



Competing for the disability tourism market – A comparative exploration of the factors of accessible tourism competitiveness in Spain and Australia



Trinidad Domínguez Vila ^{a,*}, Simon Darcy ^{b,1}, Elisa Alén González ^{a,2}

^a Faculty of Business Sciences and Tourism, As Lagoas s/n, 32004 Ourense, Spain

^b UTS Business School, PO Box 222, Lindfield, NSW 2070, Australia

HIGHLIGHTS

- To examine the background of destination competitiveness theories.
- To identify the factors make a destination competitive for the accessible tourism.
- To show the accessible tourism competitiveness factors adapting the Crouch's model.
- To formulate an accessible competitiveness factors ranking for Australia and Spain.
- To define clusters for the Australian and Spanish regions based on accessibility.

ARTICLE INFO

Article history:

Received 4 April 2014

Accepted 8 October 2014

Available online 28 October 2014

Keywords:

Destination

Competitiveness

Disability

Accessible tourism

Australia

Spain

ABSTRACT

This paper seeks to address the research question of what factors make a destination competitive for the accessible tourism market. The research design is based on destination competitiveness theories. The objective is to formulate a ranking that can compare the competitiveness factors between two countries, with historical and appropriate data sets, in order to examine destination competitiveness for accessible tourism across the tourist regions of both countries. The current research examines the background of destination competitiveness theories, both generally and specifically, as they relate to the research contexts. The research design was developed to examine the underlying elements that facilitate accessible tourism experiences through factorial and cluster analyses, adapting the Crouch's model of competitiveness destination. The findings suggest that the competitiveness factors are different in determinance and importance, and are country-dependent. The climate, locale and tourist structure are the most important for Spain, whereas quality of services, brand and infrastructure are of great importance for Australia. The cluster analysis of the different tourist regions suggests the existence of three main stages. These stages were related to their accessibility level of offered tourism product and their policies.

© 2014 Elsevier Ltd. All rights reserved.

1. Introduction

Research into tourism and disability has gained increasing attention over the last two decades. Of particular interest have been the areas of: tourists with disabilities, their motivations and

information needs; market dynamics; cross-country comparisons; approaches to disability discrimination; general and supplier attitudes towards people with disabilities (PWD); whole of life approaches, and the specific needs of people with vision impairment. The following notable studies have identified the constraints faced by tourists with disabilities (Daniels, Rodgers, & Wiggins, 2005; Nyaupane & Andereck, 2008), market dynamics (Burnett & Baker, 2001; Domínguez, Fraiz, & Alén, 2013; Dwyer & Darcy, 2011; Van Horn, 2012), motivations (Figueiredo, Eusébio, & Kastenholz, 2012; Shi, Cole, & Chancellor, 2012), information needs (Buhalis & Michopoulou, 2011; Darcy, 2010; Eichhorn, Miller, Michopoulou, & Buhalis, 2008), cross-country comparisons (Freeman & Selmi,

* Corresponding author. Tel.: +34 988368700.

E-mail addresses: trinidad@uvigo.es (T. Domínguez Vila), Simon.Darcy@uts.edu.au (S. Darcy), alen@uvigo.es (E. Alén González).

¹ Tel.: +61 2 9514 5100.

² Tel.: +34 988368745.

2010), approaches to disability discrimination (Shaw, 2007; Veitch & Shaw, 2011), general attitudes towards PWD (Bizjak, Knezevic, Cvetreznik, 2011), supplier attitudes towards PWD (Gröschl, 2012; Kim, Stonesifer, & Han, 2012; Ozturk, Yayli, & Yesiltas, 2008; Yaniv, Arie, & Yael, 2011) and whole of life approaches (Darcy & Dickson, 2009; Pagán, 2014). More recently, a growing body of work has examined the processes required to incorporate disability related considerations within tourism policy, planning and development. This has led from studies of disability and tourism to a growing body of knowledge known as accessible tourism. Accessible tourism refers to the process required to ensure that transport, accommodation, destinations and attractions across the tourism system appropriately meet the needs of PWD (Buhalis & Darcy, 2011). Within this definition of areas is an understanding that the concept of disability is not a homogenous construct and varies in context according to country and society. Buhalis and Darcy (2011) identify five major dimensions of disability that need to be considered for accessible tourism. Table 1 shows these dimensions, which are classified on three principal categories: 'physical/mobility', 'sensory' and/or 'cognitive' (Domínguez, Alén, & Fraiz, 2013).

It has been estimated that about 15% of the global population, which represents approximately more than one billion people (World Health Organization [WHO], 2012), have a disability. By 2050 this figure is set to increase to approximately 1.2 billion (WHO & the World Bank, 2011). Additionally, there appears to be a significant relationship between ageing and disability, with disability rate increasing as people age, as well as disability rates being lower relative to higher levels of quality life and income. According to WHO (2012), between the years of 2000 and 2050 the world population of people older than 60 years will double from 11% to 22%. People with disabilities and seniors are both direct beneficiaries of tourism accessibility (Burnett & Baker, 2001; Economic and Social Commission for Asia and Pacific, 2003; Fuguet, 2008). Together, these groups constitute more than one-fifth of the world's population. Other groups that also benefit indirectly from enhanced accessibility include pregnant women, people with temporary transitory disabilities and families with young children. In other words, the beneficiaries of greater accessibility could represent 31% of the population (Darcy & Dickson, 2009). The WHO (2012) goes on to document the series of constraints that PWD encounter in their day-to-day life that also affects their tourism opportunities. The context of the current research focuses on

Australia and Spain due to the fact that both countries display appropriate histories and track records in access/accessible tourism initiatives. Furthermore, both countries have well-developed tourism statistical foundations that can be used to benchmark accessible tourism. Internationally, Australia is one of the most influential players in human rights, accessibility and introduced the *Disability Discrimination Act* in 1992. Together with other countries it was at the forefront of the establishment of the UN Convention on the Rights of Persons with Disabilities (CRPWD). Australia has a long history of initiatives involving disability and access provisions in tourism, as well as some of the first accessible tourism initiatives (Darcy, Cameron, & Schweinsberg, 2012). Since 1998, Australia has provided a National Visitor Survey (1998; 2003; 2009; 2010) that has included a 'limited disability' module. Similarly, Spain offers a highly attractive destination for accessible tourism, principally due to its favourable climate and the fact it is one of the first defenders of disability rights (refer to the *Law of Social Integration of the disabled people* (1982), the *Law of Equal Opportunities, Non-discrimination and Universal access for People with Disabilities* (2003), and the *Accessible National Planning 2004–2012*). These statistical and legislative frameworks provide the foundation for accessible tourism provisions in both countries.

These statistical and policy foundations have provided academics in both countries with the data to examine the economic contribution and market dynamics of accessible tourism. Dwyer and Darcy (2011) estimate that between 2003 and 2004, tourists with disabilities spent between US\$7.2 billion to almost US\$10.8 billion and contributed US\$2.7–4.05 million to Australian tourism's gross value added (GVA), or 12.27–15.60% of the total tourism GVA. In Spain, the market segment includes approximately 4 million tourists, representing potential revenue of close to US\$2.5 billion, with a mean daily expenditure of US\$118 per person over an average stay of five days, and US\$4892.36 million for an average stay of 10 days. These expenditures represent between 5.86 and 11.77% of the potential revenue earned from tourists in Spain (Domínguez, Fraiz, et al., 2013), and Spain is currently ranked fourth in terms of international tourist arrivals (52.7 million) and second in international tourist receipts (US\$52.5 billion) (United Nations World Tourism Organization [UNWTO], 2011). The number of international tourist arrivals in Australia has been estimated at 5.9 million, with US\$27.09 billion in international tourist receipts (UNWTO, 2011). Despite the importance of the tourism sector in Spain, its recent growth has been stagnant or negative. Australia, on

Table 1
Dimensions of disability.

Type of impairment	Description	Difficulties in one or more of the following areas
Physical/mobility	Varying levels of physical mobility restrictions, affecting legs, feet, back, neck, arms or hands	<ul style="list-style-type: none"> - Physical and motor tasks - Independent movements - Performing basic life functions
Sensory	Capacity to see is limited or absent	<ul style="list-style-type: none"> - Reduced performance in tasks requiring clear vision - Difficulties with written communication - Difficulties with understanding information presented visually
	Completely deaf or are hard of hearing	<ul style="list-style-type: none"> - Reduced performance in tasks requiring sharp hearing - Difficulties with oral communication - Difficulties in understanding auditorally-presented information
Cognitive (Intellectual/mental health)	Limited, impaired or delayed capacities to use expressive and/or receptive language	<ul style="list-style-type: none"> - General speech capabilities, such as articulation - Problems with conveying, understanding or using spoken, written or symbolic language
	Lifelong illnesses with multiple aetiologies that result in a behavioural disorder	<ul style="list-style-type: none"> - Slower rate of learning - Disorganised patterns of learning - Difficulties with adaptive behaviour - Difficulties understanding abstract concepts - Limited control of cognitive functioning - Problems with sensory, motor and speech skills - Restricted basic life functions

Source: adapted from Buhalis and Darcy (2011) and Domínguez, Alén & Fraiz (2013).

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات