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Adjustment for elderly and disabled tourists in polish hotels-strength or weakness

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Abstract

Purpose: The environment may create or maintain internal and external barriers to the participation of elderly people and people with disabilities in life. The purpose of this paper is to evaluate accessibility of hotels for the segment of elderly people and people with disabilities in Poland.
Design: The study established a research hypothesis: The hotels are not prepared for the segment elderly people and people with disabilities. The paper analyses the market hotels in Poland.
Findings: Results of the research conducted show that hotel must be adapted to the needs of the segment of elderly people and people with disabilities.
Originality: Not a lot of research has been done on accessible hotel tourism for elderly and disabled guests. The paper presents suggestions on what the disabled guests await from the polish hotels.

Keywords: disabled tourist, elderly, seniors, disability, accessible object

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1. Introduction

(Over 2/3rd (ca. 3.1 million) of all disabled persons in Poland have got a legal certificate of disability. In this group, 1.92 million are seniors in age 65 or more. In 2011, the seniors constituted 41% of all disabled with certificates. Over 57% of disabled seniors demonstrated a legal certificate of their disabilities (The most recent data available - the Polish Statistics Office, 2014). Disability and elderly are still linked to stereotypies and discrimination. They are visible in many areas of life and in particular in healthcare, labour market, consumer market, social participation and tourism. It is crucial to include the problems of aging society while designing the public space and to allow them full participation in the public life (Nawalana, Baran, Nowak, 2014).

2. Types of disabilities, a disable and an elderly person

A definition what is a disability is controversial and difficult. It raises doubts due to tough operationalisation; in Poland and in member countries of European Union there is no single, universal definition of disability. The most important role in standardisation of terminology related to the disability plays the World Health Organisation (WHO, 1980). In 1980, the International Classification of Impairments, Disabilities and Handicaps (ICIDH) was created. In this classification, WHO defined a disability as all limitations or, resulting from damages, a lack of possibilities to perform activities on a level considered normal for a human being, (Literary: In the context of health experience, a disability is any restriction or lack (resulting from an impainment) of ability to perform an activity in the manner or within the range considered normal for a human being. WHO differentiated between impairment, and a disability (handicap) (Kaganek, 2013). In 2001 The International Classification of Functioning Disability and Health (ICF) was created, which defines a disability as “functioning in multiple life areas, as a result of an interaction between a person (with a health condition) and that person's contextual factors (environmental factors and personal factors) as a spectrum of various levels of functioning at body level, person level and societal level” (ICF, 2001).

According to ICF, disability denotes all of the following being their sum: impairments in body functions and structures, limitations in activity and restriction in participation. Disability covers all impairments, activity limitations, and participation restrictions. This comprehensive approach is useful for prevention and rehabilitation. Disability is a complex, evolving and multi-dimensional concept. It is perceived not as a phenomenon categorising people but as a universal people’s experience. Disability is understood as a result of barriers, which are met by a person in the environment and not as a result of damage or of the state of the health (Misiewicz, 2004).

The Convention on the Rights of Persons with Disabilities and its Optional Protocol (A/RES/61/106) adopted on 13 December 2006 by the United Nations relates to persons whose physical, psychological or mental state permanently or temporarily obstructs or prevents them from fulfilling their social roles and in particular, it limits their ability to work (Polish Journal of Laws 2011, No. 127, pos. 721 with later changes) The convention was a big step of the international society towards defining and recognition of the modern approach to the disability – from the protective approach to the creation of the society and the environment open for everybody, including and creating equal chances, based on human rights. The aim of the Convention is to assure the sane rights and duties to disabled persons as to other members of the society. It is also to guarantee the participation in the social life as members with full rights who contribute to the development. The Convention stresses that every disabled person should use the full equalisation, the ban on discrimination and equality towards the law. It underlines the right of disabled persons to the independent and active life and the right to the non-discrimination. A disabled person the same as an able-bodied one has the right to freedom, safety, to the full participation in the social life, the right to the freedom of movement, to the independent life, healthcare, work and education, the right to participate in the political, cultural, artistic and sportive life, leisure and tourism adequately to one’s interest and needs. The WHO formed also the definition

of a disabled person- this is a person who is considered to have a dysfunction of mobility, functionality or life activity in degree which makes it difficult to fulfil relevant social roles (Szewczyk, 2015).

Aging is a natural and common life process. Changes, which it brings, are gradual but irreversible and universal and, what is important, they affect many areas of life. Elderly also called a late maturity or senior age, elderly age or third age is a period, which is most frequently classified in the interval from 60 to 65 years to death but there is no clear, unambiguous definition of this phase of life (Gutowska, 2015)

According to WHO, persons over 70 years old are also accounted as partly disabled. Currently, the participation of elderly, the persons of 60 or more in the entire population constituted over 22% (8.5 million people) compared to about 15% (5.6 million) in the beginning of 1990. (Central Statistical Office, 2017). In Poland, similarly as worldwide, the population of elderly and the persons who have problems with proper motoric is continuously growing. The next several decades, the number and the participation of this group will be still increasing. It is estimated that in 2030, the persons above 60 years old – thus, elderly persons - will constitute ca. 20% of population.

Functional efficiency meaning the efficiency in the area of basic and complex activities in live (i.e. functioning at home and in the environment, accordingly) is an important issue related to the disabilities of elderly. This translates directly to independence and self-reliance. Functional efficiency consists of activities related to dressing oneself, eating, shopping, meal preparation, using the city transport. The features of the disability of elderly are:

- handicap – an additional burden causing a dissonance between the level of everyday efficiency and the senior's expectations,
- frailty causing the state of an increase risk and a development of detrimental phenomena like bones fragility, weakness of immunity, psychophysical weakness,
- deterioration or inability of performance of certain activities,
- inability of participation in various situations.

The most frequent symptoms are: disregard, verbal aggression, physical and mental abuse, overprotectiveness, condescension, neglection, social marginalisation, alienation, financial abuse, refusal of due benefits

Additionally, it should be expected that the life span will be successively extended and will support the growing number and the percentage of the elderly group population in Poland. Sadly for the majority of this group this is not going to be a life in health. It can be expected that the problems of an independent self-efficient existence will grow in line with an increase of the number of persons in the older age who require the support, treatment, rehabilitation.

3. A Disabled Hotel Guest in an Accessible Hotel

The main types of dysfunctions causing disabilities are illnesses of the musculoskeletal system, damages of the nervous system, paralysis and paresis, and diseases of the hearing and sight organs (Orłowska, Tkaczyk, 2009). The research of the disabled in Poland carried in 2017 demonstrated that the biggest group (59%) consists of the persons with injuries and illnesses of the musculoskeletal system (Sochańska-Kawiecka, 2017), which use the wheelchair and 4% of the population are persons with a high level of disability (Kołakowski, 2012). In the report of European Committee, J. Westcott points the accessibility as a possibility of using the entire premises including all the attractions offered without the help of the third parties (Westcott, 2004). To allow these persons to use the object and enjoy the whole hotel offer independently, the appropriate design and a special equipment and accessories and the adequately vast space. The adaptation of certain hotel objects for the needs of disabled tourists is regulated by law and mandatory in Poland and in other European countries. In Poland, the Act of the construction law (Polish Journal of Laws as of 2010. No 243, position. 1623 as from 01.01.2013 onward), the Decision of the Minister of the Infrastructure as of 12.04.2002 re. the technical conditions and the Decision of the Minister of Minister of Economy and Labour as of 19.08.2004r. regarding the hotels and other objects, where hotel services are provided.

The 8 Amendment to the Decision of the Minister of Minister of Economy and Labour (Polish Journal of Laws as of 2006, No. 22, position 169) describes minimum requirements in the field of adjustment of the hotels to the needs of disabled persons (Pawlicz, 2009):

- in the objects over 50 residential units at least one living unit should be adjusted to the needs of disabled and for every next 100 initiated residential units - at least one unit,
- commonly accessible elements of the equipment of the object such as the equipment and infrastructure of internal transport, switches, buttons should be placed at the level 90 – 110 cm allowing their comfortable usage for persons on wheelchairs,
- at least one phone should be available for the disabled persons, positioned on the level of 90-110 cm allowing the comfortable use for persons on wheelchairs,
- at least one stand at the reception should be equipped with the counter not higher than 90 cm with the driveway of minimum height 67 cm – or there should be a separate counter for serving persons on wheelchairs,
- in the catering halls and multifunction rooms and areas the places should be prepared for serving persons in wheelchairs,
- the buttons and switches in the lifts should be marked for blind persons and the lifts should be equipped with the hearing impaired signalling systems,
- residential units should be equipped with rails and handles facilitating the usage of the hygienic and sanitary devices and equipment,
- light switches, assistance signalling, telephones and TV steering should be accessible from the bed,
- In the residential units the furniture should be adjusted for persons on wheelchairs allowing them to move comfortably, including the driveway of the height minimum 67 cm under the table or desk board and the sink in the bathroom.

All the hotel objects must comply with the conditions for accessibility, except historical objects where the lack of possibilities of introductions of the facilitations without the abuse for the historical character of the building is proven. Further exceptions are mountain shelters, youth hostels and cruise houses offering less than 150 sleeping places (Drogoń, Granecka-Wrzosek, 2013). A detailed list of requirements for the hotels regarding the adjustments for disabled persons and the outside development, the entrance and the reception, vertical and horizontal transport, equipment in the residential units, hotel sanitary hubs, catering and multifunction areas, external and internal leisure is outside of the scope of the article (see also Błądek, 2003).

Functionality and accessibility of the public buildings is closely aligned with the obvious improvement of the quality of everyday life of users of tourist infrastructure. For the needs of the tourists with movement disabilities and on wheelchairs the following criteria where specified (Drogoń, Granecka-Wrzosek, 2013):

- The convenient object – the entrance without steps, the door width above 80 cm and the lift 110 cm x 140 cm; the width of corridors minimum 140 cm; the surface allowing a comfortable movement on the wheelchair inside the building (150-200 cm), ramps and railings at the level 90 cm, ramp to the toilet without a threshold or steps; the door width over 80 cm; the surface for the wheelchair manoeuvres inside the room 160 cm; rails on the walls at the height 60-75 cm; free space inside 125 x 90 cm for parking the wheelchair.
- The accessible object- by the entrance 1 – 3 steps with the maximum height 16 cm; the door width 70-80 cm, the lift with the cabin of the small surface less than 80 x 120 cm; missing ramp; the sufficient surface for the manoeuvres of the wheelchair; the toilet – by the entrance 1- 3 steps of the maximum heights 16 cm; the door 70-80 cm, the sufficient surface to go in on a wheelchair; lack of the railing.

- The not accessible object – by the entrance more than 3 steps, the width of the door less than 65 cm, lack of the lift, the multilevel building with a big number of stairs, manoeuvre with the wheelchair possible only with the help of another person; the toilet – by the entrance more than 3 steps.

The functional features and the accessibility of the space is related to the significant improvement of every-day life of disabled persons but also with the development of this social group. Through the easier access to the services disabled persons can be offered conditions to the real participation in the public life. The accessibility depends on the type and the level of disability and definitely is beyond the same physical level. According to S. Darcy the access is characterised by 3 mail levels: (Darcy, 1998):

- The physical access, which covers persons with the physical disability often requiring the wheelchair, moreover, it offers additional facilitations like for example railings, ramps, lifts etc.
- The sensor access covering the persons with the sigh or hearing disabilities – these persons often will require the specialist facilities like touch or visual markings and signs, labels, audiovisual systems, audible signals for elevators and pedestrian crossings, and other.
- The transport access, which includes persons with difficulties with reading/writing, speech or hearing impaired.

4. Research methodology

Formulating the adequate aim or aims of the research being prepared is one of the most important but also the most difficult problems (Klepacki 2009). By showing the future expected results, aims of the research motivate the researchers to the actions, allow to organise available sources in such a way that their usage is subdued to the intended results (Nowosielski, 2016).

The object of the research is a community of disabled and elderly and, in relation to the chosen object of the research, the aim of the research is an assessment of the availability of the offer of accommodation in the touristic objects. Regarding formulated research problems, the following research hypothesis was assumed: hotels are not available for disabled (with the assumption that every elderly person over 70 is a disabled).

The research focuses in particular on:

- The identification of the disabled and elderly hotel guest.
- The definition of the requirements in the scope of adaptation of the hotel objects to the needs of the disabled and elderly persons.
- The identification of the availability of the accommodation in touristic objects.

Two methods were used in the research:

- Literature review in the aspects of the recognition of the topic of the research.
- The quantitative analysis regarding the presence of the facilitations in the accommodation services according to their types and categories, adaptation of the hotel objects in the national and regional systems as well as the adequate equipment and infrastructure; moreover, the changes in the adaptation of the objects in years 2009-2013-2017 were presented; the scope of the research presented below covered the facilitations of the hotel objects and their spatial distribution (split by voivodships - NUTS2 regions).

The exploration of the undertaken topic required creation of the collection of statistical data based on the data from the Polish Central Statistical Office (CSO) and the Local Database of the CSO. Public statistics releases the information regarding the equipment of the touristic accommodation objects split into five basic categories of the facilitations for persons with motoric disabilities: entry ramps,

automatically open doors (automatic doors), lifts adapted for disabled persons, rooms and bathrooms adapted for disabled and the parking space adapted for disabled.

5. Results of the research

In the research, the quantitative features were assessed. The nature of the analysis is focused on the comparison of adequate statistic tools. For the characteristics of the structure of analysed variables, the basic descriptive statistics were calculated such as measures of location and variation. Due to the fact that the data were collected over 3 periods: years 2009,2013 and 2017, for the analysed variables, the linear trends were also estimated and presented on charts while the estimation is contained in the tables under the charts. For each study, the significance level was assumed 0.05. The analysis was performed with the package Statistica v.12

The basic statistical measures were calculated to perform the analysis of variables of the sample, such as:

- arithmetic mean ($\overline{X}$) $\overline{x} = \frac{\sum_{i=1}^{n} x_i}{n}$
- standard deviation (S) $s = \sqrt{\frac{\sum_{i=1}^{n} (x_i - \overline{x})^2}{n}}$
- coefficient of variation (V) $V = \frac{s}{\overline{x}} \cdot 100\%$

The cut points were calculated as quartiles 1, 2 (median) and 3.

As the initial part, the averaged data for 3 measuring periods are presented, for which the basic descriptive statistics were calculated, (Table 1).

In each case, the value of analysed variables was close to the median, which means that in most of the case the median was a good estimator of the analysed sample. Given that the coefficient of the variation was between 6% and 32%, it can be stated that the results were quite homogeneous. The average number of the entry ramps in years 2009-2017 was 2164.33±341,9and the median was 2200; for automatic doors 954.67± 257.64 - median 1001,00; lifts adapted for persons with motoric disabilities 1361,75±427.79 - median 1380,00; rooms and bathrooms adapted for persons with motoric disabilities 2056,50±202,94 – median 2056,50; and parking space adapted for persons with motoric disabilities 2162.00 ±493,56 – median 2162,00.

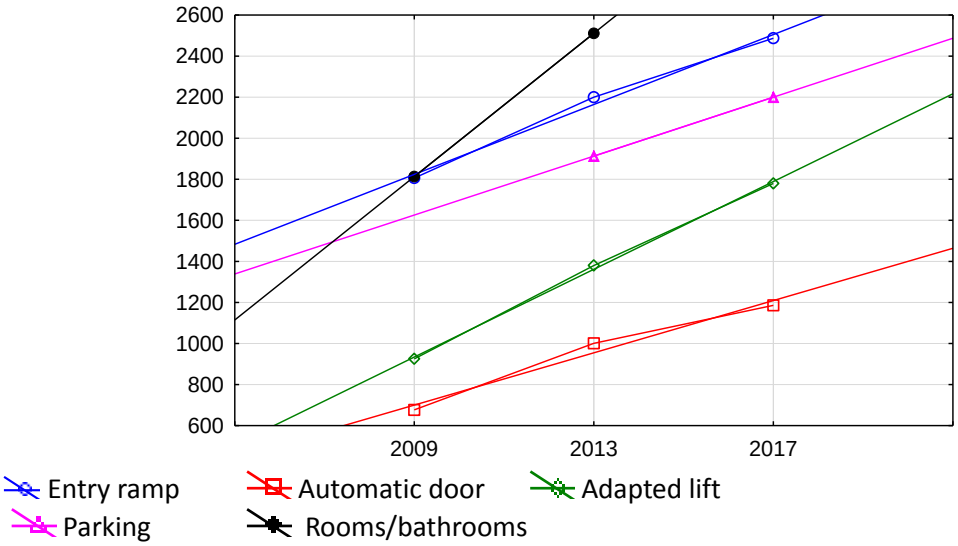
Table 1. The general characteristics of the number of the devices for disabled in hotels in Poland in years 2009-2017

TYPES OF FACILITIES	ENTRY RAMP	AUTOMATICALLY OPEN DOORS	ELEVATORS ADAPTED FOR DISABLED PERSON	ROOMS OR BATHROOMS ADAPTED FOR DISABLED PERSON	PARKING ADAPTED FOR DISABLED PERSON
Number of devices					
Arithmetic mean	2164.33	954.67	1361.67	2056.50	2162.00
Standard deviation	341.90	257.64	427.79	202.94	493.56
First quartile	1806.00	677.00	925.00	1913.00	1813.00
Median (2nd quartile)	2200.00	1001.00	1380.00	2056.50	2162.00
Third quartile	2487.00	1186.00	1780.00	2200.00	2511.00
Coefficient of variation	15.80	26.99	31.42	9.87	22.83
Number of devices per 10000 persons					
Arithmetic mean	0.57	0.25	0.36	0.54	0.57
Standard deviation	0.09	0.07	0.11	0.05	0.13
First quartile	0.47	0.18	0.24	0.50	0.48
Median (2nd quartile)	0.58	0.26	0.36	0.54	0.57
Third quartile	0.65	0.31	0.46	0.57	0.66
Coefficient of variation	15.46	26.68	31.04	9.16	23.03
Number of devices per 1000 sleeping places					
Arithmetic mean	3.27	1.43	2.03	2.96	3.38
Standard deviation	0.23	0.27	0.47	0.20	0.45
First quartile	3.05	1.14	1.56	2.82	3.07
Median (2nd quartile)	3.24	1.47	2.03	2.96	3.38
Third quartile	3.50	1.67	2.51	3.10	3.70
Coefficient of variation	6.91	18.57	23.17	6.76	13.17

Source: own construction

The charts below present linear trends for analysed variables in years 2009-2017.

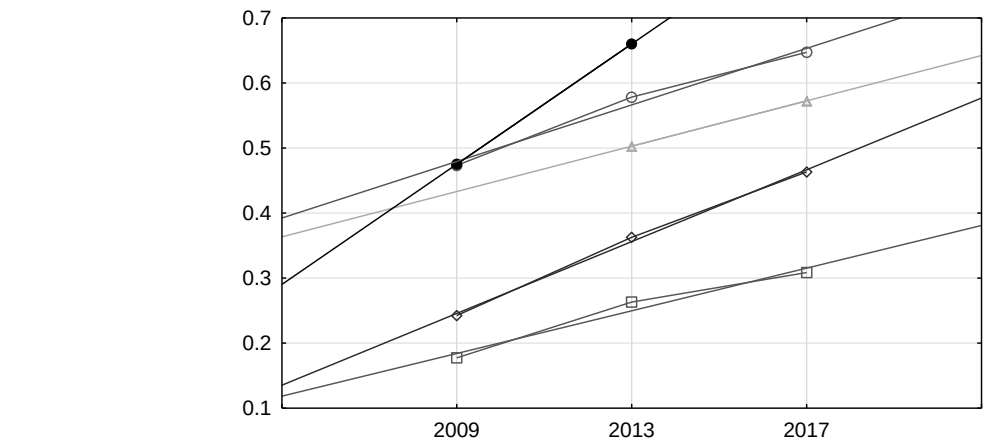
Chart 1. The overall number of the devices for disabled in the hotels in Poland in years 2009-2017



Source: own construction

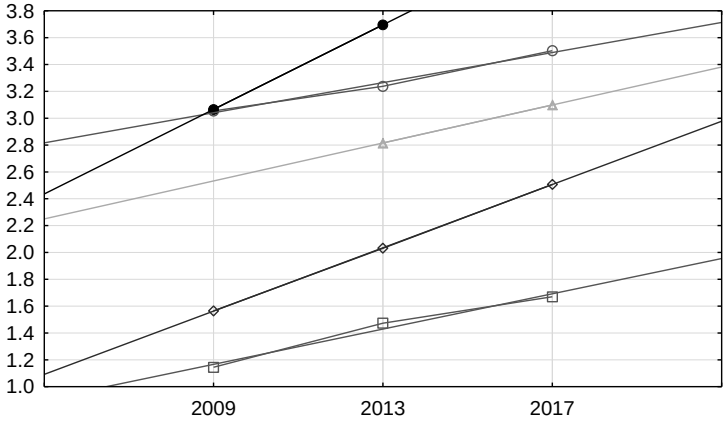
Due to the differentiated density of infrastructure and intensity of tourist traffic in the spatial distribution in the national scale, the results above should be presented in relation to other measures such as the number if inhabitants (Chart 2) or the number of sleeping places (Chart 3).

Chart 2. The overall number of the devices for disabled in Poland in years 2009-2017 per 10000 th. inhabitants



Source: own construction

Chart 3. The overall number of devices for disabled in hotels in Poland in years 2009-2017 per 1000 sleeping places



Source: own construction

On the basis of presented charts it can be stated that in the case of each analysed variable the trends are growing meaning the improvement of the hotel infrastructure in particular periods, what is also confirmed by the tables with estimation of the trends presented on the charts, amended below.

It can be noticed that, as for the infrastructure, trends related to the adapted lifts are statistically significant (adapted lift, adapted lift per 10000 th. inhabitants and adapted lift per 1000 inhabitants). Thus, it can be concluded that the lift was the quickest built and modified element of the infrastructure to adapt the hotel for disabled. Trends for the remaining variables related to the infrastructure were also growing but their statistical significance was on the border with the significance level of 0.05. It would have been acceptable to lower the significance level to 0.1 in the case of such small sample as in years 2009, 2013 and 2017, which would result with the trends statistically significant, consequently.

6. Conclusions

Tourism is a global phenomenon and many disabled persons like travelling. For the full participation of disabled and elderly persons in tourism, it is necessary not only to eliminate barriers but also to implement innovative solutions in touristic enterprises (Zontek, 2015), to employ the staff in creation of the innovations in the tourism sector (Zontek, 2016) and to cooperate in chosen aspects of creating a tourist product, particularly the offer for disabled persons (Lipianin-Zontek, Zontek, 2017). In Poland, the elimination of barriers between disabled and able-bodied citizens is a specific obligation of a democratic state of law that implements the principles of social justice. The Constitution of Poland pledges equal and unrestricted access to the culture, science and healthcare to each citizen. (Szewczyk, 2017). However, disabled persons face significant difficulties in participation in the public life including the tourism in a wide meaning. The results of the research confirm that hotels do not fully adapt their architectonic features to the needs of disabled guests while the architectonic barriers in the meaning of the absence of devices belong to the basic limitations in the development of the tourism of elderly and disabled.

Disabled and elderly persons are very often marginalised and excluded from the social life what causes their alienation. It is important to introduce the policy for the elderly and disabled eliminating

all barriers – in the area of economy, architecture, transport, legal regulations and social life. This will increase the quality of everyday life of elderly and disabled and will create an easier access to the the services and, thus, it will assure conditions to the real participation in the social life.

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