003; Jensen and Luthans, 2002). Hence, accessibility is not consistently defined across all sectors, which makes the enforcement of standards difficult. Further, standards for accessibility vary across European states (European Disability Forum, 2001). Iwarsson and Ståhl (2003) argue that a common language is needed not only to increase marketing efficiency but also to create the primary base for theory development. By looking at tourism, transport and handicap, Cavinato and Cuckovich (1992) refer to access in terms of dealing with and addressing a wide range of constraints. Iwarsson and Ståhl (2003) discuss different dimensions of accessibility based on different geographical levels, such as micro, meso and macro levels. At each level, a distinction can be made in terms of physical access, access to information or to social activities and services. While the latter two are often neglected, the former represents the most common dimension when debating accessibility (Iwarsson and Ståhl, 2003). Darcy (1998) divides the term ‘access’ into three dimensions: Physical access, sensory access and communication access. Within all three categories, the provision of access should not be regarded as

a problem area. Instead, access provision needs to be perceived as an inclusive marketing process, which allows tourism players to understand the potential of 'accessibility' for the marketing of tourism products and services to the widest possible client base (Darcy, 1998). To be able to enhance the theoretical understanding of the concept of accessibility, Jensen and Luthans, (2002) state that accessibility is one facet of the person-environment relationship. As such, accessibility is a highly relative concept (Iwarsson and Ståhl, 2003) and a comprehension of environmental elements is only possible by relating environmental factors to the person component, as individual interpretations influence the perceptions on what counts as accessible (Jensen and Luthans, 2002). Expanding the conceptual framework of the person-environment relationship, Iwarsson and Ståhl (2003) argue that a clarification is needed by looking at the differences between accessibility, usability and universal design. While accessibility and usability are usually used to determine the observed performance, with usability being more centred on individual interpretations, universal design is highlighted as a more process-oriented approach instead of a focus on results. At its core, universal design addresses the inclusion of the entire population, incorporates aspects of accessibility and usability from the beginning and represents a less stigmatising concept (Iwarsson and Stahl, 2003).

Related to the accessibility, debate of the International Symbol of Access (ISA) has arisen. According to ISA (2009), while the symbol is widely recognised as representing the interaction between accessibility and handicap, it does not remain uncontested. It is often criticized for its exclusivity, inaccuracy and incompleteness in terms of its universal application. Further, the use of the symbol as being signifier is highly complex. In other words, while it can act as negative signifier in terms of stigmatization, the symbol can also signify liberation and independence (Ben-Moche and Powell, 2007). The above debate does provide an exhaustive account on the concepts of accessibility and access. However, it serves as a preliminary basis to highlight the complexity inherent in this debate. Discussing the term accessibility, Iwarsson and Stahl (2003) assert that whether or not a concept is useful depends on the way it is being used. Some researchers (El-Geneidy and Levinson, 2006) propose

a three-tier procedure for using the concept of accessibility. First, individual components involve a description of the functional capacity of individuals or groups. Second, a comprehensive account on the barriers in the environment faced by the target audience has to be provided. Within the third step, personal and environmental components are brought together (Iwarsson and Stahl, 2003).

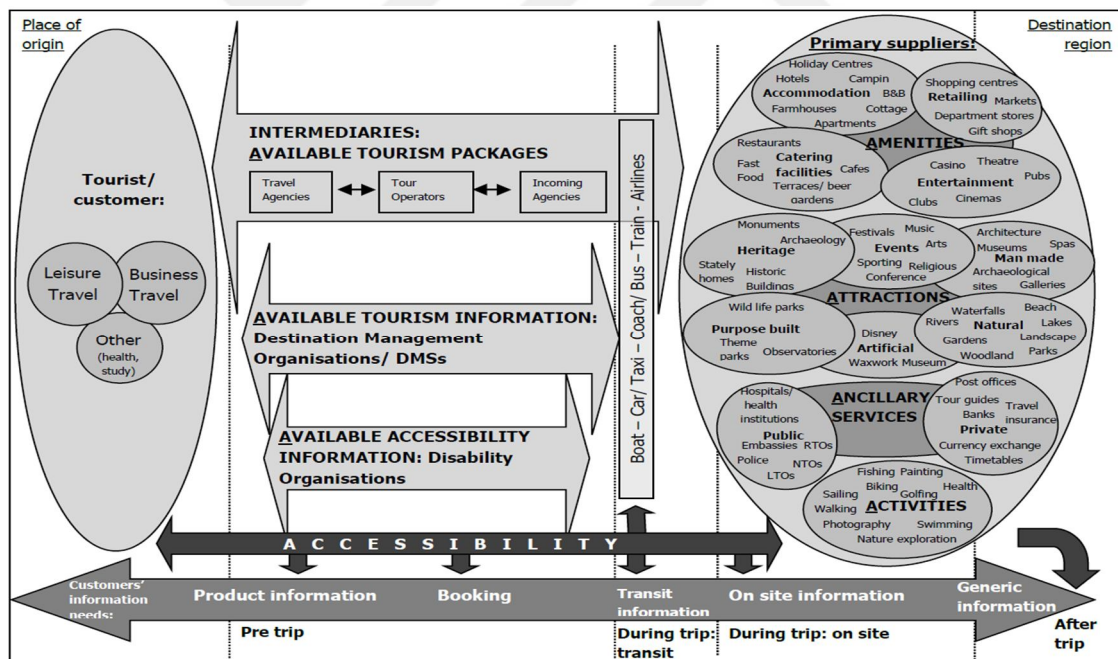
It is interesting that while accessible tourism has been developing as an area of academic study and industry practice, there has been relatively little discussion about defining the field. Most studies (Daniels et al., 2005) focused on the experiences of people with handicaps while travelling without an articulation of defining elements of the field. The field was described as handicapped handicap tourism (Buhalis, 2005; Burnett and Bender-Baker, 2001; O'Neill and Ali Knight, 2000; Shaw and Coles, 2004; Yau et al., 2004), easy access tourism, barrier-free tourism inclusive tourism (Buhalis et al., 2005), universal tourism (Darcy, 2006) and, more recently, accessible tourism (Buhalis et al., 2005; Darcy, 2006; Darcy and Dickson, 2009; Shaw and Coles, 2004). In fact, it has been seemed that most definitions focus on the functional elements of tourism which is accessible to all people.

The tourism industry, which aims to serve all kinds of consumer, is a rather complicated system of independent providers. A variety of shareholders are included which often have conflicting needs, wants and interests in the industry (Buhalis, 2003). The whole tourism system is defined by five elements: a traveller-generating region, a destination region, a transit region, a travel and tourism industry as well as the external environment. Figure 2 by (Eichhorn and Buhalis, 2011) improve the framework of the tourism system developed by Leiper (1995) and Buhalis (2003) further by adding *customers' information needs*. To deliver tourism products and services successfully throughout all travel stages, handicapped customers have particular information needs that have to be satisfied (Eichhorn et al., 2008).

By focusing on tourism products and services, the expanded framework also covers the six "A's", which are assumed as essential for analysing successful tourism destinations. These are amenities, attractions, ancillary services, activities, available tourism packages and accessibility (Buhalis, 2000). These "A's" represent the

destination's amalgam within the destination region, including amenities (e.g. hotels, restaurants, etc.), attractions (e.g. museums), ancillary services (e.g. health care) and activities. A number of handicapped organisations also provide tourist information in terms of accessible destinations, sites and venues, which is incorporated into this model. Accessibility does not only refer to the transport part of the system, but interacts with all components of the customers' information need chain. Figure 1 shows the interaction of accessibility with physical access (transit and destination) and access to information (customers' information need chain). Here the important issue to be emphasised that all sector should be in charge of eliminating barriers for handicapped tourists.

Figure 2: The Tourism System and Accessibility, (adapted and expanded from Leiper (1995) and Buhalis (2003) in Eichhorn, V. and Buhalis, D., 2011)



6.1. BARRIERS FOR ACCESSIBLE TOURISM

Tourism for the handicapped and seniors has become an area of interest since the mid-1990s, with the growing awareness of availability of accessible transportation and lodging. This interest was reflected in the literature both by the

attitudes of people with handicaps towards recreational travel and on for example Darcy and Daruwalla, (1999) Attitudes towards people with handicaps (Darcy, 1998). According to Ray and Ryder (2003), the overall value of access to recreational sites and the motivation for attracting the handicapped to such sites were researched from another perspective: how their quality of life was enhanced by recreation (Darcy and Daruwalla, 1999). This emphasis on the quality of life for the handicapped permeated the literature to the point where the research ranged from improvement of daily lives for those who have been handicapped due to illness, accidents, or birth defects to those who are handicapped as a result of war, thereby drawing attention to the very fast developing countries like Turkey (Powell, Mercer and Harte, 2002). Of more specific value is the empirical evidence of how recreational trips produce visible uplifting effects to the handicapped traveler (Darcy and Daruwalla, 1999). Tourists with handicaps, however, face many constraints. If these constraints are looked at in terms of leisure constraints, they should be viewed as intrapersonal, interpersonal (including a lack of self confidence, lack of information about opportunities for leisure, lack of leisure partner or of social interaction skills) and structural barriers (including barriers to individual participation and preferences, architectural barriers, and finances) (Crawford and Godbey, 1987).

Awareness of the need to accommodate barrier free travel is growing stronger due to the population projections for Turkey and many other countries, where seniors are expected to live longer and in some cases have more disposable income to use for leisure travel (O'Shaughnessy, 2002). O'Shaughnessy (2002) also stated that many nations were focusing on the economic and social challenges of delivering needed services to the projected handicapped population. In addition to increased health and social services, this growing disabled population will likely show greater demand for leisure travel, with many individuals requiring barrier-free travel and recreation facilities. Statistics on expenditures also point to the increased discretionary spending by people with handicaps. The Open Doors Organization (ODO), in cooperation with the Travel Industry Association of America (TIA) and the Society for Accessible Travel and Hospitality (SATH) released a landmark study on spending trends and

market potential of U.S. resident diners and travelers with handicaps.

Ensuring access to travel and tourism opportunities for people living with a handicap as well as for the entire population requires knowledge and design structures that are inclusive for all citizens. 'Tourism for All' is an often stated target and existing research (Minnaert, 2019) emphasises that people with handicaps are not adequately served by the tourism industry due to the existence of a variety of barriers (Burnett, Bender and Baker, 2001; Daniels et al., 2005; Darcy, 1998; Darcy and Daruwalla, 1999; Daruwalla and Darcy, 2005; Israeli, 2002; McKercher et al., 2003; Ray and Ryder, 2003; Shaw and Coles, 2004, Smith, 1987; Yau et al., 2004). By drawing on the social model of handicapped, all disabling barriers and constraints that impact upon tourism participation need to be dismantled or reduced to allow for travel opportunities for all individuals (Stumbo and Pegg, 2005).

As barriers to participation 'need to be addressed in the widest sense of access, if the ultimate goal of eliminating social injustice for people with handicaps is to become a reality' (Darcy and Daruwalla, 1999: 45). The various barriers faced were extensively discussed in the literature with the clear purpose of avoiding the creation of 'accessibility islands' (World Health Organization, 2011) that compromise the security and integrity of the tourism experience. In the case of cultural and environmental barriers, several sensitization campaigns promoted by governments of the various countries, and legal parameters established in accessibility policies that provide information of how to apply the requirements in different environments, products and services have achieved some positive results (Shaw and Coles, 2004). Economic barriers, as main sources of social exclusion among these people, have been extensively studied in terms of social tourism as key factors in the process of achieving social and economic equality (McCabe et al., 2010; Michopoulou, Darcy, Ambrose and Buhalis, 2015; Minnaert, Maitland, and Miller, 2007; Minnaert et al., 2009). In fact, despite numerous initiatives, both public and private, empirical studies such as Brown, Chalmers, and MacColl, (2002) show that the group still has low probability to take part in tourism activities. Moreover, this probability decreases with each increased level of handicap and the different functional limitations.

Serious allegations have been made directly to the public operator that with an inefficient manner and a lack of public awareness has effectively addressed problems related to the different life spheres of a person with handicaps (health, education, employment, leisure). Naniopoulos, Tsalis, and Nalmantis (2016) highlighted the need to have political representatives with handicaps among policy makers to legislate on disabilities programs. According to these scholars, the issues that concern them often ignored and with limited power to influence change and decision-making, as experienced first-hand, could ensure a more effective action of the public machine with an important part of the empowerment process and the realization of services actually needed by this group.

In the case of tourism, the major obstacle that these people face is the lack of information defined in the literature as information barrier (Eichhorn et al., 2008) or interactive barrier (Smith, 1987). It is essential to provide reliable and timely data on the accessibility conditions at the destination (Darcy, 1998; Shi, Cole and Chancellor, 2012). They do not only need basic information (number of stars of the hotel, type of service, breakfast and dinner included in the price) but also additional information reassuring them to get all the services they need. The information should reach all users through accessible formats. The lack of this information combined with the lack of competence by the majority of travel agencies (the main stakeholders that generate the match between demands and supplies of tourism) brings accessibility problems to detriments of the tourists with handicaps.

Many researchers (Daniels et al., 2005, Arab-Moghaddam et al., 2007), attempted to avoid barriers and constraints to tourism opportunities in terms of each handicap category. The use of categorizations are regarded as beneficial to understand the nature of individual barriers and to show their interrelation (Smith, 1987). Although it is argued that the research should move beyond the restricted focus on barriers to participation and employ the broader conceptualization of 'constraints' (Daniels et al., 2005; Arab-Moghaddam et al., 2007), both concepts are used interchangeably throughout the following paragraphs. Three categories are employed particularly that can be addressed by the tourism industry: physical access

constraints, attitudinal barriers and lack of information.

6.1.1. Physical Access

By considering physical access issues, a variety of researchers note that an inaccessible environment represents a major barrier to people with a handicap (Daniels et al., 2005; Darcy, 1998; Darcy and Daruwalla, 1999; Goodall, 2006; Goodall et al., 2005; Horgan-Jones and Ringaert, 2001; Imrie and Kumar, 1998; Israeli, 2002; Packer et al., 2007, Shaw and Coles, 2004; Smith, 1987; Takeda and Card, 2002; Turco et al., 1998; Veitch and Shaw, 2004b; Yates, 2007). Darcy (1998b) points out that physical access is one of the most important supply-side issues in tourism. In addition, Burnett and Bender Baker (2001) found that the more severe a mobility impairment, the greater are individuals' needs in terms of an accessible tourism infrastructure. Aspects of limited physical access include inaccessible transportation, accommodation facilities and attractions (Turco et al., 1998), which leads to oppression in the built environment (Imrie, 2001), with transport being of special concern for handicapped people (Shaw and Coles, 2004). Yau et al. (2004) argued that over the last two decades, progress was made in removing obstacles in the physical environment. Also, with regards to transportation for people with impairments, Cavinato and Cuckovich (1992) claim that the transport sector has reduced barriers, whereas Darcy (1998) and Stumbo and Pegg (2005) show that inaccessible public transport is still a major constraint. In general, access to transport embraces two components: 1) arriving and 2) leaving the destination as well as travelling whilst at the destination (Darcy, 1998). In addition, Stumbo and Pegg (2005) stress the need to develop joint cooperation between airports and airlines to ensure access for people with a handicap.

As outlined earlier, together with transportation, inaccessible accommodation and attraction establishments represent further obstacles in the physical environment. Israeli (2002) investigates the relative importance of accessibility features for mobility impaired travellers in tourist attraction settings in Israel and compares those to non-handicapped counterparts. The findings in the study include that among seven accessibility attributes (staircase, elevators, parking, sidewalks, access ramps, paths

and restrooms), elevators are identified as the most critical access issue. However, with more travel experience, the relative importance of these factors changes and more weight is given to paths, parking and staircases. While able-bodied tourists can make a trade-off between different features of a site, travellers with handicaps are unable to make these trade-offs, especially in the case when attributes support accessibility (Israeli, 2002). Particular with regards to the accommodation sector, individuals with a handicap cannot easily choose an alternative accommodation establishment if they are not satisfied due to the limited number of accessible rooms available (Darcy, 1998; Darcy and Daruwalla, 1999). Thus, regardless of the attractiveness of a destination, accessibility components are non-compensatory (Israeli, 2002; Yates, 2007) and as a result, people with handicaps often need to abandon their plans (Darcy, 1998). Further, often neglected aspects are accessible pathways from the hotel to attractions, amenities and events (Stumbo and Pegg, 2005; Darcy and Harris, 2003). An accessible path of travel, or alternatively labelled a 'continuous pathway', is an uninterrupted path to or within a building(s), which allows handicapped people to access all required facilities (Darcy, 1998). The absence of accessible pathways prevents people with a handicap to have an independent and complete travel experience (Darcy, 1998) and the importance given to paths tends to increase as people with handicaps gain more travel experiences (Israeli, 2002).

Some countries (such as Turkey) introduced legislation designed to make it compulsory for tourism suppliers to create an environment that is accessible to people with impairments (The law for the Handicapped 5378, 2005). Three examples of national legislation are the United Kingdom (DDA), America (ADA) and Australia (Commonwealth DDA). Even though legislative acts are in place, with accessibility standards offering insights into minimum acceptable levels of accessibility, a number of obstacles hinder the development of a fully accessible tourism environment. First, private ownership structures of most of the tourism infrastructure represent a major impediments to the removal of barriers (Rains, 2008). Private owners usually regard the laws protecting the rights of people with a handicap as centring around an additional cost category (Imrie and Kumar, 1998) or

as legal risks of law suits to be managed (Rains, 2008). In this respect, legal acts may generate resistance with the result that private businesses do not regard individuals with handicaps lucrative customers (Rains, 2008). Thus, the needs of impaired individuals are often perceived as marginal (Imrie and Kumar, 1998).

Second, and as a result of the first argument, minimum standards set by legal acts are often poorly implemented (Stumbo and Pegg, 2005). All this adds up to the political exclusion of people with a handicap (Gleeson, 2001). Apart from ensuring that standards are put into action, Dattilo (2002) argues that society should aim towards implementing criteria of Universal Design instead of designing facilities for handicapped people. Third, an additional obstacle refers to likely incompatibility between access objectives, as laid down in legal acts and conservation policies for historic environments. Within a tourism heritage context, individuals with a handicap and heritage service providers are identified as key stakeholders. However, other stakeholders act as 'gatekeepers', using their power to prevent providers to make improvements to their heritage sites (Goodall, 2006; Goodall et al., 2005). Primary gatekeepers are conservation planning authorities, leading to conservation issues precluding improvements in physical accessibility. In this context, Goodall et al (2005: 189) state that 'when irreconcilable differences arise between conservation and physical access improvements, the former prevails' As a result, as no heritage tourism provider has been successful in achieving an equitable balance between conservation issues and access needs, a possible solution for overcoming physical inaccessibility is the creation of intellectual access through Information Communication Technologies (ICTs), based on which people with handicaps can potentially be able to 'access' the heritage site in an alternative manner (Goodall, 2006). However, the success of such an 'alternative' access strategy should be evaluated by people with handicaps (Goodall et al., 2005). Incompatibility between access and conservation objectives is not the only obstacle that impedes the development of a fully accessible tourism environment. The majority of natural or wilderness settings also offer limited accessibility for people with a handicap (Brown et al., 1999).

The controversy arises as access to natural areas such as natural parks or nature reserves for leisure purposes is regarded as a key right. However, people with a handicap cannot access these areas due to physical barriers, hence being denied of this right. Further, it is argued that physical adaptations to natural areas result in a diminishing experience, a loss of the 'true wilderness' experience (Muloin, 1992). While more access to natural environments is aspired, for people with a handicap, these desires exist alongside goals of environmental protection (Nisbett and Hinton, 2005). Natural areas should only be modified when it does not eliminate the reason for visiting the place in the first instance (Muloin, 1992). In cases, where modifications can alter the ecological system, alternative access should be provided (Muloin, 1992), similar to the forgoing debate on heritage sites. Shelton and Tucker (2005) claim that ecotourism is a line of thought that runs parallel to providing access to tourism for people with a handicap, emphasising the need to ensure that social and conservation goals operate alongside the need for economic viability. However, by letting tourism providers decide what is economically feasible for achieving socially inclusive tourism settings ignores the requirements and needs of people with handicap

According to Imrie and Kumar (1998), the origins of structural barriers in the built environment are grounded in the domination of able-bodied values which excludes people with handicap from key decisions concerning land use and building design (Imrie and Kumar, 1998). By using the example of building access into special event planning, Darcy and Harris (2003) show that direct involvement of handicapped people in the planning process leads to more inclusive approaches. The lack of opportunities to influence building constructions is coupled with wider negative perceptions of handicap by the able-bodied population, which stresses the interrelationship between physical access and attitudinal barriers. One respondent of Imrie and Kumar's (1998) focus groups stressed this point by stating: 'It is important to not only change the shape and size of buildings but we have got to change the attitudes too' (Imrie and Kumar, 1998: 367).

6.1.2. Attitudinal Barriers

While some authors (Cavinato and Cuckovich, 1992; McKercher et al., 2003) argue that there has been a change in public awareness, which led to more positive attitudes towards people with a handicap over the last decades (Cavinato and Cuckovich, 1992), others argue that negative attitudes still represent a major barrier to tourism participation (Horgan-Jones and Ringaert, 2001; Muloin, 1992; Murray, 2002; Murray and Sproats, 1990; Shaw et al., 2005; Smith, 1987). For example, McKercher et al. (2003) report that some travel agents held the extreme belief that a handicap per se effectively excludes people from travelling and Muloin (1992: 23) goes as far as stating that barriers in terms of negative attributes are at the 'roof of all barriers to outdoor participation for persons with a handicap'. By investigating young handicapped teenagers' experiences of access to inclusive leisure, Murray (2002) states that despite the fact that an inaccessible environment was often stated as barrier to participation, people's attitudes represent the focal constraint for accessing leisure opportunities. By overcoming attitudinal barriers, a real differences can be made to outdoor recreation experiences (Muloin, 1992), which subsequently leads to an easier management of physical access barriers (Packer et al., 2007). In relation to this, it is claimed that any barrier in the physical environment can only be reduced or eliminated through a profound change in attitudes (Murray and Sproats, 1990).

Opposing this view, Darcy (2003) argues that it is easier to change the physical environment than people's attitudes. By examining whether the Sidney Games have assisted in improving the accessibility infrastructure of the region as well as raising the level of handicap awareness, Darcy (2003) concludes by affirming the former and questioning the latter. While the Games have probably accelerated changes for improving the physical accessible infrastructure, social change in terms of more favorable attitudes or increased awareness remains deficient. For example, the Official Olympic Games Ticket Book, which entailed in its 'Frequently Asked Question' section the question: "I am confined to a wheelchair. Will I miss out on the Games?" (cited by Darcy, 2003: 744), reinforces rather than dismantles existing stereotypes (Darcy, 2003). Despite the fact that many scholars investigated attitudinal barriers, only a few examine the subject at a deeper level. A notable

exception is Daruwalla and Darcy (2005), who make a distinction between personal and societal attitudes. While the former refers to beliefs and opinions that individuals possess with regards to certain objects, the latter relates to widespread attitudes held by the society at large. Societal attitudes are influenced by, for example legal rights, and are generally more remote to the individual and also not necessarily compatible with personal attitudes. Findings of Daruwalla and Darcy's study (2003) indicate that both types of attitudes can be altered through training programs. However, it was found easier to change societal attitudes. In contrast, more challenging is the (re)formation of peoples' personal attitudes, which should receive precedence over societal attitudes. It is not sufficient to emphasise the need to move from a medical model perspective to a social dimension, but instead, personal contact with a handicapped person is required which needs to be reinforced on a regular basis. The use of contact should then be placed within the social model perspective to avoid the 'personal tragedy' perception (Daruwalla and Darcy, 2005). Thus, the need to provide sensitivity staff training is crucial (Card et al., 2006; Gladwell and Bedini, 2004; McKercher et al., 2003), particular with regards to increased consultation and interaction with people with a handicap in everyday situations (Stumbo and Pegg, 2005).

6.1.3. Lack of Information

By looking at barriers with regards to tourism staff, negative and condescending attitudes are usually coupled with inability to provide people with a handicap with correct and valid information (Stumbo and Pegg, 2005). This leads to questioning whether travel agencies act as facilitators or barriers for people with handicaps in terms of representing a reliable information source. Often, it is shown that travel agencies act as inhibitors to travel due to a number of reasons (McKercher et al., 2003; Stumbo and Pegg, 2005). First, travel agencies were perceived to hold negative attitudes and the overall perception of certain service providers was that dhandicap and taking holidays is incompatible (McKercher et al., 2003). Given the limited experience in catering for travellers with a handicap, the second obstacle relates to the over-emphasis on selling package tours, which do not meet the needs of handicapped people (Cavinato and Cuckovich, 1992; McKercher et al., 2003). Third,

the quality of information provided was perceived as inaccurate and incomplete due to difficulties in obtaining all handicap -related information crucial for trip planning (Cavinato and Cuckovich, 1992; McKercher et al., 2003). Resulting from these obstacles, travel agencies are often not trusted by people with a handicap (Ray and Ryder, 2003). Hence, the travel trade largely promotes a myth by presenting travel agencies as experts for all travel-related issues. What is needed is a shift from selling inflexible packages, designed to meet the industry's needs, to offerings that correspond to consumer's needs and information requirements (McKercher et al., 2003). The lack of accurate information is often stated as a major barrier (Darcy, 2002; Darcy and Daruwalla, 1999; Eichhorn et al., 2008; Horgan- Jones and Ringaert, 2001; McKercher et al., 2003; Miller and Kirk, 2002; Packer et al., 2007; Stumbo and Pegg, 2005; Turco et al., 1998; Veitch and Shaw, 2004b; Yates, 2007). Darcy (1998) outlines deficiencies in information provision in terms of the general availability of the information, lack of accuracy and detail in the information provided as well as the format of the presented information. Expanding Darcy's (1998) account, Eichhorn et al. (2008) stress the need for reliable and rich information, appropriate travel information sources as well as customer oriented and communication services.

While an accessible infrastructure is clearly the basis for tourism participation (Pühretmair, 2004), a fully accessible environment is unlikely to be achieved in the short to medium term. In contrast, the provision of accurate and reliable information can be dealt with in the short term (Darcy and Daruwalla, 1999) and is regarded as the most effective means for opening tourism opportunities for handicapped people (Cavinato and Cuckovich, 1992). As individuals with a handicap have to undertake a high degree of pre-planning to ensure that their needs are met (Darcy, 1998; Pühretmair, 2004), detailed information is required for reaching the destination, returning home, moving around at the destination as well as for checking the availability of accessible accommodation, attractions and other amenities (Veitch and Shaw, 2004b). For a successful marketing of accessible facilities it is important to communicate this information to all potential customers, since the strategic planning of tourism-related products and services, does not start at the destination. Thus, the

provision of accessibility information influences the tourist decision making, travel planning and booking process (Pühretmair, 2004).

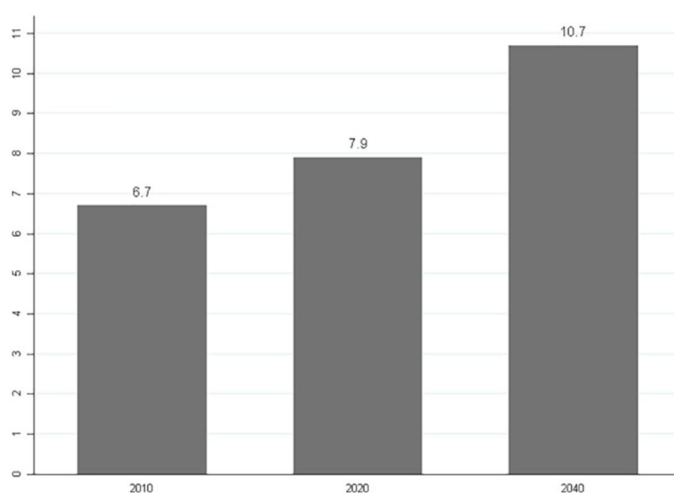
In contrast, the lack of accurate and reliable information can lead to abandoning the holiday intention (Darcy, 1998). Therefore, the provision of accurate accessibility information represents an important step in overcoming barriers (Darcy, 2002). However, what is the ideal travel information source to overcome existing constraints? Given the lack of systemic approaches for accessing the required information, Cavinato and Cuckovich (1992) suggest that special support groups and public agencies should be responsible for providing information. In contrast, Ray and Ryder (2003) stress the value of word of mouth communications, followed by the internet and travel guides. While the internet is regarded as a unique opportunity for providing reliable and up-to-date information, the inaccessibility of websites represents a major obstacle (Pühretmair, 2004). Additionally, part of the population might not have access and/ or the skills to deal with information communication technology (Sen and Mayfield, 2004). A synthesis of the discussion on informational constraints and travel information sources is provided by Eichhorn et al. (2008). By reviewing access schemes as a potential information communication source, different types of informational requirements need to be considered. Further, the fulfillment of informational needs would potentially assist in eliminating physical barriers by highlighting where environmental barriers were removed or contrarily might be still in existence (Eichhorn et al., 2008).

6.2. ACCESSIBLE TOURISM IN WORLD

As highlighted in several international studies this target group is not favoured to benefit from tourism due to the existence of physical, environmental, economic and social and/or other barriers that affect both tourists and local residents of a destination (Bizjak, Knezevic, and Cvetreznik, 2011; Eichhorn, Miller, Michopoulou, and Buhalis, 2008; Gillovic and McIntosh, 2015; Small and Harris, 2011). ‘Accessible Tourism’ is referred to as a *modus operandi* for the removal of such barriers, through a set of facilities and services directly adapted. Accessibility is, therefore, a lever towards full social inclusion of people with handicaps or other

special needs, as well as a source of significant economic benefits. Accessibility is also one of the eight areas for joint action between the EU and EU countries under the European Disability Strategy 2010–2020. The development of universal accessibility measures to tourists tracks its origins in the Seventies, where a working group of the English Tourist Board sought to identify tools for the creation of an open-to-all tourism offer. The study results gave way to a series of national services to tackle the problems and critical issues. In 1989, an English working group was created: The Tourism for All, which had a wide spread throughout the world. ‘The Tourism for All’ indicated the set of organizations and institutions engaged in the development of an accessible tourism for these people. Over the last years, many initiatives were taken by the European Union for the development of barrier-free tourism products and services in travel destination. Among them there was the establishment of an operational centre, with the aim of identifying and certifying tourism accessibility conditions of various structures. In 2006, the European Network for Accessible Tourism was launched (ENAT).

Figure 3: Handicap Progression, Years 2010, 2020 and 2040
(Elaboration on Estimates FCS-Censis, 2012 in Agovino, M., Casaccia. M., Garofalo, A., Marchesano, K., 2017)



The first important steps in the creation of accessible environments were taken in Italy via the law 13/89 and the Ministerial Decree 236/86, whose objective was the

removal or overcoming of the architectural barriers of the buildings. A greater awareness towards the topic, indeed, found concrete expressions in conferences including “Tourism for All Networking” organized in 1994 by C.O.I.N. (non-profit integrated cooperatives) and ‘A.A.A. 30 milioni di turisti europei offresi - problemi e prospettive per il turismo dei disabili’. The national commitment to accessible tourism then consisted primarily in a number of institutional projects (National, Regional, Local) aimed at creating and/or strengthening an accessible tourism supply in Italy. In reality, despite numerous initiatives, both public and private, empirical studies show that this group of people continue to have a lower probability of participation in tourism activities than non-handicapped ones. On the contrary, this probability decreases with the increasing of the degree of handicap (Pagán, 2012). Several studies on the implementation of accessible tourism have been conducted at international level which showed the profitability of accessibility but little has been done in Italy on that study.

Lastly, According to the Society for Accessible Tourism Hospitality (SATH), there are an estimated 859 million people worldwide with handicaps. For example, Australia’s 1993 survey indicated that people with a handicap comprise 18 percent of its population. New Zealand’s national household survey (1996) yielded a handicap rate of 19.1 percent. Within the United States alone, as of 1994-1995, 20.6 percent of the population – 54 million people – had a handicap.

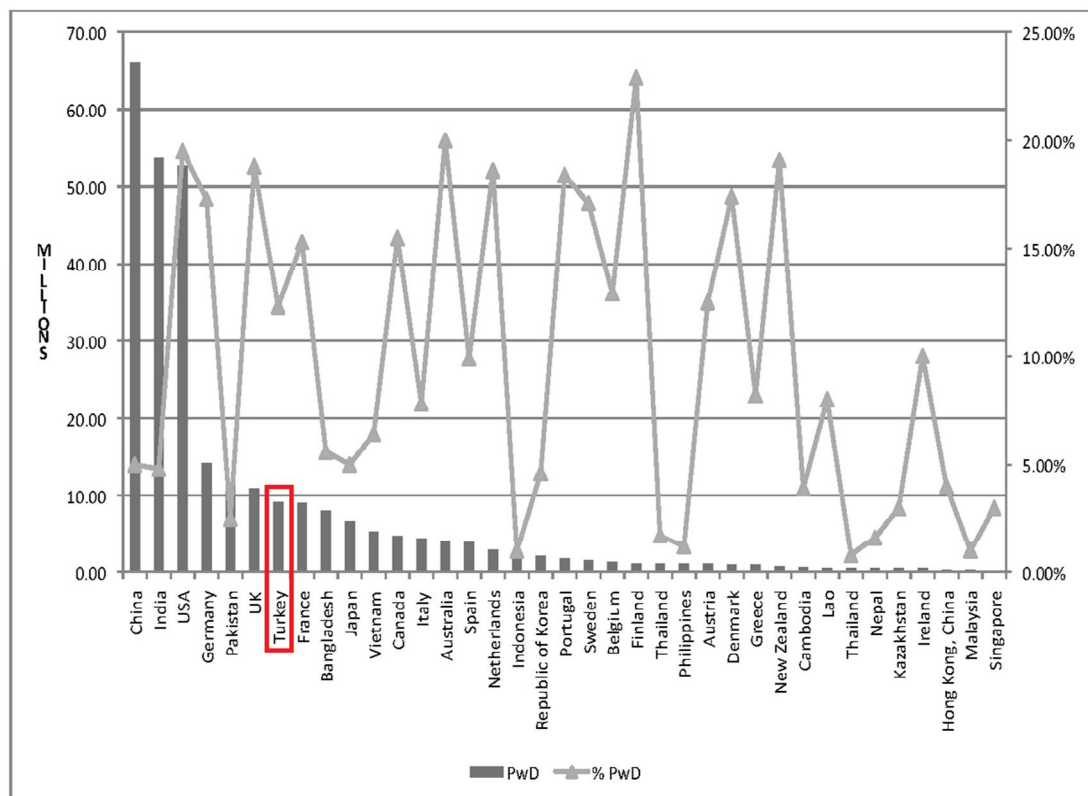
In Canada, the percentage of people with handicaps was 15.5 percent as of 1991 (Kérout, 1995). In Europe, Keroul (1995) also stated that there were 50 million people with handicaps at any given time, roughly 14 percent of the population. Notably, the estimated handicap rates reported by different regions vary widely. The variation depends, to a large extent, on the research methodology used. For example, a 1987 survey in China indicated 4.9 percent of the population living with a handicap. In the Philippines, in the 1995 census, conducted by the National Statistics Office, there were 919,332 people with RPA (1.2 percent of the total population). The proportion of older people in the population of developed countries is already rising dramatically. The same phenomenon is starting to occur in developing

countries. According to the United Nations projections, by the year 2025 about 14 percent of the Asia-Pacific region's total population will be 60 years or older, and the region will be home to 56 percent of the world's older people. Among older people, a significant percentage presents some type of handicap. For example, in Western Australia over 50 percent of persons over 60 years of age have a handicap. In Canada, 46 percent of people aged 65 and over have a handicap.

With the United Nations Convention on the Rights of People with Disabilities the awareness of ' Accessible Tourism For All' became common throughout the world (ADA, Americans with Disabilities Act, 2010). Despite the fact that accessible tourism has a rather high market in terms of tourism the academic studies, which are conducted, are inadequate (ADA, Americans with Disabilities Act, 2010). By the European Commission where a stakeholder analysis has provided an insight into the complexities of accessible tourism, the understanding of the importance of tourism market has gained importance through the research commissioned. Globally, there are around 1 billion people with disabilities and the World Health Organisation estimates that one in four households have a handicapped member (World Health Organization and World Bank, 2011). This implies that on a daily basis 2 billion people live with handicaps, either directly or indirectly. Aging because of increasing of chronic health problems worldwide is one of the other reasons that increase the number who have disabilities. World Health Survey defines that the number of people living with disabilities over the age of 15 as 785 million (15.6 per cent) and Global Burden of Disease (Global Burden of Disease) study estimates the number of people with disabilities as 975 million (19,2 per cent). Therefore as it is mentioned before conducted studies always imply the rapid increase of people with disabilities. The total number of handicapped people is nearly half of the world's population, if restricted number of elderly people, pregnant women, children and their families are added. The governments have the responsibility to provide accessible tourism for handicapped people (World Health Organization and World Bank, 2011). People who have disabilities are assumed, as the world's largest minority by the United Nations and therefore, it became the world's largest special market for the tourism industry. As it is valid in all areas in

tourism also legislations, which are effective for people with disabilities, have been neglected for many years and the implementation of legal regulations to take effect gradually started slowly. However, legal regulations participated the people with disabilities have become much more mobile than in the past and gained the various economic and social benefits, in the increasingly closer to travel and tourism activities . Businesses in the tourism sector compete intensely with each other on quality, price, service offering and the charm. Accessible businesses provide an additional attraction for the customers and gain a significant competitive advantage. Likewise, the current level of access to tourism enterprises can vary considerably. Handicapped people create large and growing market for both business and leisure travel in the world and the European Union. Researches show that people with disabilities are loyal customers and they go to again destinations that offer good accessible facilities (ADA) (Americans with Disabilities Act, 2010).

Figure 4: International Population Estimates of People with Handicaps (UN ESCAP 2008; Eurostat research results (2003), cited in OSSATE Accessibility Market and Stakeholder Analysis 2005) (http://www.ossate.org/doc_resources/)



6.3. ACCESSIBLE TOURISM IN TURKEY

Population of handicapped people in Turkey is 12,29% out of total population. There are approximately 9 million people with handicaps in Turkey (The Prime Minister's Office Report, 2010).

Figure 5: Handicapped Population in Turkey (Economic Co-operation and Development (OECD-AB), National Handicapped DataBase ,2017)

<i>TOTAL HANDICAPPED POPULATION</i>		
<i>MALE</i>	<i>FEMALE</i>	<i>TOTAL</i>
7,092 %	5,022 %	12,29 % (8.431.937)
1 Out of 9 in Turkey		
About 151%-About 1 Million People in World		

Various arrangements have been made by the Ministry of Culture and Tourism in Turkey in order to improve the living standards in tourism movement of the people with handicaps. The accommodation businesses must have at least one handicapped room that have 80 or more rooms according to the regulations currently in force (Official Gazette of Republic of Turkey, 2005). In Turkey, there are 1176 handicapped rooms in accommodation businesses according to TÜRSAB (2008). Accommodation enterprises in province Antalya have the most handicapped room with 605 special handicapped rooms (TÜRSAB, 2008). The people with handicaps are defined by the United Nations Organization as “the world's largest minority” constitute 1 billion populations of people. It is of great importance for the survival of accommodation businesses in tourism sector in Turkey to take adequate share from the special market which occurs in people with handicaps who can travel. 36,7 million tourists visited Turkey in 2012 according to TUIK (Statistics Institute of Turkey). Turkey's tourism revenue amounted to 23,4 billion dollars and the amount of average tourist spending was \$ 577 (TUIK, 2013).

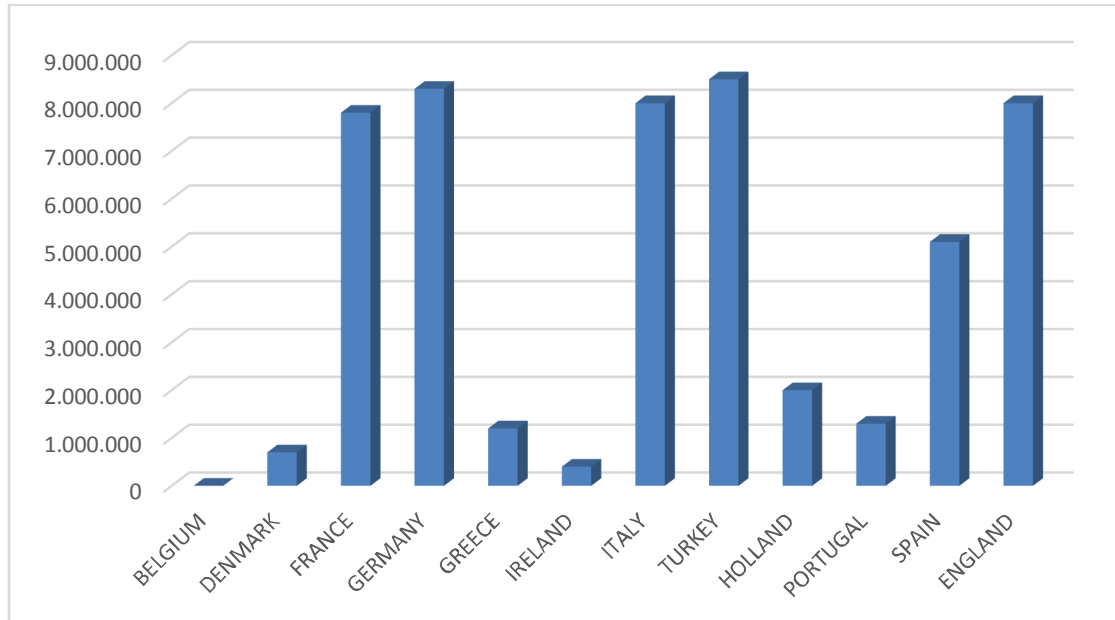
As stated in the framework of strategic approaches of 2023 Tourism Strategy (KTB, 2007) Turkey expects to reach 63 million tourists therefore 86 billion dollars in foreign tourism revenue with the development and completion of infrastructure and accommodation needs in 2023. The achievement of these determined goals is possible however hard. 70 percent of people with handicaps participate in tourism

activities especially in developed countries. A large proportion of people with handicaps are participating in tourism activities and travelling at least with one friend or family members. Thus, the number of tourists doubles or triples. 130 million people with handicaps joined the tourism activity with their companions only in Europe, while the number of tourists who came to Turkey in 2012 is 36 million. They spent 80 billion euros in 2012. As it is understood the importance of this particular market is a must for tourism sector and also for handicapped tourists. According to Ozturk et al. (2008) and Akıncı (2013) there are some problems Turkey face in terms of accessible market such as governmental and non-governmental organizations duties, transportation facilities, environmental conditions, the quality of the staff of tourism enterprises and lastly the architecture of hotels.

Service areas, such as entrances of hotels, parking areas, and lobby and reception areas, are more suitably equipped for physically handicapped not for any other handicap types than areas such as bathrooms and lifts. Below is a summary of the identified problems about the accessible tourism on the TÜRSAB Report (2008) and Akıncı (2013);

- 1) Lack of adequate and appropriate public transportation vehicles
- 2) The lack of design of the city
- 3) The lack of parking places and proper signs
- 4) The absence of telephone booths
- 5) The lack of providing services to tourists in hospitals, health centers, public buildings, such as the police station
- 6) The lack of room numbers at hotels
- 7) The lack of rooms' equipment's
- 8) The lack of arrangements in rooms, facilities, access areas, public toilets, food and beverage units, the break even points, theme parks and entertainment centers in the appropriate, although the rules specified in the aforementioned regulation.

Figure 6: Number of Handicapped Population in European Countries (Turkey added afterwards) (TSI) (Mulayim and Ozsahin, 2010: 1666)



7. HANDICAP AND TOURISM

The International Classification of Functioning, Disability and Health (ICF) defines disability as an umbrella term for impairments, activity limitations, and participation restrictions.

- 1) About 15% of the world's population is estimated to live with some form of disability .
- 2) A disability is a condition or function judged to be significantly impaired relative to the usual standard of an individual or group.

The term is used to refer to individual functioning, including physical impairment, sensory impairment, cognitive impairment, intellectual impairment mental illness, and various types of chronic disease. There are variety of definitions of disability, impairment and handicap but the researchers have common idean on the issue that all these terms have different meanings. A disease is an illness or medical condition, irrespective of origin or source, that represents or could represent significant harm to humans. And impairment is any loss or abnormality in an

anatomical structure or a physiological or psychological function by Barbotte, Guillemin, Chau and the Lorhandicap (2001). A handicap means that any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being. This term indicates a person's disadvantaged position in society, resulting from impairment and/or disabilities (WHO, 2001).

Handicap is conceptualized as being a multidimensional experience for the person involved. There may be effects on organs or body parts and there may be effects on a person's participation in areas of life. Correspondingly, three dimensions of handicap are recognized in ICF: body structure and function (and impairment thereof), activity (and activity restrictions) and participation (and participation restrictions). The classification also recognizes the role of physical and social environmental factors in affecting handicap outcomes.

Research into tourism and handicap has gained increasing attention over the last two decades. Of particular interest have been the areas of: tourists with handicaps, their motivations and information needs; market dynamics; cross-country comparisons; approaches to handicap discrimination; general and supplier attitudes towards people with handicap (PWD); whole of life approaches, and the specific needs of people with vision impairment. The following notable studies have identified the constraints faced by tourists with handicap (Daniels, Rodgers, and Wiggins, 2005; Nyaupane and Andereck, 2008), market dynamics (Burnett and Baker, 2001; Domínguez, Fraiz, and Alen, 2013; Dwyer and Darcy, 2011; Van Horn, 2012), motivations (Figueiredo, Eusebio, and Kastenholtz, 2012; Shi, Cole, and Chancellor, 2012), information needs (Buhalis and Michopouloub, 2011; Darcy, 2010; Eichhorn, Miller, Michopoulou, and Buhalis, 2008), cross-country comparisons (Freeman and Selmi, 2010), approaches to handicap discrimination (Shaw, 2007; Veitch and Shaw, 2011), general attitudes towards people with handicaps (Bizjak, Knezevic' Cvetrez nik, 2011), supplier attitudes towards people with handicaps (Groschl, 2012; Kim, Stonesifer, and Han, 2012; Ozturk, Yayli, and Yesiltas, 2008; Yaniv, Arie, and Yael, 2011) and whole of life approaches (Darcy

and Dickson, 2009; Pagan, 2014). More recently, a growing body of work has examined the processes required to incorporate handicap related considerations within tourism policy, planning and development. This has led from studies of handicap and tourism to a growing body of knowledge known as accessible tourism. Accessible tourism refers to the process required to ensure that transport, accommodation, destinations and attractions across the tourism system appropriately meet the needs of people with handicaps (Buhalis and Darcy, 2011). Within this definition of areas is an understanding that the concept of handicap is not a homogenous construct and varies in context according to country and society. Buhalis and Darcy (2011) identify five major dimensions of handicap that need to be considered for accessible tourism. It has been estimated that about 15% of the global population, which represents approximately more than one billion people (World Health Organization [WHO], 2012), have a handicap. By 2050, this figure is set to increase to approximately 1.2 billion (WHO and the World Bank, 2011). Additionally, there appears to be a significant relationship between ageing and handicap, with handicap rate increasing as people age, as well as handicap rates being lower relative to higher levels of quality life and income. According to WHO (2012), between the years of 2000 and 2050 the world population of people older than 60 years will double from 11% to 22%. People with handicaps and seniors are both direct beneficiaries of tourism accessibility (Burnett and Baker, 2001; Economic and Social Commission for Asia and Pacific, 2003; Fuguet, 2008). Together, these groups constitute more than one-fifth of the world's population. Other groups that also benefit indirectly from enhanced accessibility include pregnant women, people with temporary transitory disabilities and families with young children. In other words, the beneficiaries of greater accessibility could represent 31% of the population (Darcy and Dickson, 2009). The WHO (2012) goes on to document the series of constraints that PWD encounter in their day-to-day life that also affects their tourism opportunities.

Moreover, the empirical literature showed that tourism had positive effects on well-being and life quality. These effects were particularly felt by people with different handicaps (Garcés Ferre, Ferri Sanza, Durá Ferrandis, McCabe, and

Sanchez Garcia, 2015; Lee, Agarwal, and Kim, 2012; McCabe and Johnson, 2013; McCabe, Joldersma, and Li, 2010; Small, Darcy, and Packer, 2012) but also by companions of non-self-sufficient people (friends, family). If it is also implemented through making small changes, significant improvements can lead to increased market share and favouring the formation of social capital (Daniels et al., 2005; Eichorn et al., 2013; Minnaert et al., 2009; Ozturk et al., 2008). These people when decide to travel face many cultural obstacles (for example, the discrimination related to their handicap by non-handicapped people (Bizjak et al., 2011; Gillovic and McIntosh, 2015; Small and Harris, 2011), environmental (for example, the presence of architectural structures not equipped with the necessary support services for the different types of handicap) and economic (Eichhorn et al., 2008). Furthermore, as noted by Smith (1987) they also meet barrier exclusively related to the type of handicap defined as intrinsic barriers (Hunter-Jones, 2004; Smith, 1987).

- 1) Given the categories of handicapped group and its broad classification according to the International Classification of Functioning, Disability and Health (ICF) (WHO, 2001), a number of subdivisions marked by common characteristics among them in which handicapped people are included were established:
- 2) Physical or motor: due to neurological, muscular, surgical or traumatic causes.
- 3) Mobility: occurs when there is difficulty in maintaining and changing the different positions of the body as well as standing up, lying down, standing, sitting or moving. Those movements involving the use or transportation of various mobility aids and objects are also included.
- 4) Apprehension: sometimes with a considerable amount of stress or anxiety, the person may provoke in him / herself a response that in itself is harmful to the body, creating psychological situations that lead to physical or trauma problems.
- 5) Psychic: those arising from problems in intellectual abilities or conditions therein.
- 6) Mental illness: disorders related to different degrees of mental handicaps.
- 7) Intellectual handicaps: resulting from difficulty recognizing people, objects, orientation in space and time, recalling past events or understanding and executing simple or complex orders.

- 8) Those arising from injuries causing a decrease in or loss of a sense.
- 9) Visual: the individual may find it difficult to perceive any image, carry out visual tasks wholly or in detail, or other disabilities related to vision.
- 10) Hearing: the person may have trouble hearing any sound, hearing loud sounds or hearing speech.
- 11) Communication or speech: problems that arise when trying to communicate through speech, alternative languages, unsigned gestures or by conventional reading and writing.
- 12) Hidden: those that are not visible to the naked eye. We distinguish mainly:
 - a. Visceral: those caused by cardiovascular insufficiency and / or respiratory or kidney dysfunction or problems including enterostomies.
 - b. Pathological: caused by allergies, epilepsy, haemophilia, dwarfism, gigantism, leprosy or similar conditions.
- 13) Multiple Disabilities: when an individual has more than one handicap simultaneously, such as deaf-mutes.

What is all the type about the UN Convention for the Rights of People with handicaps? What does this mean for the tourism industry? Do people with handicaps really travel anyway? Isn't it their responsibility to take care of themselves? Why are families with young children in prams, baby boomers and seniors linked to people with handicaps? These and many other questions are commonly asked when discussing the concept of accessible tourism. Accessible tourism, as presented here, is about a life span or whole-of-life approach to tourism (Preiser and Ostroff, 2001; Priestley, 2001). Everyone at some stage in their lives may have access requirements — whether that is personally acquired permanently or temporarily as a result of an accident or injury, through knowing family or friends with access requirements, or with someone with whom they are travelling. A solution to meet people's access requirements for the travel and tourism industry and destination management is through the application of universal design principles; that is, providing access for all, it has been estimated that around 30% of the population have access requirements (Dickson, 2007).

Understanding handicap as part of human lifespan (Laplante, 1991; Quinn, 1998) has been part of research and policy for many decades. The approach recognises the complexity of handicap and that handicap can occur at any stage of life, whether it is in a temporary or permanent capacity. While handicap can have dramatic consequences for the individual and their significant others, handicap should not by nature reduce an individual's participation in the community in any area of their choosing. In line with the UN Convention on the Rights of People with Handicaps the concept of citizenship (Hutchinson 1997; Meekosha and Dowse, 1997) is synonymous with the whole-of-life approach, where rights to participation in the arts, leisure, sport and tourism are central to any notions of citizenship (Darcy, 2003).

7.1. CATEGORIES OF THE HANDICAPPED

The information related to Categories of handicapped are presented below;

7.1.1. Autistic Spectrum Disorders

Autism spectrum disorder (ASD) is a term for a group of developmental disorders described by: 1) Lasting problems with social communication and social interaction in different settings 2) Repetitive behaviors and/or not wanting any change in daily routines 3) Symptoms that begin in early childhood, usually in the first 2 years of life 4) Symptoms that cause the person to need help in his or her daily life.

The term “spectrum” refers to the wide range of symptoms, strengths, and levels of impairment that people with ASD can have. The diagnosis of ASD now includes these other conditions: 1) Autistic disorder, 2) Asperger's syndrome, 3) Pervasive developmental disorder not otherwise specified 3) Although ASD begins in early development, it can last throughout a person's lifetime.

7.1.2. Emotional And Behavioral Difficulties

Hallahan and Kauffman (1997) states that although the terminology used and the relative emphasis given to certain points vary considerably from one definition to another, it is possible to extract several common features of current definitions.

There is general agreement that emotional or behavioral disorders refer to:

- 1) Behaviour that goes to an extreme-that is not just slightly different from the usual,
- 2) A problem that is chronic –one that does not quickly disappear,
- 3) Behavior that is unacceptable because of social or cultural expectations.

One definition that must be considered is included in the federal rules and regulations governing the implementation of IDEA. In federal laws and regulations, seriously emotional disturbed has been defined as follows:

‘The term means a condition exhibiting one or more of following characteristics over a long period of time and to a marked extent, which adversely affects educational performance:

- 1) An inability to learn that cannot be explained by intellectual, sensory or health factors,
- 2) An inability to build or maintain satisfactory relationships with peers and teachers,
- 3) Inappropriate types of behavior or feelings under normal circumstances,
- 4) A general pervasive mood of unhappiness or depression, or A tendency to develop physical symptoms or fears associated with personal or school problems’.

7.1.3. Hearing Impairment

The Individuals with Disabilities Education Act (IDEA) (2018), formerly the Education of the Handicapped Act (94-142), includes “hearing handicaps maybe eligible for special education and related services programming. While the term “hearing impairment” is often used generically to describe a wide range of hearing losses, including deafness. The regulations for IDEA define hearing loss and deafness separately. For example, hearing impairment is defined by IDEA as “an impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational performance. However, deafness is defined as ‘a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification.’ Thus, deafness may be viewed as a condition that prevents an individual from receiving sound in all or most of its forms. In contrast, a child with a hearing loss can generally respond to auditory

stimuli, including speech. Hearing loss or deafness does not affect a person's intellectual capacity or ability to learn. However, children who are either hard of hearing or deaf generally require some form of special education services in order to receive an adequate education. Such services may include: regular speech, language, and auditory training from a specialist; amplification systems; services of an interpreter for those students who use sign language; favorable seating in the class to facilitate lip reading; captioned films/videos; assistance of a note taker, who takes notes for the student with a hearing loss, so that the student can fully attend to instruction; instruction for the teacher and peers in alternate communication methods, such as sign language; and counseling.

Children who are hard of hearing may find it much more difficult than children who have normal hearing to learn vocabulary, grammar, word order, idiomatic expressions, and other aspects of verbal communication. For children who are deaf or have severe hearing losses, early, consistent, and conscious use of visible communication modes (such as sign language, fingerspelling, and Cued Speech) and/or amplification and aural/oral training can help reduce this language delay.

7.1.4. Intellectual Disabilities

There have been many changes in the way people with an intellectual disabilities have been named and categorized. Terms formerly used such as idiot, imbecile, feeble-minded, mentally subnormal, moron, mentally deficient and retarded are now seen as highly pejorative and stigmatizing, although at the time of their use they were acceptable terms in the scientific literature. Brown (2007) distinguished between the literal, definitional and social meanings of terms. He suggested that the literal meaning is the simplest and broadest understanding of a term. Therefore, intellectual disability in the literal sense 'refers to some restriction or lack of ability having to do with human intellect' (Brown, 2007: 3). But at times there may be a need to adopt a more specific definitional meaning; examples being the way professional or policy planners may choose to define the condition in different ways. These may vary across disciplines and/or across countries. For example, the World Health Organisation (WHO), the American Psychiatric Association (2013) and the

AAIDD each has different definitions of intellectual disability. Finally, changing social values and attitudes may impact both the literal and definitional meanings. For instance the term ‘mental retardation’ came to be seen as a derogatory term and has been gradually replaced by the term ‘intellectual disability’ in many parts of the English-speaking world. American Psychiatric Association (2013) declares that intellectual disability involves impairments of general mental abilities that impact adaptive functioning in three domains, or areas. These domains determine how well an individual copes with everyday tasks:

- 1) The conceptual domain includes skills in language, reading, writing, math, reasoning, knowledge, and memory,
- 2) The social domain refers to empathy, social judgment, interpersonal communication skills, the ability to make and retain friendships, and similar capacities,
- 3) The practical domain centers on self-management in areas such as personal care, job responsibilities, money management, recreation, and organizing school and work tasks.

While intellectual disability does not have a specific age requirement, an individual’s symptoms must begin during the developmental period and are diagnosed based on the severity of deficits in adaptive functioning. The disorder is considered chronic and often co-occurs with other mental conditions like depression, attention-deficit/hyperactivity disorder, and autism spectrum disorder.

Intellectual disability (intellectual developmental disorder) as a DSM-5 diagnostic term replaces “mental retardation” used in previous editions of the manuals. In addition, the parenthetical name ‘(intellectual developmental disorder)’ is included in the text to reflect deficits in cognitive capacity beginning in the developmental period. Together, these revisions bring DSM into alignment with terminology used by the World Health Organization’s International Classification of Diseases, other professional disciplines and organizations, such as the American Association on Intellectual and Developmental Disabilities, and the U.S. Department of Education.

7.1.5. Multiple Handicaps/Disabilities

The search for definitions has proven to be complicated as variations exist in terms of age, severity and the ‘qualitative combination’ of these disabilities (Deropoulou, 2000), meaning that the effect that multiple disabilities may have on a person is not cumulative, disabilities interact. Multiple disabilities according to the IDEA (2018) are concomitant impairments (such as intellectual disability-blindness, intellectual disability-physical handicaps, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in a special education program solely for one of the disabilities. Furthermore, the meaning of the term multiple Handicaps/Disabilities may vary between different countries and cultures and as a result there can be no common working definition (Aird, 2001).

7.1.6. Physical Handicaps

Bigge (1991) defines physical handicaps as a condition that substantially limits one or more basic physical activities in life (i.e. walking, climbing stairs, reaching, carrying, or lifting). These limitations hinder the person from performing tasks of Daily living. Physical disabilities are highly individualized. The same diagnosis can affect students very differently A Physical Handicaps is also defined by Martin (1992) as any difficulty which limits functions of moving in any of the limbs or in fine motor abilities. Physical Handicaps can stem from a wide range of causes and be permanent, intermittent, or temporary. The most common permanent handicaps are musculoskeletal impairments such as partial or total paralysis, amputation, spinal injury, arthritis, muscular dystrophy, multiple sclerosis, cerebral palsy, and traumatic brain injury. Additionally, conditions such as respiratory and cardiac diseases can impair mobility due to fatigue and reduced stamina.

7.1.7. Specific Learning Difficulties

The DCSF’s guidance, entitled Data Collection by type of Special Educational Need (2005) says that ‘specific learning difficulties’ is an umbrella term which indicates that pupils display differences across their learning. Pupils with specific learning difficulties may have a particular difficulty in learning to read, write, spell or manipulate numbers so that their performance in these areas is below their

performance in other areas. Pupils may also have problems with short-term memory, with organisation skills and with coordination. Pupils with specific learning difficulties cover the whole ability range and the severity of their impairment varies widely. Specific learning difficulties include dyslexia, dyscalculia and dyspraxia. "The definition issued by the National Joint Committee for Learning Difficulties (1981: 1) refers to:

‘Learning difficulties is a general term that refers to a different group of disorders manifested by significant difficulties in acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous dysfunction, and may occur across a life span. Problems in selfregulatory behaviours, social perception and social interaction may exist with Learning Disabilities but do not by themselves constitute a learning handicaps. Although Learning Disabilities may occur concomitantly with other handicapping conditions (for example, sensory impairment, mental retardation, serious emotional disturbance) or with extrinsic influences (such as cultural differences, insufficient or inappropriate instruction), they are not the result of those conditions or influences.’

7.1.8. Language and Speech Impairment

As Miller (1991) put it: "People with language disorders evidence strengths in conversation skills. They are purposeful and responsive; however, communication is limited by their mastery of grammatical form." (p. 6) Speech and Language impairments include a variety of conditions that interfere with communication. These problems range from simple sound substitutions to the inability to understand and organize language. Causes of speech and language impairments include hearing loss, neurological disorders, traumatic brain injury, cognitive disorders, and physical disabilities. Frequently the cause is unknown. Many speech or language impairments are subtle in appearance. The individual often lacks visible abnormalities which masks the fact s/he even has a speech and/or language impairment.

7.1.9. Visual Impairment

The term ‘visual impairment’ refers to a functional limitation of the eye(s) or visual system due to a disorder or disease that can result in a Visual Impairment or a visual handicap. For example, macular degeneration (a disorder) can result in reduced visual acuity (an impairment in vision). A visual impairment is a limitation of the ability(ies) of the individual (in this example, the inability to read small print), and a visual handicap refers to a limitation of personal and socioeconomic independence. Simply put, a visual impairment may be considered as vision inadequate for an individual's needs. The classification of visual impairment varies worldwide. The WHO classifies levels of visual impairment based on visual acuity and/or visual field limitation, and defines blindness as profound impairment (this can refer to blindness of one eye or blindness of the individual).

Visual impairment and blindness is a global problem with important socio-economic consequences that have proven effects on the quality of life of individuals, and usually impose great family-related and socio-economic losses.

According to the World Health Organization (WHO) estimates, visual impairment is responsible for 3.9% of the overall disease burden and handicap-adjusted-life-year.

7.1.10. Chronical Sickneses

Chronic diseases, also known as non-communicable diseases (NCDs), have become the leading cause of death and handicap worldwide. Chronic illnesses are ongoing, generally incurable, illnesses or conditions that require ongoing medical attention and affect a person's daily life. Chronic illness refers to the lived experience of long-term bodily or health disturbance, whether related to a communicable or non-communicable handicap, condition, syndrome, or disorder; and how people live and cope with the disruption. It is “experience of intrusive bodily or mental unwelcome unpleasant sensations” and includes phenomena such as fatigue, weakness, anomie, confusion, or social stigma.

7.1.11. Gifted and Talented

Redefining Giftedness for a New Century: Shifting the Paradigm (2010) defines Gifted individuals as those who demonstrate outstanding levels of aptitude (defined as an exceptional ability to reason and learn) or competence (documented performance or achievement in top 10% or rarer) in one or more domains. Domains include any structured area of activity with its own symbol system (for example, mathematics, music, language) and/or set of sensorimotor skills (for example, painting, dance, sports). The development of ability or talent is a lifelong process. It can be evident in young children as exceptional performance on tests and/or other measures of ability or as a rapid rate of learning, compared to other students of the same age, or in actual achievement in a domain. As individuals mature through childhood to adolescence, however, achievement and high levels of motivation in the domain become the primary characteristics of their giftedness. Various factors can either enhance or inhibit the development and expression of abilities.

Hallahan and Kauffman (1997) states that in federal laws Gifted and Talented are defined as children and youths who give evidence of high performance capability in such areas as intellectual creative, artistic, or leadership capacity or in specific academic fields and require service or activities not ordinarily provided by the school in order to develop such capabilities fully (Gallagher and Gallagher, 1991)

7.1.12. Attention Deficit and Hyperactivity Disorders

Brown (2009) reported that Attention Deficit Disorder (ADD) or Attention Deficit Hyperactive Disorder (ADHD) is a complex syndrome of impairments in developmental unfolding of the unconscious self-management system of the brain that affects significant numbers of children, adolescents, and adults, and often can be treated effectively with appropriate medication.

7.2. PREVALANCE OF THE HANDICAPPED

The contested definition of handicapped is one factor that complicates attempts to obtain an exact handicapped prevalence figure. Other factors include the quality and methods of data collection, precision of sources and varying disclosure rates

(Mont 2007; Al Ju'beh 2015). Poor service provision and stigma may result in lower disclosure. National statistics can be misleading, incomparable and inaccurate. These limitations may result in a higher prevalence of handicapped in developed countries being reported compared to developing countries (Al Ju'beh 2015). Developing countries have predominantly collected handicapped data through censuses or use measures focused exclusively on a narrow choice of impairments. These countries tend to report low handicap rates. Countries that collect their data through surveys and measure activity limitations and participation restrictions in addition to impairments tend to report higher prevalence. Data gathered from institutionalised populations tends to result in higher prevalence rates (WHO and World Bank 2012). Despite these potential influences, the evidence suggests that low and middle income countries do in reality have higher handicap prevalence, in comparison to high income countries (Mitra and Sambamoorthi, 2014).

The World Health Survey estimates that around 785 million (15.6%) people 15 years and older live with a handicaps. The Global Burden of Disease estimates a figure of around 975 million (19.4%) persons. Of these, 110 million people (2.2%) have significant difficulty functioning, while 190 million (3.8%) have “severe handicaps” – the equivalent of handicap inferred for conditions such as quadriplegia, severe depression, or blindness. Only the Global Burden of Disease measures childhood handicaps (0–14 years), which is estimated to be 95 million (5.1%) children, of whom 13 million (0.7%) have severe handicaps (WHO and World Bank, 2011).

Another retrospective analysis of data from the World Health Survey (2002-2004) for 54 countries estimated global prevalence of handicap to be 14% (Mitra and Sambamoorthi, 2014). Moreover, People with handicaps represent a largely underestimated niche of the tourism market both in numerical and economic terms. About 15% of the world population has at least one handicap (World Bank, 2016). In Europe there are 80 million people with at least one handicap (1 person in 6).

At the global level, the Global Burden of Disease estimates of moderate and severe handicap prevalence are 11% higher for females than males, reflecting

somewhat higher age-specific prevalences in females, but also the greater number of older women in the population than older men. But the World Health Survey estimates give a female prevalence of handicap nearly 60% higher than that for males. It is likely that the differences between females and males in the World Health Survey study result to some extent from differences in the use of response categories.

The average prevalences from country surveys and censuses, calculated from population-weighted average prevalences in Technical are much lower in low-income and middle-income countries than in high-income countries, and much lower than prevalences derived from the World Health Survey or Global Burden of Disease. This probably reflects the fact that most developing countries tend to focus on impairment questions in their surveys, while some developed country surveys are more concerned with broader areas of participation and the need for services. The World Health Survey results show variation across countries within each income band, possibly reflecting cross-country and within-country differences in the interpretation of categories by people with the same levels of difficulty in functioning. The variation across countries in the Global Burden of Disease results is smaller, but this is due to some extent to the extrapolation of country estimates from regional analyses.

One billion people, or 15% of the world's population, experience some form of handicap, and handicap prevalence is higher for developing countries. One-fifth of the estimated global total, or between 110 million and 190 million people, experience significant disabilities. People with disabilities are more likely to experience adverse socioeconomic outcomes than people without disabilities, such as less education, poorer health outcomes, lower levels of employment, and higher poverty rates.

Barriers to full social and economic inclusion of persons with disabilities include inaccessible physical environments and transportation, the unavailability of assistive devices and technologies, non-adapted means of communication, gaps in service delivery, and discriminatory prejudice and stigma in society. Poverty may increase the risk of handicap through malnutrition, inadequate access to education

and health care, unsafe working conditions, a polluted environment, and lack of access to safe water and sanitation. Handicap may increase the risk of poverty, through lack of employment and education opportunities, lower wages, and increased cost of living with a handicap.

Global awareness of handicap-inclusive development is increasing. The United Nations Convention on the Rights of Persons with Disabilities (CRPD) promotes the full integration of people with handicaps in societies. The CRPD specifically references the importance of international development in addressing the rights of persons with handicaps. To date, 177 countries have ratified the CRPD, which carries the force of binding law. In recent years, an increasing number of bilateral donors have also developed handicapped policies to guide their international aid. Similarly, at the national level, the number of handicapped discrimination laws and constitutional provisions have increased significantly.

The 2030 Agenda for Sustainable Development clearly states that handicap cannot be a reason or criteria for lack of access to development programming and the realization of human rights. The Sustainable Development Goals (SDGs) framework includes seven targets, which explicitly refer to persons with disabilities, and six further targets on persons in vulnerable situations, which include persons with disabilities. The SDGs address essential development domains such as education, employment and decent work, social protection, resilience to and mitigation of disasters, sanitation, transport, and non-discrimination – all of which are important areas of work for the World Bank. The New Urban Agenda specifically commits to promoting measures to facilitate equal access to public spaces, facilities, technology, systems, and services for persons with disabilities in urban and rural areas.

8. THE RATIONALE OF THE STUDY

Based on field research, the recommendations made were that they should participate fully in activities (Turco and Stumbo, 1998). The findings raised the issues that the need for a reliable source of information for the handicapped was accessibility for all. In this study, the researcher is very much aware of the need of tourists with handicaps who need suitable and appropriate parks, sporting events,

nature based sites (beaches, mountains), historical (museums, antique shops), or social cultural events (festivals, visiting relatives, or friends) in terms of accessibility. However, there are very few researches on these issues reflecting the shortcomings of lodging facilities, transportation difficulties that include loss of luggage or wheelchair, lack of accessibility to restrooms in many places like airplanes , and a need for training of transportation personnel and other staff on how to deal with people who have different types of handicaps.

The issues faced by tourists with handicaps should be well-documented by the researcher. She specifically tried to explore the need for substantial preplanning and accurate access to all of the group with different kinds of handicap. What is needed that the government should also encourage the tourist industry to place handicap on the tourism agenda. While Turkish Handicap Law 5378 helped to remove the built environment and transportation barriers for this group, the more complex issue of accessibility still requires legal and social support. Although Turkish policies are more proactive as a result of few researches, this change should have been encouraged to a large extent by the Ministry of Culture and Tourism. In Turkey, because of widespread belief that handicap results from misconduct in a previous life, families often view members with handicaps as a disgrace to the entire family. The governmental offices should seek to de- stigmatize disabilities. Its efforts for the acknowledgement of the growing numbers of people with handicaps, seniors, and families with younger children who require barrier-free accessibility, should emphasize the lack of inclusion in the planning and development of the built environment and tourism both within and across country in Turkey.

This study also tries to be conducted on people who are working at hotels who should change their attitudes towards this group. The lack of knowledge generates hostility and false stereotypes towards people with handicaps. This research will try to explain the issues about why people have lack of information about the need of handicapped people and how their needs can be met in terms of their demands as being tourists. In conclusion, this research is very important for the field by providing valuable information to the accessible tourism.

To Conclude can be seen in this chapter, tourism is a complex set of industries including accommodation, recreation and entertainment, food and beverage services, transportation, and travel services. It encompasses domestic, inbound, and outbound travel for business, leisure, or other purposes. Because of this large scope, tourism development requires participation from all walks of life, including private business, governmental agencies, educational institutions, communities, and citizens.

Recognizing the diverse nature of the industry and the significant contributions tourism makes toward economic and social value for Turkish provinces is important. There remains a great deal of work to better educate members of the tourism industry, other sectors, and the public about the accessible tourism which presents many valuable and important contribution to tourism industry in many provinces of Turkey. Given this opportunity for greater awareness, in the coming chapter, in Chapter 2, the research method of this study is explained in detail.

CHAPTER II: METHOD

This chapter is divided into 8 sections representing the methodology to be used in this study. The first section describes the aim and significance of the study , the second section describes research questions (Hypothesis) and the third section describes the research design. Section four outlines the limitations of the study and section five presents setting and participants. Section six discusses data collection process, section seven describes the research instruments conducted during the thesis study and lastly section eight discusses the qualitative and quantitative analysis separately.

1. AIM AND SIGNIFICANCE OF THE STUDY

Tourism destinations are in an increasingly globalized and challenging market. The new standards of tourism development are moving towards new critical issues such as quality, sustainability, image, innovation and accessibility (García-Caro, de Waal and Buhalis, 2012). From the point of view of promoting human rights and equal opportunity, the tourism industry has been paying more attention to the needs and requests of tourists with disabilities, recognizing that those people have the same needs and desires for tourism as others, thus leading to the concept of accessible tourism (Yau, McKercher and Packer, 2004). The academic interest in the field of accessible tourism has been growing in the recent decades. However, current literature seems insufficient to address what this group of travellers may need and desire and what kind of duties hotel managers have to meet those needs. It is still an under-researched area in tourism research and tourism researchers need to develop a broader conception of handicapped people's experience and activities (Richards, Pritchard and Morgan, 2010) and managers' perceptions. This thesis represents an initial attempt to widen the research handicapped individuals' needs and desires and what should be done by hotel managers to meet those needs and their perceptions . In this context, the thesis has sought to suggest implicit links that could be made with broader studies of handicapped tourists. Based on the findings from this research Issues such as Demands and needs of handicapped tourists, their satisfaction levels, their desires during accommodating at a hotel, legislative duties that should be applied, their priority claims, what should be done for accessible rooms and public

areas at a hotel and what managers and staff perceptions at hotels and what should they do to support all these issues will highlight future researches and capture the attention of other academic studies.

2. RESEARCH QUESTIONS

The present study aims to investigate managers and staffs' perceptions on providing accessibility while determining handicapped tourists needs and satisfaction levels and searching ways to meet and satisfy their needs and desires. Based on main research statement, this study also attempts to find out answers to the following hypothesis:

H1: Managers' And Staff' s Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to Accessible Tourism Perceptions

H1.1. Managers' and Staff' s Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to whether managers and staff serve to Handicapped Tourists or not.

H1.1.a. Managers' and Staff' s Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to whether managers and staff serve to Physically Handicapped Tourists or not.

H1.1.b. Managers' and Staff' s Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to whether managers and staff serve to Visually Handicapped Tourists or not.

H1.1.c. Managers' and Staff' s Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to whether managers and staff serve to Hearing and Speech Impaired Tourists or not.

H1.1.d. Managers' and Staff' s Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to whether managers and staff serve to tourists with Wheel Chairs or not.

H1.2: Managers' and Staff' s Accessible Tourism Perception Scale

Dimension Scores are meaningfully different according to the number of Handicapped Tourists accommodating at the hotel.

H1.3: Managers' and Staff' s Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to hotels' star numbers.

H1.4: Managers' and Staff' s Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to their education levels.

H1.5: Managers' and Staff' s Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to their ages.

H1.6: Managers' and Staff' s Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to their positions.

H1.7: Managers' and Staff' s Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to their income levels.

H1.8: Managers' and Staff' s Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to whether Managers' and staff serve to handicapped tourists or not.

H2: Handicapped tourists' Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to Accessible Tourism Perceptions.

H2.1: Handicapped Tourists' Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to their Handicap Reports.

H2.2: Handicapped Tourists' Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to their Income Levels.

H2.3: Handicapped Tourists' Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to their Genders.

H2.4: Handicapped Tourists' Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to their Travel Purposes.

H2.5: Handicapped Tourists' Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to their Handicap Levels.

H2.6: Handicapped Tourists' Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to their Accompanies During Travels.

H2.7: Handicapped Tourists' Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to their Education Levels.

H2.8: Handicapped Tourists' Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to their Ages.

H3: Handicapped Tourists' Accessible Tourism Perception Scale Dimension Scores and Managers' and Staff's Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to Accessible Tourism Perceptions.

3. RESEARCH DESIGN

The first research design employed in this study survey method specifically targeted the population of the handicapped who use accessible tourism rooms designated under the Law 5378 for the handicapped (2005). Fundamentally, a survey is a method of gathering information from a sample of people, traditionally with the intention of generalizing the results to a larger population. Surveys provide a critical source of data and insights for nearly everyone engaged in the information, from people. There are many modes of survey data collection that are commonly used. However in this study Scale was used because the researcher wanted to use the Survey method ,in this study to be able to get benefit from the advantages of the Survey method. For example, the survey methods provides many benefits for the researcher. For example, the survey is relatively easy to administer. can be developed in less time (compared to other data-collection methods), cost-effective, capable of collecting data from a large number of respondents, numerous questions can be asked about a subject, giving extensive flexibility in data analysis, with survey software, advanced statistical techniques can be utilized to analyze survey data to determine validity, reliability, and statistical significance, including the ability to analyze multiple variables although there are some disadvantages for example, respondents may not feel comfortable providing answers that present themselves in a unfavorable manner.

The second research design conducted in this study was a semi-structured interview in qualitative approaches which seems to be the best option to obtain a more in-depth understanding of accessible tourism. “With qualitative approaches, the emphasis is placed upon studying things in their natural settings, interpreting phenomena in terms of the meanings people bring to them, humanizing problems

and gaining an ‘emic’, or insider’s, perspective” (Phillimore and Goodson, 2004, p. 4). By employing a qualitative approach, the interviewees’ voices have better chances of getting heard and the distinctions in the understanding of the researched topic have a chance of becoming clearer. A qualitative approach can also allow for other and new aspects to be considered in the research, because of the more open and interpretive approach to the analysis of the empirical data. Because the aim of this thesis is to collect knowledge about experiences with information about accessible tourism, a qualitative research approach is regarded as the best approach for this matter, however, the qualitative approach has its weaknesses as well. One of the weaknesses of a qualitative research approach is that the researchers’ own interpretations and understandings become too predominant and that the result of the research cannot be regarded as generalizable result.

4. LIMITATIONS OF THE STUDY

As in almost every study, this current study may had some limitations. First of all, for the quantitative part, the scope of the study was limited with both the number of hotel managers, staff, handicapped tourists and the city. The study was conducted at the hotels in the city of Konya to managers and staffs. For the handicapped tourists the study was conducted both to the handicapped tourists who were staying at the hotels and handicapped individuals who travel and participate in sports competitions. The handicap types of the tourists were limited to only four categories as Visually Handicapped, Hearing Handicapped, Language and Speech handicaps and Physical handicaps so It seemed difficult to represent perceptions of individuals who have variety of handicaps.

For the qualitative part the scope of the study was limited to 20 general managers of hotels in the city of Konya. These limitations should be taken into consideration for further research studies.

5. SETTING AND PARTICIPANTS

For the first step of the research the survey was conducted both to 305 handicapped tourists who were staying at 5 starred-4 starred-3 starred-2 starred, privately certificated and boutique hotels and handicapped individuals who were travelling and participating in sports competitions and to 211 hotel managers and staff who were again working 5-starred 4-starred 3-starred 2-starred, privately certificated and boutique hotels in the city of KONYA/TURKEY.

For the second step 20 general managers from 5-starred 4-starred 3-starred 2-starred, privately certificated and boutique hotels in the city of KONYA/TURKEY, Hotels were selected randomly and semi structured interview were conducted to find out the perceptions of managers on the needs and desires of handicapped tourists who accommodated at their hotels.

6. DATA COLLECTION

As for the procedure of the study after deciding on the topic of the study, the researcher completed the literature review while preparing the semi-structured interview with 20 questions for the hotels' general managers and to complete the interview. The semi-structured interview form was prepared with three experts from tourism department and two experts from special education department. After finishing the transcribing process and content-analysis, qualitative data receiving process has started. For the qualitative data, the scale/survey from Chan (2010) which was used in her study named as 'Hotel Customer Needs, Satisfaction, And Loyalty: Analysis Of Travellers With Disabilities In Taiwan' with 64 questions benefited from three studies and was conducted to Hotel managers and staff and handicapped tourists. Based on the factor analysis, 15 items were deleted from the pilot questionnaire, and a total of 42 question items were kept from the original survey. The first 17 question were focused on the accessibility of public facility and the following

11 questions (question 18 to question 28) were center on the accessibility of accessible rooms. Question 29 to question 39 were developed to probe the needs and

satisfaction level of travelers with disabilities on hotel accessible accommodations. The last four questions were designed to analyze the needs and satisfaction level of handicapped travellers regarding discounts. Also the scale by Chan (2010) questionnaire was developed based on three previous studies: Analysis of Hotel/Motel Usage By and Needs of Travelers with Disabilities (AH&LA, 2001), The Non-obstacle Environment Research of Travel Demand in Taipei (Lin, 2003), and Accessible Tourism in Taiwan: Attitudes and Perceptions of Lodging Personnel and People with Mobility Disabilities (Chan, Lauderdale and Goh, 2007).

For the Pilot study of the present study, 40 Managers and Staff and 45 Handicapped Tourists were included in the study and as a result of the analysis via SPSS 21. Programme the pilot study's reliability was found as $\alpha = 0,720$, and therefore some items were deleted from the scale.

After the pilot study, the present scale was designed with more contributions from three more specific studies and was conducted to both 211 hotels' managers and staff and 305 handicapped tourists who were accommodating at the hotels and handicapped individuals who travel and participate in sports competitions. The present scale consisted of 64 questions and after the pilot study 21 questions (Q9-Q10-Q11-Q12-Q13-Q15-Q21-Q22-Q24-Q26-Q30-Q31-Q32-Q34-Q38-Q44-Q45-

Q46-Q47-Q51-Q62) were deleted from the scale and 7 factor were determined which match up with the literature as APA: Accessibility in Public Areas, AAR: Accessibility of Accessible Rooms, IN: Informative Needs, NSD: Needs and Satisfaction with Discount, LD: Legislative Duties, NS: Needs and Satisfaction, PC: Priority Claim, PS: Perception Scale. According to the factor analysis Q1-Q2-Q3-Q4-Q5-Q6-Q7-Q8-Q14-Q16-Q26 belongs to factor APA (Accessibility in Public Areas), Q17-Q18-Q19-Q20-Q25-Q27-Q28 belongs to factor AAR (Accessibility of Accessible Rooms) ,Q29-Q35-Q36 belongs to factor IN(Informative Needs), Q37-Q39-Q40-Q41-Q42-Q43 belongs to factor NSD(Needs and Satisfaction with Discount), Q48-Q49-Q50 belongs to factor LD(Legislative Duties), Q52-Q53-Q54-Q55-Q56-Q57-Q58-Q59-Q60-Q61 belongs to factor NS(Needs and Satisfaction), Q33-Q63-64 belongs to factor PC (Priority Claim).

7. RESEARCH INSTRUMENTS

For the instruments of the study, the first part consists of semi-structured interview form which was prepared by the researcher and three experts from Tourism Management Department and 2 experts from Special Education Department. After the preparation of the semi-structured interview form, which consists of the following questions the questionnaire, was sent to experts for revision and for feedback. During this process the items were edited;

- 1) What is your opinion about whether Do you have the necessary information to make it possible for your handicapped guests to receive more physiological and psychological services during the service period or not? (If you have the information, for what group, what is the reason, and what would you like to know?)
- 2) What is your opinion about your current physical facilities for people with handicaps who want to stay at your hotel?
 - a) For the physically handicapped (ramp etc.)
 - b) For Visually Impaired (embossed letter etc.)
 - c) For Hearing Impaired People (audible warning systems, etc.) (If the physical facilities are available how much and if not, why?)
- 3) What is your opinion about What can be done for accommodating people with handicaps within the scope of accessible tourism? (According to your opinion What items should be added which are not in the legislation)
- 4) What is your opinion about whether your hotel has connections with NGOs or Handicapped Market or not? Do you have domestic and international connections related to the subject?
- 5) What are your views on the possibilities of holiday for people with handicaps?
 - a. Can they easily go on a holiday? (If yes) How do they perform their holidays? (Companion obligation?)
 - b. What are the obstacles in front of them if they can't go on a holiday? (Physical, socio-economic, environmental
- 6) What is your opinion about What kind of (where and how) holiday handicapped people who has the ability would like to have ?
- 7) What is your opinion about the needs or expectations of people with

handicaps from a hotel?

8) What is your opinion about the problems faced by handicapped guests at hotels and what are your suggestions for solving the problems encountered?

9) What is your opinion about staff problems in communicating with handicapped guests? Do you provide courses for your staff to communicate correctly with the handicapped? What kind of courses do you offer?

10) What do you think about the relationship / communication between the other guests in your hotel and the handicapped guests? How do you see people with handicaps in their surroundings affect other people? What are your observations?

11) What is your opinion about making special applications (discounts, special packages, programs etc.) for handicapped guests at your hotel? (Would you consider doing it?)

12) Do you think Accessible Tourism is a market segment that needs attention?

13) What are the duties of tourism intermediaries (travel agencies, tour operators), handicapped non-governmental organizations and the relevant bodies of the state in order for handicapped people to benefit from tourism services?

14) What can be done in the future to make Accessible tourism more healthy and efficient?

After revisions of the semi-structured interview form which belong to 20 general managers from variety of hotels in Konya, with coding and content-analysis they were analysed.

For the quantitative data a 5-likert type survey with 64 questions first of all was conducted to 40 Managers and Staff and 45 Handicapped tourists and after the pilot study the rest 43 questions were conducted to 211 Managers and staff from variety of hotels in Konya and 305 Handicapped Tourists who are travelling and accommodating at hotels.

8. DATA ANALYSIS

After the collection of the data, via semi structured interview form the researcher started to analyse the data. The recorded data was transcribed to the

papers and then each line was coded. Then, the researcher read each line very carefully and then the key points were written on the right of the paper in accordance with Descriptive Analysis Technique which provided the researcher to classify the data in to sub categories defined as questions in the semi structured interview forms.

For the quantitative data, the data was analysed via SPSS 21 Programme which was conducted to understand the Managers And Staffs' Perceptions On Providing Accessibility Towards Determination And Satisfying Handicapped Tourists Needs and Handicapped tourists perceptions on necessities of what should be done in terms of accessibility and legislation. Afterwards two group's perceptions were compared.



CHAPTER III: FINDINGS

1. THE ANALYSIS OF THE QUANTITATIVE DATA

In this chapter, the Descriptive Statistics, Validity and Reliability of the analysis and Hypothesis Analysis which are analysed by Student's t test, Mann Whitney U, Kruskal Wallis and Conover-Iman tests will be mentioned.

1.1. Descriptive Statistics

Table 1. Descriptive Statistics for Gender, Age, Income level, Education level

Variable		Handicapped Tourists		Staff & Managers	
		Frequency (n)	Percent (%)	Frequency (n)	Percent (%)
Gender	Female	166	54,4	119	56,4
	Male	139	45,6	92	43,6
Age	Below 17	90	29,5	-	-
	19-25	72	23,6	25	11,8
	26-35	42	13,8	101	42,9
	36-45	55	18,0	58	27,5
	46-55	46	15,1	27	12,8
Income	Below 1603	117	38,7	22	10,4
	1603-2500	96	31,8	36	17,1
	2501-3500	44	14,6	89	42,2
	3501-4500	25	8,3	41	19,4
	4501-5500	20	6,6	23	10,9
Education Level	Primary School	123	40,3	17	8,1
	High School	51	16,7	14	6,6
	Under Graduate	15	4,9	42	19,9
	Graduate	99	32,5	116	55
	Post Graduate	17	5,6	22	10,4

According to the Descriptive Statistics for Handicapped Tourists, 54,4 % Female Handicapped Tourists and 45,6% Male Handicapped Tourists are included in the study.

The Handicapped tourists ages distribution is as 29,5% are 17 and below years old, 23,6% are between 19-25 years old, 13,8% are between 26-35 years old, 18% are between 36-45 years old and 15,1% are between 46-55 years old.

Moreover The Handicapped tourists' Income level distribution is as 38,7% earn 1603 TL and below, 31,8% earn between 1603 TL-2500 TL, 14,6 % earn between 2501 TL-3500 TL, 8,3% earn between 3501 TL-4500 TL, 6,6% earn between 4501 TL-5500 TL.

Lastly when handicapped tourists' education levels who are included in the study, are examined it is seen that 40,3% are graduated from Primary Schools, 16,7% are graduated from High School, 4,9% are Under Graduates, 32,5 % are Graduates, 5,6% are Post Graduates.

According to the Descriptive Statistics for Managers and Staff 56,4 % Female Managers and Staff and 43,6% Male Managers and Staff are included in the study.

The Managers and Staff's ages distribution is as 0 % are 17 and below years old, 11,8% are between 19-25 years old, 42,9 % are between 26-35 years old, 27,5 % are between 36-45 years old and 12,8 % are between 46-55 years old.

Moreover The Managers and Staff's Income level distribution is as 10,4 % earn 1603 TL and below, 17,1% earn between 1603 TL-2500 TL, 42,2 % earn between 2501 TL-3500 TL, 19,4% earn between 3501 TL-4500 TL, 10,9 % earn between 4501 TL-5500 TL.

Lastly when Managers and Staff's education levels who are included in the study, are examined it is seen that 8,1% % are graduated from Primary Schools, 6,6 % are graduated from High School, 19,9% are Under Graduates, 55% are Graduates, 10,4% are Post Graduates.

Table 2. Descriptive Statistics for Handicapped Tourists' Travel Issues

Variable		Handicapped	
		Frequency (n)	Percent (%)
Accommodation Frequency	None	168	55,3
	Once	86	28,3
	Twice	33	10,9
	Other	17	5,6
Travel Purpose	Family and friends visit	104	34,2
	Job	31	10,2
	Leisure	58	19,1
	Health/Care	41	13,5
Accompanies	Other	70	23
	Handicapped Friends	47	15,5
	Not handicapped friends	16	5,3
	Family members	197	64,8
How many accompanies	Other	44	14,5
	None	35	11,5
	One	55	18,1
	Two	54	17,8
	Three	71	23,4
	Other	89	29,3

According to the Descriptive Statistics for Handicapped Tourists Travel Issues, 55,3% of handicapped tourists didn't accommodate at a hotel in the last one year, 28,3% of handicapped tourists accommodated once, 10,9% accommodated twice and 5,6% accommodated more at a hotel within the last one year.

According to the analysis of handicapped tourists travel purposes, 34,2% handicapped tourists travelled for family and friends visit, 10,2% travelled for job issues , 19,1%travelled for Leisure, 13,5% travelled for Health and Care and 23% travelled for other purposes.

According to the analysis of the accompanies of handicapped tourists while travelling, 15,5 % of handicapped tourists are accompanied by their handicapped friends, 5,3% handicapped tourists are accompanied by their not handicapped friends, 64,8% handicapped tourists are accompanied by their family members, 14,5 % handicapped tourists are accompanied by other people.

And Lastly according to the results of how many accompanies did handicapped tourists have while travelling, 11,5 % of handicapped tourists are accompanied by nobody, 18,1 % of handicapped tourists are accompanied by one person, 17,8% of handicapped tourists are accompanied by two people, 23,4% of handicapped tourists are accompanied by one person three people, 29,3 % of handicapped tourists are accompanied by three or more people.

Table 3. Descriptive Statistics for Handicapped Tourists

Variable		Handicapped	
		Frequency (n)	Percent (%)
Handicap Level	Severe	88	28,9
	Moderate	125	41,1
	Mild/Low	91	29,9
Handicap Type	Visual	72	23,7
	Hearing	46	15,1
	Language and Speech	44	14,5
	Physically	39	12,8
	Other	103	33,9

According to the Descriptive Statistics for Handicapped Tourists' Handicap levels and Handicap Types, 28,9 % of handicapped tourists' handicap levels are severe, 41,1% have Moderate levels and 29,9% have Mild/Low Levels. 23,7% are visually impaired, 15,1 % have hearing problems , 14,5% have Language and speech difficulties, 12,8% are physically

handicapped and 33,9 % have other problems.

Table 4. Descriptive Statistics for Managers and Staff

Variable		Staff & Managers	
		Frequency (n)	Percent (%)
Business	5 starred	91	43,1
	4 starred	62	29,4
	3 starred	23	10,9
	2 starred	6	2,8
	Private Certificate	8	3,8
	Boutique	21	10
Management	Independent Management Contract	150	71,4
	Franchising	60	28,6
Working Durations	Less than One Year	35	16,6
	1-5	140	66,4
	6-10	26	12,3
	11 and above	10	4,7
Position	General Manager	24	11,4
	Front Office Manager	39	18,5
	Housekeeping Manager	26	12,3
	Sales & Marketing Manager	31	14,7
	Other	91	43,1

According to the Descriptive Statistics for Managers and staff, 43,1% Managers and Staff from 5 starred hotels, 29,4% Managers and Staff from 4 starred hotels, 10,9% Managers and Staff from 3 starred hotels, 2,8% Managers and Staff from 2 starred hotels, 3,8% Managers and Staff from privately certificated hotels and 10 % Managers and Staff from boutique hotels are included in the study.

According to the management systems of the hotels 71,4% Managers and Staff work at hotels which have Independent Management Contract and 28,6% Managers and Staff work at hotels which are Franchising are included in the study.

According to the working durations of Managers and Staff 16,6% of them worked in the current business for less than 1 year, 66,4% of them worked in the current business between 1-5 years, 12,3% of them worked in the current business between 6-10 years and 4,7 % of them worked in the current business for 11 years and above are included in the study.

Lastly according to the Position of Managers and staff at hotels, 11,4% are General Managers, 18,5% are Front Office Managers, 12,3% are Housekeeping Managers, 14,7% are Sales and Marketing Managers and 43,1% are working at other departments.

Table 5. Descriptive Statistics for Services of Managers and Staff

Variable		Staff & Managers	
		Frequency (n)	Percent (%)
Service for handicapped	Yes	198	94,7
	No	11	5,3
How many serviced handicap	1-50	184	88,5
	51-100	24	11,5

According to the Descriptive Statistics for services of Managers and Staff, 94,7% Managers and Staff served to handicapped tourists and 5,3 % Managers and staff didn't serve to handicapped tourists and 88,5% of the managers and staff served to 1 to 50 handicapped tourists and 11,5 % handicapped tourists served to 51 to 100 tourists.

1.2. Reliability and Validity Analysis

Table 6. Explanatory Factor Analysis Results

Factors/Items	Factor Loadings							Eigen values	% of Variance	Cumulative %
	1	2	3	4	5	6	7			
APA ($\alpha = 0,887$, Ave = 1,60)								6,456	15,014	15,014
Q1	0,640									
Q2	0,632									
Q3	0,724									
Q4	0,577									
Q5	0,577									
Q6	0,535									
Q7	0,559									
Q8	0,540									
Q14	0,567									
Q16	0,494									
Q23	0,479									
AAR ($\alpha = 0,876$, Ave = 1,66)								4,793	11,146	26,160
Q17		0,691								
Q18		0,679								
Q19		0,656								
Q20		0,597								
Q25		0,538								
Q27		0,511								
Q28		0,492								
IN ($\alpha = 0,723$, Ave = 1,63)								4,019	9,346	35,506
Q29			0,518							
Q35			0,624							
Q36			0,585							
NSD ($\alpha = 0,883$, Ave = 1,64)								3,811	8,863	44,369
Q37				0,569						
Q39				0,722						
Q40				0,813						
Q41				0,785						
Q42				0,681						
Q43				0,530						
LD ($\alpha = 0,744$, Ave = 1,49)								2,699	6,276	50,645
Q48					0,550					
Q49					0,662					
Q50					0,541					
NS ($\alpha = 0,922$, Ave = 1,53)								2,613	6,077	56,722
Q52						0,612				
Q53						0,706				
Q54						0,771				
Q55						0,808				
Q56						0,753				
Q57						0,696				
Q58						0,777				
Q59						0,753				
Q60						0,602				
Q61						0,458				
PC ($\alpha = 0,880$, Ave = 2,56)								2,176	5,060	61,782
Q33							0,781			
Q63							0,865			
Q64							0,865			
KMO = 0,937; Bartlett's Test of Sphericity = 13608,782, $p < 0,001$										

The validity and reliability analysis of the Turkish-adapted Accessible Tourism perception scale are controlled by explanatory factor analysis and Cronbach

Alpha Coefficient. The KMO (Kaiser-Meyer-Olkin) value, which is the assumption of explanatory factor analysis, is determined as 0.937 and the sample size is found to be sufficient. The p value obtained according to the Bartlett sphericity test, is statistically significant and explanatory factor analysis assumptions are provided. According to the results, considering that the perception scale is divided into 7 factors, its eigenvalue is above 1. The scale's variance explained percentage is identified as above 5% and the factor loadings are identified over 0.45. The 7 factors and questions related to 7 factors are identified in the following table;

The following Table shows the reliability coefficient obtained for APA factor which is 0.887, factor average is 1.60, eigenvalues 6,456, The variance explanation rate is determined as 15,014.

Within the scope of the APA factor, questions numbered 1,2,3,4,5,6,7,8,14,16 and 23 are collected. According to the results of the explanatory factor analysis, an explanation rate of 61.782% is obtained with the factor structure obtained. Within the framework of all these findings, the construct validity of the perception scale adapted to Turkish was provided.

When the questions in APA factor are examined, the question which has the highest average as 1,76 is identified as 'A hotel should use short/lower carpet' the question which has the lowest average as 1,51 is identified as 'A hotel should provide signage in Braille and raised lettering on public facilities'.

Table 7. Descriptive Statistics for Accessibility in Public Areas (APA)

Factors/Items	Ave	SD
<i>Accessibility in Public Areas (APA)</i>		
Q1: A hotel should provide signage in Braille and raised lettering on public facilities	1,51	0,79
Q2: A hotel should lower the "emergency button" in the elevators for disabled guests who may need help	1,62	0,84
Q3: A hotel should provide automatic door when revolving door is used at the main entrance	1,63	0,81
Q4: A hotel should use short/lower carpet	1,76	0,87
Q5: A hotel should install the "emergency button" in all exits for disabled guests who may need help	1,54	0,76
Q6: A hotel should install a button which can extend the elevator door closing time	1,57	0,76
Q7: A hotel should extend the width of elevator door to at least 100 cm	1,62	0,75
Q8: A hotel should provide an adjacent access aisle to allow persons who use wheelchairs, walkers or other mobility aids to transfer to and from their car/van	1,60	0,80
Q14: A hotel should install flashing (visual) fire alarms in all public areas	1,60	0,74
Q16: A hotel should provide Braille or raised lettering in all elevators	1,58	0,80
Q23: A hotel should provide Braille or raised lettering of room number	1,57	0,78

The following Table shows the reliability coefficient obtained for AAR factor which is 0,876, factor average is 1,66 eigenvalues 4,793 , The variance explanation rate is determined as 9,346.

Within the scope of the AAR factor, questions numbered 17,18,19,20,25,27 and 28 are collected. According to the results of the explanatory factor analysis, an explanation rate of 61.782% is obtained with the factor structure obtained. Within the framework of all these findings, the construct validity of the perception scale adapted to Turkish was provided.

When the questions in AAR factor are examined, the question which has the highest average as 1,77 is identified as ‘A hotel should remove unnecessary decorations in the public area’ the question which has the lowest average as 1,58 is identified as ‘A hotel should install speaker telephone in all accessible rooms’.

Table 8. Descriptive Statistics for Accessibility of Accessible Rooms (AAR)

Factors/Items	Ave	SD
<i>Accessibility of Accessible Rooms (AAR)</i>		
Q17: A hotel should remove unnecessary decorations in the public area	1,77	0,92
Q18: A hotel should provide extra space in which to move around in all accessible rooms	1,67	0,83
Q19: A hotel should install an adjustable sink in the bathroom of all accessible rooms	1,65	0,82
Q20: A hotel should install light controls reachable from the bed in all accessible rooms	1,61	0,78
Q25: A hotel should install speaker telephone in all accessible rooms	1,58	0,73
Q27: A hotel should install adjustable light in all accessible rooms	1,65	0,80
Q28: A hotel should install flashing (visual) doorbells in all accessible rooms	1,66	0,83

The following Table shows the reliability coefficient obtained for IN factor which is 0,723 factor average is 1,62 eigenvalues 4,019 , The variance explanation rate is determined as 9,346.

Within the scope of the APA factor, questions numbered 29,35 and 36 are collected. According to the results of the explanatory factor analysis, an explanation rate of 61.782% is obtained with the factor structure obtained. Within the framework of all these findings, the construct validity of the perception scale adapted to Turkish was provided.

When the questions in IN factor are examined, the question which has the highest average as 1,65 is identified as ‘A hotel should prepare a bucket of ice for disabled guests’ the question which has the lowest average as 1,61 is identified as ‘A hotel should provide special

reservation line for people with speaking impairments’.

Table 9. Descriptive Statistics for Informative Needs (IN)

Factors/Items	Ave	SD
<i>Informative Needs (IN)</i>		
Q29: A hotel should provide special reservation line for people with speaking impairments	1,61	0,81
Q35: A hotel should prepare a bucket of ice for disabled guests	1,65	0,83
Q36: A hotel should provide local accessible traveling information	1,63	0,77

The following Table shows the reliability coefficient obtained for NSD factor which is 0,883 factor average is 1,63 eigenvalues 3,811 , The variance explanation rate is determined as 8,863.

Within the scope of the NSD factor, questions numbered 37,39,40,41,42 and 43 are collected. According to the results of the explanatory factor analysis, an explanation rate of 61.782% is obtained with the factor structure obtained. Within the framework of all these findings, the construct validity of the perception scale adapted to Turkish was provided.

When the questions in NSD factor are examined, the question which has the highest average as 1,71 is identified as ‘A hotel should provide free valet for disabled guests’ the question which has the lowest average as 1,52 is identified as ‘A hotel should provide transport vehicles which are suitable for disabled people in packet programmes’.

Table 10. Descriptive Statistics for Needs and Satisfaction with Discount (NSD)

Factors/Items	Ave	SD
<i>Needs and Satisfaction Discount (NSD)</i>		
Q37: A hotel should provide free valet for disabled guests	1,71	0,92
Q39: A hotel should provide discounts to disabled guests	1,63	0,86
Q40: A hotel should provide discounts to family members who accompanying disabled guests	1,65	0,89
Q41: A hotel should provide room service discounts for disabled guests	1,66	0,89
Q42: A hotel should provide discounts to volunteers who accompanying disabled guests	1,67	0,87
Q43: A hotel should provide transport vehicles which are suitable for disabled people in packet programmes	1,52	0,71

The following Table shows the reliability coefficient obtained for LD factor which is 0,744 factor average is 1,487 eigenvalues 2,699 , The variance explanation rate is determined as 6,276.

Within the scope of the LD factor, questions numbered 48,49 and 50 are collected. According to the results of the explanatory factor analysis, an explanation rate of 61.782% is obtained with the factor structure obtained. Within the framework of all these findings, the

construct validity of the perception scale adapted to Turkish was provided.

When the questions in LD factor are examined, the question which has the highest average as 1,61 is identified as ‘A hotel should be aware of that There is potential for development of tourism in Turkey with disabilities’ the question which has the lowest average as 1,40 is identified as ‘A hotel should provide staff with adequate training in order to serve the disabled ‘.

Table 11. Descriptive Statistics for Legislative Duties (LD)

Factors/Items	Ave	SD
<i>Legislative Duties (LD)</i>		
Q48: A hotel should Cooperate between the state, non-governmental organizations and sector representatives are needed to develop disabled tourism.	1,45	0,75
Q49: A hotel should be aware of that There is potential for development of tourism in Turkey with disabilities.	1,61	0,88
Q50: A hotel should provide staff with adequate training in order to serve the disabled.	1,40	0,69

The following Table shows the reliability coefficient obtained for NS factor which is 0,922 factor average is 1,527 eigenvalues 2,613 , The variance explanation rate is determined as 6,276.

Within the scope of the NS factor, questions numbered 52,53,54,55,56,57,58,59,60 and 61 are collected. According to the results of the explanatory factor analysis, an explanation rate of 61.782% is obtained with the factor structure obtained. Within the framework of all these findings, the construct validity of the perception scale adapted to Turkish was provided.

When the questions in NS factor are examined, the question which has the highest average as 1,66 is identified as ‘A hotel should make special arrangements in restaurants for people with disabilities’ the question which has the lowest average as 1,43 is identified as ‘A hotel should inform people with disabilities adequately about tourist areas.

Table 12. Descriptive Statistics for Needs and Satisfaction (NS)

Factors/Items	Ave	SD
<i>Needs and Satisfaction (NS)</i>		
Q52: A hotel should inform people with disabilities adequately about tourist areas.	1,43	0,62
Q53: A hotel should adapt Beach and sun lounges for disabled people.	1,51	0,72
Q54: A hotel should adapt Landscaping for disabled people.	1,55	0,72
Q55: A hotel should adapt Toilets and bathrooms in disabled rooms for disabled people	1,50	0,70
Q55: A hotel should adapt Toilets and bathrooms in public areas for disabled people	1,54	0,72
Q57: A hotel should provide Braille alphabet For the visually impaired,	1,48	0,71
Q58: A hotel should provide Visual plates for hearing impaired people adequately.	1,50	0,68
Q59: A hotel should adapt Elevators for disabled people.	1,49	0,67
Q60: A hotel should make special arrangements in restaurants for people with disabilities.	1,66	0,86
Q61: A hotel should design Parking for disabled guests.	1,63	0,81

The following Table shows the reliability coefficient obtained for PC factor which is 0,880 factor average is 2,562 eigenvalues 2,176, The variance explanation rate is determined as 6,276.

Within the scope of the NS factor, questions numbered 33,63 and 64 are collected. According to the results of the explanatory factor analysis, an explanation rate of 61.782% is obtained with the factor structure obtained. Within the framework of all these findings, the construct validity of the perception scale adapted to Turkish was provided.

When the questions in PC factor are examined, the question which has the highest average as 2,75 is identified as ‘A hotel should provide specially designed facilities for disabled people.’ the question which has the lowest average as 2.48 is identified as ‘A hotel should provide a suitable dining place for disabled guests ‘.

Table 13. Descriptive Statistics for Priority Claim (PC)

Factors/Items	Ave	SD
<i>Priority Claim (PC)</i>		
Q33: A hotel should provide a suitable dining place for disabled guests	2,48	1,45
Q63: A hotel should provide Special buildings for disabled people.	2,45	1,49
Q64: A hotel should provide specially designed facilities for disabled people.	2,75	1,57

1.3. Hypothesis Analysis

Table 14. Descriptive Statistics And Correlation Table For Managers & Staff

Factors	Ave	SD	APA	AAR	IN	NSD	LD	NS	PC	PS
APA	1,56	0,40								
AAR	1,68	0,52	0,749***							
IN	1,67	0,58	0,650***	0,672***						
NSD	1,75	0,54	0,586***	0,603***	0,671***					
LD	1,30	0,52	0,546***	0,574***	0,562***	0,591***				
NS	1,62	0,45	0,581***	0,623***	0,564***	0,595***	0,537***			
PC	3,58	1,24	0,377***	0,476***	0,402***	0,474***	0,490***	0,542***		
PS	1,88	0,37	0,794***	0,839***	0,809***	0,819***	0,774***	0,794***	0,709***	

P<0,05, **P<0,01, * P<0,001, APA: Accessibility in Public Areas, AAR: Accessibility of Accessible Rooms, IN: Informative Needs, NSD: Needs and Satisfaction with Discount, LD: Legislative Duties, NS: Needs and Satisfaction, PC: Priority Claim, PS: Perception Scale*

For the Managers and Staff, the mean value of the APA factor is identified as 1.56, the mean value of AAR factor is identified as 1.68, the mean value of IN is identified as 1.67, the mean value of NSD is identified as 1.75, the mean value of LD is identified as 1.30, the mean value of NS is identified as 1.62 and the mean of PC scale is identified as 3.58.

The most meaningful differences among APA factor ,factors and Accessible Tourism Perception Scale are identified between APA and AAR factor as 0,749 and between APA and PS Scale as 0,794.

The most meaningful differences among AAR factor ,factors and Accessible Tourism Perception Scale are identified between AAR and APA factor as 0,749 and between AAR and PS Scale as 0,839.

The most meaningful differences among IN factor ,factors and Accessible Tourism Perception Scale are identified between IN and AAR factor as 0,672 and between IN and PS Scale as 0,809.

The most meaningful differences among NSD factor ,factors and Accessible Tourism Perception Scale are identified between NSD and IN factor as 0,671 and between NSD and PS Scale as 0,819.

The most meaningful differences among LD factor ,factors and Accessible Tourism Perception Scale are identified between LD and NSD factor as 0,591 and between LD and PS Scale as 0,774

The most meaningful differences among NS factor ,factors and Accessible Tourism

Perception Scale are identified between NS and AAR factor as 0,623 and between NS and PS Scale as 0,794.

The most meaningful differences among PC factor ,factors and Accessible Tourism Perception Scale are identified between PC and NS factor as 0,542 and between PC and PS Scale as 0,709.

Table 15. Descriptive statistics and correlation table for Handicapped Tourists

Factors	Ave	SD	APA	AAR	IN	NSD	LD	NS	PC	PS
APA	1,63	0,62								
AAR	1,64	0,68	0,629***							
IN	1,60	0,69	0,451***	0,533***						
NSD	1,56	0,76	0,355***	0,488***	0,463***					
LD	1,61	0,67	0,390***	0,472***	0,282***	0,495***				
NS	1,46	0,61	0,582***	0,557***	0,496***	0,431***	0,370***			
PC	1,86	0,90	-0,035	-0,033	0,042	0,142*	-0,147*	0,164*		
PS	1,62	0,55	0,618***	0,693***	0,659***	0,706***	0,515***	0,728***	0,505***	

P<0,05, **P<0,01, * P<0,001, APA: Accessibility in Public Areas, AAR: Accessibility of Accessible Rooms, IN: Informative Needs, NSD: Needs and Satisfaction with Discount, LD: Legislative Duties, NS: Needs and Satisfaction, PC: Priority Claim, PS: Perception Scale*

For the Handicapped Tourists, the mean value of the APA factor is identified as 1,63, the mean value of AAR factor is identified as 1,64, the mean value of IN is identified as 1,60, the mean value of NSD is identified as 1.56, the mean value of LD is identified as 1,61 , the mean value of NS is identified as 1.46 and the mean of PC scale is identified as 1,86.

The most meaningful differences among APA factor ,factors and Accessible Tourism Perception Scale are identified between APA and AAR factors as 0,629 and between AAP and PS Scale as 0,618.

The most meaningful differences among AAR factor ,factors and Accessible Tourism Perception Scale are identified between AAR and APA factors as 0,629 and between AAR and PS Scale as 0,693.

The most meaningful differences among IN factor ,factors and Accessible Tourism Perception Scale are identified between IN and AAR factors as 0,533 and between IN and PS Scale as 0,659.

The most meaningful differences among NSD factor ,factors and Accessible Tourism Perception Scale are identified between NSD and LD factors as 0,495 and between NSD and PS Scale as 0,706.

The most meaningful differences among LD factor ,factors and Accessible Tourism

Perception Scale are identified between LD and NSD factors as 0,495 and between LD and PS Scale as 0,515.

The most meaningful differences among NS factor ,factors and Accessible Tourism Perception Scale are identified between NS and APA factors as 0,582 and between NS and PS Scale as 0,728.

The most meaningful differences among PC factor ,factors and Accessible Tourism Perception Scale are identified between PC and NS factors as 0,164 and between PC and PS Scale as 0,505

H1: Managers' And Staff' s Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to Accessible Tourism Perceptions

H1.1. Managers' and Staff' s Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to whether managers and staff serve to Handicapped Tourists or not.

H1.1.a. Managers' and Staff' s Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to whether managers and staff serve to Physically Handicapped Tourists or not.

Table 16. The Analysis of Accessible Tourism Perception Scale Scores according to services given by hotels to Physically Handicapped Tourists

Factors	Not Serviced (n =18)		Serviced (n =188)		p
	Mean	SD	Mean	SD	
APA	1,89	0,58	1,52	0,37	0,004**
AAR	1,97	0,78	1,65	0,47	0,074
IN	2,23	0,80	1,62	0,52	0,000***
NSD	2,17	1,03	1,71	0,45	0,023*
LD	1,79	1,14	1,26	0,39	0,051
NS	1,96	0,87	1,58	0,38	0,020*
PC	2,81	1,16	3,66	1,22	0,002**
PS	2,12	0,73	1,86	0,30	0,027*

P<0,05, **P<0,01, * P<0,001, APA: Accessibility in Public Areas, AAR: Accessibility of Accessible Rooms, IN: Informative Needs, NSD: Needs and Satisfaction with Discount, LD: Legislative Duties, NS: Needs and Satisfaction, PC: Priority Claim, PS: Perception Scale*

Mann Whitney U Test is conducted to determine the meaningful difference according to the level of service provided by the managers and staff for Physically Handicapped tourists, There are statistically significant differences for APA factor (p = 0.004 <0.05), IN factor (p

<0.001), for NSD Factor ($p=0,023 < 0.05$), for NS Factor ($p=0,020 < 0.05$), for PC factor ($p = 0.002 < 0.05$) and for PS (Perception Scale) ($p=0,027 < 0.05$). There is no statistically significant difference for other factors and perception scale ($p > 0.05$).

When the analysis examined, for the APA (Accessibility in Public Areas) factor the mean value of hotels that didn't serve to Physically Handicapped Tourists are identified as higher with 1,89 than the ones that served to Physically Handicapped Tourists with 1,52. This means that managers and staff at hotels that didn't serve to Physically Handicapped Tourists are more aware of the need of (APA) accessibility in public areas than the ones that served to Physically Handicapped Tourists. For the IN (Informative Needs), the mean value of hotels that didn't serve to Physically Handicapped Tourists are identified higher with mean value 2,23 than the ones that served to Physically Handicapped Tourists with mean value 1,62. For NSD (Needs and Satisfaction with Discount) Factor the mean value of hotels that didn't serve to Physically Handicapped Tourists are identified as higher with 2,17 than the ones that served to Physically Handicapped Tourists with 1,71. For also For NS (Needs and Satisfaction) Factor the mean value of hotels that didn't serve to Physically Handicapped Tourists are identified again as higher with 1,96 than the ones that served to Physically Handicapped Tourists with 1,58.

Moreover, for PC (Priority Claim) managers and staff at hotels that served to Physically Handicapped Tourists think that these tourists demand more Priority Claim with mean value 3,66 than the ones that didn't serve to Physically Handicapped Tourists with mean value 2,81. For PS (Perception Scale) the mean value of hotels that didn't serve to Physically Handicapped Tourists are identified as higher with 2,12 than the ones that served to Physically Handicapped Tourists with 1,86.

Lastly, Managers and staff who didn't serve to Physically Handicapped Tourists think that Physically Handicapped Tourists are more In Need Of Information (IN) at hotels, they also think that Accessibility In Public Areas (APA), NSD (Needs and Satisfaction with Discount) , NS (Needs and Satisfaction) for handicapped tourists are important so therefore they are more aware of the arrangements that should be done related to these factors. For PS (Perception Scale) the same situation is valid for overall these issues.

However contrary to the situation above the managers and staff who served to Physically Handicapped claim that Physically Handicapped tourists claim more priority (PC) at hotels.

H1.1.b. Managers' and Staff's Accessible Tourism Perception Scale Dimension

Scores are meaningfully different according to whether managers and staff serve to Visually Handicapped Tourists or not.

Table 17. The Analysis of Accessible Tourism Perception Scale Scores according to services given by hotels to Visually Impaired Tourists

Factors	Not Serviced (n = 25)		Serviced (n = 181)		p
	Mean	SD	Mean	SD	
APA	1,73	0,52	1,53	0,38	0,045*
AAR	1,76	0,74	1,66	0,47	0,915
IN	1,74	0,79	1,66	0,54	0,999
NSD	2,01	0,92	1,72	0,46	0,165
LD	1,65	1,02	1,26	0,39	0,138
NS	1,78	0,77	1,59	0,38	0,199
PC	2,93	1,43	3,67	1,19	0.016*
PS	1,95	0,67	1,88	0,31	0,757

****P<0,05, **P<0,01, *** P<0,001, APA: Accessibility in Public Areas, AAR: Accessibility of Accessible Rooms, IN: Informative Needs, NSD: Needs and Satisfaction with Discount, LD: Legislative Duties, NS: Needs and Satisfaction, PC: Priority Claim, PS: Perception Scale***

Mann Whitney U Test is conducted to determine the meaningful difference according to the level of service provided by the managers and staff for Visually Impaired tourists, There are statistically significant differences for APA factor ($p = 0.045 < 0.05$), and PC factor ($p = 0.016 < 0.05$), There is no statistically significant difference for other factors and perception scale ($p > 0.05$).

When the analysis are examined, for the APA factor the mean value of hotels that didn't serve to Visually Impaired Tourists are identified as higher with mean value 1,73 than the ones that served to Visually Impaired Tourists with mean value 1,53.

For PC (Priority Claim) factor perceptions hotels that served to Visually Impaired Tourists with mean value 3,67 are identified higher than the ones that didn't serve with mean value 2,93. This means that managers and staff who serve to hotels that serve to Visually Impaired Tourists think that Priority is important for these tourists.

H1.1.c. Managers' and Staff's Accessible Tourism Perception Scale Dimension

Scores are meaningfully different according to whether managers and staff serve to Hearing and Speech Impaired Tourists or not.

Table 18. The Analysis of Accessible Tourism Perception Scale Scores according to services given by hotels to Hearing and Speech Impaired Tourists

Factors	Not Serviced (n=29)		Serviced (n=176)		p
	Mean	SD	Mean	SD	
APA	1,64	0,48	1,54	0,39	0,247
AAR	1,68	0,60	1,67	0,50	0,816
IN	1,80	0,82	1,65	0,53	0,605
NSD	1,89	0,83	1,73	0,48	0,690
LD	1,45	0,84	1,28	0,44	0,704
NS	1,71	0,79	1,60	0,37	0,762
PC	2,81	1,35	3,71	1,18	0,001**
PS	1,86	0,64	1,89	0,31	0,369

P<0,05, **P<0,01, * P<0,001, APA: Accessibility in Public Areas, AAR: Accessibility of Accessible Rooms, IN: Informative Needs, NSD: Needs and Satisfaction with Discount, LD: Legislative Duties, NS: Needs and Satisfaction, PC: Priority Claim, PS: Perception Scale*

Mann Whitney U Test is conducted to determine the meaningful difference according to the level of service provided by the managers and staff for Speech and Hearing Impaired Tourists, There is a statistically significant difference for PC Factor ($p = 0,001 < 0.05$). There is no statistically significant difference for other factors and perception scale ($p > 0.05$).

When the analysis examined, there is a statistically significant difference for only PC (Priority Claim) and for the PC (Priority Claim) factor the mean value of hotels that served to Speech and Hearing Impaired with mean value 3,71 is identified higher than the ones that did not with mean value 2,81.

Hotel managers and staff are more aware of the importance of priority claim for handicapped tourists as identified previously

***H1.1.d. Managers' and Staff's Accessible Tourism Perception Scale
Dimension Scores are meaningfully different according to whether managers
and staff serve to tourists with Wheel Chairs or not.***

***Table 19. The Analysis of Accessible Tourism Perception Scale Scores according to services given
by hotels to tourists with Wheelchairs***

Factors	Not Serviced (n=14)		Serviced (n=192)		p
	Mean	SD	Mean	SD	
APA	1,85	0,54	1,53	0,38	0,008**
AAR	1,70	0,64	1,67	0,50	0,966
IN	2,02	0,86	1,64	0,54	0,104
NSD	2,01	0,93	1,73	0,50	0,164
LD	1,47	1,08	1,29	0,46	0,586
NS	1,91	0,97	1,59	0,38	0,175
PC	3,00	1,35	3,63	1,22	0,042*
PS	1,99	0,81	1,87	0,31	0,541

P<0,05, **P<0,01, * P<0,001, APA: Accessibility in Public Areas, AAR: Accessibility of Accessible Rooms, IN: Informative Needs, NSD: Needs and Satisfaction with Discount, LD: Legislative Duties, NS: Needs and Satisfaction, PC: Priority Claim, PS: Perception Scale*

Mann Whitney U Test conducted to determine the meaningful difference according to the level of service provided by the managers and staff for tourists who use wheelchairs. There is a statistically significant difference for APA factor ($p = 0.008 < 0.05$) and PC ($p = 0.042 < 0.05$) Factor. There is no statistically significant difference for other factors and perception scale ($p > 0.05$).

When the analysis examined, for both APA (Accessibility in Public Areas) factor mean value is identified higher for managers and staff who did not serve to tourists with wheelchairs as 1,85 than the ones that served as 1,85.

However for the PC (Priority claim) the situation is different. Manager and staff who served are identified higher as 3,63 than the ones that didn't serve as 3.00. Except from the Priority Claim factor the generally factors that have significant differences are identified to have higher mean values for managers and staff who didn't serve to handicapped tourists than the ones who served. This means that managers and staff who didn't serve to handicapped tourists, are more aware of what should be done and more eager to support handicapped tourists during their tourism activities.

H1.2: Managers' and Staff's Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to the number of Handicapped Tourists accommodating at the hotel.

Table 20: The Analysis of Accessible Tourism Perception Scale Scores

according to the number of Tourists Accommodating At The Hotel

Factors	1-50 (n=184)		51-100 (n=24)		p
	Mean	SD	Mean	SD	
APA	1,57	0,38	1,41	0,54	0,005**
AAR	1,68	0,49	1,64	0,68	0,151
IN	1,70	0,56	1,44	0,64	0,017*
NSD	1,73	0,48	1,88	0,86	0,834
LD	1,28	0,49	1,48	0,68	0,105
NS	1,66	0,44	1,27	0,40	0,000***
PC	3,66	1,16	2,90	1,65	0,106
PS	1,90	0,35	1,72	0,44	0,015*

P<0,05, **P<0,01, * P<0,001, APA: Accessibility in Public Areas, AAR: Accessibility of Accessible Rooms, IN: Informative Needs, NSD: Needs and Satisfaction with Discount, LD: Legislative Duties, NS: Needs and Satisfaction, PC: Priority Claim, PS: Perception Scale*

Mann Whitney U Test is conducted to determine the meaningful difference according to the number of Handicapped tourists accommodating at the hotel. There are statistically significant differences for APA factor ((p = 0.005 <0.05), IN factor (p = 0.017 <0.05), NS factor (p <0.001) and PS factor (p = 0.015 <0.05). There is no statistically significant difference for other factors and perception scale (p> 0.05).

When the analysis examined, For APA (Accessibility in Public Areas) Factor hotels that accommodate between 1-50 handicapped tourists have the higher mean value identified as 1,57 than hotels that accommodate between 51-100 handicapped tourists with mean value 1,41.

For IN (Informative Needs) factor hotels that accommodate between 1-50 handicapped tourists have the higher mean value identified as 1,70 than hotels that accommodate between 51-100 handicapped tourists with mean value 1,44. For NS (Needs and Satisfaction) factor hotels that accommodate between 1-50 handicapped tourists have the higher mean value identified as 1,66 than hotels that accommodate between 51-100 handicapped tourists with mean value 1,27.

For (PS) Accessible Tourism Perception Scale hotels that accommodate between 1-50 handicapped tourists have the higher mean value identified as 1,90 than hotels that accommodate between 51-100 handicapped tourists with mean value 1,72.

Lastly, The Analysis of the number of Handicapped Tourists accommodating at the hotel according to the Dimensions of Accessible Tourism Perception Scale has meaningful difference between factors APA IN and PS and the higher mean value of these factors belong to managers and staff who accommodate between 1-50.

H1.3: Managers' and Staff' s Accessible Tourism Perception Scale

Dimension Scores are meaningfully different according to hotels' star numbers.

Table 21. The Analysis of Accessible Tourism Perception Scale Scores according to hotels' star numbers

Factors	5 starred (n=91)		3 starred (n=62)		3 starred (n=23)		2 starred (n=6)		Private Certificate (n=8)		Boutique Hotel (n=21)		p
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	
APA	1,44 ^a	0,30	1,64 ^b	0,46	1,56	0,33	1,51	0,87	2,01 ^b	0,36	1,65	0,32	0,000 ^{***}
ARR	1,58	0,37	1,76	0,67	1,65	0,43	1,95	0,82	1,96	0,63	1,63	0,33	0,593
IN	1,60	0,50	1,63	0,58	1,72	0,61	2,28	1,39	1,95	0,57	1,71	0,39	0,487
NSD	1,70	0,47	1,77	0,55	1,74	0,42	2,55	1,36	1,64	0,34	1,66	0,41	0,549
LD	1,30	0,41	1,37	0,58	1,10 ^a	0,21	2,05 ^b	1,49	1,25	0,46	1,11 ^a	0,24	0,021 [*]
NS	1,54	0,36	1,66	0,41	1,69	0,43	1,85	1,55	1,61	0,34	1,65	0,35	0,272
PC	3,56	1,24	3,43	1,39	3,66	1,18	3,88	1,48	3,12	1,06	3,57	1,24	0,328
PS	1,82	0,31	1,89	0,39	1,87	0,32	2,29	1,08	1,93	0,16	1,93	0,17	0,743

P<0,05, **P<0,01, ***P<0,001, Letters in the same row are considered that there are statistically significant/meaningful difference, APA: Accessibility in Public Areas, AAR: Accessibility of Accessible Rooms, IN: Informative Needs, NSD: Needs and Satisfaction with Discount, LD: Legislative Duties, NS: Needs and Satisfaction, PC: Priority Claim, PS: Perception Scale

To determine whether there is a difference between the perception scale and the sub-dimensions according to the service classification of hotels, according to Kruskal Wallis Test statistically significant differences are identified, for APA factor ($p < 0.001$), and for LD factor ($p = 0.021 < 0.05$). No statistically significant difference is found for other factors and perception scale ($p > 0.05$).

Conover-Iman Test is used to compare the significant differences. According to the results, there are statistically significant differences between the perception of APA (Accessibility in Public Areas) factor of 5 starred hotels with mean value 1,44 and the APA(Accessibility in Public Areas) factor perceptions of 4 starred with mean value 1,64 and privately certified hotels with mean value 2,01. APA factor

perceptions of privately certified hotels are higher than 5 starred and 4 starred hotels.

When the analysis examined, it is seen that privately certified hotels are more aware of APA (Accessibility in Public Areas) with the mean value 2,01 and has significant difference between 5 starred hotels which has the lowest mean value as 1,44. No statistically significant difference found between the other hotel service classes according to the APA factor.

For the LD (Legislative Duties) factor again 2 starred hotels are more eager to be informed and to apply legislative duties with the highest mean value 2,05 and has significant difference between, 3 starred hotels with mean value 1,10 and boutique hotels with mean value 1,11.

H1.4: Managers' and Staff's Accessible Tourism Perception Scale

Dimension Scores are meaningfully different according to their education levels.

Table 22. The Analysis of Accessible Tourism Perception Scale Scores according to managers' and staff's Education Levels

Factors	Primary School (n=17)		High School (n=14)		Undergraduate (n=42)		Graduate (n=116)		Post Graduate (n=22)		P
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	
APA	1,68	0,60	1,61	0,44	1,60	0,34	1,52	0,35	1,49	0,54	0,404
ARR	1,93	0,99	1,68	0,51	1,74	0,41	1,60	0,36	1,70	0,74	0,327
IN	1,82	0,67	1,90 ^a	0,72	1,78	0,49	1,59 ^b	0,48	1,59 ^b	0,48	0,048*
NSD	1,73	0,52	1,63	0,64	1,78	0,51	1,70	0,40	2,01	0,97	0,693
LD	1,47 ^a	0,35	1,38	0,46	1,33	0,60	1,22 ^b	0,40	1,48 ^a	0,87	0,031*
NS	1,61	0,44	1,45 ^a	0,47	1,73 ^b	0,34	1,59	0,35	1,59	0,87	0,044*
PC	1,96 ^a	1,07	2,07 ^a	1,01	3,82 ^b	0,93	3,95 ^b	0,96	3,30 ^b	1,57	0,000***
PS	1,74	0,51	1,67	0,47	1,97	0,25	1,88	0,24	1,88	0,71	0,142

P<0,05, **P<0,01, ***P<0,001, Letters in the same row are considered that there are statistically significant/meaningful difference, APA: Accessibility in Public Areas, AAR: Accessibility of Accessible Rooms, IN: Informative Needs, NSD: Needs and Satisfaction with Discount, LD: Legislative Duties, NS: Needs and Satisfaction, PC: Priority Claim, PS: Perception Scale

To determine whether there is a difference between the perception scale and the sub-dimensions according to the Managers' and staffs' education levels, according to Kruskal Wallis Test statistically significant differences are identified for IN factor (p= 0.048 <0.05), for LD Factor (p= 0.031 <0.05), for NS Factor (p =

0.44 <0.05) and for PC factor ($p < 0.001$). No statistically significant difference is found for other factors and perception scale ($p > 0.05$).

Conover-Iman Test was used to compare the significant differences. According to the results, there are a statistically significant difference “among education levels of staff and managers and IN (Informative Needs) Factor Perception, for LD (Legislative Duties) Factor Perception, for NS (Needs and Satisfaction) Factor Perception and for PC (Priority Claim) Factor perception.

For the IN (Informative Needs) Factor the highest mean value determined as 1,90 belongs to Managers and staff who are graduated from High School and has statistically significant difference between staff and managers who are graduates with mean value 1,59 and Post Graduates with mean value 1,59 which means that Managers and Staff who were graduated from High school are more in need of Information about Handicapped Tourists.

For the LD (Legislative Duties) Factor the highest mean value determined as 1,48 belongs to Managers and staff who are Post Graduates. A significant difference is identified between Managers and Staff who are graduated from Primary School with mean value 1,47 and Post Graduates with mean value 1,48 and managers and staff who are graduates 1,22.

For the NS (Needs and Satisfaction) Factor the highest mean value determined as 1,73 belongs to Managers and staff who are Under Graduates. A significant difference is identified between Managers and Staff who are graduated from High School with mean value 1,45 and Under Graduates with mean value 1,73.

For the PC (Priority Claim) Factor the highest mean value determined as 3,95 belongs to graduate Managers and staff and has statistically significant difference between staff and managers who graduated from Primary School with the mean value 1,96 and high School with the mean value 2,07 and staff and managers who are undergraduate with the mean value 3,82, graduate with the mean value 3,95 and postgraduate with the mean value 3,30.

PC (Priority Claim) factor is considered to be more important to staff and managers who are graduate.

H1.5: Managers' and Staff's Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to their ages.

Table 23. The Analysis of Accessible Tourism Perception Scale Scores according to managers' and staff's ages

Factors	19-25 (n=25)		26-35 (n=101)		36-45 (n=58)		46+ (n=27)		p
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	
APA	1,74	0,58	1,55	0,28	1,49	0,40	1,53	0,54	0,145
AAR	2,01	0,94	1,61	0,34	1,63	0,48	1,67	0,46	0,507
IN	1,72	0,83	1,64	0,53	1,65	0,52	1,74	0,59	0,891
NSD	1,84	0,88	1,70	0,40	1,71	0,51	1,89	0,64	0,645
LD	1,68 ^a	0,89	1,23 ^b	0,39	1,29 ^b	0,50	1,24 ^b	0,34	0,011 [*]
NS	1,78	0,87	1,61	0,33	1,58	0,35	1,51	0,43	0,711
PC	2,77 ^a	1,44	3,77 ^b	1,11	3,51 ^b	1,30	3,70 ^b	1,11	0,011 [*]
PS	1,93	0,71	1,88	0,25	1,84	0,36	1,90	0,28	0,847

P<0,05, **P<0,01, ***P<0,001, Letters in the same row are considered that there are statistically significant/meaningful difference, *APA: Accessibility in Public Areas, AAR: Accessibility of Accessible Rooms, IN: Informative Needs, NSD: Needs and Satisfaction with Discount, LD: Legislative Duties, NS: Needs and Satisfaction, PC: Priority Claim, PS: Perception Scale*

To determine whether there is a difference between the perception scale and the sub-dimensions according to the Managers' and staffs' ages, according to Kruskal Wallis Test statistically significant differences are identified, for LD Factor ($p = 0.001 < 0.05$) and for PC Factor ($p = 0.003 < 0.05$). No statistically significant difference is found for other factors and perception scale ($p > 0.05$).

Conover-Iman multiple comparison test is used to compare the significant differences. According to the results, there are statistically significant differences between the perception of Managers' and staffs' Ages and factors.

For the LD (Legislative Duties) factor with the highest mean value identified as 1,68 managers and staff who are at the age of between 19-25 are more aware of the legislative duties that should be applied for the comfort of handicapped tourists, and has meaningful difference between managers and staff who are at the ages of 26-

35 with the mean value 1,23, 36-45 with the mean value 1,29 and 46 and above with the mean value 1,24.

PC (Priority Claim) factor for managers and staff at the age of between 26-35 has the highest mean value as 3,77 which means that this age group of managers and staff are aware of that handicapped tourists desire to have priorities during their tourism activities. PC (Priority Claim) factor for managers and staff at the age of between 26-35 with mean value 3,77, between 36-45 with mean value 3,51 and 46 and above with mean value 3,79 has also meaningful difference between managers' and staff's thoughts on priority claim who are at the of between 19-25 with mean value 2,77.

***H1.6: Managers' and Staff' s Accessible Tourism Perception Scale
Dimension Scores are meaningfully different according to their positions.***

Table 24. The Analysis of Accessible Tourism Perception Scale Scores according to managers' and staff's positions

	General Manager (n=24)		Front Office Manager (n=39)		Housekeeping Manager (n=26)		Sales and Marketing Manager (n=31)		Other (n=91)		
Factors	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	p
APA	1,51	0,44	1,57	0,32	1,53	0,44	1,58	0,42	1,56	0,41	0,874
AAR	1,67	0,49	1,58	0,33	1,70	0,46	1,65	0,49	1,71	0,60	0,965
IN	1,65	0,46	1,69	0,51	1,78	0,54	1,54	0,52	1,67	0,65	0,630
NSD	1,92	0,59	1,72	0,35	1,80	0,65	1,70	0,51	1,71	0,56	0,730
LD	1,27	0,35	1,20	0,37	1,34	0,62	1,27	0,57	1,35	0,56	0,268
NS	1,42	0,39	1,61	0,34	1,60	0,41	1,60	0,42	1,67	0,51	0,198
PC	3,93	1,04	3,88	1,09	4,01 ^a	0,99	3,61	1,22	3,21 ^b	1,33	0,012*
PS	1,91	0,19	1,89	0,26	1,97	0,24	1,85	0,38	1,84	0,46	0,447

P<0,05, **P<0,01, ***P<0,001, Letters in the same row are considered that there are statistically significant/meaningful difference, *APA: Accessibility in Public Areas, AAR: Accessibility of Accessible Rooms, IN: Informative Needs, NSD: Needs and Satisfaction with Discount, LD: Legislative Duties, NS: Needs and Satisfaction, PC: Priority Claim, PS: Perception Scale*

To determine whether there is a difference between the perception scale and the sub-dimensions according to the Managers' and staffs' positions, according to Kruskal Wallis Test a statistically significant difference is identified, for only PC Factor ($p = 0.012 < 0.05$). No statistically significant difference is found for other factors and perception scale ($p > 0.05$).

Conover-Iman Test was used to compare the significant differences. According to the results, there is a statistically significant difference between the Positions of managers and staff and PC (Priority claim) Factor.

For the PC(Priority Claim) Factor with the highest mean value 4,01 Housekeeping managers, because of their duty and their exposure to the needs of handicapped guests at the hotel, are more aware of the priority claim of handicapped people.

PC (Priority Claim) factor for housekeeping managers has also meaningful difference between the managers and staff who are in other positions with mean value 3,21 such as Steward, bell boy, security manager..etc.

H1.7: Managers' and Staff' s Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to their income levels.

Table 25. The Analysis of Accessible Tourism Perception Scale Scores according to managers' and staff's Income Levels

	1603 and Below (n=22)		1603-2500 (n=36)		2501-3500 (n=89)		3501-4500 (n=41)		5501-6500 (n=23)		
Factors	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	p
APA	1,78	0,64	1,54	0,34	1,57	0,32	1,48	0,40	1,46	0,43	0,111
AAR	2,05	0,95	1,64	0,48	1,63	0,36	1,62	0,42	1,62	0,50	0,421
IN	2,12 ^a	0,87	1,59 ^b	0,52	1,67 ^b	0,50	1,54 ^b	0,54	1,59 ^b	0,47	0,038*
NSD	1,98	0,90	1,67	0,60	1,69	0,36	1,76	0,50	1,85	0,56	0,656
LD	1,62 ^a	0,83	1,30 ^b	0,83	1,21 ^b	0,36	1,30 ^b	0,51	1,33 ^b	0,34	0,005**
NS	1,78	0,84	1,67	0,37	1,62	0,35	1,57	0,42	1,39	0,35	0,052
PC	2,43 ^a	1,30	3,34 ^b	1,30	3,77 ^b	1,04	3,73 ^b	1,33	3,98 ^b	1,03	0,000***
PS	1,97	0,72	1,82	0,37	1,88	0,29	1,86	0,32	1,89	0,19	0,792

P<0,05, **P<0,01, ***P<0,001, Letters in the same row are considered that there are statistically significant/meaningful difference, APA: Accessibility in Public Areas, AAR: Accessibility of Accessible Rooms, IN: Informative Needs, NSD: Needs and Satisfaction with Discount, LD: Legislative Duties, NS: Needs and Satisfaction, PC: Priority Claim, PS: Perception Scale

To determine whether there is a difference between the perception scale and the sub-dimensions according to the income levels of managers' and staffs', according to Kruskal Wallis Test statistically significant differences are identified, for IN factor (p = 0.038 <0.05), for LD factor (p = 0.005 <0.05), and for PC Factor (p <0.001). No statistically significant difference is found for other factors and perception scale (p> 0.05).

Conover-Iman Test is used to compare the significant differences. According to the results, there is a statistically significant difference between Income Levels of managers and staff and IN(Informative Needs) , LD (Legislative Duties), and PC (Priority Claim) factors.

When managers and staff's income levels are examined managers and staff who earn below 1603 Turkish Lira and below have the Highest mean value for IN Factor identified as 2,12 and for LD identified as Factor 1,62.

As the result of the analysis, managers and staff who earn 1603TL and below are more aware of the necessity of IN (Informative Needs) that they should receive and LD (Legislative Duties).

However For the factor Priority claim the situation is different. Managers and staff who earn between 5501 TL-6500 TL think that handicapped tourists demand more PC(Priority Claim) with the mean value 3,98 than the ones who earn below.

According to IN (Informative Needs) factor, again there is a meaningful difference between managers and staff who earn 1603TL and below with mean value 2,12^a and managers and staff who earn respectively between 1603 TL-2500 TL with mean value 1,59 , 2501 TL-3500 TL with mean value 1,67, 3501 TL-4500 TL with mean value 1,54, and 5501 TL-6500 TL with mean value 1,59.

According to the LD (Legislative Duties) factor there is a meaningful difference between managers and staff who earn 1603 TL and below 1,62 and managers and staff who earn between 2501 TL-3500 TL with mean value 1,21, managers and staff who earn between 3501 TL-4500 TL with mean value 1,30, and managers and staff who earn between 5501 TL-6500 TL with mean value 1,33. This means that as for every factor again managers and staff who earn lower than others are more eager to learn legislative duties and aware of the importance of legislative duties and have meaningful difference between managers and staff who earn between 2501-3500TL.

Lastly According to PC (Priority Claim) factor again there is a meaningful difference between managers and staff who earn 1603TL and below with mean value 2,43 and managers and staff who earn between 1603 TL-2500 TL with mean value 3,34, 2501 TL-3500 TL with mean value 3,77, 3501 TL-4500 TL with mean value 3,73, and 5501 TL-6500 TL with mean value 3,98.

H1.8: Managers' and Staff' s Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to whether Managers' and staff serve to handicapped tourists or not.

Table 26. The Analysis of Accessible Tourism Perception Scale Scores according to whether Managers and staff serve to handicapped tourists or not

Factors	Yes (n=198)		No (n=11)		p
	Mean	SD	Mean	SD	
APA	1,55	0,40	1,66	0,39	0,265
AAR	1,67	0,52	1,67	0,31	0,536
IN	1,65	0,57	1,90	0,57	0,143
NSD	1,75	0,55	1,63	0,41	0,551
LD	1,31	0,52	1,24	0,44	0,479
NS	1,61	0,45	1,51	0,34	0,447
PC	3,56	1,26	3,63	1,05	0,690
PS	1,87	0,37	1,89	0,34	0,637

P<0,05, **P<0,01, ***P<0,001, APA: Accessibility in Public Areas, AAR: Accessibility of Accessible Rooms, IN: Informative Needs, NSD: Needs and Satisfaction with Discount, LD: Legislative Duties, NS: Needs and Satisfaction, PC: Priority Claim, PS: Perception Scale

To determine whether there is a difference between the perception scale and the sub-dimensions according to whether Managers' and staffs serve to handicapped or not, Mann Whitney U test is conducted. No statistically significant difference is found for other factors and perception scale ($p > 0.05$).

H2: Handicapped tourists' Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to Accessible Tourism Perceptions.

H2.1: Handicapped tourists' Accessible Tourism Perception Scale

Dimension Scores are meaningfully different according to their Handicap Reports.

Table 27. The Analysis of Accessible Tourism Perception Scale Scores according to handicapped tourists' Handicap Reports

Factors	Visually Handicapped (n=72)		Hearing Handicapped (n=46)		Speech and Language Impairments (n=44)		Physically Handicapped (n=39)		Others (n=103)		p
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	
APA	1,47 ^a	0,53	1,60	0,69	1,90 ^b	0,64	1,70	0,81	1,60	0,51	0,005**
AAR	1,52 ^a	0,60	1,51 ^a	0,56	1,91 ^b	0,70	1,78	0,95	1,61	0,61	0,012*
IN	1,55	0,61	1,44	0,42	1,81	0,88	1,58	0,85	1,60	0,65	0,339
NSD	1,54	0,78	1,47	0,65	1,67	0,73	1,74	0,97	1,50	0,68	0,264
LD	1,44 ^a	0,54	1,46	0,55	1,84 ^b	0,79	1,83 ^b	0,80	1,61	0,65	0,003**
NS	1,39 ^a	0,67	1,36 ^a	0,45	1,62 ^b	0,58	1,56	0,81	1,45	0,53	0,034*
PC	1,83	1,00	1,75	0,98	1,82	0,69	1,99	1,00	1,88	0,83	0,483
PS	1,53 ^a	0,51	1,51 ^a	0,51	1,79 ^b	0,55	1,74	0,74	1,61	0,50	0,043*

P<0,05, **P<0,01, ***P<0,001, Letters in the same row are considered that there are statistically significant/meaningful difference, APA: Accessibility in Public Areas, AAR: Accessibility of Accessible Rooms, IN: Informative Needs, NSD: Needs and Satisfaction with Discount, LD: Legislative Duties, NS: Needs and Satisfaction, PC: Priority Claim, PS: Perception Scale

To determine whether there is a difference between the perception scale and the sub-dimensions according to Handicapped tourists' handicap report, according to Kruskal Wallis Test, significant differences are identified for APA Factor ($p = 0.005 < 0.05$), For AAR Factor ($p = 0.012 < 0.05$), for LD Factor ($p = 0.003 < 0.05$), for NS Factor ($p = 0.034 < 0.05$), and for PS Scale ($p = 0.043 < 0.05$), No statistically significant difference is found for other factors and perception scale ($p > 0.05$).

Conover-Iman Test is used to compare the significant differences. When the analysis examined, it is seen that for APA (Accessibility in Public Areas) Factor Speech and Language Handicapped tourists have the highest mean value identified as 1,90 and have meaningful difference with tourists who are Visually Handicapped with mean value identified as 1,47. This means that Speech and Language Handicapped tourists demand more arrangements in Public Areas.

When the analysis examined, for the AAR (Accessibility of Accessible Rooms) factor again Speech and Language Handicapped tourists have the highest value identified as 1,91 and have meaningful difference with visually handicapped with mean value 1,52 and hearing handicapped with mean value 1,51 this also means that tourists who have Speech and Language Handicap demand and desire more arrangements in Accessible Rooms. This situation is valid for factors LD (Legislative

Duties) with 1,84 mean value, for NS (Needs and Satisfaction) Factor with 1,62 and PS (Perception Scale) with 1,79 mean value for Speech and Language Handicapped. For LD (Legislative Duties) Factor there is a meaningful difference between tourists who are visually Handicapped with mean value 1,44^a and tourists who have speech and language handicaps with mean value 1,84 and physically handicapped with mean value 1,83.

For NS (Needs and Satisfaction) Factor there is a meaningful difference between tourists who are visually Handicapped with mean value 1,44^a and tourists who have hearing handicaps with mean value 1,36 and tourists who have speech and language handicaps with mean value 1,62. For PS (Perspective Scale) in general there is a meaningful difference between tourists who have speech and language handicap with mean value 1,79 and tourists who have visual handicaps with mean value 1,53 and hearing handicaps with mean value 1,51.

To conclude; tourists who have speech and language Handicaps are more aware of the Accessibility at the hotels , information that should be supplied and Legislative Duties that should be applied, their own needs and satisfaction levels and their demands to see these arrangements at the hotels.

H2.2: Handicapped tourists' Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to their Income Levels.

Table 28. The Analysis of Accessible Tourism Perception Scale Scores according to handicapped tourists' Income Levels

Factors	1603 and below (n=117)		1603-2500 (n=96)		2501-3500 (n=44)		3501-4500 (n=25)		4501-5500 (n=20)		p
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	
APA	1,55	0,59	1,67	0,55	1,64	0,76	1,69	0,66	1,74	0,67	0,357
AAR	1,58	0,63	1,61	0,57	1,74	0,88	1,70	0,71	1,78	0,88	0,814
IN	1,47	0,64	1,64	0,60	1,75	0,93	1,61	0,52	1,73	0,79	0,107
NSD	1,48	0,71	1,51	0,58	1,68	1,01	1,70	0,71	1,80	1,10	0,352
LD	1,53	0,65	1,68	0,63	1,58	0,78	1,65	0,56	1,74	0,82	0,240
NS	1,35 ^a	0,47	1,42 ^a	0,46	1,61	0,81	1,52	0,44	1,96 ^b	1,14	0,046*
PC	1,63 ^a	0,70	1,82 ^b	0,77	1,93 ^b	1,00	2,32 ^c	1,18	2,51 ^c	1,32	0,005**
PS	1,51	0,47	1,62	0,48	1,71	0,76	1,74	0,47	1,89	0,76	0,088

$P < 0,05$, $**P < 0,01$, $***P < 0,001$, Letters in the same row are considered that there are statistically significant/meaningful difference, *APA: Accessibility in Public Areas*, *AAR: Accessibility of Accessible Rooms*, *IN: Informative Needs*, *NSD: Needs and Satisfaction with Discount*, *LD: Legislative Duties*, *NS: Needs and Satisfaction*, *PC: Priority Claim*, *PS: Perception Scale*

To determine whether there is a difference between the perception scale and the sub-dimensions according to Handicapped tourists' Income Levels according to Kruskal Wallis Test, significant differences are identified for NS Factor ($p = 0.046 < 0.05$) and For PC Factor ($p = 0.005 < 0.05$). No statistically significant difference is found for other factors and perception scale ($p > 0.05$).

Conover-Iman Test is used to compare the significant differences. When the analysis examined for the NS (Needs and Satisfaction) Factor handicapped tourists who earn between 4501 TL-5500 TL with the highest mean value identified as 1,96 are more aware of the needs and satisfaction levels of themselves and have meaningful difference between handicapped tourists who earn 1603 TL and below identified as 1,35 and 1603 TL-2500 TL identified as 1,42.

For the PC (Priority Claim) Factor handicapped tourists who earn between 4501 TL-5500 TL with the highest mean value identified as 2,51 claim and expect more priority than handicapped tourists who earn less. Meaningful differences are identified between handicapped tourists who earn 1603 TL and below with mean value 1,63 and handicapped tourists who earn between 1603 TL-2500 TL with mean value 1,82 and between 2501 TL -3500 TL with mean value 1,93 and also tourists who earn 1603 TL and below with mean value 1,63 have significant different between handicapped tourists who earn 3501 TL-4500 TL with mean value 2,32 and 4501 TL-5500 TL with mean value 2,5. Moreover for the PC (Priority Claim) factor, a significant difference is identified between handicapped tourists who earn between 1603 TL-2500 TL with mean value 1,82 and between 2501 TL -3500 TL with mean value 1,93 and handicapped tourists who earn between 3501 TL-4500 TL with mean value 2,32 and 4501 TL-5500 TL with mean value 2,51.

H2.3: Handicapped tourists' Accessible Tourism Perception Scale

Dimension Scores are meaningfully different according to their Genders.

Table 29. The Analysis of Accessible Tourism Perception Scale Scores according to handicapped tourists' Genders

Factors	Male (n=166)		Female (n=139)		p
	Mean	SD	Mean	SD	
APA	1,67	0,63	1,58	0,61	0,183
ARR	1,68	0,67	1,61	0,70	0,184
IN	1,67	0,68	1,51	0,69	0,011*
NSD	1,62	0,76	1,49	0,75	0,037*
LD	1,66	0,65	1,56	0,70	0,079
NS	1,54	0,68	1,38	0,50	0,028*
PC	1,88	0,89	1,83	0,91	0,491
PS	1,67	0,55	1,56	0,54	0,039*

P<0,05, **P<0,01, ***P<0,001, APA: Accessibility in Public Areas, AAR: Accessibility of Accessible Rooms, IN: Informative Needs, NSD: Needs and Satisfaction with Discount, LD: Legislative Duties, NS: Needs and Satisfaction, PC: Priority Claim, PS: Perception Scale

To determine whether there is a difference between the perception scale and the sub-dimensions according to Handicapped tourists' genders, according to Kruskal Wallis Test, significant differences are identified for IN Factor as ($p = 0.011 < 0.05$), for NSD Factor as ($p = 0.037 < 0.05$), for NS Factor as ($p = 0.028 < 0.05$) and for PS Scale ($p = 0.039 < 0.05$). No statistically significant difference is found for other factors and perception scale ($p > 0.05$).

H2.4: Handicapped tourists' Accessible Tourism Perception Scale

Dimension Scores are meaningfully different according to their Travel Purposes.

Table 30. The Analysis of Accessible Tourism Perception Scale Scores according to handicapped tourists' Travel Purposes

Factors	Family and Relative Visits (n=104)		Job (n=31)		Leisure (n=58)		Health Care (n=41)		Others (n=70)		p
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	
APA	1,59	0,52	1,49	0,70	1,68	0,58	1,80	0,83	1,59	0,59	0,145
AAR	1,54	0,56	1,54	0,65	1,68	0,66	1,89	0,94	1,65	0,66	0,276
IN	1,56	0,68	1,60	0,67	1,52	0,53	1,78	0,93	1,49	0,59	0,709
NSD	1,50	0,68	1,52	0,71	1,64	0,74	1,75	0,70	1,49	0,59	0,603
LD	1,52	0,65	1,43	0,51	1,75	0,70	1,73	0,83	1,62	0,60	0,066
NS	1,36	0,48	1,54	0,85	1,47	0,51	1,62	0,84	1,48	0,54	0,332
PC	1,71	0,79	1,97	1,15	2,15	1,05	1,93	0,90	1,73	0,72	0,119
PS	1,54	0,46	1,58	0,55	1,70	0,54	1,79	0,80	1,59	0,49	0,375

P<0,05, **P<0,01, ***P<0,001, Letters in the same row are considered that there are statistically significant/meaningful difference, APA: Accessibility in Public Areas, AAR: Accessibility of Accessible Rooms, IN: Informative Needs, NSD: Needs and Satisfaction with Discount, LD: Legislative Duties, NS: Needs and Satisfaction, PC: Priority Claim, PS: Perception Scale

To determine whether there is a difference between the perception scale and the sub-dimensions according to Handicapped Tourists' travel purposes, according Kruskal Wallis Test No statistically significant difference is found for other factors and perception scale ($p > 0.05$).

H2.5: Handicapped tourists' Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to their Handicap Levels.

Table 31. The Analysis of Accessible Tourism Perception Scale Scores according to handicapped tourists' Handicap Levels

Factors	Severe (n=88)		Moderate (n=125)		Mild/Low (n=91)		P
	Mean	SD	Mean	SD	Mean	SD	
APA	1,47 ^a	0,56	1,59 ^a	0,57	1,82 ^b	0,67	0,000***
AAR	1,50 ^a	0,62	1,59	0,60	1,85 ^b	0,79	0,005**
IN	1,55	0,69	1,54	0,62	1,70	0,75	0,232
NSD	1,55	0,80	1,50	0,65	1,65	0,84	0,297
LD	1,53	0,56	1,55	0,61	1,77	0,81	0,096
NS	1,38 ^a	0,62	1,41	0,50	1,61 ^b	0,70	0,018*
PC	1,84	0,89	1,82	0,90	1,92	0,90	0,642
PS	1,55 ^b	0,48	1,58 ^b	0,49	1,76 ^a	0,67	0,068

P<0,05, **P<0,01, ***P<0,001, Letters in the same row are considered that there are statistically significant/meaningful difference, APA: Accessibility in Public Areas, AAR: Accessibility of Accessible Rooms, IN: Informative Needs, NSD: Needs and Satisfaction with Discount, LD: Legislative Duties, NS: Needs and Satisfaction, PC: Priority Claim, PS: Perception Scale

To determine whether there is a difference between the perception scale and the sub-dimensions according to Handicapped Tourists' handicap levels, according to Kruskal Wallis Test, significant differences are identified for APA Factor ($p = 0.000 < 0.05$), For AAR Factor ($p = 0.005 < 0.05$), and for NS Factor ($p = 0.018 < 0.05$). No statistically significant difference is found for other factors and perception scale ($p > 0.05$).

Conover-Iman Test is used to compare the significant differences.

Handicapped tourist who have Mild/Low handicap levels are more aware of APA (Accessibility in Public Areas) with the highest mean value identified as 1,82,

AAR (Accessibility of Accessible Rooms) with the highest mean value identified as 1,85, and NS (Needs and Satisfaction) with the highest mean value identified as 1,61. For the APA factor Handicapped tourists who have Mild/Low handicap levels (1,82) have meaningful differences between Handicapped tourist who have Moderate handicap level (1,59) and severe level (1,47). For the AAR Factor Handicapped tourists who have Mild/Low handicap levels (1,85) have meaningful differences between Handicapped tourist who have severe handicap level (1,50). For the NS Factor Handicapped tourists who have Mild/Low handicap level (1,61) have meaningful differences between Handicapped tourist who have Severe handicap level (1,38).

Lastly, as the results and significant differences show Handicapped tourists who have Mild/Low handicap levels are more aware of and conscious about APA (Accessibility in Public Areas), AAR (Accessibility of Accessible Rooms), and NS (Needs and Satisfaction) processes.

H2.6: Handicapped tourists' Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to their Accompanies During Travels.

Table 32. The Analysis of Accessible Tourism Perception Scale Scores according to handicapped tourists' Accompanies

	With handicapped friends (n=47)		With not handicapped friends (n=16)		Family Members (n=197)		Others (n=44)		
Factors	Mean	SD	Mean	SD	Mean	SD	Mean	SD	p
APA	1,49 ^a	0,82	1,95 ^b	0,67	1,63 ^b	0,53	1,62 ^b	0,68	0,003**
AAR	1,43 ^a	0,71	1,80 ^b	0,70	1,67 ^b	0,66	1,65	0,69	0,021*
IN	1,38 ^a	0,64	1,93 ^b	0,92	1,62 ^b	0,67	1,56	0,61	0,017*
NSD	1,31 ^a	0,70	1,78 ^b	0,75	1,56 ^b	0,70	1,74 ^b	0,96	0,002**
LD	1,35 ^a	0,69	1,85 ^b	0,95	1,64 ^b	0,65	1,63 ^b	0,57	0,002**
NS	1,19 ^a	0,62	1,83 ^b	0,70	1,45 ^b	0,50	1,65 ^b	0,84	0,000***
PC	1,37 ^a	0,72	1,93 ^b	0,80	1,95 ^b	0,86	1,93 ^b	1,09	0,000***
PS	1,36 ^a	0,64	1,87 ^b	0,65	1,65 ^b	0,50	1,68 ^b	0,55	0,000***

P<0,05, **P<0,01, ***P<0,001, Letters in the same row are considered that there are statistically significant/meaningful difference, APA: Accessibility in Public Areas, AAR: Accessibility of Accessible Rooms, IN: Informative Needs, NSD: Needs and Satisfaction with Discount, LD: Legislative Duties, NS: Needs and Satisfaction, PC: Priority Claim, PS: Perception Scale

To determine whether there is a difference between the perception scale and the sub-dimensions according to Handicapped Tourists' accompanies during their travels according to Kruskal Wallis Test, significant differences are identified for APA Factor ($p = 0.003 < 0.05$), for AAR Factor ($p = 0.021 < 0.05$), for IN Factor ($p = 0.017 < 0.05$), For NSD Factor ($p = 0.002 < 0.05$), for LD Factor ($p = 0.002 < 0.05$), for NS Factor ($p > 0.05$) for PC Factor ($p > 0.05$) and for PS scale ($p > 0.05$).

When the data is analysed via Conover-Iman Test to compare the significant differences it is seen that Handicapped Tourists' not handicapped friends give more importance to the factors APA (Accessibility in Public Area) factor with 1,95 , AAR (Accessibility of Accessible Rooms) with 1,80, IN (Informative Needs) with 1,93, NSD (Needs and Satisfaction with Discount) with 1,78, LD (Legislative Duties) 1,85 , NS (Needs and Satisfaction) 1,83 and overall PS (Perception Scale) with 1,87 during their travels to hotels with their handicapped friends. However For the PC (Priority Factor) Handicapped Tourists' Family Members with 1,95 have the highest mean value which means that generally handicapped tourists' not handicapped friends are more aware of the processes that should be fulfilled while travelling with their friends however family members who are travelling with handicapped tourists demand more priority during their travels.

For APA (Accessibility in Public Areas) factor perception of Handicapped Tourists accompanies meaningful difference is identified between Handicapped Tourists' handicapped friends with mean value 1,49 and Handicapped tourists not handicapped friend with mean value 1,95, family members with 1,63 and other accompanies with mean value 1,62.

For AAR (Accessibility in Accessible Rooms) factor perception of Handicapped Tourists accompanies meaningful difference is identified between Handicapped Tourists' handicapped friends with mean value 1,43 and Handicapped Tourists' not handicapped friends with mean value 1,80 and their family members with mean value 1,67.

For IN (Informative Needs) factor perception of Handicapped Tourists accompanies, meaningful difference is identified between Handicapped Tourists handicapped friends with mean value 1,38 and Handicapped Tourists' not handicapped friends with mean value 1,93 and their family members with mean value 1,62.

For NSD (Needs and Satisfaction with Discount) meaningful difference between Handicapped Tourists handicapped friends with mean value as 1,31 between Handicapped Tourists' not handicapped friends with mean value 1,78, their family members with mean value 1,56 and other with mean value 1,74.

However, again for NSD (Needs and Satisfaction with Discount) factor perception the highest mean value among Handicapped Tourists' accompanies during their travels belongs to handicapped tourists not handicapped friends (1,78) which means that discount, meeting needs and satisfying handicapped tourists are very important for not handicapped friends who accompany them.

For LD (Legislative Duties) factor perception of Handicapped Tourists accompanies meaningful difference is identified between handicapped tourists handicapped friends with mean value 1,35 and handicapped tourists not handicapped friends with mean value 1,85, handicapped tourists family members with mean value 1,64 and other individuals with mean value 1,63. For LD (Legislative Duties) factor perception among Handicapped Tourists accompanies the highest mean value belongs to handicapped tourists not handicapped friends 1,85 which means that again not handicapped accompanies of handicapped tourists are more in need to learn the legislative duties and more aware of the application of these Legislations.

For NS(Needs and Satisfaction) factor perception of Handicapped Tourists accompanies meaningful difference is identified between handicapped tourists handicapped friends with mean value 1,19 and handicapped tourists not handicapped friends with mean value 1,83, handicapped tourists family members 1,45, and others 1,65.

For NS (Needs and Satisfaction) factor perception among Handicapped Tourists accompanies the highest mean value belongs to handicapped tourists not handicapped friends with mean value 1,83 which means that again not handicapped accompanies of handicapped tourists are more in need to learn their friends Needs and Satisfaction.

For PC (Priority Claim) factor perception of Handicapped Tourists accompanies meaningful difference is identified between handicapped tourists handicapped friends with mean value 1,37 and handicapped tourists not handicapped friends with mean value 1,93 their family members with mean value 1,95 and other individuals who accompany them with mean value 1,93.

For PC (Priority Claim) factor perception among Handicapped Tourists accompanies the highest mean value belongs to handicapped tourists family member with mean value 1,95 which means that family members who accompany handicapped tourists demand more priority during their travels and accommodations.

For PS (Perception Scale) factor perception of Handicapped Tourists accompanies meaningful difference is identified between handicapped tourists handicapped friends with mean value 1,36 and handicapped tourists not handicapped friends with mean value 1,87, with their family members with mean value 1,65 and others with mean value 1,68 . Lastly, For PS (Perception Scale) factor perception among Handicapped Tourists accompanies the highest mean value belongs to handicapped tourists not handicapped friends with mean value 1,87.

H2.7:Handicapped tourists' Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to their Education Levels.

Table 33. The Analysis of Accessible Tourism Perception Scale Scores according to handicapped tourists' Education Levels

Factors	Primary School (n=123)		High School (n=51)		Graduate (n=99)		Postgraduate (n=17)		Undergraduate (n=15)		p
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	
APA	1,67	0,60	1,47	0,56	1,69	0,66	1,48	0,57	1,51	0,59	0,073
AAR	1,65	0,63	1,44	0,56	1,74	0,76	1,65	0,86	1,59	0,53	0,124
IN	1,61	0,67	1,50	0,64	1,62	0,72	1,60	0,83	1,57	0,57	0,739
NSD	1,62	0,79	1,49	0,77	1,53	0,74	1,52	0,66	1,51	0,62	0,639
LD	1,68	0,67	1,39	0,54	1,64	0,71	1,54	0,60	1,66	0,73	0,078
NS	1,45	0,51	1,30	0,45	1,50	0,65	1,77	1,10	1,45	0,62	0,232
PC	1,88	0,76	1,85	1,07	1,76	0,84	2,15	1,34	1,97	1,01	0,597
PS	1,65	0,49	1,49	0,54	1,64	0,62	1,67	0,62	1,61	0,50	0,189

P<0,05, **P<0,01, ***P<0,001, Letters in the same row are considered that there are statistically significant/meaningful difference, APA: Accessibility in Public Areas, AAR: Accessibility of Accessible Rooms, IN: Informative Needs, NSD: Needs and Satisfaction with Discount, LD: Legislative Duties, NS: Needs and Satisfaction, PC: Priority Claim, PS: Perception Scale

To determine whether there is a difference between the perception scale and the sub-dimensions according to Handicapped Tourists' Education Levels , according to Kruskal Wallis Test, No statistically significant difference is found for other factors and perception scale ($p > 0.05$).

H2.8: Handicapped Tourists' Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to their Ages.

Table 34. The Analysis of Accessible Tourism Perception Scale Scores according to handicapped tourists' Ages

Factors	17 and Below (n=90)		Between 19- 25 (n=72)		Between 26- 35 (n=42)		Between 36- 45 (n=55)		Between 46- 55 (n=46)		p
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	
APA	1,70	0,54	1,57	0,67	1,45	0,47	1,63	0,63	1,74	0,76	0,122
AAR	1,69	0,64	1,61	0,78	1,49	0,50	1,59	0,65	1,83	0,77	0,116
IN	1,59	0,59	1,52	0,67	1,48	0,48	1,72	0,84	1,72	0,82	0,495
NSD	1,48	0,59	1,53	0,79	1,44	0,50	1,61	0,96	1,81	0,88	0,170
LD	1,60	0,63	1,56	0,78	1,57	0,61	1,74	0,75	1,61	0,54	0,369
NS	1,46	0,50	1,40	0,66	1,45	0,49	1,45	0,65	1,62	0,76	0,170
PC	1,76	0,73	1,63 ^a	0,83	1,85	0,92	1,97	1,02	2,30 ^b	0,99	0,002**
PS	1,61	0,50	1,55^a	0,63	1,53^a	0,44	1,67	0,59	1,80^b	0,55	0,042*

P<0,05, **P<0,01, ***P<0,001, Letters in the same row are considered that there are statistically significant/meaningful difference, APA: Accessibility in Public Areas, AAR: Accessibility of Accessible Rooms, IN: Informative Needs, NSD: Needs and Satisfaction with Discount, LD: Legislative Duties, NS: Needs and Satisfaction, PC: Priority Claim, PS: Perception Scale

To determine whether there is a difference between the perception scale and the sub-dimensions according to Handicapped tourists' ages according to Kruskal Wallis Test, significant differences are identified for PC ($p = 0.001 < 0.05$) factor and

PS ($p = 0.042 < 0.05$) Factor. No statistically significant difference is found for other factors and perception scale ($p > 0.05$).

Conover-Iman Test is used to compare the significant differences. For PC (Priority Claim) factor perception of Handicapped Tourists' ages, meaningful difference is determined between Handicapped tourists who are at the age of between 19 and 25 as 1,63, and Handicapped tourists who are at the age of 46-55 as 2,30 who has the highest mean value which means that elderly handicapped tourists demand more priority from the hotels during their travels and accommodation processes.

And for the overall PS (Perception Scale) the highest mean value belongs to handicapped tourists who are at the age of 46 and above with 1,80 and significant difference is determined between handicapped tourists whose ages are between 19-25 as 1,55 and between 26-35 as 1,53. This means that elder handicapped tourists perceptions are more appropriate to the necessities of Accessible Tourism maybe because of their experiences.

H3: Handicapped Tourists' Accessible Tourism Perception Scale Dimension Scores and Managers' and Staff's Accessible Tourism Perception Scale Dimension Scores are meaningfully different according to Accessible Tourism Perceptions.

Table 35. The Analysis of Handicapped Tourists' Accessible Tourism Perception Scale Dimension scores and Managers' and Staff's Accessible Tourism Perception Scale Dimension Scores

Factors	Managers and Staff (n=211)		Handicapped Tourists(n=305)		p
	Mean	SD	Mean	SD	
APA	1,56	0,40	1,63	0,62	0,132
AAR	1,68	0,52	1,64	0,68	0,540
IN	1,67	0,58	1,60	0,69	0,210
NSD	1,75	0,54	1,56	0,76	0,001**
LD	1,30	0,52	1,61	0,67	0,000***
NS	1,62	0,45	1,46	0,61	0,001**
PC	3,58	1,24	1,86	0,90	0,000***
PS	1,88	0,37	1,62	0,55	0,000***

*P<0,05, **P<0,01, ***P<0,001, Letters in the same row are considered that there are statistically significant/meaningful difference, APA: Accessibility in Public Areas, AAR: Accessibility of Accessible Rooms, IN: Informative Needs, NSD: Needs and Satisfaction with Discount, LD: Legislative Duties, NS: Needs and Satisfaction, PC: Priority Claim, PS: Perception Scale*

According to the student's t test to determine whether there is a significant difference between the perception scale and factors of the managers and staffs and

the handicapped tourists, NSD factor perception ($p = 0.001 < 0.05$), LD factor perception ($p < 0.05$), NS factor perception ($p = 0.001 < 0.05$), PC factor perception ($p < 0.05$) and PS scale perception ($p < 0.05$) showed statistically significant differences. There are no significant differences for other factors ($p > 0.05$).

TUKEY HSD multiple comparison test is used to compare the significant differences. When the analysis examined, NSD (Needs and Satisfaction with Discount) factor perception for managers and staff has higher mean value as 1,75 than handicapped tourists as 1,56 which means that managers and staff are more aware of the discount that should be made for handicapped tourists' needs and satisfaction and maybe more eager to support this issue. For LD (Legislative Duties) factor perception, handicapped tourists have higher mean value as 1,61 than managers and staff as 1,30 which means that handicapped tourists are more aware of the LD (Legislative Duties) and International Accessibility Standards that should be applied at hotels.

For the NS (Needs and Satisfaction) factor perception managers and staff have higher mean value as 1,62 than handicapped tourists as 1,46 which means that again managers and staff who are working at the hotels are more aware of the needs and satisfaction handicapped tourists and are more eager to meet those needs and satisfy their handicapped guests.

For the PC (Priority Claim) factor perception managers and staff have higher mean value as 3,58 than Handicapped tourists as 1,86 which means that managers and staff claim more priority for their handicapped guests and believe in the necessity of priority however handicapped tourists have less claim as priority at hotels.

Lastly, for PS (Perception Scale) factor perception Managers and Staff have higher mean value as 1,88 than handicapped tourists' mean value as 1,62.

2. THE ANALYSIS OF THE QUALITATIVE DATA

In this section, the analysis of the data collected through semi-structured interview will be presented in detail.

2.1. Having the Necessary Information

Most of the general administrators (14: 70%) reported that they have enough knowledge about necessary information to be able to serve the handicapped in terms of more physiological and psychological dimensions during the service period to meet their needs. They also said that they need to talk to a handicapped person - like the words of Neasrettin Hodja - bring me what is left of the roof. For example, GMs wanted to ask the handicapped what they need when they arrive at the hotel and they wanted to show what opportunities the hotels can provide for them in terms of accessibility. However the GMs said that most of the hotels do not have many opportunities and facilities for the handicapped such as the individuals who are visually impaired and for those who cannot use their legs. The GMs reported that the handicapped individuals also need to walk with the track inside the building to be able to reach the point where they want to be. The GMs said that when the handicapped arrive at the hotel before they go to the rooms and when there is a long queue for the registration they order coffee or teas for them to be able to make them easy and comfortable. However, general managers of the hotels sometimes do not understand anything about the needs of handicapped people. The general managers said that if there are not enough services to meet their needs they challenge to solve the problems faced by the handicapped, instantly. According to their views, there is a gap between legislation and practices for instance; the legislation is not only for the blind, or for handicapped people who cannot use both legs. The GMs indicated that they have many creative ideas about meeting the handicapped people's needs but these ideas cannot be returned into practices. In addition to these, they said that all GMs should learn sign language definitely as soon as possible to use for the hotel customers because too many guests with hearing impairments accommodate at hotels. When the hotel

staff cannot help the handicapped guests until the end of their holidays, the handicapped really feel so bad, it is even worse when they say that they will

never ever come back to that hotel. The GMs say that they'd love to meet the needs when someone needs something . According to their views, the GMs and hotel staff are very worried about the handicapped decisions who will not stay at the hotels again when they come to the city back until the end of their lives in terms of both psychological support and language support provided by the staff at the hotel but they also declare that that they will not forget the hotel staff when their needs are met in accordance with their requirements. There are two quotations examples from the GMs perceptions in the following.

'As a group, the visually impaired are usually accommodated and prioritized at the check-in. In the context of cultural tourism, in the case of hearing-impaired people, the group heads of the handicapped tell the staff to give the necessary information in case any difficulties. If there is intensity, we can offer something to drink in the lobby. We have enough patience for not being stressed and we ignore many issues. Especially hearing impaired people shout at while they are talking to the staff.' (GM 3).

'In some cases, international guests inform that they are handicapped, but the local guests do not inform that they have a handicap. When they come normally, we have problems, for example, we have to be able to walk with him / her on the floor where they cannot walk and carry something. We try to do this always because it is a standard Turkish hospitality.' (GM 9).

2.2. The Physical Facilities for People with Handicaps

Approximately all GMs (19: 95%) said that the hotels cannot meet the handicap people's needs all in terms of physical facilities but there are many improvements and they are trying to make all possible at the hotels in accordance with the handicapped requirements. For example, they said that many hotels have stairs but few of the hotel have ramps for the physically handicapped and for the handicapped using the wheel chair in accordance with the international standards. In the view of the hotel GMs, there are not braille letters on the doors and there is a necessity to lower the name of the rooms with braille letters to make them reachable by their hands and to make them legible in braille alphabet. Because of the height of the name of the rooms that blind people cannot reach and read the

braille letters therefore the hotel staff have to take the handicapped to their rooms individually. The three quotations raised from the interviews below indicate how staff and managers meet the handicapped individuals' needs.

'There is no ramp at the entrance, but we have stairs for the physically handicapped. This created no problem at all. At the exit or the entrance of the elevator, there is no ramp..etc.' (GD 19)

'There is braille alphabet on the elevators and in the rooms on the phones. International Standards of Disability Act may require lowering room numbers. As the rooms are named with 13 different room names each room has a different name.' (GM 15)

'Obviously we had a guest who had speech and hearing impairment. He came for dinner. He was very interesting; but thank to goodness everyone has a cell phone or has tablet in hand. We're not at peace with handicapped people, but people with handicaps are very peaceful. It doesn't bother them, and it's easy to communicate because they overcome their problems easier than us. They communicate more easily.' (GM 11)

2.3. Effectively Accommodating Handicapped People

Many of the hotel GMs (18: 90%) explained that tourism is a very important topic because there are many hotels in the tourism sector that redesign and refurbish their conditions to be able accommodate the handicapped and non-handicapped people effectively. Even, there are logos which indicate that those hotels accept pets such as small animals with the handicapped people who have pets. In Konya, as they explained, there are many hotels which accept pets with handicapped people to be able to provide comfortable accommodation at the hotel. In accordance with their views, nevertheless it should be asked about how many hotels are only for the handicapped and how many of them can meet their needs in accordance with their handicaps. The interviewees said that there is not such organisation to solve all the difficulties which handicapped people face during their holidays when staying at the hotels. They defined that as far as they understand there is no social organization related to the travel of the handicapped people only maybe associations or foundations related to people with handicaps. They explained that if the foundation or associations also give us a reference, for

instance, if they say, "X hotel is not suitable to be able to meet the handicapped people's needs but Y hotel is suitable and can meet their needs this may effect the decision of the guests. This issue is also important for the handicapped who need to be given enough information when they need, by the associations or any organisation related to the accessible tourism in Turkey. In their views, even if handicapped people are not traveling, according to the international standards all the hotels should have adequate rooms for them, appropriate toilets should be built, doors should be reconditioned, even in restaurants there should be many improvements related to accessible tourism. The quotations below reflect the GMs perceptions about what can be done for the effective accommodation.

'We can tell you how many pet hotels we have but we can't say much about it if how many hotels refurbished for handicapped people and accept only handicapped people. As far as I understand there is no social organization related to the travel of the handicapped people. In other words, there is an association related to people with handicapped, but they do nothing about travel rights related to their comfort ability (GM 9).

' We think handicapped people are not traveling, but we all have rooms for them, appropriate toilets are built, doors are refurbished. Even now, even in restaurants or in some places, but of course this is a matter of perception. Because in our society, even for a handicapped child they do not care and look for a long time Our community is so stressful about this issue.(GM 6).

2.4. Domestic and International Connections with NGOs

Many of the GM s (18: 90 %) said that they have no connections with internal and international non-governmental organizations (NGOs) as it is required to provide high level accessible tourism. According to their views, the GMs are currently experiencing accessible tourism even every day because in this period, this market is having a lot of handicapped people. In other words, the GMs are constantly experiencing similar experiences like NGOs in terms of accessible tourism. The GMs indicate that the handicapped people tell what they need and how the hotels and other kind of accommodation places can meet their needs because people with handicaps are conscious people: namely a handicapped person knows that 5 starred hotels will have a much better service, so s/he is not eager to stay at a boutique hotel as a customer because the physical facilities

of boutique hotels aren't very well organised in terms of accessible room conditions. In addition to this, the handicapped people can have little accessible services in the boutique hotel because the investments for the boutique hotels are much lower than the investments provided for others. They also said that larger hotels can fit 50 people, it means that their facilities in terms of accessible rooms, are more than the other hotels. They also think that some hotels can fit around 10 people, who may be accommodated into 10 rooms, which are not suitable for the visually impaired because the hearing aids used by the hearing impaired people cannot be used in those rooms. However, there are many small hotels with sufficient physical facilities for the accessible tourism accepting small animals if the handicapped people bring their pets. They explained that they need to have very good connections with the national or international NGOs to be able to meet the handicapped tourists' needs and satisfy them. The quotations from the interviews are presented in the following.

'Since we opened the hotel, we are constantly experiencing similar things in terms of accessible tourism. But I can easily say that people with handicaps are conscious people: a handicapped person knows that Hilton, Dedeman or Anemon will provide a much better service, so s/he won't be a boutique hotel customer. The physical facilities of boutique hotel rooms are not in good conditions. (GM 4).'

'You can do it by experiencing. Particularly after the visually impaired, we understand and are trying to make up some conditions to satisfy our blind customers. (GM13).

2.5. The Possibilities of Holiday for People with Handicaps (Companion Obligation)

Most of the Hotel GMs (17: 85%) explained that they do not need companion with the handicapped and they said that handicapped people are in two groups. For example, 30% of the handicapped can travel on their own, and if the others need to have companions Managers are not eager to have companion with the handicapped because the companions are expecting the lowest price. They also reported that they understand very well if the handicapped do not have a companion they may not have a chance to have comfortable life during their accommodation time. According to their views, since the staff has one-to-one relationship with the handicapped in the lobby, they may not have chance to help

on the floors or in the rooms as the companions do help them. Nevertheless, the GMs said that they are trying to keep one companion at a certain level because the handicapped with the companion, who stay in very small hotels, are leaving the rooms 5-6 hours late and the companions say that the handicapped person is not ready. Therefore, the staff at the hotel are having some difficulties during the check out process. When the handicapped people with companion have difficulties with not having very good communications and relationships with staff they complain about the hotel conditions leading to some punishments in terms of social and psychological dimensions. Despite all this, they also explained that many handicapped tourists cannot go on holiday and cannot bring their companion because of economic conditions. The quotations presented in the following:

'I think they cannot make a holiday due to socio-economic conditions. I can say this because my father has speech impairment and we communicate with the help of body language. We didn't get benefit from the devices. It cannot work in resorts. I hear they're having problems because they're too crowded. They have companion obligations but he does not want to be with companion'. (GM4).

'Any hotel can arrange alternative type of tourism. All employees need to be trained and adjusted according to the handicapped needs and their requirements.' (GM3).

2.6. The Types of Holiday that Handicapped People Would Like to Have

Most of the GMs (18: 90%) explained that they thought that the handicapped also needed sea, sand and sun. When they go on a holiday they are very happy but for example, when a person in a wheelchair goes to Antalya, he or she might have a problem even at the beach. Even if they go to the pool with their companions, they might face some difficulties. The handicapped tourists want to go to the place where the activities are performed. For example, Şeb-i Celebration, Mystic Music Festival within the scope of faith tourism they can attend in Konya where Mevlana is. If they want to join in the Mevlana commemorations and Celebrations they decide to come to Konya. Therefore, the handicapped tourists also prefer going to historical and culturally approved cities to

see and have holiday. The quotations below raised from the points of view of the managers are presented.

'Şeb-i Aruz Commemorations and Celebrations, Mystic Music Festival within the scope of faith tourism can be attended. I heard something yesterday as: Şeb-i Arus should be moved to Istanbul from Konya and now they are in Istanbul, but the handicapped people and also Iranians are still here. Because Mevlana is here. If they want to see Mevlana commemorations and celebrations there, maybe. The handicapped and also some people will be angry.' (GM 5).

'I understand the comfort of the wheel chaired athletes at the hotel. I didn't see them as having a hard time during the time they are our guests' (GM 8).

2.7. The Needs or Expectations of People with Handicaps from the Hotels

Approximately all the GMs (19: 95%) explained that as an expectation, first of all the stairs are very problem for handicapped guests because the first question they ask while booking by phone is "Do you have a ladder or do you have an elevator? Or is your elevator wide enough? That's why; these are the first demands of them. When someone makes the reservation and if husband and wife are hearing impaired, they ask 'do you have staff who speak sign language?' According to GMs view, if the wedding anniversary is organized in the hotel for the handicapped they have to talk to the handicapped in detail to be able to understand what they need to do and what their requirements are and how their needs can be met and the payment. The GMs said that when they need to get detailed information about the facilities and opportunities provided by the hotels for the handicapped they prefer to ask directly to the handicapped otherwise the GMs have many difficulties to be able to explain what the facilities and opportunities are presented for them because the handicapped people want to be sure that the hotel can be able to provide those conditions for them due to the fact that few hotels gave wrong information about the facilities and the GMs want to know whether the conditions are good enough for them in terms of severity and type of handicaps. The GMs said that they never had any guests with handicaps if their expectations were not met. The handicapped spend very few days with us and the staff may not take too much care if the staff and the administrators do not

understand or having lack of knowledge about the requirements of the handicapped. Nonetheless, the GMs said that they have never received any complaints from both Sides, but they indicated that they are not sure all the handicapped guests are really happy with the services provided from the hotels and with the staff who serve the handicapped people during their accommodation time. The quotations below are presented.

'Information for handicapped people on a private telephone line or website hasn't been demanded. But there are those who demand from big hotels, we never received a demand as that as a boutique hotel. In fact, it's better to go there, they have three hundred- odd rooms. I do not know whether the handicapped guests who accommodated at our hotels were satisfied.' (GM13).

'They want us not to see the negative things caused by them; we provide meals as a menu according to their wishes. There's a 30% discounted payoff as well'. (GM 8).

2.8. The Problems faced by Handicapped Guests at the Hotels

Most of the GMs (19: 95%) explained that the handicapped people always want someone with them on the side. The GMs said that, as usual, if there are some problems with hotel conditions, for example, when there is a problem with toilets or the baths they said that they immediately send the hotel staff to solve the problem. The hotel GMs also indicates that all problems may be solved easily with qualified communication mutually for example, the handicapped once broken a glass in the room, they did not ask any payment for that. The quotations taken from the transcripts are presented in the following.

'The handicapped didn't have a problem in my hotel. I have too many handicapped guests at the hotel. Nearly all of them, were asking how much height the bed had'. (GM 2).

'With qualified communication, problems are solved by establishing sincerity mutually. For example, they broke a glass in the room, but we didn't feel to make them paid for the glass.' (GM 7).

2.9. Staff Problems in Communicating with Handicapped Guests

Many of the GMs (17: 85%) said that the staff at the hotels have not received any training for effective communication with handicapped guests, for example, if someone with hearing impairments comes through the door, they said that they cannot communicate very well with them using sign language. In fact, the GMs suggest the executive administrators to organize a course or training programme for all staff to improve the communication abilities with the handicapped. The GMs also stated that they also tried to convince the executive directors or the owners of the hotels to have different trainings for all the staff, for example to the reception staff, in particular. The quotations raised from the interviews are presented in the following.

'I would like to say yes and I will try to convince them. I would like to have different trainings for all our staff such as F&B staff, I would like to have separate trainings to my reception staff. Yes, we can all talk and do things, but the things they do and talk are different, training courses for effective communication with the handicapped people will be beneficial (GM 6).

'We didn't have any problems because we didn't discriminate our guests as handicapped or non-handicapped. No discrimination.' (GM 9).

2.10. The Relationship / Communication Between the Staff at the Hotel and the Handicapped Guests

Most of the GMs (19: 95%) explained that the staff wants to communicate with handicapped guests but they cannot communicate with them when the staff are new and not experienced. In fact, although the staff are not experienced about communication with the handicapped people they try to communicate with the guests which is very funny, for example, they try to explain something with high level of voice as if they are teaching them in the classroom. In other words, the biggest problem is that they are actually starting their communication by shouting at that time. However the tourists may not understand that the staff are very sincere and try to explain what needs to be explained at the hotel or try to answer to any questions of their handicapped guests about their needs. When the handicapped tourists see the sincerity of the staff the tourists say 'yes we will

come to this hotel again'. The quotations are presented below.

'When staff first come to the hotel they know nothing about communication with handicapped people, I wanted them to see how they can communicate. The owner also provided some information on these issues. Once our friend wanted to talk to the handicapped sincerely and heartily. When we looked at them there was something funny going on there, our staff was shouting but smiling at the same time. Sometimes the staff is afraid of not understanding (GM 13).

'The biggest problem is that we are actually starting to shout to be able to communicate with the handicapped in particular with the hearing impaired people because we think that they never hear us. That time, they prefer to use hand gestures etc. We're starting to do this if communication cannot be realized. Sometimes the handicapped are very surprised about the staff gestures by looking at them. The handicapped people are asking themselves ' what's he doing?'. (GM 20).

2.11. Making Special Applications (Discounts, Special Packages, Programs)

Most of the GMs (18:90%) said that they are not eager to make some special applications. However, when they book a place at the hotel for more than one person or as a group they can make some small discounts like 10% discounts. They also indicated that there may be some hotels which can make more special applications because tourism is also a commercial issue so the hotels can have even some kind of commercial competitions among themselves to receive more customers in terms of accessible tourism. The quotations from the transcripts are presented below.

'We have a 10% discount for people with handicaps, but we don't have any for companions. Because it is a city hotel business, any package program etc. won't be appropriate. I think it would be nice if there were hotels and make some discounts even they are close to the beach.(GM 8).

'We have some discounts for people with handicaps but it is up to the number of people coming to the hotel. As we do some discounts for all it is nice to hear that if the customers are very happy from the hotel service. We arrange some recreational activities which are very good for some people to join.' (GM 3).

2.12. Accessible Tourism that Needs Attention

Most of the GMs (18:90%) insisted saying that this should be brought to the agenda. They thought that it should have been brought highlighted 2 -3 years ago which is a very important market. For example, braille roads for handicapped people are very important in particular, for the blind tourists. They also indicated that there are many improvements within the buildings for example, the new braille roads, however not still enough. There should be more challenges to make them comfortable when they need to reach somewhere. The quotations from the transcripts are presented below.

'This should be brought to the agenda. I think it should have been put forward 2- 3 years ago which is very important. For example, braille roads for visually impaired people and so on. Many challenges seemed to be good but I don't think these are good enough (GM 7) .

'Of course, especially in recent times, these developments are getting more and more. Great market. They are able to travel more cheaper in cities and whenever they want to go on holiday.(GM 5).

2.13. The Duties of Tourism Intermediaries (Travel Agencies, Tour Operators)

Most of the GM s (19:95%) said that there are many important roles and responsibilities of the agencies because they should arrange the programs, and they should encourage people with visual or written documents to be able to increase the accessible tourism movements. The related organs of the government must also do some more works in terms of their responsibilities and duties about the accessible tourism by organising accessible tourism activities, making some discounts and encouraging the handicapped people for the accessible tourism .

'I've never heard anyone working on this. Only for the handicapped, the tour can be arranged, the hotel floor cannot be closed, Pools may be arranged for handicapped only in a certain time zone. I think they can benefit from these arrangements'.(GM4)

2.14. Healthy and Efficient Accessible Tourism in Future

Most of the GMs (19: 95%) explained that the training of hotel staff is very important. They also reported that it was very surprising when they see handicapped people who ask about the size of the bed at the hotel. All the staff should have empathy because the handicapped people are really polite and decent people. According to their views, in terms of travel, the conditions related to travels need to be improved. In addition to these, they explained that if sufficient legislation is implemented, there will not be any problem or matter in accessible tourism. In addition, there must be a foundation for the handicapped which should inspect NGOs and even governmental offices for getting very much benefits from the accessible tourism and for solving the problems raised. In other words, if NGOs are under the control of written legislation, the accessible tourism can run without any problem. The quotations from the transcriptions are presented below.

‘Especially the training of staff is very important. I was very surprised when they asked me about the size of the bed. There must be staff who can empathize. Because they are really are polite. Also in terms of travel it definitely needs improvement.’ (GM9).

‘If sufficient legislation is implemented, there is no such thing in accessible tourism because the handicapped people are against it. Second, there should be a foundation for the handicapped. If the foundations related to people with handicaps participate in inspections, if they are under the control of written legislation, accessible tourism will run without any problem.’ (GM 11)

CHAPTER IV: DISCUSSION

1. DISCUSSION

This part will reveal the results and results will be referenced to other literature conducted on accessible tourism.

According to the results of the analysis, as it was in the original study conducted by Chan (2010) Most of the respondents travelled with their family members and more than 99% of them did not travelled alone. It indicated that Hotels can easily double their revenue if they can provide suitable service to travellers with handicaps. An adjoining room will be a better choice for travellers with handicapped and their family members. On the other hand, some of the participants travelled with handicapped friends, which means the hotels did not need to prepare an excess number of rooms for travellers with handicaps. The hotels should pay more attention on the quality of the room design than the number of rooms. The U.S. is one of the most accessible travel destinations; however, the occupancy percentage of accessible rooms was only 19.4% in 2000 (America Hotel and Lodging Association, 2001) In this situation, adequate number of accessible rooms becomes an important issue when choosing a hotel.

As a result of the analysis Handicapped Tourists' Travel Purposes contrary to the studies conducted previously in Turkey Handicapped Tourists' travel purposes are generally Family and Friend visits. For example Chan (2010) stated that in their study in Taiwan many handicapped tourists travelled for leisure.

Cook, Yale, and Marqua (2002) claim that 23% tourists travel for business. Since hotels in Konya could not provide a suitable service to travellers with handicaps, most handicapped travellers may prefer a one-day trip and instead of an over-night trip. Even handicapped tourists generally prefer family and friends houses for holidays because of the lack of arrangements at the hotels.

On the other hand, this result showed the potential accessible travel market in Konya. Pearce (1991) claims that travel can help people in reaching their fulfillment needs. This claim also applied to people with handicaps. They also need travel to fulfill their life.

The analysis of mean differences revealed that the Needs and Satisfaction with the highest values are the most important issues for the Handicapped tourists and discounts with needs and satisfaction are the second important factor.

In between Accessibility in Public areas become important and necessary for handicapped tourists and of course Accessibility in rooms. Then respectively Priority claim of handicapped tourists during their travels, Legislative duties of the managers and staff and Informative needs for both groups come forward. On the contrary previous studies released results as accessibility of public facilities is the most important issue for handicapped travellers when they stayed in a hotel, followed by the accessibility of accessible rooms, accessible accommodations, and discounts. This result was similar to what Cook, Yale, and Marqua (2002) reported when they stated that access is a major issue in other countries where accessibility seriously restricts travel for many people with handicaps.

The results also indicated that providing discounts is not as important as the accessibility of public facilities, unlike the situation in Konya the accessibility of accessible rooms, and accessible accommodations. Burnett and Baker (2001) claim price plays an important role for people with handicaps when deciding to travel. The results of this study also reported that the needs of discounts and satisfying needs are more important than accessibility.

On the other hand, “removing unnecessary decorations in the public area” was the most critical issue regarding the satisfaction of the accessibility in rooms. Luxury decorations may increase the aesthetics of a hotel but also decrease the accessibility for handicapped travellers.

When The Analysis of Handicapped Tourists’ Handicap Reports are

analysed it is seen that Speech and Language Handicapped tourists are more aware of Accessibility informational needs and legislative necessities however as the Results in previous studies as Burnett and Baker (2001) discussed people with different types of disabilities should be considered as distinct markets.

Respondents with different income levels showed a significant difference on their needs and satisfaction level as hotel customers. Participants with a higher income level showed a lower satisfaction level as hotel guests. Moreover, respondents that reported a low income level had the lowest need among all the other income levels. The results extended the assumption of Goeldner and Ritchie (2006) in terms of income level and travel frequency. They stated that income level is not only related to travel frequency but also positively correlated to travel needs and satisfaction level.

Shoemaker, Lewis, and Yesawich (2000) claim service providers could convert dissatisfied customers back to satisfied clients by handling their complaints well. Participants whose complaints were well-handled even if they were not satisfied, were still loyal to the hotel and would recommend it. This conclusion was applicable to travellers with or without handicaps. Most of the participants were willing to stay at the hotel again and recommend the hotel even if their needs were not satisfied but the complaints were handled well. This result send a message to the hotel operators that even though their facilities may not be able to satisfy handicapped travellers, they still have a chance to bring them back as loyal customers, providing the hotel operators can handle their special needs and complaints. Lastly Handicap levels of handicapped tourists also effect their travels and demands during their travels and accommodations. Predictably, handicapped tourists who have mild/ low levels of handicaps have more chance to be included in tourism process therefore they can more easily express their opinions than the ones who have severe and moderate level of handicaps. Agovino, Casaccia, Garofalo and Marchesano (2017) stated that they distinguish, for example, three degrees of disability: mild, moderate and severe. It seems to be logical to assume that the probability of facing a holiday is reduced with the

increase of the degree of disability. A handicapped tourist with a severe limitation needs more care and specific services than a handicapped tourist with minor limitations. If a handicapped tourists with mild limitations and handicapped tourist with severe limitations should be treated equally number and/or a quality of service should be provided. This example highlights the difficulty to quantify and qualify the number of services required for accessible tourism. Moreover, when Handicapped are discussed the need of not generalizing is evident. In addition, the different probability of travelling associated with the different degrees of handicaps reveals the presence of a further segmentation of the tourism demand for handicapped tourists. The attention given to the diversities, through specific services, would meet the full demand tourism of the handicapped tourists..

CHAPTER V: CONCLUSION AND IMPLICATIONS FOR PRACTICE

1. RESULTS OF THE STUDY

Addressing handicap and accessibility issues in the tourism activities will significantly contribute to transform the inequalities of the past. The current framework offers a broader perspective of accessible tourism for people with handicaps in tourism activities, therefore provides a bridge between handicap and tourism. Achievement of the goals should be developed at wider scope of sustainability. The most notable results revealed with this study are determined as below;

1. Firstly, according to the results revealed in this study, each handicap groups' desires and those who have specific needs should be satisfied in distinct ways. For example, many issues raised from this study are important as accessibility, informational needs, satisfaction and accommodation with discount and having priority and should be taken into account for tourists with physically handicapped , visually impaired tourists and tourists who use wheelchairs and for tourists who have speech and hearing impairments separately.
2. Managers and staff who are currently working and accommodating between 1 to 50 tourists per year are more eager to design accessible environment for their handicapped guests than the managers and staff who accommodate more handicapped tourists between 50 and 100 per year. Also managers and staff who are currently working and accommodating between 1 and 50 tourists per year desire more information on how to better serve and accommodate handicapped tourists, therefore, they are also aware of the importance of meeting their handicapped guests' needs and satisfying their needs. Therefore, their perceptions towards accessibility seem more powerful.

3. Education levels also affect the thoughts of managers and staff towards '*the accessibility perception*'. Managers and staff who are graduated from high schools are more in need of information, however, managers and staff who have postgraduate certificates or diplomas think that legislative duties are more important. This means that the Ministry of Culture and Tourism should be more aware of delivering the appropriate legislations to the hotels and should have the sanction power and thus managers receive the opportunities to be able to deliver these sanctions to their staff.
4. According to the ages of managers and staff currently working at a hotel, rising generation are more aware of the priority claims of the handicapped tourists and of course, to meet their needs conveniently in terms of the legislations. This means that legislative rules should be updated related to changing and developing world and changing desires of the handicapped tourists. The willingness of rising generation may light the way to develop accessible tourism market in the future.
5. One of the results raised from this study showed that managers' and staff's current positions might affect their thoughts on the dimensions of accessible tourism. In addition to this, the more exposed position of the staff and managers to handicapped tourists probably will lead to have more awareness towards handicapped tourists' claims as in the current study. According to the results of this study, housekeeping managers are more aware of the handicapped tourists' demands and priority claims during their accommodation processes. In accordance with the study results, housekeeping managers and staff who are working at housekeeping departments spend more time with handicapped tourists and listen to their problems and pleasures more than managers and staff who are in other departments. In addition, trainings to managers and staff in all departments should be provided for having equal treatments to handicapped tourists in all areas such as front office or restaurants.

6. In one of the study results it is indicated that informational needs and legislative duties are important for managers and staff who have lower income levels than others. However staff and managers who earn much more give importance to the priority claims which handicapped tourists demand from the hotel staff and the managers.
7. According to the managers and staff perspectives, tourists who have speech and hearing impairments give more importance to priority claims. However, according to the handicapped tourists' perspectives the tourists who have speech and hearing impairments need more accessibility in public areas, in particular, in rooms who also desire to learn about legislative duties so that they can advise hotel managers and staff to make the arrangements for handicapped tourists and of course, overall needs and satisfying their needs which seemed to be important in this study. The reason why tourists who have speech and language are more aware of all these factors may be because of that they travel and accommodate more freely than other tourists who have other types of handicap, therefore, each handicap type should be treated distinctively, and arrangements should also be done separately so that they have more place to travel and deliver their opinions. This conclusion of this study is also valid for handicapped tourists who earn more than others. In accordance with the study conclusion, handicapped tourists who earn more than the others are more aware of their needs and satisfactions and also they claim more priority. This is also because they have more chance to travel and see what should be done and what should not be done in terms of the legislation and accessibility conditions at hotels.
8. According to the one of the conclusions emerging from this study is the more exposure to outside the more demand comes forward. This is also valid for male handicapped tourists who have more chance to travel.

9. The handicap severity of handicapped tourists also affect their travel qualities and demands during their travels and accommodations. Predictably, handicapped tourists who have mild/ moderate levels of handicaps have more chance to be included in tourism process so they can more easily express their opinions than the ones who have severe and very severe level of handicaps.
10. A conclusion of this study reveals that the demands and desires according to the accompanies of handicapped tourists are different in terms of the types and severities of the handicapped. Handicapped tourists not handicapped friends are more aware of what should be done in terms of accessibility in general. They are also aware of the informational and legislative needs that should be arranged during their travels with their handicapped friends. Not handicapped friends want to meet their handicapped friends' needs completely and appropriately and do their parts thoroughly. However, families who travel with their handicapped children or relatives only give importance to priority claims more than other accompanies. This is because families who are always with their handicapped children or relatives also want to relax during their travels. This demand is also valid for handicapped tourists who are older. Handicapped tourists who are at the age of between 46 and 55 demand more priority than the others due to their higher comfort level demands and being awareness of the legislative rights they know.
11. According to another conclusion of the study, when the comparison between handicapped tourists and the managers and the staff is done, the result revealed that managers and staff are more aware and eager to make a discount and satisfy them during their travels and also they think that handicapped tourists should have more priorities at hotels and their overall perception values towards accessibility is higher than handicapped tourists. However, handicapped tourists demand hotel

managers and staff to be in charge of legislative duties and apply them appropriately.

As the following table shows there are some hypothesis that are supported and some are not supported in terms of factors and in terms of handicapped tourists and managers and staff during their travels:

According to the table below, Hypothesis 1 is all about managers' and staff's demographic variables. When whether managers and staff served to tourists with physically (orthopedically) handicapped or not examined it is seen that there are meaningful differences for APA Factor, IN Factor, NSD Factor, NS Factor, PC Factor and overall PS Scale, therefore, Hypothesis 1.1.a is partially supported.

For Hypothesis 1.1.b, whether managers and staff served to visually impaired tourists or not examined, meaningful differences can be seen for only APA Factor and PC Factor and for Hypothesis 1.1.c. whether managers and staff served to speech and hearing Impaired tourists or not examined, meaningful difference can be seen for only PC Factor and, lastly for Hypothesis 1.1.d., whether managers and staff served to tourists with wheelchairs or not examined, meaningful differences can be seen for APA Factor and PC Factor. Therefore, Hypothesis 1.1 is partially supported for each factor and for each handicap types.

For Hypothesis 1.2. which is manager's and staff's accessible tourism perceptions on the number of handicapped tourists accommodating at their hotels depending on each factor and meaningful differences are found between APA Factor, IN Factor, NS Factor and PS Scale. Therefore, this hypothesis is also supported partially.

For Hypothesis 1.3. which is manager's and staff's accessible tourism perceptions on the star numbers of hotels depending on each factor and meaningful differences are found between APA Factor and LD Factor.

For Hypothesis 1.4. which is manager's and staff's accessible tourism perceptions on their education levels depending on each factor and meaningful differences are found between IN Factor, LD Factor, NS Factor and PC Factor.

For Hypothesis 1.5. which is manager's and staff's accessible tourism perceptions on their ages depending on each factor and meaningful differences are found only between LD Factor and PC Factor.

For Hypothesis 1.6. which is manager's and staff's accessible tourism perceptions on their positions depending on each factor and meaningful differences are found only between PC Factor.

For Hypothesis 1.7. which is manager's and staff's accessible tourism perceptions on their income levels depending on each factor and meaningful differences are found between IN Factor, LD Factor and PC Factor.

For Hypothesis 1.8. which is manager's and staff's accessible tourism perceptions on whether they accommodated or not depending on each factor and no meaningful differences are found.

According to the table below Hypothesis 2 is all about Handicapped Tourists' Demographic Variables. When H.2.1 is examined which is Handicapped Tourists' Accessible Tourism Perceptions on their Handicap Reports . meaningful differences are found between APA Factor, LD Factor, NS Factor and PS Scale.

For Hypothesis H.2.2 which is Handicapped Tourists' Accessible Tourism Perceptions on their Income Levels, meaningful differences are found between NS Factor and PC Factor.

For Hypothesis H.2.3 which is Handicapped Tourists' Accessible Tourism Perceptions on their Genders, meaningful differences are found between IN Factor, NSD Factor, NS Factor and PS Scale.

For Hypothesis H.2.4 which is Handicapped Tourists' Accessible Tourism Perceptions on their Travel Purposes, no meaningful differences are found between dimensions of Perception Scale.

For Hypothesis H.2.5 which is Handicapped Tourists' Accessible Tourism Perceptions on their Handicap Levels, meaningful differences are found between APA Factor AAR Factor and NS Factor.

For Hypothesis H.2.6 which is Handicapped Tourists' Accessible Tourism Perceptions on their accompanies during travels, meaningful differences are found between all factors of Perception Scale. Therefore, H.2.6 is supported.

For Hypothesis H.2.7 which is Handicapped Tourists' Accessible Tourism Perceptions on their Education Levels, no meaningful differences are found between dimensions of the Perception Scale. This means that H.2.7 is not supported.

For Hypothesis H.2.8 which is Handicapped Tourists' Accessible Tourism Perceptions on their Ages, meaningful differences are found between PC Factor and PS Scale.

For the third hypothesis H.3. which reveals the comparison of Handicapped Tourists' Accessible Tourism Perception and Managers' and Staff's Accessible Tourism Perceptions, when the H.3 examined, meaningful differences are found between NSD Factor, LD Factor NS Factor PC Factor and PS Factors.

Table 35: The overall result of the hypothesis that are supported or not supported.

	Hypothesis		Perception Scale and its Sub-dimensions							
			APA	AAR	IN	NSD	LD	NS	PC	PS
Managers & Staff	H1.1	Walking	☒		☒	☒		☒	☒	☒
		Visually	☒						☒	
		Hearing							☒	
		Wheelchair	☒						☒	
	H1.2		☒		☒			☒		☒
	H1.3		☒				☒			
	H1.4				☒		☒	☒	☒	
	H1.5						☒		☒	
	H1.6								☒	
	H1.7				☒		☒		☒	
	H1.8									
Handicapped Tourists	H2.1		☒	☒			☒	☒		☒
	H2.2							☒	☒	
	H2.3				☒	☒		☒		☒
	H2.4									
	H2.5		☒	☒				☒		
	H2.6		☒	☒	☒	☒	☒	☒	☒	☒
	H2.7									
	H2.8								☒	☒
	H3					☒	☒	☒	☒	☒

2. IMPLICATIONS FOR FURTHER PRACTICE

According to the results obtained from this study, some implications for practices for future applications are presented below;

- 1) All handicapped tourists who are in different category or type of the handicap should be treated equally but taking their different needs in to account very carefully is important. To put this into practice, first of all, needs analysis for each handicap type should be conducted especially during their travels and accommodating at hotels.
- 2) It seems that the rising generation should be provided more opportunities and facilities to be more aware of the necessities for the liabilities of hotels this means that the rising generation should light the way to develop Accessible Tourism Market in future. To support this, managers and staff who are currently working in the accessible tourism industry should be included in the process more and the

Ministry of Culture and Tourism should lean over this accessibility issues and should raise awareness of Accessible Tourism.

- 3) As it is revealed from the results, managers and staff positions affect their thoughts on accessibility. Housekeeping managers because of the exposure time and the level are more aware of what should be done and more eager to provide handicapped tourists' priority. An extended training programmes for managers and staff in each department should be provided equally. To do this, trained staff from the Ministry of Culture and Education should develop and provide training programmes for staff in each department and exposure time may be extended of these departments. Practices on how they can treat to handicapped tourists to better represent their departments should be conducted. Within the scope of accessible tourism, courses that include service elements for handicapped tourists should be included in the curricula of schools providing tourism education.
- 4) Managers and staff should work collaboratively towards accessibility issues because accessible tourism is an integrative issue that should include all departments, all staff and all managers. Managers and other hotel staff should give importance to common issues about accessible tourism so that they can move on and provide development together.
- 5) The legislative rules should be applied in all areas that handicapped tourists use. While conducting the surveys for this thesis one of the suggestions from handicapped tourists was to study accessible tourism not only in Tourism Departments but to study this issue in all living areas. Therefore, what related research and handicapped tourists say that more informative activities should be done to raise awareness for accessible tourism's barriers or additional facilities via many means such as social media, education programmes, lectures at most university departments and training programmes for managers and staff.

- 6) Certificate programs to document the qualifications of the tourism staff who will serve the tourists should be organized. Priority should be given to the recruitment of tourism staff who are successful in the certificate program and who are entitled to receive the certificate.
- 7) Anyone who is an investor or participant in the tourism sector should be informed about Accessible Tourism and be aware of it. Within the framework of the legal legislation, everyone is expected to create an awareness within the company in which he/she works.
- 8) It is a prominent opinion that disabled NGOs that represent handicapped tourists should play an informative role in the needs and problems of the group they represent.
- 9) Regarding the government duties, supporting handicapped financially should be included in the suggestions. According to the Turkey Disability Survey conducted in 2017 by State Institute of Statistics and Prime Ministry Department Of The Administration Of The Disabled 61.22% of the handicapped stated that they expect financial support from the government and 9,55% of the handicapped stated that they expect support to find a job from the government.
- 10) Lastly, government should set standards for the public sector (ministries and municipalities), transportation (airway, road, maritime and rail) and tourism (accommodation, travel and food and beverage) to provide accessible tourism services with universal design. The implementation of these standards should be ensured by incentives and sanctions. Businesses and hotels that meet the determined standards should be given a "handicapped-friendly business' certificates".

- 11) The managers and staff should be motivated and encouraged to be volunteer for providing the best accessible tourism for all who have different handicap categories and severity of handicap in terms of inclusion and maintaining inclusive society.



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APPENDICES

Appendix I: Perception Scale for Managers and Staff

Sayın Katılımcı;

Turizm’de Erişilebilirlik ile ilgili düşüncelerinizi tespit etmek amacıyla yapılacak olan anketimize bildireceğiniz değerli görüşleriniz Selçuk Üniversitesi Sosyal Bilimler Enstitüsü Turizm İşletmeciliği Anabilim Dalı Turizm İşletmeciliği Bilim Dalı’nda Doç. Dr. Şafak ÜNÜVAR danışmanlığında yürüteceğim doktora düzeyindeki bu çalışmam için çok önemlidir. Öncelikle anket’e vereceğiniz hassas cevaplar analize tabii tutulduktan sonra yarı-yapılandırılmış görüşme formundaki sorulara Vereceğiniz cevaplar önce kayda alınıp sonra yazılı metin haline dönüştürülerek analize tabi tutulacaktır. Araştırmamızın etik kurallara uygunluğu açısından isimlerinize kodlar verilecek ve çalışmamın hiçbir bölümünde isminiz belirtilmeyecektir. Şimdiden yardımlarınız ve bildireceğiniz samimi ve değerli görüşleriniz için çok teşekkür eder saygılarımı sunarım.

Doç.Dr. Şafak ÜNÜVAR

Arş. Gör. Şeyda SARI

1) Cinsiyetiniz

☐ Bay ☐ Bayan

2) Yaşınız:

☐ 17 ve Altı ☐ 19-25 ☐ 26-35 ☐ 36-45 ☐ 46-55 ☐ 56-65 ☐ 66 ve Üstü

3) Yaşadığınız Yer (Şehir/ Ülke): .

4)Eğitim Durumunuz?

☐İlköğretim ☐Lisans ☐Lise ☐Lisansüstü ☐Önlisans

9)Tahmini geliriniz nedir?

☐ 1603 TL ve altı ☐ 1603-2500 TL arasında ☐ 2501-3500 TL arasında
☐ 3501-4500 TL arasında ☐ 4501- 5500 TL arasında ☐ 5501-6500 TL arasında ☐ 6501 ve Yukarısı

12) İşletmenizin sınıfı nedir?

☐ 5 Yıldız ☐ 4 Yıldız ☐ 3 Yıldız ☐ 2Yıldız ☐ Özel Belgeli Otel ☐ Butik Otel

13) İşletmenizin yönetim şekli

☐ Bağımsız yönetim sözleşmesi ☐ Franchising

14)İşletmede bulunduğunuz görevde çalışma süreniz?

☐ 1 yıldan az ☐ 1-5 yıl ☐ 6-10 yıl ☐ 11 yıl ve üzeri

15)İşletmeniz bugüne kadar hiç engelli müşterilere hizmet verdi mi?

☐ Evet ☐ Hayır

16)İşletmedeki konumunuz?

☐ Genel Müdür
☐ Ön büro Müdürü
☐ Kat Hizmetleri Müdürü
☐ Satış ve Pazarlama Müdürü
☐ Diğer (belirtiniz).....

17) Eğer veriyse; bir yılda konaklayan engelli sayısı?

☐ 1-50 kişi arası ☐ 51-100 kişi arası ☐ 101 ve üzeri ☐ Bilinmiyor

18) İşletmeniz hangi engelli müşteri tipine göre hizmet vermektedir?

(Birden çok seçeneği işaretleyebilirsiniz)

- ☐ Fiziksel Engellilere
- ☐ Tekerlekli sandalye kullananlara
- ☐ Görme engellilere
- ☐ Duyma ve konuşma engellilere
- ☐ Zihinsel engellilere
- ☐ Astım ve alerjik problemleri olanlara
- ☐ Diğer (belirtiniz)

Numara	Otelde..	Kesinlikle Katılıyorum	Katılıyorum	Kararsızım	Katılmıyorum	Kesinlikle Katılmıyorum
1	Braille alfabe tabelaları hazırlanmalı ve kullanılan tesislerde kabartma yazısı (Braille alfabesi) ile yazılan yazılar artırılmalıdır.					
2	Yardıma ihtiyacı olan engelli konuklar için asansörlerde "acil durum düğmesi" nin seviyesi düşürülmelidir.					
3	Ana girişte döner kapı kullanıldığında otomatik olması gerekmektedir.					
4	Yerden yüksek halı-kilim kullanılmamalıdır.					
5	Yardıma ihtiyaç duyabilecek engelli konuklar için tüm çıkışlarda "acil durum düğmesi" bulunmalıdır.					
6	Asansör kapısının kapanma süresini uzatabilen bir düğme bulunmalıdır.					
7	Asansör kapısının genişliği en az 100 cm olmalıdır.					
8	Tekerlekli sandalyeleri, yürüyüşörleri veya diğer hareket yardımlarını kullanan kişilerin araçlarından otele ve otellerinden araçlarına transferi kolaylaştıracak ek bir erişim koridoru bulunmalıdır.					
9	Tüm kullanım alanlarında yanıp sönen (görsel) yangın alarmları kurulmalıdır.					
10	Tüm asansörlerde kabartma yazısı (Braille alfabesi) bulundurulmalıdır.					
11	Kullanım alanlarında gereksiz süslemelerin kaldırılması gerekmektedir (vazo, saksı, vs..)					
12	Erişilebilir tüm odalarda rahatça gezinebilmek için ekstra alan sağlanmalıdır.					
13	Tüm erişilebilir odaların banyosuna ayarlanabilir bir lavabo takılmalıdır.					
14	Erişilebilir tüm odalarda yataktan ulaşılabilen ışık kontrolleri monte edilmelidir.					
15	Kabartma yazısı (Braille alfabesi) kullanılarak oda numaraları yazılmalıdır.					
16	Erişilebilir tüm odalarda hoparlörlü telefon bulundurulmalıdır.					
17	Erişilebilir tüm odalarda ayarlanabilir ışık takılmalıdır.					
18	Erişilebilir tüm odalarda yanıp sönen (görsel) kapı zili bulunmalıdır.					
19	Konuşma ve dil bozukluğu olan insanlar için özel rezervasyon hattı sağlanmalıdır.					

20	Engelli misafirler için ayrı uygun bir yemek alanı sağlanmalıdır.					
21	Olası bir kazaya karşı engellilere müdahale için buz hazırda tutulmalıdır.					
22	Erişilebilir yerel seyahat bilgileri sağlanmalıdır.					
23	Engelli misafirler için ücretsiz vale hizmeti sağlanmalıdır.					
24	Engellilere indirim sağlanmalıdır.					
25	Engelli misafirlere eşlik eden aile bireylerine indirim sağlanmalıdır.					
26	Engelli misafirler için oda servisi indirimli veya ücretsiz sağlanmalıdır.					
27	Engelli misafirlere gönüllü eşlik edenlere indirim sağlanmalıdır.					
28	Hazırlanan paket turlarda ulaşım araçları engellilerin erişimine uygun olmalıdır.					
29	Engelli turizminin geliştirilmesi için devlet, sivil toplum kuruluşları ve sektör temsilcileri arasında işbirliğine ihtiyaç vardır.					
30	Türkiye’de engelli turizminin gelişme potansiyeli vardır.					
31	Engellilere hizmet edebilmek amacıyla yeterli özel eğitimli personel bulunmalıdır.					
32	Engelliler turistik bölgeler hakkında yeterli düzeyde bilgilendirilmelidir.					
33	Otellerde sahil ve güneşlenme yerleri engellilerin erişimine uygun hale getirilmelidir.					
34	Çevre düzenlemesi engellilerin kullanımına uygun hale getirilmelidir.					
35	Engelli odalarındaki tuvalet ve banyolar tamamen engellilerin kullanımına uygun hale getirilmelidir.					
36	Genel mahallerdeki tuvalet ve banyolar engellilerin kullanımına uygun hale getirilmelidir.					
37	Görme engelliler için gerekli yerlerde kabartma yazısı (Braille alfabesi) kullanılmalıdır.					
38	İşitme engelliler için görsel levhalar yeterli düzeyde olmalıdır.					
39	Asansörler engellilerin kullanımına uygun hale getirilmelidir.					
40	Engelliler için restoranlarda özel düzenlemeler olmalıdır.					
41	Otoparklar engelli misafirler için tasarlanmalıdır.					
42	Engelliler için özel tesisler inşa edilmelidir.					
43	Engelliler sadece kendileri için özel tasarlanmış tesislerde konaklamalıdır.					

- 1) Hizmetlerden faydalanma süresi boyunca engelli misafirlerinizin fizyolojik ve psikolojik olarak daha rahat hizmet alabilmeleri için gerekli bilgiye sahip misiniz?
(Sahipseniz hangi grup için ne kadar, değilseniz nedeni nedir ve neyi bilmek istersiniz?)
- 2) Otelinize konaklamak üzere gelen engellilere yönelik şu anki fiziki imkanlarınız nedir?
 - a) Bedensel Engelliler için (rampa vs)
 - b) Görme Engelliler için (kabartma yazısı vs)
 - c) İşitme Engelliler için (sesli uyarı sistemleri vs)(Uygunsu ne kadar, uygun değilse nedeni)
- 3) Otelinizde Erişilebilir turizm kapsamında engellilerin ağırlanması ile ilgili neler yapılabilir? Mevzuatta olmayan ve size göre olması gerekenler nelerdir?
- 4) Otelinizin STK lar ile veya Engelli Pazarı ile bağlantıları oluyor mu? Konuyla alakalı yurt içi ve yurt dışı bağlantılarınız var mıdır?
- 5) Engellilerin tatil yapma olanakları ile ilgili görüşleriniz nelerdir?
 - a. Kolayca tatil yapabiliyorlar mı?
(Evet ise) Tatillerini nasıl gerçekleştiriyorlar? (Refakatçi zorunluluğu?)
 - b. Tatil yapamıyorlar ise önlerindeki engeller nelerdir? (Fiziki, sosyo- ekonomik, çevresel vb.)
- 6) Tatil imkanına sahip engelli kişiler sizce ne tür (nerede, nasıl) bir tatil yapmak isterler?
- 7) Engellilerin bir otelden beklentileri ya da gereksinimleri nelerdir?
- 8) Engelli misafirlerin otellerde karşılaştıkları sorunlar nelerdir ve karşılaşılan sorunların çözümüne yönelik önerileriniz nedir?
- 9) Personeliniz engelli misafirler ile iletişim kurarken sorun yaşıyor mu? Personelinize engelliler ile doğru iletişim kurabilmeleri için eğitimler veriyor musunuz? Ne tür eğitimler veriyorsunuz?
- 10) Otelinizdeki diğer misafirler ile engelli misafirler arasındaki ilişki/iletişim hakkında neler düşünüyorsunuz? Sizce çevrelerinde engelli misafirleri görmek diğer insanları nasıl etkiliyor? Gözlemleriniz nelerdir?
- 11) Otelinizde engelli misafirlere özel uygulamalar (indirimler, özel paketler, programlar vb.) yapıyor musunuz? (Yapmayı düşünür müsünüz?)
- 12) Sizce engelli turizmi üzerinde durulması gereken bir pazar dilimi midir?
- 13) Engelli kişilerin turizm hizmetlerinden faydalanabilmesi için turizm aracıları (seyahat acentaları, tur operatörleri), engelli sivil toplum kuruluşları ve devletin ilgili organlarına ne gibi görevler düşmektedir?
- 14) Gelecekte Engelli Turizminin daha sağlıklı ve verimli olabilmesi için neler yapılabilir?

Appendix II: Perception Scale for Handicapped Tourists

Sayın Katılımcı;

Turizm’de Erişilebilirlik ile ilgili düşüncelerinizi tespit etmek amacıyla yapılacak olan anketimize bildireceğiniz değerli görüşleriniz Selçuk Üniversitesi Sosyal Bilimler Enstitüsü Turizm İşletmeciliği Anabilim Dalı Turizm İşletmeciliği Bilim Dalı’nda Doç. Dr. Şafak ÜNÜVAR danışmanlığında yürüteceğim doktora düzeyindeki bu çalışmam için çok önemlidir. Anket’e vereceğiniz hassas cevaplar analize tabii tutulacaktır. Araştırmamızın etik kurallara uygunluğu açısından isimlerinize kodlar verilecek ve çalışmamın hiçbir bölümünde isminiz belirtilmeyecektir. Şimdiden yardımlarınız ve bildireceğiniz samimi ve değerli görüşleriniz için çok teşekkür eder saygılarımı sunarım.

Doç.Dr. Şafak ÜNÜVAR

Arş. Gör. Şeyda SARI

1) Cinsiyetiniz

☐ Bay ☐ Bayan

2) Yaşınız:

☐ 17 ve Altı ☐ 19-25 ☐ 26-35 ☐ 36-45 ☐ 46-55 ☐ 56-65 ☐ 66 ve Üstü

3) Yaşadığınız Yer (Şehir/ Ülke): .

4)Eğitim Durumunuz?

☐ İlköğretim ☐ Lisans ☐ Lise ☐ Lisansüstü ☐ Önlisans

5) Son Bir Yılda kaç defa otelde kaldınız?

☐ Hiç ☐ 1 kere ☐ 2 kere ☐ Diğer

6) Seyahat etmeniz temel sebebi nedir?

☐ Aile veya arkadaş ziyareti ☐ iş ☐ eğlence ☐ Sağlık/bakım ☐ Diğer

7) Seyahat ederken size kim/ler eşlik eder? (çoklu cevap)

☐ Engelli arkadaşlarınız ☐ Engelli olmayan arkadaşlarınız ☐ Aile bireyleri ☐ Diğer

8) Seyahat ederken size kaç kişi eşlik eder?

☐ Hiç ☐ 1 ☐ 2 ☐ 3 ☐ Diğer

9)Tahmini geliriniz nedir?

☐ 1603 TL ve altı ☐ 1603-2500 TL arasında ☐ 2501-3500 TL arasında ☐ 3501-4500 TL arasında

☐ 4501- 5500 TL arasında ☐ 5501-6500 TL arasında ☐ 6501 ve Yukarısı

10) Engellilik düzeyiniz nedir?

☐ Ağır Düzeyde ☐ Orta Düzeyde ☐ Hafif Düzeyde

11) Engellilik raporunuz nedir?

☐ Görme Engelli ☐ İşitme Engelli ☐ Konuşma ve dil bozukluğu ☐ Bedensel Engelli ☐ Diğer

Numara	Otelde..	Kesinlikle Katılıyorum	Katılıyorum	Kararsızım	Katılmıyorum	Kesinlikle Katılmıyorum
1	Braille alfabe tabelaları hazırlanmalı ve kullanılan tesislerde kabartma yazısı (Braille alfabesi) ile yazılan yazılar artırılmalıdır.					
2	Yardıma ihtiyacı olan engelli konuklar için asansörlerde "acil durum düğmesi" nin seviyesi düşürülmelidir.					
3	Ana girişte döner kapı kullanıldığında otomatik olması gerekmektedir.					
4	Yerden yüksek halı-kilim kullanılmamalıdır.					
5	Yardıma ihtiyaç duyabilecek engelli konuklar için tüm çıkışlarda "acil durum düğmesi" bulunmalıdır.					
6	Asansör kapısının kapanma süresini uzatabilen bir düğme bulunmalıdır.					
7	Asansör kapısının genişliği en az 100 cm olmalıdır.					
8	Tekerlekli sandalyeleri, yürüyüşörleri veya diğer hareket yardımlarını kullanan kişilerin araçlarından otele ve otellerinden araçlarına transferi kolaylaştıracak ek bir erişim koridoru bulunmalıdır.					
9	Tüm kullanım alanlarında yanıp sönen (görsel) yangın alarmları kurulmalıdır.					
10	Tüm asansörlerde kabartma yazısı (Braille alfabesi) bulundurulmalıdır.					
11	Kullanım alanlarında gereksiz süslemelerin kaldırılması gerekmektedir (vazo, saksı, vs..)					
12	Erişilebilir tüm odalarda rahatça gezinebilmek için ekstra alan sağlanmalıdır.					
13	Tüm erişilebilir odaların banyosuna ayarlanabilir bir lavabo takılmalıdır.					
14	Erişilebilir tüm odalarda yataktan ulaşılabilen ışık kontrolleri monte edilmelidir.					
15	Kabartma yazısı (Braille alfabesi) kullanılarak oda numaraları yazılmalıdır.					
16	Erişilebilir tüm odalarda hoparlörlü telefon bulundurulmalıdır.					
17	Erişilebilir tüm odalarda ayarlanabilir ışık takılmalıdır.					
18	Erişilebilir tüm odalarda yanıp sönen (görsel) kapı zili bulunmalıdır.					

19	Konuşma ve dil bozukluğu olan insanlar için özel rezervasyon hattı sağlanmalıdır.					
20	Engelli misafirler için ayrı uygun bir yemek alanı sağlanmalıdır.					
21	Olası bir kazaya karşı engellilere müdahale için buz hazırda tutulmalıdır.					
22	Erişilebilir yerel seyahat bilgileri sağlanmalıdır.					
23	Engelli misafirler için ücretsiz vale hizmeti sağlanmalıdır.					
24	Engellilere indirim sağlanmalıdır.					
25	Engelli misafirlere eşlik eden aile bireylerine indirim sağlanmalıdır.					
26	Engelli misafirler için oda servisi indirimli veya ücretsiz sağlanmalıdır.					
27	Engelli misafirlere gönüllü eşlik edenlere indirim sağlanmalıdır.					
28	Hazırlanan paket turlarda ulaşım araçları engellilerin erişimine uygun olmalıdır.					
29	Engelli turizminin geliştirilmesi için devlet, sivil toplum kuruluşları ve sektör temsilcileri arasında işbirliğine ihtiyaç vardır.					
30	Türkiye’de engelli turizminin gelişme potansiyeli vardır.					
31	Engellilere hizmet edebilmek amacıyla yeterli özel eğitilmiş personel bulunmalıdır.					
32	Engelliler turistik bölgeler hakkında yeterli düzeyde bilgilendirilmelidir.					
33	Otellerde sahil ve güneşlenme yerleri engellilerin erişimine uygun hale getirilmelidir.					
34	Çevre düzenlemesi engellilerin kullanımına uygun hale getirilmelidir.					
35	Engelli odalarındaki tuvalet ve banyolar tamamen engellilerin kullanımına uygun hale getirilmelidir.					
36	Genel mahallerdeki tuvalet ve banyolar engellilerin kullanımına uygun hale getirilmelidir.					
37	Görme engelliler için gerekli yerlerde					

	kabartma yazısı (Braille alfabesi) kullanılmalıdır.					
38	İşitme engelliler için görsel levhalar yeterli düzeyde olmalıdır.					
39	Asansörler engellilerin kullanımına uygun hale getirilmelidir.					
40	Engelliler için restoranlarda özel düzenlemeler olmalıdır.					
41	Otoparklar engelli misafirler için tasarlanmalıdır.					
42	Engelliler için özel tesisler inşa edilmelidir.					
43	Engelliler sadece kendileri için özel tasarlanmış tesislerde konaklamalıdır.					

Appendix III: Permission from ‘Provincial Directorate of National Education’



**T.C.
KONYA VALİLİĞİ
İl Milli Eğitim Müdürlüğü**

Sayı : 83688308-605.99-E.21636681

13.11.2018

Konu: Araştırma İzni

Sayın Arş. Gör. Şeyda SARI
Selçuk Üniversitesi Turizm Fakültesi
Akademi Mahallesi Yeni İstanbul Caddesi
Alaeddin Keykubat Kampüsü No:303 42250 Selçuklu/ Konya

İlgi : 12.11.2018 tarihli ve 21491180 sayılı dilekçeniz.

İlgi dilekçeniz ekinde Müdürlüğümüze sunmuş olduğunuz "Erişilebilir Engelli Turizm" konulu araştırmanızı uygulama talebiniz incelenmiştir.

Araştırmanın; Konya genelindeki okullarda görev yapan öğretmenlere ve eğitim gören öğrencilere eğitim öğretimi aksatmamak kaydıyla uygulanmasında sakınca görülmemektedir. Müdürlüğümüze bağlı eğitim kurumlarındaki çalışmalarınızı 2018-2019 eğitim öğretim yılı içerisinde tamamlamanız zorunludur. Araştırma kapsamında yürütülecek çalışmalarınızı 2018-2019 eğitim öğretim yılı içerisinde tamamlamamanız durumunda Müdürlüğümüzden tekrar izin almanız gerekmektedir.

Araştırmada Müdürlüğümüz tarafından onaylanarak gönderilen veri toplama araçları kullanılacak olup, araştırma sonucunun CD ortamında iki nüsha olarak Müdürlüğümüze gönderilmesi gerekmektedir.

Bilgilerinize sunulur.

**Mukadder GÜRSOY
İl Milli Eğitim Müdürü**

Ek:

1-Katılım Formu (1 Sayfa)

2-Anket Formu (3 Sayfa)

**Güvenli Elektronik İmza
Aslı ile Aynıdır.
13 Kasım 2018**

Akçeşme Mah.Garaj Cad. No: 4 Karatay/KONYA
Elektronik Ağ: <http://konya.meb.gov.tr>
e-posta: istatistik42@meb.gov.tr

Ayrıntılı bilgi için : Abdurrahman KAYNAK - Şef
Ali Naci IŞIK VHKİ
Tel: (0 332) 353 30 50 - Faks : (0 332) 351 59 40

Bu evrak güvenli elektronik imza ile imzalanmıştır. <https://evraksorgu.meb.gov.tr> adresinden **ba2c-c6ea-38e3-a546-65be** kodu ile teyit edilebilir.