



### **Sport Tourists with Disabilities: Accessible Tourism, Accommodation, Recreation and Sport in Greece**

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#### **Abstract**

This paper examines the travel preferences of tourists with disabilities, the type of accommodation they select, the reasons that push them away from travelling and the sources of accessible accommodation information they choose. The "Accessible Tourism Accommodation Survey" (ATAS) was applied as the basis of the present study. The sample consisted of 81 sport tourists with disabilities with physical and sensory disabilities. The survey was conducted in 4 cities in Northern Greece, where sport events were organized and conducted. The participants identified many obstacles as important reasons for avoiding a trip, such as the general cost / economic constraints, the lack of accessible destinations, suitable accommodation, the problems of transportation getting to the destinations and at the destinations, the lack of accessible attractions, etc. The surveys' data revealed preferences, habits, and barriers to access for travelers with disabilities, which the tourism industry is invited to understand and to respond to them through the design and redesign of products and services in the field of tourism.

*Key words: Tourism, accommodation, disability, ATAS, recreational sport, facilities*

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## **Introduction**

One of the major attractions of travelling has always been the exposure to various components such as accommodation and entertainment. Food, beverage, accommodation, leisure centers, spas and architecture are all elements of what is broadly called the 'hotel'. The hotel industry has become increasingly over supplied with large monopolies of hotel brands which sell consistency, across their properties and which offer the traditional provisions of a hotel. Hotel development has changed over the last years and includes concepts such as back-to-nature hotels and life-style hotels: the new hotel trend (Hackett and Melia 2012).

## **Recreation and sport**

Vacations, journey and physical and recreational activities are an important part of their life as a means in order to escape from their daily routine, to strengthen family ties and to promote health, self-confidence and independence. Researches in tourism have shown that disabled people face many obstacles when they participate in sport and recreation activities because of the lack of accessible destinations, of facilities, of means of transport, of appropriate information and because of obstacles in communication and behavior, but also in finding an accessible accommodation. The hotel activity targets to specific market segments related to quality and categories levels, seasonality and possibilities of product differentiation. The market segment can be approached, according to Davies and Downward (1996) through the type of board sold, the channels used in commercializing the service and the degree of customer loyalty. Innovation propensity can be explored according to these features.

International literature on recreation emphasize the need to find ways to understand and analyze the existing barriers experienced by people with disabilities in relation to sports and leisure activities. Tourism and leisure research reveals a series of problems encountered by disabled travelers when participating in sports and leisure activities. Problems focus on accessibility and specifically on the inaccessible destinations, facilities and means of transport, on costs and the lack of adequate information and behavioral barriers (Blichfeldt and Nicolaisen 2011; Burns et al. 2009; Figueiredo et al. 2012; Freeman and Selmi 2010; Israeli 2002; Shaw and Coles 2004; Yau, McKercher and Packer 2004).

Relaxation, recreation and resting are the main motivators of international travel (52%) (UNWTO 2014). The Mediterranean, dominated by the sun-and-sea tourism product, is the leading tourism micro region with around 200 million tourist arrivals in 2013 (UNWTO 2014). Although the sun-and-sea product is the dominant tourism product in all Mediterranean countries, including Croatia, survival on the highly demanding market dictates the need for innovation and development of new products. Influenced by extremely high competition and significant, layered social change, a new concept of sun-and-sea travelling is being developed, based on premises such as 'social experience', 'localization', 'sustainability', 'healthy life', 'individualization and personalization' (Živoder and Čorak 2015).

Wellness and wellbeing have become important segments of the tourism industry according to Konu (2010). A definition provided by Failte Ireland (2010) wellness hotel is a property where the main purpose of the business is to offer a full-service wellness, treatment, spa or sports facilities and that the property is the holiday destination. Other concepts associated with wellness and wellbeing in terms of tourism includes health tourism, sports and healthcare tourism. Wellness, sports and health care products are usually associated with luxury properties and five-star hotels. However, operators have identified a niche in the market for wellness, sports and health tourism and have realized that they do not have to be connected to a five-star hotel to be successful. Wellness, sports and health care have also been associated with lifestyle consequently consumers

want to access products that provide this lifestyle as part of their holiday / vacation. This trend provides a wide range of facilities including spas, health center, treatment center, outdoor pursuits, gyms, meditating, yoga, sauna, treatment therapies and so on. It is a wide-range area, however, for the purposes of this trend the focus is on the wellness and sports hotel. This is a growing trend despite global recession. The sport hotel attracts the sports enthusiast or provides a complete sports concept for the active tourist offering a sports theme / concept and trends (Hackett and Melia 2012).

Hotels and other holiday centers emphasize on the availability of facilities and sports opportunities. The total health care, the active rest and the exercise of the body concern a sizeable portion of the tourism industry. The wider hospitality sector owns the spa hotels, the health tourism centers, the leased coastline, the agrotourism lodges, the sport hotels and the camps (Gatti, Mereu and Tagliafero 2000). The provision of sports and recreational services is now lucrative for businesses and generates increased profits, repeated customers, enriched experience for customers of all ages and higher value added to the hotel (Choy, 2000). There is a need to encourage the "active" faith among tourists and to develop long-term relationships with them (Fyall, Callod and Edwards 2003).

International tourist hotels must focus on creating functional and leisure values to satisfy customer expectations. In addition to offering accommodations and dining services, the provision of entertainment services (i.e., leisure facilities and guided tours to surrounding attractions) is essential to creating customer value. Hotels must integrate multiple services or use innovative ways to link existing services to satisfy the functionality and pleasure related requirements of customers. Successful innovation depends on the convergence of various functions (Lee et al. 2012; Tang, Wang and Tang 2015).

The issue of accessible tourism has been addressed through the analysis of various forms of disability, different participation opportunities and a variety of leisure experiences (Figueiredo et al. 2012). It has been found that, along with the removal of physical barriers and barriers to behavior, people with diverse and specific disabilities need differently tailored activities, services and equipment and the creation of spaces and activities more accessible to all. The research by Rimmer and Schiller (2006) and Rimmer et al. (2004) regarding the accessibility of sport facilities and leisure programs, pointed the lack of accessible facilities, gyms, parks, buildings and the difficulty in accessing information about the availability of customized programs and equipment as inhibitory factors for the participation of people with disabilities in sport and leisure programs.

### **Tourists with disabilities**

People with disabilities represent a large and growing market for tourism businesses. They usually travel in large groups, stay for long periods, become more easily "loyal customers" than other tourists (Buhalis et al. 2011; Burnett and Baker 2001) and return to destinations that provide good accessibility (European Commission 2004). In their daily lives, they are mostly dependent on carers / attendants who are an important part of their life and travel with. While they have the same rights for tourism as any social group, they still have to think more factors than ordinary people and face more challenges during their trip (Daniels, Drogin Rodgers and Wiggins 2005; Yau et al. 2004). Therefore, holidays away from home prove to be different for tourists with disabilities than for other tourists and accessibility is an important factor for the trip (Blichfeldt and Nicolaisen 2011; Shaw and Coles 2004).

Another key concept for the development of accessible tourism is universal design, which is a challenge for the tourism industry. It is high time the tourism industry adopted the principles of universal design as the foundation for achieving greater social sustainability. Universal design is addressed to all people of all ages and abilities. It has been defined as the design of products and environments that can be used by all people to the greatest extent, without the need for customization or special design. The philosophy of universal design focuses on simplifying

everyone's life by designing products, forms of communication and the natural environment to make it more user-friendly by most people at little or no extra cost. In many countries, the framework for the development of accessible tourism or the application of universal design can be found in building codes and accessibility standards (Mace, Hardie and Place 1990).

The economic background is an equally important factor in determining accessibility and behavioral barriers as it identifies a travel experience, such as length of stay, the selection of means of transport and the accommodation and can therefore be an important obstacle for travelers with disabilities (Darcy and Daruwalla 1999). For example, travelers with mobility disabilities may spend more on the cost of an attendant / carer, auxiliary aids and services, accessible hotel rooms and for transport. In general, people with disabilities have lower income than people without disabilities (Smith et al. 2001), which limits both their choices and their experiences. However, it is worth mentioning that the research of Bi, Card and Cole (2007), which examined the obstacles encountered by disabled tourists in China, revealed that income was not among the most important barriers but the level of functionality was the one that influenced to a significant extent the travelers. Researchers conducted in Australia (Darcy 2010; Darcy 1998) and other countries (Bi et al. 2007; Burnett and Baker 2001; Daniels et al. 2005; Shaw and Coles 2004) showed that tourists with disabilities often encounter obstacles and problems in finding accessible accommodation in affordable prices and information about it.

Darcy (1998) pointed out that disability, independence, need for care and mobility support are decisive factors for the destination selection and the travel frequency. He also found that income, age and lifestyle had a significant effect on the choice of accommodation. At the survey of Burnett and Bender-Baker (2001) regarding the travel criteria for people with mobility impairment about the accessible accommodation, it was found that the level of support combined with gender, age, income, family and occupational status were significant factors, with 2/3 of the participants declaring that they would travel more often if there was a hospitable accommodation and easily accessible to them.

On the contrary, similar research by Avis et al. (2005) suggest that gender and age explain the different levels of accessibility that are required and Bi et al. (2007) indicate functional capacity as a factor that influences the perception of accessibility. Darcy (2010) explored the criteria that tourists with disabilities consider as important for choosing an accommodation facility and their preferences for access to information. People with mobility disabilities, sensory disabilities (vision and hearing), multiple disabilities and people with cognitive difficulties who were users of accessible rooms participated at his survey. The results highlighted the importance of information, while the criteria of access to the room and bathroom were considered by the majority of participants as very important. The above survey has shown that access to information allows people with disabilities to be informed about their choices and whether the general accessibility for tourists is accessible also for their own needs. Consequently, negative experiences have a negative impact on the person with a disability and prevent him/her to take a trip that will be stressful.

The aim of this paper is the examination of the travel preferences of sport tourists with disabilities, the type of accommodation they select, the reasons that push them away from travelling and the sources of accessible accommodation information they choose.

## **Methodology**

### **Sample**

The sample consisted of 81 sport tourists with disabilities aged 18 to 60 years and above, men and women, with physical and sensory disabilities (vision or hearing disabilities) participated in this research. Two of them due to inability to complete the questionnaire were helped to complete it by two carers / attendants with whom they traveled. The participation criteria in the research were: a) the existence of any form of kinetic or sensory disability (partial or total loss of hearing or vision),

excluding persons suffering from other disabilities (mental retardation, multiple disabilities, etc.); and b) the duration of the trip with at least 24-hour stay for sports tourism. Participants in the survey were selected using the targeted sampling method and came from 3 different countries, Greece, Germany and Serbia.

## **Questionnaire**

For the research purposes, the questionnaire of Darcy (2010) was used, which consisted of a) the scale "Accessible Tourism Accommodation Survey" - ATAS, b) a part of 24 questions concerning sport activities for disabled people and c) a part of 10 questions regarding demographics and specific preference destination.

ATAS scale is about the accommodation needs of disabled people based on the accessibility, with 2 questions for dimensions of access and independence of traveler, 17 questions regarding the accommodation type, 50 questions in relation to travel patterns and 64 questions about the accommodation attributes where 9 questions were added for research needs. Specifically, 7 questions were added in order to examine accessibility to sport facilities and 2 about the accommodation attributes, considering that the ATAS scale mainly examines accommodation attributes.

The bellow questions were added for sport facilities: 1. Facility with an accessible hot tub or whirlpool, 2. Trained fitness instructors in helping individuals with disabilities to participate at sports/recreation programs, 3. Suitable sports equipment for individuals with disabilities is provided, 4. Sports/recreation programs that allow persons with disabilities to participate, 5. Facility with an accessible sauna or steam room, 6. Trained personnel in helping individuals with disabilities, 7. Professional support and training in the facility and also 2 questions for accommodation attributes: 1. Rooms on lower floors, 2. Bathroom door that opens outward).

## **Process**

The survey data were collected from February to April 2013. The survey was conducted in 4 cities in Northern Greece, where sport events were organized and conducted. There was a cooperation with the Hellenic Sport Federation for People with Disabilities in order to get the permission to conduct the research. Also, there was a contact with disability organizations, sport clubs, hotels, outdoor companies and camps, to ensure the voluntary participation and the confidentiality of the data of all the participants in the survey. The meetings with the participants took place at the participants' rooms (hotels) and at the venues where they participated or attended the sporting events. The sports that they participated in or attended included weightlifting on bench, basketball on wheelchair, swimming, rugby with wheelchair, chess for blind people and football for deaf.

## **Results**

### **Demographic characteristics**

Data consisted of 81 tourists with disabilities, 84% of them were men and 16% women. Age was recorded according to the model in three life eras (Gibson 1994): Era 1: Initial Adulthood (17-39 years), Era 2: Medium Adulthood (40-59 years) and Era 3: Final Adulthood (60 years and over). The majority (84%) belonged to the first life era (18-39 years). Most of them were singles (67%), 22% were married, 4.9% were divorced and 6.2% were domestic partnered. As far as education is concerned, the majority were graduates of high school (515) and followed by graduates of university or a 4-year college (32%). Annual family income for the 77.8% was under 20.000€. The 37% were employed full time / self-employed, 24.7% had retired, 16% were unemployed, 13.3% were students, while 8.7% worked part-time.

### Dimensions of access

In order to take into account, the access needs of participants in sport tourism and in particular the accommodation attributes, all participants were asked to choose their accessibility or the disability of the person with whom they travelled. 74 persons had a motor disability and 7 persons had sensory disabilities. Table 1 shows the frequency and percentages of travellers' access dimensions, according to the scale ATAS (Darcy 2010).

Table 1. Frequency and percentages of travelers' access dimensions

Dimensions of access	Frequency	Percentages
Mobility – requiring use of a power wheelchair or scooter	4	4,9
Mobility – requiring use of a manual wheelchair	53	65,5
Mobility – requiring use of other mobility aids	8	9,9
Mobility – no aid required but a mobility limitation, i.e. able to cover a limited distance	7	8,6
Blind or vision	3	3,7
Deaf or hearing	4	4,9
Achondroplasia	2	2,5

### Structural validity and reliability

Factor analysis was implemented to sixty-four (64) of accommodation attributes by implementing the exploratory factor analysis. Six factors were confirmed for the ATAS scale, which explained the 59,149% of the total variance:

1. Core Mobility
2. Hearing and Vision
3. Ambulant (Safety)
4. Service and security
5. Amenity (comfort / recreation)
6. Supplementary Mobility

The reliability analysis was made by utilizing Cronbach's  $\alpha$  test. The accommodation attributes scale ATAS presented reliable scores for each factor (table 2).

Table 2. Reliability Test – ATAS factors

Accommodation attributes	Cronbach's alpha
Core Mobility	0,903
Hearing and Vision	0,850
Ambulant (Safety)	0,875
Service and security	0,863
Amenity (comfort/recreation)	0,895
Supplementary Mobility	0,925

### Type of accommodation

Participants were asked about the types of accommodation they chose in the past three years, having the option to declare more than one choice. The majority (61.7%) reported the luxury hotel / luxury serviced apartment / luxury resort (4 or 5 star), then 59.3% the Standard hotel / motel / motor inn or standard serviced apartment (below 4 star), the 45.7% selected homestay guest, 25.9% Own property (e.g. holiday house), the 24.7% preferred the Commercial camping ground and 23.5% reported both the Rented house / apartment / unit / holiday flat (not serviced on a daily basis) as well as the Friends or relatives property (no payment required). Other types of residence are followed in much smaller percentages and table 3 presents their frequencies and percentages.

Table 3. Frequencies and percentages of accommodation type preferences

Accommodation type	Frequencies	percentages
Luxury hotel / luxury serviced apartment / luxury resort (4 or 5 star)	50	61,7%
Standard hotel / motel / motor inn or standard serviced apartment (below 4 stars)	48	59,3%
Rented house / apartment / unit / holiday flat (not serviced on a daily basis)	19	23,5%
Backpacker / visitor hostel	5	6,2%
Caravan park on site van or cabin	6	7,4%
Commercial camping ground	20	24,7%
Caravan or camping by side of road, on private property, on crown land, or in a national park	5	6,2%
Friends or relatives' property (no payment required)	19	23,5%
Own property (e.g. holiday house)	21	25,9%
Guest house / Bed & Breakfast	11	13,6%
Homestay guest	37	45,7%
Boat, houseboat, cabin cruiser, or cruise ship	12	14,8%
Slept in bus / coach / train / plane	10	12,3%
Other non-commercial property (e.g. timeshare, club lodge, company unit, nurses' quarters)	2	2,5%
Hospital or respite related accommodation (e.g. patients, relatives)	10	12,3%
Educational institution (e.g. university)	8	9,9%
Camp	1	1,2%

### Travel preferences

As far as their travel preferences, the participants were asked how often they travel away from home for at least one-night stay, the number of their traveling companions, and what groups of people they usually select to travel with. The majority (30.9%) were found to travel more than 6 times a year, followed by 27.2% 2-3 times a year and 25.9% 4-6 times a year, while only 2.5% was found to travel less than once a year, 3.7% once every year and 9.9% on a weekly basis.

Furthermore, it was found that the majority of participants (51.9%) travel with specific disability group, 49.4% with friends / relatives, 40.7% with a partner, 28.4% alone and 23.5% with parents, children and other friends / relatives (table 5). The majority of tourists with disabilities (56.8%) were traveling under the escort of 2-4 people, while the minority with 18.5% under the escort of one person, 16% under the escort of more than 5 persons and a very small percentage (8.6%) without any attendant (table 4).

Table 4. Frequency of responses of travelling companionship, their percentages and the quota in the sample.

Travelling companionship	Frequency	Percentages	Quota in the sample
Alone	23	28,4%	10,8%
Partner	33	40,7%	15,6%
Friends / relatives	40	49,4%	18,9%
Parents and children	7	8,6%	3,3%
Parents, children and other friends/relatives	19	23,5%	9,0%
Business associate	12	14,8%	5,7%

Couple with other adults (no children)	9	11,1%	4,2%
Specific disability group	42	51,9%	19,8%
Organized tour group	11	13,6%	5,2%
With attendant	15	18,5%	7,1%
Pet	1	1,2%	0,5%
<b>Total</b>	<b>212</b>	<b>261,7%</b>	<b>100%</b>

In addition, in terms of travel habits, sources of accessible accommodation information, for tourists with disabilities, when they plan a trip, were explored. The survey showed that 59.3% chose to be informed by friends or relatives, 51.9% by the internet - directly from the accommodation site, 50.6% by the internet - specific websites about disability, 51.9% by phone contact with the accommodation manager, 37% also by the internet - from discount accommodation website (e.g. Wotif.com), 24.7% by a disability organization (website, newsletters or magazines), 23.5% used e-mail directly to the accommodation manager and then 22.2% chose a Specific accessible accommodation guide (table 5).

Table 5. Frequency and percentage of sources of accessible accommodation information

Sources of information	Frequency	Percentages %
I do not plan the trips	3	3,7%
Travel agent	13	16%
Internet - from discount accommodation website (e.g. Wotif.com)	30	37%
Internet - disability specific web sites	41	50,6%
Internet - direct from accommodation provider website	42	51,9%
E-mail enquiry direct to accommodation provider	19	23,5%
Phone enquiry direct to accommodation provider	42	51,9%
Hotel chain - always book through one hotel chain	6	7,4%
Tourist office / visitor information centre / government tourism commission	12	14,8%
Airline packaged deals that include accommodation	5	6,2%
Tour operator who provided accommodation as part of the package	7	8,6%
Generic travel book or guide	5	6,2%
Motoring associations - AAA Tourism, NRMA etc.	1	1,2%
Word of mouth from friends or relatives	48	59,3%
I only stay at places that I have stayed before	10	12,3%
Specific accessible accommodation guide	18	22,2%
Disability organization [website, newsletters or magazines]	20	24,7%
Travel article in mainstream newspaper or magazine	13	16%
Advertisements in newspaper, magazine, tv or radio	8	9,9%
Film or tv/radio program	7	8,6%

The majority of sport tourists with disabilities (51.9%) referred that the reason for not making a trip is the general cost / economic constraints, followed by 46.9% lack of accessible destinations, 33.3% lack of suitable accommodation, 25.9% because of transport problems getting to destinations and 22.2% lack of accessible attractions. Also 19.8% referred transport problems at destinations, 14.8% previous problems encountered and 12.3% additional cost of attendants (table 6).

Table 6. Frequencies and percentages of the reasons for not making a trip

Reasons for not making a trip	Frequencies	Percentages
Difficulty of the pre-planning requirements	5	6,2
Previous problems encountered	12	14,8
Lack of suitable accommodation	27	33,3



Lack of accessible destinations	38	46,9
Lack of accessible attractions	18	22,2
Transport problems getting to destinations	21	25,9
Transport problems at destinations	16	19,8
Difficulties in obtaining accurate information	6	7,4
Problems with how information is made available	1	1,2
Lack of suitable attendants	4	4,9
Additional cost of attendants	10	12,3
General cost / economic constraints	42	51,9
I don't like travelling	1	1,2
Health issues prevent me from travelling	2	2,5
Limited free time	1	1,2
<hr/>		
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I don't like travelling	1	1,2
Health issues prevent me from travelling	2	2,5
Limited free time	1	1,2

### Conclusion and Discussion

Through the analysis of demographic characteristics, the profile of disabled tourists has emerged. The majority of the participants were men while women accounted very small percentage. The small percentage of women's participation raises questions about the promotion and design of the tourist product, such as advertising of sport programs, planning of exercise and recreational programs focused on the needs of women with disabilities. So, it is revealed a need to understand the needs of women with disabilities and response to them through sport tourism industry. Participants were between 18-39 years and most of them were single and this is with accordance to the research of Figueiredo et al. (2012). The educational level showed a superiority of high school graduates, a much higher percentage compared to the data of the survey for disabled travelers from China (Card et al. 2006). The educational level comes into agreement probably with the low income, which for the majority was less than 20,000€ per year and the possibility of choosing tourism activities. Most participants were found to work full-time / self-employed, a rate consistent with the Darcy's survey (2010).

This research investigated the accessibility dimensions of hotels for disabled tourists in terms of tourist accommodation and sports facilities. It has shown to a significant extent the accessibility problem of disabled tourists in Greece and has exported valuable data for the sport tourism industry through an attempt to explore the perceptions, experiences and preferences of sport tourists with disabilities. This target group for tourism industry is increasingly growing and it is now the time to improve information, technology and equal access for all.

The majority were people with kinetic disability, mainly wheelchair users, among whom there were people with more than one need of access based on the mobility they had and their motion aids or even two forms of disability (kinetic and sensory), which highlights their particular needs and therefore diversity in the travel process, which is also reflected in similar research into tourism for people with disabilities (Daniels et al. 2005; Yau et al. 2004).

Investigating the types of accommodation which participants used in the last 3 years, it was found that the majority of tourists with disabilities used a luxury hotel / luxury rented apartment / luxury resort (4 or 5 stars), while a significant percentage of participants selected a standard hotel / motel / inn or rented apartment (under 4 stars), as well as a search by Card et al. (2006) where most of the participants used hotels and motels for their stay. Taking into account the views and experiences of the tourists with disabilities by interviewing them, it becomes clear that the majority of the participants prefer and choose the above types of accommodation because they provide comfort and security mainly because of the higher degree of accessibility compared to the other accommodation. The fact that the majority has an income of less than € 20,000 and either works or

has a disability pension shows that to a certain extent they can afford this choice of accommodation, but it is likely to accept support from the family environment.

The results regarding their travel habits have shown that the majority of tourists with disabilities travel more than 6 times a year for sport tourism and this is with accordance to similar surveys, such as Burnett and Baker (2001) who presented a frequency of 2 to 6 trips in a year. As found in other surveys (Figueiredo et al. 2012; Shaw and Coles 2004; Yau et al. 2004), friends and family / relatives are very important for tourists with disabilities to experience and enjoy the tourism experience. The results of this research also showed that half of them travel with friends / relatives, while the other half travel with specific disability group. With regard to the sources from which they choose to know about an accessible stay when planning a trip, the results have shown that the internet is the most popular, followed by friends as being the safest information source.

The participants identified a number of obstacles as important reasons for avoiding a trip, such as the general cost / economic constraints, the lack of accessible destinations, suitable accommodation, the problems of transportation getting to the destinations and at the destinations, the lack of accessible attractions, the previous problems encountered, the additional cost of attendants, the difficulties in obtaining accurate information, the difficulty of the pre-planning requirements, the lack of suitable attendants and health issues. All the above are confirmed by other accessible tourism researches (Avis et al. 2005; Blichfeldt and Nicolaisen 2011; Burns et al. 2009; Card et al. 2006; Darcy 2010; Darcy 1998; Figueiredo et al. 2012; Freeman and Selmi 2010; Israeli 2002; Packer, McKercher and Yau 2007; Shaw and Coles 2004; Yau, McKercher and Packer 2004). Despite the strong desire of tourists with disabilities for travel and tourism, income and economic constraints are a major obstacle for the majority and is confirmed by the research of Figueiredo et al. (2012).

According to their preferences and experiences tourists with disabilities categorized the sixty-four accommodation attributes and the most important for them (variable Means over 4) are the following: Designative accessible parking spaces, Accessible guest rooms that offer equal level of comfort and amenity as non-accessible rooms, Trained personnel in helping individuals with disabilities, Roll in hobless shower entry (no raised edge), Clear circulation and maneuvering space between walls, furniture and fixtures in guest rooms, Pool with access provisions, Sports/recreation programs that allow persons with disabilities to participate, Non-slip bathroom floor, Assistance getting luggage to & from room, Suitable sports equipment for individuals with disabilities is provided, Gym with access provision, Clear circulation space from both sides between the toilet and the walls/door to allow for transfer, Call/emergency button in the bathroom, Room service, A positive 'can do' customer service attitude, Trained fitness instructors in helping individuals with disabilities to participate at sports/recreation programs, Grab rails in the bathroom and toilet (800-810mm) and Entrance that offers independent access (automatic doors). Both Greek and foreign participants in the survey, although they encountered a wide range of difficulties and obstacles during their journey, they continue to travel, acquire experiences, strengthen and become an important economic factor for the tourism industry. They are loyal to a destination, they stay for a long time and usually travel to large groups, making them a big and growing market for tourism businesses.

Future research should be focused on the type of disability and level of functionality in relation to the accessibility dimensions of people with disabilities. Lack of accessibility in sport tourism acts as a barrier for disabled tourists. More tourists with disabilities will travel and continue to travel if the accessibility and behavior of the staff are improved.

The tourism industry should understand the desires, needs and expectations of disabled tourists and limit all accessibility obstacles they encounter, providing more opportunities for travel and exercise in an environment that respects diversity. At the same time, research needs to be done to make the tourism industry more aware of the issue, to understand the obstacles encountered by disabled sports tourists by designing and redesigning innovative products and services based on

the needs of this target group. The travel and tourism industry must act at all levels in order to create better conditions for disabled travelers. The World Travel Trends Report 2012/2013 refers that "People with disabilities want to participate at the travel process just like other people. They do not want to stay at home" (Berlin 2012). Survival of tourist enterprises in today's demanding, dynamic and competitive market require monitoring of trends and this is primarily the improvement of product and service quality at all levels of business with the most efficient and effective performance of business processes. It is necessary to work on improving the excellence, innovation and quality products and services and on improving knowledge, skills and abilities of employees (Sladoljev, Sisara and Goles 2014). Only the companies that are focused on quality, satisfaction of their customers and their employees can compete on the demanding tourist market.

Finally, the goal is to create an accessible environment where accessibility is not a luxury but an inalienable right. It is worth noticing that the creation of an accessible environment, where everyone is able to move safely and comfortably, is the duty of all stakeholders, designers, manufacturers, supervisors and all active citizens in general, to improve the quality of life of all. People with disabilities have the same rights and wishes for tourism as any social group. According to the Global Code of Ethics for Tourism, tourism activities should promote human rights and, in particular, the rights of the most vulnerable groups, such as children, the elderly, the disabled, ethnic minorities and native populations. Tourism is a universal right and tourism for the disabled must be promoted and strengthened (World Health Organization 2001) and as many participants said, "For us, sport and travel are part of our lives".

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**Υπεύθυνος έκδοσης:** Ελληνική Επιστημονική Εταιρεία Διοίκησης Αθλητισμού & Αναψυχής

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