

---

## Key Challenges Facing the Development of Accessible Tourism, Using the Example of Szczecin in Poland

---

Submitted 01/08/23, 1st revision 18/08/23, 2nd revision 13/09/23, accepted 30/09/23

Aleksandra Werner<sup>1</sup>

**Abstract:**

**Purpose:** The main objective of the study was to identify the key barriers to the development of accessible tourism in Szczecin and show the importance of travel issues for people with special needs, including mobility.

**Design/Methodology/Approach:** The survey and Delphi methods were used. A random sample of 305 people participated in the online survey, including 91 people who indicated they are disabled or are a carer and/or parent of a disabled person. The research questionnaire consisted of a metric section (5 questions) and a question section (9 questions). In the Delphi method, the criteria for selecting the research experts were their competence, knowledge and experience in the field being researched. This was a one-off, nationwide survey in the form of an independent, parallel study. An expert questionnaire was created with 24 barriers, of which 18 were selected as the most characteristic of mobility disabilities. The survey was designed to delineate common barriers for the disabilities studied and to identify key barriers for a specific disability.

**Findings:** After analysing the responses of the experts and respondents and the scores obtained by each barrier, it was determined that all the limitations included in the survey are common in Szczecin and present a significant obstacle to exploring the city. Thus, they were only counted in one of the four separate spaces.

**Practical Implications:** The city of Szczecin is not adapted to serve tourists with mobility disabilities. The main focus in Szczecin should be on eliminating or minimising urban barriers, with specific emphasis on improving and lowering the height of kerbs, separating them from the road lanes and modernising old buildings to increase architectural accessibility.

**Originality/Value:** The article presents the results of its independent research conducted using the survey method and Delphi method in the period December 2020-April 2021 on a representative random sample of N=305.

**Keywords:** Accessible tourism, barriers in tourism, tourism of people with disabilities, material base for tourism.

**JEL codes:** Z32, O18, J14.

**Paper type:** Research article.

---

<sup>1</sup>Ph.D. candidate in Doctoral School of the University of Szczecin, Research and teaching Assistant in Institute of Spatial Management and Socio-Economic Geography, University of Szczecin, Poland, ORCID 0000-0001-7162-0600, e-mail: [aleksandra.werner@phd.usz.edu.pl](mailto:aleksandra.werner@phd.usz.edu.pl);

## **1. Introduction**

Internationally, the accessible tourism market has been identified as a growing segment that can be a leader in social inclusivity, bringing economic benefits and destination competitiveness to the industry (Buhalis and Michopoulou, 2011; Werner, 2022a). The World Tourism Organisation notes that the accessibility of tourism-related spaces and services must be at the centre of any policy described as responsible and sustainable (<https://www.unwto.org/accessibility>).

According to the World Health Organisation, approximately 1.3 billion people worldwide - equivalent to about 16% of the world's population have some form of disability. The level of disability is increasing worldwide, due in part to the gradual ageing of the population (WHO, 2011; WHO, 2022). It is crucial to note that people with disabilities do not usually travel alone but in the company of others, such as carers, family members or friends (ENAT, 2007).

Accessible tourism is often seen as an enjoyable activity for both young and old, people with disabilities, people with temporary health problems and even people who travel with luggage or a pushchair. However, it can be a site of inequality and frustration for people with particular accessibility needs for specific elements from the tourism service chain.

Therefore, the study's main objective was to identify the key barriers to the development of accessible tourism in Poland using the example of the city of Szczecin and show the importance of travel issues for people with special needs, including mobility.

## **2. Literature Review**

In Polish legislation, accessibility is assessed in terms of architectural, digital and information and communication dimensions. Applying the above to the tourism sector, architectural accessibility should be understood as enabling tourists with disabilities to use accommodation facilities and tourist attractions comfortably and safely. The main task to be carried out is minimising or completely eliminating existing architectural, urban planning and communication (transport) barriers.

In this respect, it is also important to consider the accessibility of devices and equipment that support daily life. For example, in addition to having a living unit adapted to the needs of persons with motor disabilities, it is also necessary to install a bathing trolley or lift in the wellness&spa area of the accommodation facility.

Referring to digital accessibility, the introduction of the WACG 2.1 guidelines should be borne in mind so that tourists with various dysfunctions can use websites and applications in a clear, readable and transparent manner. Information and communication accessibility consists of, among other things, providing reliable

information about existing facilities and barriers at the site and staff awareness of how to handle tourists with disabilities. There are situations in which staff do not know how to behave when serving a guest with, for example, a visual impairment, or if saying 'goodbye' will be perceived negatively, or perhaps the tourist will not pay attention. For this reason, it is imperative to raise the awareness of employees at all levels and sensitise them to the needs of others.

Accessible tourism is confusingly combined in the literature by some researchers with 'inclusive tourism' and 'tourism for all' (Sica, Sica, Bianchi and others, 2021; Castro, 2017; Polat and Hermans, 2016; Elevator Project IO3, 2018) adopting the subject criterion as the main differentiator. Among the synonyms of accessible tourism used by researchers of the subject, tourism for people with disabilities, barrier-free tourism, or easy access tourism stand out (Gillovic *et al.*, 2018).

Darcy (2006) defines accessible tourism as a process that enables people with disabilities and seniors to live independently, equitably and with dignity through the provision of Universal Tourism products, services and environments. This definition takes into account mobility, sight, hearing and the cognitive dimension of access, with the aim of facilitating access to tourism services for people with disabilities (Darcy, 2006).

In contrast, according to Agnes *et al.* (2010) accessible tourism is a continuous effort to ensure that tourism destinations, products and services are accessible to all people, regardless of physical limitations, disability or age. It includes publicly and privately owned tourism sites. Enhancements benefit not only people with permanent physical disabilities but also parents with young children, the elderly, people with temporary injuries such as a broken leg, and their travel companions (Agnes *et al.*, 2010).

Ozogul and Baran (2016) predict that accessible tourism will be critical in developing travel agency offerings worldwide. Local and regional government units, local and regional tourism organisations or tourism entrepreneurs should promote accessible attractions and other solutions to attract tourists with disabilities and other groups, such as families with children or seniors, as they, too, benefit from solutions dedicated to people with disabilities (Angeloni, 2013; Gassiot Melian, 2016; UNWTO 2021; Cerdan Chiscano and Darcy, 2023; Adamopoulos and Thalassinou, 2020).

Providing equal travel opportunities for people with disabilities requires significant effort and calls for inclusive designs that benefit all members of society (Fernandez-Diaz *et al.*, 2023). Darcy and Dickson (2009) suggested that "the solution to meeting people's accessibility requirements in the tourism sector and destination management is to apply the principles of universal design, i.e., providing access for all".

Accessibility is not a simple one-way communication of needs but an open, safe and continuous experimental process (Tomej and Duedahl, 2023). Zajadacz (2020)

---

emphasises that "the concept of accessible tourism emphasises the need to design universally and take into account the conditioning of tourism activities of many groups that face structural (physical) and/or functional (related to the organisation of tourism services) constraints in their tourism travel".

### **3. Research Methods**

Both qualitative and quantitative methods were used in our research. The use of triangulation of methods increases the quality of the research and allows for a more in-depth analysis of the phenomenon under study. A quantification of barrier characteristics was also carried out, which allowed further statistical analysis and the development of a matrix of barriers found in the environment.

In the publication of the overall research results, 5 research methods and techniques (survey, Delphi, inventory, interview, analysis of secondary research results) were employed to help determine the level of adaptation of the research area, the city of Szczecin in Poland, to the needs and requirements of people with disabilities (Werner, 2022b).

This article will focus on the two main methods used to identify disability-specific barriers and the main constraints in Szczecin: the survey method and the Delphi method.

The research area was the city of Szczecin, located in north-western Poland, in the West Pomeranian Voivodeship, at the mouth of the Odra River into the Szczecin Lagoon.

The survey method used the questionnaire technique. Respondents answered questions using a questionnaire created online. The research was conducted between mid-January and early April 2021 on a voluntary and anonymous basis.

The Delphi method used a purposive selection of individuals for the study. The criteria for selecting the research experts were their competence, knowledge and experience in the field under study. It was a one-off, nationwide study in the form of an independent, parallel study. The primary research used for this study was conducted from December 2020 (Round 1) to January 2021 (Round 2).

### **4. Research Results and Discussion**

A random sample of 305 people participated in the survey, including 91 people who indicated they are disabled or are a carer and/or parent of a disabled person. It is worth noting that 81% of the survey respondents were residents of Szczecin, and 19% were non-residents who know the city and visit it frequently. The vast majority of respondents were women - over 68%. Most respondents had higher education -

over 58%, followed by secondary education (39%) and primary and lower secondary education.

The largest group in terms of age was young people aged 18-25 - 38% of the total. The general trend was that the number of people participating in the survey decreased or stayed the same as their age increased. The exception was the 36-45 year old group, which accounted for 20% of the total. This was followed by 26-35 years- 17%, 46-55 years- 17%, 56-65 years- 5% and over 66 years- 3%. This may be due to the survey format, i.e., an online survey.

Young people are keen to browse the internet, and for the majority, taking part in this form of survey is not a problem. The electronic survey is subject to error, as older people often have difficulty handling equipment and using technology.

Among the group of 91 people with disabilities or the carer and/or parents of a person with a disability, 54% of the respondents were people with physical disabilities, including mobility disabilities, 1% with motor/hearing disabilities, 1% with motor/visual disabilities, 2% with visual disabilities, 11% with hearing disabilities and 6% with other disabilities. In the survey, carers and/or parents made up a group of 25% (of which 13 people are carers and/or parents of a person with a physical disability, including mobility, 1 person is a carer and/or parent of a person with physical, visual and other disabilities, 2 people are carers and/or parents of a person with a visual disability, 2 people are carers and/or parents of a person with a hearing disability and 5 people are carers and/or parents of people with other disabilities).

If more than one answer is marked, it means a combined disability present in one person. It has been assumed that if a respondent marked a physical disability as one of many, then they know the facilities and limitations that exist in the environment for this disability group and will be counted as a person with a physical disability. The research results will be presented, taking into account the opinions of people with disabilities.

Turning to the survey results, it should be stressed that people with disabilities were more likely to assess Szczecin as a city attractive for tourists than other respondents. However, respondents assessed that tourist facilities in Szczecin are not adapted to the needs of tourists with physical disabilities, including mobility impairments.

The survey also checked the assessment of individual elements of Szczecin, with emphasis on the material base of tourism: accommodation, catering, services, transport accessibility, sports, cultural, recreation and entertainment facilities, tourist information, tourist trails, and places of rest.

The adaptation of rest areas located, e.g., on boulevards or walking trails, requires improvement; as many as 45% of respondents expressed a negative opinion, 54% of

---

which were people with physical disabilities. A similar case is found when evaluating hiking trails. More than 55% of respondents with disabilities considered them to be poorly or very poorly adapted to the needs of people with physical disabilities, with the vast majority, 40%, considering them to be very poor. Also, as much as 60% of respondents with physical disabilities negatively described the level of adaptation of hiking trails to their needs.

This may be due to the poor state of the infrastructure and limited access to information, as well as the lack of published up-to-date guides on Szczecin's tourist trails aimed at tourists with certain limitations.

The evaluation of tourist information in Szczecin needs to be re-examined, as the opinions of respondents with disabilities are unclear. 36% of people surveyed considered tourist information to be adapted to serve tourists with mobility impairments, and 26% of respondents said their adaptation was neither bad nor good.

In contrast, nearly 30% of respondents described their level of adaptation as bad or very bad. Analysing the responses of respondents with physical disabilities, it is noticeable that bad and very bad ratings were recorded most frequently (35% in total).

Communication accessibility, in the opinion of more than 40% of all respondents with a disability, is rated neutral, i.e., neither bad nor good. However, upon analysing the responses of respondents with mobility impairments, it was noted that it is not adapted to their needs.

Regarding leisure and entertainment facilities, one can observe a quantitative predominance of negative evaluations over positive and neutral ones. For the remaining facilities, i.e., cultural and sports facilities, the vast majority have good and very good ratings.

The service base was rated as well and very well adapted to serve people with mobility disabilities by 36% of respondents. The best-rated elements of the material base of Szczecin's tourism were catering and accommodation facilities. Every second respondent with disabilities marked the answer good or very good in terms of adapting the catering base to the needs of people with mobility disabilities, and every third respondent described the accommodation base as well-adapted to this group of people.

Conducting her own research, the author attempted to distinguish between common and key barriers for a specific disability based on the weights assigned to each limitation by experts. Based on the literature and her experience, 24 barriers were listed in the questionnaire addressed to the experts, of which 18 were selected as the most characteristic of motor disabilities.

Due to the assumed equal scope of the survey of limitations and accommodations, it was decided to include 11 barriers in the questionnaire for residents and people familiar with Szczecin. The barriers selected and included in the questionnaire can be divided into:

- urban (poor condition of the pavement, e.g., unevenness, bulges, holes, high kerbs, insufficient number of marked parking spaces, unlowered pavement at pedestrian crossings),
- architectural (no infrastructure to support independent mobility, objects or buttons placed at inappropriate levels, access only by stairs without a built ramp/ramp/displacement, old buildings are not upgraded for architectural accessibility),
- communication (inappropriate marking of bus stops and illegible timetables, lack of free access to the bus stop, unsuitable public transport).

From the respondents' perspective, urban and architectural barriers are the main problems limiting their involvement in tourism in Szczecin. Most respondents considered these barriers prevalent, particularly the poor condition of pavements, high kerbs, lack of modernisation of old buildings and lack of infrastructure to support independent mobility, thus choosing answers in the range of definitely present and rather present.

Analysing the prevalence of urban, architectural and communication barriers in the area of Szczecin and taking into account the opinion of respondents with and without a disability certificate, points were given to particular answers:

- definitely present - 5,
- rather yes - 4
- difficult to say - 3,
- rather not present - 2,
- definitely not present - 1.

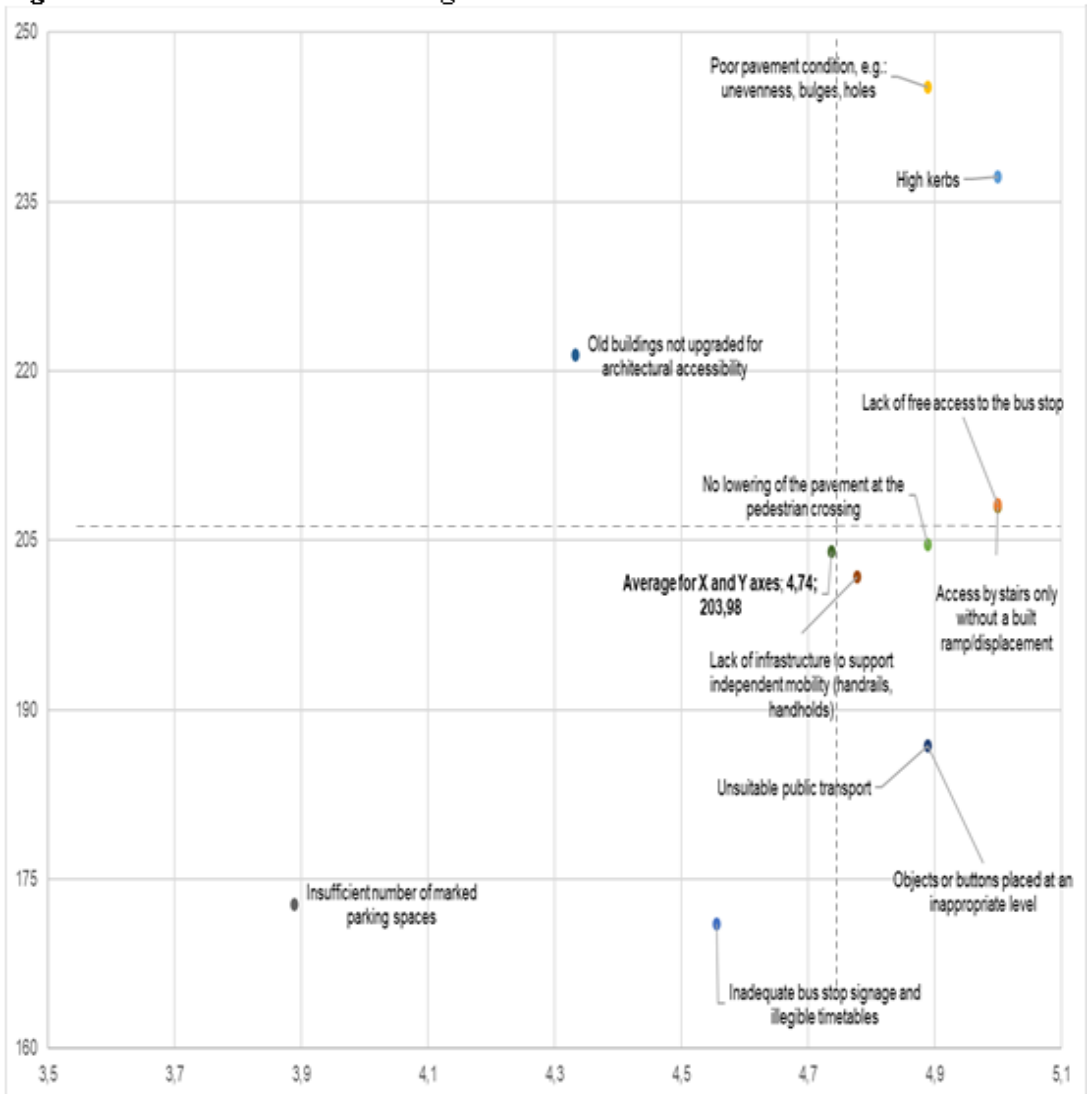
Based on the weights given by the experts and the respondents' assessments, a matrix was created, presented in Figure 3. The matrix shows the prevalence and importance of the above barriers for people with mobility problems in Szczecin. It was divided into four parts:

- part 1: barriers of low importance and low prevalence,
- part 2: unimportant but common barriers,
- part 3: important barriers hindering people with mobility disabilities and rarely encountered in the city,
- part 4: important barriers with a high degree of universality given by respondents.

All of the barriers were assigned to the fourth part. This means that they occur frequently in Szczecin and are an essential obstacle to exploring the city and

participating in accessible tourism. None of the urban, architectural or communication barriers scored less than 160, so the Y-axis starts at 160 and not 0. The same is true of the X-axis; none of the listed constraints was given a weighting below 3.5, which is why the X-axis starts at 3.5 and not 0. The average for the Y-axis is 203.98, and for the X-axis 4.74.

**Figure 1.** Constraints matrix existing in the environment



Source: own research

## 5. Conclusions

Accessibility should be at the heart of any responsible and sustainable tourism



policy. Incorporating accessible tourism into tourism strategies creates the opportunity to see accessible tourism as a viable tourism market rather than just a social responsibility, thus creating a competitive advantage in the tourism market.

The analysis of this independent research shows that the city of Szczecin is not adapted to serve tourists with disabilities. The city should first of all focus on eliminating or minimising urban barriers, including, in particular, improving the condition of pavements and lowering the height of kerbs separating them from the road lane. Another change that should be made is to modernise old buildings to increase architectural accessibility.

To really improve the accessibility of Szczecin, an accessibility committee consisting of experts, including people with special needs, should be set up, and a report with proposed solutions to given problems in various areas, including tourism, should be produced. It should be emphasised that solutions aimed at tourists with disabilities also benefit other groups, e.g., senior citizens, people with temporary disabilities, tourists with luggage, families with prams, etc.

Based on the extensive data available to the author of this paper, the analysis can be extended to other disability groups in the future. As a result of the data obtained, future research areas may concern the characterisation of the region's adaptation to specific disabilities on a local and regional scale.

## **References:**

- Adamopoulos, A., Thalassinou, E.I. 2020. Tourism Development and Economic Growth: A Comparative Study for the G-6 Leaders. *European Research Studies Journal*, 23(1), 368-380.
- Agnes. F. and others. 2010. *Accessible Tourism*. VDM Publishing
- Angeloni, S. 2013. Accessible tourism in the Italian destination. In: *Tourism Issues. Tourism Sciences Review*. Edited by L. Dimitris, Publishing by Tourism Research Institute and Activities for the Development of Tourism and Tourism Education, Athens, pp. 25.
- Buhalis, D., Michopoulou, E. 2011. Information-enabled Tourism destination marketing: Addressing the accessibility market. *Current Issues in Tourism*, 14, pp. 145-168.
- Castro, J.E. 2017. *Las facilidades turísticas del sector hotelero, y su contribucion al turismo inclusivo del canton ambato provincia de Tungurahua (tesis de licenciatura, universidad técnica de ambato)*. Repositorio Universidad de Ambato.
- Cerdan Chiscano, M., Darcy, S. 2023. Making cultural and tourist attractions accessible and inclusive for people with disability through value co-creation amidst COVID-19: a critical discourse analysis. *Tourism Recreation Research*, pp. 1-2.
- Darcy, S. 2006. *Setting a Research Agenda for Accessible Tourism*. Sustainable Tourism for Cooperative Research Centre, Gold Coast.
- Darcy, S., Dickson, T.J. 2009. A whole of life approach to tourism: the case for accessible tourism experiences *Journal of Hospitality and Tourism Management*, 16 (1), pp. 32.

- Dimou, I., Velissariou, E. 2016. Tourism and Accessibility. A satisfaction survey on tourists with disabilities in the Island of Crete Conference: 11th Management of Innovative Business, Education & Support systems, Greece, pp. 116-117.
- Elevator Project IO3. 2018. Accessible Tourism Guide. Visitors, pp. 4.
- European Network for Accessible Tourism. 2007. Rights of Tourists with Disabilities in the European Union Framework, pp. 6.
- Fernandez-Diaz, E., Jambrino-Maldonado, C., Iglesias-Sanchez, P.P., et al. 2023. Digital accessibility of smart cities- tourism for all and reducing inequalities: Tourism Agenda 2030. *Tourism Review*, 78(2), pp. 32.
- Gassiot Melian, A. 2016. Accessible Tourism: an integrated model of the behaviour of tourists with disabilities in a destination. Doctoral thesis, Universitat de Girona, pp. 12-13
- Gillovic, B., McIntosh, A., Darcy, S., et al. 2018. Enabling the language of accessible tourism. *Journal of Sustainable Tourism*, 26 (4), pp. 3.
- Ozogul, G., Gucluturk Baran, G. 2016. Accessible tourism: the golden key in the future for the specialized travel agencies. *Journal of Tourism Futures*, 2(1), pp. 81-82.
- Polat, N., Hermans, E. 2016. A model proposed for sustainable accessible tourism (SAT). *Tekhne*, 14, pp. 127.
- Sica, E., Sica, R., Bianchi, P., et al. 2021. Inclusivity and Responsible Tourism: Designing a Trademark for a National Park Area. *Sustainability*, 13(13), pp. 3.
- Tomej, K., Duedahl, E. 2023. Engendering collaborative accessibility through tourism: From barriers to bridges. *Annals of Tourism Research*, 99, pp. 9.
- Turystyka dostępna. Rekomendacje dla sektora usług turystycznych, 2020, edited by A. Zajadacz, Wielkopolska Organizacja Turystyczna, Poznań, pp. 23.
- Werner, A. 2022a. Osoby z niepełnosprawnościami jako grupa docelowa dla sektora turystycznego, In: *Lokalne Spotkania Interdyscyplinarne. Publikacja pokonferencyjna*, edited by. P. Niedźwiecka-Rystwej i in., Szczecin, Wydawnictwo Fundacji Centrum Badań Socjologicznych, pp. 28-40.
- Werner, A. 2022b. Turystyka osób z niepełnosprawnościami w świetle badań własnych, Wydawnictwo Naukowe Uniwersytetu Szczecińskiego.
- World Health Organization. 2011. Summary World Report on Disability, pp. 7-8.
- World Health Organization. 2022. Global report on health equity for persons with disabilities. Executive summary, pp. 3.
- World Tourism Organization. 2021. Accessibility and Inclusive Tourism Development in Nature Areas. *Compendium of Best Practices*, pp. 10-11.