




Hotel Managers' and Staffs' Attitudes Towards Accessible Tourism by Determining Handicapped Tourists' Needs**

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Abstract

Access to tourism opportunities by handicapped people is important both for the handicapped people, for the tourism industry and for the society. The right to travel by the World Tourism Organization is a fundamental human right necessary for human happiness and health service is expected to be a basic requirement. In this respect, it is important that tourism activities are accessible. The concept of accessible tourism for all aims to provide tourism products, services and environments tailored to the needs of the handicapped individual through the cooperation of stakeholders (Accessible tourism for all). The present study aims to investigate managers and staffs' perceptions on providing accessibility to search ways to meet and satisfy handicapped tourists' needs and desires. Therefore, a survey was conducted to both 211 hotels' managers and staff who currently work at hotels in Konya with 8 research questions. The quantitative data was analysed via SPSS 21 Programme. The most notable results revealed with this study were determined as, 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, education levels also affect the thoughts of managers and staff towards 'the accessibility perception' and 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.

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INTRODUCTION

At the beginning of the 19th century, the human world has undergone a major change with the influence of the modern age (Toker, 2014). It is remarkable that capitalist relations intensified with the onset of the modern era. In this context, human labor is charged, production mechanized and industrialized. The beginning of the modern era has also witnessed the emergence of “Handicap”. This involves the systematic individualization and medicalization of the body and mind. This meant expulsion of the handicapped from the social life, expulsion and closure of the institutions. After the industrial revolution, the concept of handicap has become more frequently used in social life. Because, apart from the innate barriers caused by the industrial revolution, there has been an increase in the rates of obstacles caused by occupational accidents (Genç & Çat, 2013, p. 365). People who were trapped in the house and unable to work because of their handicaps have become a disadvantageous group and have been pushed out of social life. The 20th century and the modern period, which was a period after the industrial revolution, which had significant reflections in the tourism sector, is also a period in which groups called ‘the others’ struggle to obtain more human rights (Kozlu, 2009, p. 1). As a result of this struggle, concepts such as human rights, employee rights, social security and the acceptance of travel as a human right have come up. In this process, the right to paid leave of employees was one of the turning points in the history of tourism. Granting people the right to vacations has led to an increase in the number of holidaymakers after the 1950s, providing service providers with a wide range of options for the broad market masses, and serving customers by making different demands and preparing the ground for new formations in the travel industry. Within the framework of these developments, the phenomenon of handicap has started to be discussed internationally along with other disadvantaged groups and the issue of handicap rights has come to the agenda of all modern societies. In the postmodern period after 1980s, differentiated social policies have changed the perspective of handicap. In this period, the identity emphasis on social phenomena came to the fore and the disadvantaged groups in the society were discussed on the basis of postmodern fragmentation (Okur and Erdugan, 2010, p. 247). The idea that the field of tourism should be brought to a political agenda that “glorifies social justice and equality in the world through tourism” (Ateljevic, Hollinshead and Ali, 2009) reveals the importance of tourism in the process of involving handicapped people in social life.

Participation of handicapped people in tourism activities, which is one of the fundamental rights of all people, is also important in this context. Accordingly, the European Union (2010) declared that tourism is a human right. Today, it has become a common idea that the creation of tourism products specific to individuals and their special situations is a necessity, creating a different tourism product for handicapped people and facilitating the participation of handicapped people in tourism activities requires social support. In the context of accessible tourism activities carried out by non-governmental organizations, countries are trying to try new ideas and regulations regarding participation of handicapped citizens in tourism today. In this process, state, society, educational institutions, local administrations, non-governmental organizations and touristic enterprises are the most important stakeholders.

HANDICAPPED TOURISM

Handicapped tourism is not only a tourism activity involving handicapped people. Handicapped people usually

travel with someone. These people and their families, relatives etc should also be handled together in terms of travel motivation.

According to the definition of World Health Organization (WHO), handicap; refers to the loss or limitation of the ability to do a job compared to a normal person who is the result of a deficiency (WHO, 2011). Handicaps can be a physical deprivation, deficiency, but also because of any social, cultural, economic or psychological reason. Therefore, the concept of “handicap” refers to restriction due to many reasons including physical deprivation (Dalbay, 2009, p. 34). According to global population estimates for 2010, the number of people with handicaps accounts for approximately 15% of the world's population (World Report on Disability, 2011). According to the United Nations report, around 650 million people are handicapped. The number of handicapped people in Turkey, including a rate of about 12% of the total population (General Directorate of Disabled and Elderly Services, 2013). Due to this socially significant proportion, all rights and struggles of people with handicap, as well as their desire to participate in tourism activities, should not be overlooked as an important tourist demand or target group. For this reason, making travel and tourism opportunities accessible for handicapped, elderly and even all individuals are on the way to be an area where both sector officials and researchers are working (Tutuncu and Aydin, 2013, p.261). The realization of this intention with regard to handicapped people will be possible only by overcoming numerous difficulties in participating in tourism as in all fields. It is a complex and difficult process for a handicapped person to leave his / her home and reach any destination. However, in this process, everything from transportation to accommodation should be accessible. For example, well-adapted hotel rooms, accessible air transport and wheelchairs, easy-to-access internet sites, accessible restaurants and bars, toilets adapted for the handicapped in public areas, professional staff providing advice on the subject and equipment used by handicapped individuals (Disabled World Travel) Accessible Disability Travel Information, 2014). In fact, people with handicaps have the same travel motivation as other people and focus on different leisure activities in the purchase of holiday products (Blichfeldt and Nicolaisen, 2011). Because handicapped tourists are not disabled in evaluating their leisure time, participating in tourism activities and establishing relationships with people (Yayli and Ozturk, 2006, p. 88). This point of view constitutes the idea under the development of today's accessible tourism; metaphors such as “elimination of barriers”, “accessible tourism” (Tutuncu and Aydin, 2013, p. 263). With this approach, being handicapped for any individual is no longer an individual problem and has become a reality of social life. Everyone has equal rights and freedoms without any discrimination can be seen as the first step in unhindered tourism. Today difficulties experienced during the holidays are accepted as criteria, not only for the handicapped, but as one of the indicators of quality of life for all individuals, and it is known that travels experienced by handicapped people are much more difficult than the non-handicapped people (Chang and Chen, 2011).

BARRIERS FOR HANDICAPPED TOURISTS

Barriers faced by people with handicaps outside their own barriers; are internal, environmental and communication barriers.

Internal barriers: are the level of physical, cognitive or psychological functions of an individual. These barriers

may be directly related to a particular handicap of the individual, but may also arise from lack of knowledge of tourism opportunities, ineffective social skills, physical and psychological dependence on caregivers, and skill-difficulty mismatch.

Environmental barriers: are elements outside the handicapped individual. Their attitudes towards people with handicaps include the architectural and ecological characteristics of the environment, transport and economic elements, rules and regulations, and other barriers caused by neglect.

Communication barriers: arise from the interaction between individuals with handicaps and their social environment (Cameron, Darcy and Foggin, 2003). The problem of people with handicaps is all about humanity. In order to solve this problem, it is necessary to ensure that individuals with handicaps have access to outdoor activities and participate in social environments (Muftuoğlu, 2006, p. 2).

In accessible tourism individuals with handicaps cannot be expected to remain outside the tourism movement, which is one of the most prominent social and cultural activities with the help of managers and staff and their social environment. Participation of handicapped individuals in this important activity is of great importance in terms of enriching their lives and increasing tourism income and tourism potential of the countries (Artar and Karabacakoglu 2003, p.7). Tourism has become a right for all individuals in the society to benefit. Therefore, it is important to encourage the participation of those who cannot travel due to any obstacle to tourism (Toskay, 1989). Equally important as other fundamental human rights, tourism can contribute to the development of the physical, psychological and mental health of people with handicaps. Furthermore, by providing individuals with the opportunity to learn new information, developing intercultural relationships and opening new horizons, increasing the capacity to understand ‘others’ and building social relationships, the quality of life and personal development can be improved. From a social point of view, tourism can have benefits in terms of reducing costs in the process of social cohesion, social integration and social equality (Lee, Agarwal and Kim, 2012). In many cases, tourism represents a metaphor of “recovery”. Tourism, beyond its meaning for a handicapped individual, involves realizing their own personal initiatives in the complex process of being a handicapped tourist, evaluating their capacity correctly, collecting reliable information from reliable sources, managing their travel, self-managing and contemplating pleasant experiences (Pagan, 2012). Taking a vacation for a handicapped tourist means not only escape from the role of being a “care object’ in their daily life, but also that they are self-confident, independent and ‘capable’ (Pagan, 2012).

Economic problems are the most important obstacles to the travel of the handicapped tourists. Apart from this, the most important obstacles are the inability to move physically, finding suitable accommodation facilities, and technological inadequacies in accessing the destination or regions (inadequate regulation of buses and taxis). Therefore, these situations prevent the travel to take place better and regularly (Darcy 1998). Beyond the economic problems, the determination of the region where the handicapped will go, the selection of the agency, the choice of accommodation are other problems. It is due to the lack of good planning (Crawford et al., 1991). However, the researchers (Crawford and Godbey, 1987; Smith, 1987; Turco et al., 1998) discussed the factors that prevent

handicapped people from traveling in three main categories, which are caused by themselves, outside themselves and structural reasons. In their study, Cavinato and Cuckovich (1992) talked about the difficulties arising from transportation in the travel of handicapped people and suggested that the institutions and organizations responsible for transportation should take this issue into account. Another study in this area was conducted by Abeyraine (1995). The study focuses on the legal regulations that airlines should make for normal and handicapped. According to research, handicapped tourists are postponing their needs although they want to travel more due to the many difficulties they face during their travels. Because they need additional arrangements specific to their travels to make them happy.

As mentioned above handicapped tourists are not disabled in assessing their free time, participating in tourism activities and establishing relationships with people. However, there are some things that need to be done for handicapped tourists to benefit from tourism activities better (Turco et al., 1998). The first and most important is the duties of managers and staffs' behaviors. In comparison with the last twenty years, despite these negativities in the travels of the handicapped, some positive changes are observed in the tourism activities that have been gradually established for them, especially in transportation, accommodation and attractiveness. In this positive change, the lobbying activities, especially in the USA and the United Kingdom, played a major role (Yau et al., 2004). The positive effects of the American Americans with Disabilities Act (ADA) and the Disability Discrimination Act (DDA), adopted in the United Kingdom in 1995, have emerged rapidly, especially in the tourism sector. With the aforementioned laws, some obligations have been imposed on the hotel managers from markings to unhindered access to the services provided. (Miller and Kirk, 2002; Artar and Karabacakoglu, 2003) According to the law 5378 which was adopted in 2005 in Turkey the purpose was the prevention of being handicapped, ensuring the participation of the handicapped by taking measures that will enable them to develop and remove the barriers in all aspects and to make necessary arrangements for the coordination of these services (Article 1). In addition, the Presidency of Administration for Persons with Disabilities, with Decree No. 571 dated 25/3/1997; was established in order to ensure cooperation and coordination between national and international institutions and organizations, to help the formation of national policy regarding handicapped people, to identify problems of these people and to investigate their solutions (Administration of the Disabled).

MANAGERS' AND STAFFS' THOUGHTS ON ACCESSIBLE TOURISM

Access to tourism opportunities by handicapped people is important both for the handicapped people, for the tourism industry and for the society. The right to travel by the World Tourism Organization is a fundamental human right necessary for human happiness and health service is expected to be a basic requirement. Within the scope of Global Ethical Principles in Tourism (2013); it is emphasized that the values of the world are open to all people, tourism activity should contribute to the development of human rights, within the framework of the right of all people to participate in tourism, facilitating and encouraging the participation of handicapped people in tourism movement (WTO, 1999). In this respect, it is important that tourism activities are accessible. The concept of accessible tourism for all aims to provide tourism products, services and environments tailored to the needs of the handicapped individual through the cooperation of stakeholders (Accessible tourism for all) (UNWTO, 2013). In line with the

strategy of the inclusion of people with handicaps independently, it is ensured that individuals with handicaps have access to their right to participate in social life freely and on holiday with respect and equal treatment (Akinci and Sonmez, 2015, p.98). Today, as a stakeholder, tourism managers are aware that individuals with handicaps have equal rights to access tourism opportunities, just like other individuals. Yau et al. (2004) discuss that the fact that accessible tourism is a growing market causes these managers to see investment as an opportunity rather than an obligation. If managers aim to improve quality, sustainability and competitiveness, they need to invest in handicapped tourism. The more people enjoy traveling, the more the tourist industry will get, the longer the season and the more profit. It is very important that handicapped people take part in tourism like other individuals. It is the most important duty of the tourism enterprises to ensure that the handicapped individual can feel it by knowing that he is on vacation, not in a hospital or rehabilitation center environment (Bas, 2012, p.51). In the formation of contemporary societies, the removal of the barriers to the participation of individuals with handicaps in social life and adaptation to all segments of life is an important indicator. In determining the services to be provided, the needs and expectations of the handicapped and their relatives should be evaluated correctly (Akinci and Sonmez, 2015, p.97). It is understood from the relevant literature that the academic research on the travels of the handicapped is insufficient (Burnett and Bender, 2001; Darcy, 2002; Ray and Ryder, 2003). Therefore, this study will enlighten the literature by determining thoughts and duties of hotel managers and staff towards handicapped tourists needs.

METHODOLOGY

In this part research questions, Setting and Participants, data collection, research instruments and data analysis is discussed.

Research Questions

The present study aims to investigate managers and staffs' perceptions on providing accessibility to search ways to meet and satisfy handicapped tourists' needs and desires. Therefore; this study also attempts to find out answers to the following hypothesis:

H1: Managers' and Staff's Accessible Tourism Perception Scale Dimension Scores are *significantly different according to Accessible Tourism Perceptions*

H1.1. Managers' and Staff's Accessible Tourism Perception Scale Dimension Scores are significantly 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 significantly 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 significantly 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 significantly 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 significantly different

according to whether managers and staff serve to tourists with wheelchairs or not.

H1.2: Managers' and Staff's Accessible Tourism Perception Scale Dimension Scores are significantly 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 significantly different according to hotels' star numbers.

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

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

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

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

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

Setting and Participants

The survey was conducted to 211 hotel managers and staff who work at 5-starred 4-starred 3-starred 2-starred, privately certificated and boutique hotels in the city of KONYA/TURKEY.

Data Collection

For the quantitative data, the scale/survey from Chan (2010) which was used in her study named as 'Hotel Customer Needs, Satisfaction, And Loyalty: Analysis of Travelers with Disabilities in Taiwan' with 64 questions benefited from three studies and was conducted to Hotel managers and staff. Skewness and Kurtosis test are conducted to each question and according to the values, factor analysis is conducted. Based on the factor analysis, 21 items which have lower value than 0.30 (total item correlation) were deleted, and a total of 43 question items were kept from the original survey because of the reliability values. The first 17 questions 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 travelers regarding discounts. Also the scale by Chan (2010) questionnaire was developed based on three previous studies.

For the Pilot study of the present study, 40 Managers and Staff 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 who currently work at hotels. 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 factors 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: provide signage in Braille and raised lettering on public facilities -Q2: lower the "emergency button" in the elevators for handicapped guests who may need help -Q3: provide automatic door when revolving door is used at the main entrance -Q4: Carpet/ rugs higher than the ground should not be used -Q5: install the "emergency button" in all exits for handicapped guests who may need help -Q6: install a button which can extend the elevator door closing time -Q7: extend the width of elevator door to at least 100 cm -Q8 provide an adjacent access aisle to allow persons who use wheelchairs, walkers or other mobility aids to transfer to and from their car/van -Q14: install flashing (visual) fire alarms in all public areas -Q16: provide Braille or raised lettering in all elevators -Q23: provide Braille or raised lettering of room number belongs to factor APA (Accessibility in Public Areas), -Q17: remove unnecessary decorations in the public area -Q18: provide extra space in which to move around in all accessible rooms -Q19: install an adjustable sink in the bathroom of all accessible rooms -Q20: install light controls reachable from the bed in all accessible rooms -Q25: install speaker telephone in all accessible rooms -Q27: install adjustable light in all accessible rooms -Q28 install flashing (visual) doorbells in all accessible rooms belongs to factor AAR (Accessibility of Accessible Rooms) , -Q29: providing special reservation line for people with speaking impairments -Q35: prepare a bucket of ice for handicapped guests -Q36: providing local accessible traveling information belongs to factor IN (Informative Needs), Q37: provide free valet for handicapped guests -Q39: provide discounts to handicapped guests -Q40: provide discounts to family members who accompanying handicapped guests -Q41: provide room service discounts for handicapped guests -Q43: In the package tours prepared, transportation vehicles should be accessible for handicapped people belong to factor NSD (Needs and Satisfaction with Discount), Q48: Collaboration between government, non-governmental organizations and sector representatives is needed for the development of handicapped tourism -Q49: There is potential for development of tourism in Turkey with handicaps -Q50: Adequate specially trained personnel should be available to serve the handicapped belongs to factor LD (Legislative Duties), Q52: Handicapped people should be adequately informed on tourist areas -Q53: Beach and sunbathing areas should be made accessible for handicapped people -Q54: The regulation of the environment should be adapted to the use of people with handicaps -Q55: Toilets and bathrooms in handicapped rooms should be fully adapted -Q56: Toilets and bathrooms in public areas should be adapted -Q57: Braille (Braille) alphabet should be used where necessary for the visually impaired -Q58: Visual signs should be adequate for the hearing impaired -Q59: Visual signs should be adequate for the hearing impaired -Q60: special arrangements should be done for handicapped -Q61: Parking lots should be designed for handicapped guests belongs to factor NS (Needs and Satisfaction), Q33: A separate dining area should be provided for handicapped guests -Q63: Special facilities for the handicapped should be built -Q64: Persons with handicaps should only stay in facilities specially designed for them belongs to factor PC (Priority Claim).

Research Instruments

For the quantitative data a 5-likert type survey with 64 questions first of all was conducted to 40 Managers and Staff and after the pilot study the rest 43 questions were conducted to 211 Managers and staff from variety of hotels in Konya.

Data Analysis

The quantitative data was analysed via SPSS 21 Programme which was conducted to understand the Managers and Staffs' Perceptions on Providing Accessibility in terms of accessibility and legislation.

First of all to determine the normality of the hypothesis, Kolmogorow-Smirnov Test is conducted before the Factor Analysis. Then, Descriptive Statistics, Validity and Reliability of the analysis and Hypothesis Analysis are applied. For parametric data Student's t test and Mann Whitney U and Kruskal Wallis Test are conducted to non-parametric data. After conducting Kruskal Wallis test Conover-Iman paired comparison test is conducted.

Table 1: Descriptive Statistics for Gender, Age, Income Level, Education Level

Variable		Staff & Manager	
		Frequency (n)	Percent (%)
Gender	Female	119	56,4
	Male	92	43,6
Age	Below 17	-	-
	19-25	25	11,8
	26-35	101	42,9
	36-45	58	27,5
	46-55	27	12,8
Income	Below 1603	22	10,4
	1603-2500	36	17,1
	2501-3500	89	42,2
	3501-4500	41	19,4
	4501-5500	23	10,9
Education Level	Primary School	17	8,1
	High School	14	6,6
	Undergraduate	42	19,9
	Graduate	116	55
	Postgraduate	22	10,4

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.

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.

Table 2: 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 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.

According to another and last result of the study revealed, managers and staff are more aware and eager to make a discount and satisfy them during handicapped tourists' 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.

Reliability and Validity Analysis

Table 3: Explanatory Factor Analysis Results

Factors/Items	Factor Loadings							Eigen values	% of Variance	Cumulative %
	1	2	3	4	5	6	7			
APA ($\alpha = 0,887$, Mean = 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’.

Hypothesis Analysis

Table 4: Descriptive Statistics and Correlation Table for Managers & Staff

Factors	Mean	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.

H1: Managers’ and Staff’s Accessible Tourism Perception Scale Dimension Scores are significantly different according to Accessible Tourism Perceptions

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

Table 5: 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 significantly different according to whether managers and staff serve to Visually Handicapped Tourists or not.

Table 6: 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 significantly different according to whether managers and staff serve to Hearing and Speech Impaired Tourists or not.

Table 7: 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 significantly different according to whether managers and staff serve to tourists with Wheelchairs or not.

Table 8: 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 significantly different according to the number of Handicapped Tourists accommodating at the hotel.

Table 9: 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 significantly different according to hotels' star numbers.

Table 10: The Analysis of Accessible Tourism Perception Scale Scores According to Hotels' Star Numbers

Factors	5 starred (n =91)		4 starred (n =62)		3 starred (n =23)		2 starred (n =6)		Private Certificate (n =62)		Boutique Hotel		P
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	
APA	1,44 ^a	0,30	1,64 ^D	0,46	1,56	0,33	1,51	0,87	2,01 ^D	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 ^D	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 significantly different according to their education levels.

Table 11: 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)		Postgraduate (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	1,142

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 Postgraduates 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 Staffs' Accessible Tourism Perception Scale Dimension Scores are significantly different according to their ages.

Table 12: The Analysis of Accessible Tourism Perception Scale Scores According to Managers' and Staffs' 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 Staffs’ Accessible Tourism Perception Scale Dimension Scores are Significantly Different According to Their Positions.

Table 13: The Analysis of Accessible Tourism Perception Scale Scores According to Managers’ and Staffs’ Positions

Factors	General Manager (n=24)		Front Office Manager (n=39)		Housekeeping Manager (n=26)		Sales and Marketing Manager (n=31)		Other (n=91)		P
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	
APA	1,51	0,44	1,57	0,32	1,53	0,44	1,58	0,42	1,56	0,41	0,874
ARR	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 Staffs’ Accessible Tourism Perception Scale Dimension Scores are significantly different according to their income levels.

Table 14: The Analysis of Accessible Tourism Perception Scale Scores According to Managers' and Staffs' Income Levels

Factors	1603 and Below (n=22)		1603-2500 (n=36)		2501-3500 (n=89)		3501-4500 (n=41)		5501-6500 (n=23)		p
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	
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 has 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 Staffs’ Accessible Tourism Perception Scale Dimension Scores are significantly different according to whether Managers’ and staff serve to handicapped tourists or not.

Table 15: 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).

Table 16: Descriptive Statistics for Services of Managers and Staff

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

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.

CONCLUSION AND IMPLICATIONS FOR PRACTICE

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. 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.
2. 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.
3. 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.
4. 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.

5. In one of the studies 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.
6. According to the managers and staff perspectives, tourists who have speech and hearing impairments give more importance to priority claims.

Implications for Practice

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

1. 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.
2. 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.
3. 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.
4. The legislative rules should be applied in all areas that handicapped tourists use. Therefore, 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.

5. 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.
6. 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.
7. 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.
8. 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.
9. 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".
10. Lastly 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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