



## TOURIST ACTIVITY AMONG PEOPLE WITH DISABILITIES

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### **Abstract**

*Ever greater numbers of people with disabilities feel the need to spend time actively, travel or just leave the house. The inner need alone is not, of course, the only condition for the occurrence of tourist activity. One prerequisite is associated with access to information, and the other is the elimination of barriers at an architectural or social level. Tourism is one of the most pleasant and diverse forms of rehabilitation, which fulfils many functions in the life of a disabled person with a medical, biological, social or stimulating character. When engaging in tourism, people with disabilities take up the challenge of overcoming their own limitations on both physical and mental levels. The aim of the article is to identify the functions of tourist activity in the lives of people with disabilities.*

**Key words:** *disability, tourism, functions of tourist activity*

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### **Introduction**

Despite the need to overcome many obstacles and limitations that originate as a consequence of disability, more and more people affected by various forms of reduced ability try to spend free time actively, adventuring to places both near and far. Undoubtedly, this phenomenon is gaining increasing importance. The proportion of people with various forms of disability in the tourism sector is important not only on an individual dimension, that is, as an element of rehabilitation and development of psychological and social performance, but it is important in terms of the global economy. The increase in the proportion of people with disabilities in the tourism market and in areas of recreational services forms a kind of stimulus for the development of dedicated tourism offers, as it is required to adapt to this particular subset of the market [1]. Regardless of the motives, we should note that the as a result of creating opportunities for the involvement of people with various forms of disability, tourism can serve to create significant values with it, which are based on the assumption of equal rights to take advantage of tourism and recreational possibilities on the domestic and foreign markets to all people.

Although access to holidays offered to people with disabilities and their relatives has been one of the mainstream aspects of social policy in recent years, these issues are not sufficiently addressed in the context of tourism. Therefore, it is necessary to study the significance of accessibility factors, both from the point of view of people with disabilities and members of their families. This, in turn, can lead to improvements in the area of tourism as it provides an account of the actual and present needs of the group of people with disabilities. As remarked by W. Kong, K. Loi [2], a considerable amount of research has focused exclusively on structural aspects, underestimating the beneficial effects of intra- and inter-personal aspects. The implications of the relations between these three spheres can assist organizers of tourist activity in understanding the key factors in order to be able to more efficiently manage resources in tourist destinations in the context of the expectations of people with special needs.

As a result of providing adequate product and tourist services for disabled travelers, there is an opportunity to develop specialized tourism. In other words, it is an opportunity to gain a competitive advantage by

travel agencies, which will focus on a not inconsiderable market niche [3].

Tourism plays a significant social and cultural role creating new models of behavior. Tourist flows increase constantly, as do the number of people with disabilities who, due to many social obstacles, require special adaptation of facilities in order to exploit the potential of tourist services. It should be added that tourist destinations should be accessible to all needs [4].

### **Tourism and disability - types of tourism**

Even in antiquity, people engaged in foot walks with the purpose of pursuing various specific goals. The early journeys made by tourists were primarily made for religious purposes. However, contemporary terms, such as tourism or tourist, only became popular at the end of the 19th century. It is assumed that the origin of the concept dates back to the eighteenth century and its source should be seen in the grand tour, which was embarked on by young and wealthy English citizens, who tested their abilities during a journey throughout Europe often lasting for several years. Over time, people involved in this type of activity began to be referred to as tourists.

The walks pursued for purposes of learning and entertainment were at that time considered a kind of preparation for adulthood and an important element of education regarding knowledge of the world and as a part of upbringing. For the first time in literature, the term appeared in Stendhal's novel from 1838 (*Memoires D'Un Touriste*). Over time, the concept and understanding of tourism has evolved. It results mainly from changes that have occurred in social life, technology, as well as the economic or cultural environment [5].

Tourism has permanently entered contemporary life. It forms an integral component of many people's lifestyle, a kind of approach to getting to know customs, cultures, nature or people. It also provides the opportunity to relax and recuperate both mentally and physically. It is a factor of socio-economic development (in the case of tourist regions – there are areas of the world whose income relies exclusively on tourism, which is

the basic component in creating the GDP of this region) [6].

The etymology of the term tourism is related to French or Latin roots. The word *tour* exists in French, and operates virtually unchanged in English [6]. As far as Latin is concerned, the origin of the term tourism is derived in the notion of *turnus*, which can be translated as a rotational motion or as a change [7]. Z. Kruczek [8] describes tourism as “the comprehensive range of phenomena related to nature and people staying temporarily and voluntarily outside their daily living environment, as well as multiple effects resulting from interactions between organizers and service providers, communities of visited areas and the travelers themselves, unless the main purpose of their trips is paid activity in the visited city”. On the other hand, the World Tourism Organization often provides reference to the definition of the term dating back to 1993 stating that “tourism covers the general activities of individuals who travel and stay for leisure, business or other purposes, no longer than one year without any breaks outside their daily surroundings, excluding trips in which the main goal is paid activity in the visited city” [9]. This reports by this organization also contain a classification with the purposes sought for tourist trips, which demonstrate the following seven groups [6]: a) leisure and recreation, b) holidays, c) visits to family and acquaintances, d) seeking professional goals, e) health-related purposes, f) religious purposes, g) other reasons (such as transit).

The enormous diversity and scope of tourist travel poses a variety of problems that need to be faced when trying to organize and systematize them. The criteria include, for example, the number of tourist operators, time, characteristics of the tourism, or means of transport applied (Figure 1). From the point of view of an organizer, the purpose followed throughout a trip is of particular importance, that is, the motive behind a tourist trip; in this case, for example, tourism with the purpose of learning about a new culture or qualified tourism [10]. An important aspect of this classification is that the presented system is not closed, and indicates the richness and diversity of the investigated phenomena.

**Figure 1.** Classification of tourism [10]

subjects	• for example, children, young people, people with disabilities, students, city dwellers, villages
number of participants	•single, group
duration of travel	•short-term, middle-term, long-term
periods of travel	•e.g. weekend, holiday, winter, summer, Christmas
scope of organization	•organized, individual
characteristics of stay	•stationary, traveling
means of transport	•land (e.g. by car, bicycle, or foot). water, air

### Notion of disability

Disability can affect different areas of life. Some people are born with it or acquire it as a result of an illness or accident. Regardless of the age at which a person becomes disabled, the loss of certain physical abilities forms an enormous impact and the end of a certain chapter in life. It is also the beginning of a new one which is both challenging and requires great determination and mental strength. People with disabilities are individuals whose “physical, mental or psychic fitness permanently or periodically impedes, limits daily activity, study, work and or prevents performing social roles, in accordance with legal and customary norms” [11]. The loss in ability is not only a consequence of illness or injury. It also results from obstacles that are faced by a disabled person in society.

Disability as a notion has always existed in colloquial language, as well as in reports in the field of social policy, scientific studies or legislative acts. There is no consensus regarding a common definition. It is common to apply other terms - loss of ability, permanent impairment or handicap are applied

interchangeably. Disability is often considered to be the opposite of fitness and normality. The individual who is affected by this condition is usually unable to conform to typical behaviors specific to a given population. Science identifies three related aspects that define the condition of an individual in the areas of fitness, problems and demand for rehabilitation. They are impairments, disabilities and handicaps. The relation between them is presented in Fig. 2. The beginning of disability is injury or trauma, i.e. total or partial loss or psychological, physiological or anatomic impairment. Of course, the loss of ability can have various range, durability, and can be congenital and acquired, constant as well as progressive. The consequence of impairment is associated with disability, which means a reduced level of function of a given organ or system. Impairment in turn comes as a consequence of the two above-mentioned phenomena and leads to the limitation or prevention of the ability to perform activities related to age, sex or cultural tradition. Another factor is associated with the limitation of the ability to participate in socio-economic life [10].

**Figure 2.** Relations between health aspects expressed by the cause-effect relationship based on WHO [10]

The report by WHO states that a person with disability “is a person with decreased functional ability or life activity to a degree that hinders their performance in social roles” [12]. The community of people with disability is not homogeneous. For example, in the National Census of 2002, the group was categorized into people with legal and biological disability. In the case of the first group, the classification is based on legal confirmation of disability status. People with biological disabilities are those who do not have legal status but had or experience limited ability to carry out tasks related to performing social roles [13]. Two models of disability, i.e. social and medical have been established for the purposes of a number of activities related, for example, to limiting barriers to the disabled. The first emphasizes the role of society in ensuring equality for all its members without perceiving people who have experienced disability as special needs subjects. In this model, it is important to note the relevance of addressing all barriers in psychological and architectural dimensions. This model relates disability with social development by stressing the need to ensure the participation of the disabled in local life and beyond this sphere. The medical model of disability identifies a human being in terms of their medical condition, perceiving it as a type of illness that is under the control of doctors and rehabilitation specialists. This aspect emphasizes the need to implement methods of treatment that will offer the adaptation of disabled people and active participation in social life [14].

### **Functions of tourism for people with disabilities**

Nowadays, tourism forms an element of a person's lifestyle and even provides a way of life for many individuals. It also offers the implementation of various values. It is not only a way of using free time, but various goals on both an individual and collective dimension can be pursued by engaging in tourist activity. It provides an instrument for learning about the world, its experience, and a way to establish contact with others. It is the implementation of the idea of freedom. It can also be a way to instigate creativity. This is particularly true for people who suffer from disability. They often need support and additional incentives that will allow them to increase faith in their own strength and inherent potential. In most cases, disability impedes physical activity, which amplifies the negative effects of disability. As a result of increased physical effort, including tourist activity, a natural stimulus is developed that can be applied to accelerate and assist in the regenerative processes of the body and mind. Sometimes tourism can also represent a type of compensatory measure for the function of a body which has suffered trauma. Undoubtedly, the movement forms a positive stimulus that has a wide impact on the body of the individual and so far it has been hard to find anything that would fulfill the same role. Tourist activity when engaged in by persons who suffer a disability can become a factor that counteracts hypokinesia (shortage of movement), which has a detrimental effect on human mental and physical health. Disability significantly limits the individual's life options as a source of stress, depression, or sense of inferiority [15].

In the case of people with disabilities, tourism considered as a form of physical and mental recreation offers at least some degree of

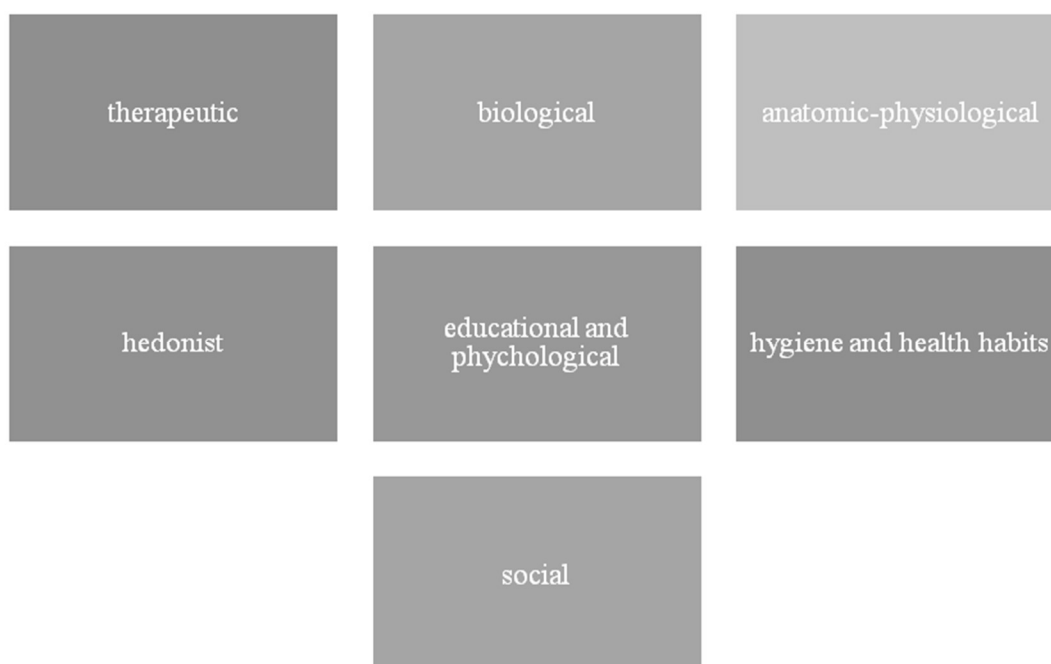
compensation for existing physical and other limitations, as well as a reduction in feelings of lacking in value. It is also a factor that performs social functions, that is, it provides an opportunity to develop and maintain contacts, as well as to integrate people with disabilities within society. Thus, the tourist activity of people with disabilities is not only a form of recreation, relaxation or entertainment, but also plays the role of a therapeutic and educational measure that alleviates the effects of physical constraints. Tourism often forms part of an effort designed to overcome weaknesses and to set ever more challenging and ambitious goals. Therapeutic tourism involves undertaking physical activity, which is a necessary condition for maintaining health and physical fitness. It also serves to alleviate the states of anxiety, which often accompany people with disabilities. Tourism increases resilience to

negative reactions of the environment, as well as facilitating contacts with the environment. As a result of practicing tourism, in particular qualified tourist activity, people with disability are able to develop valuable social interactions within a group of people who have been affected by various forms of disability. It is also an ideal platform for the contact of people with disability with able-bodied peers [15].

German research demonstrates, among others issues, that involvement in recreational activities such as holidays, outdoor physical activity, participation in cultural events, or even in the life of a church has a significantly positive impact on the life satisfaction of people with disabilities [16].

Contemporary literature states seven superior goals realized through tourist activity and sightseeing engaged in by the disabled (Fig. 3).

Fig. 3. Objectives following in tourism by the disabled [14]



In the first place, the therapeutic goal deserves some discussion. Activity realized with this purpose forms part of a follow-up treatment program and rehabilitation. Regarding the selection of disciplines of tourist activity, it is necessary to firstly pay attention to the involvement of such systems and

locomotory organs, whose function needs to be maintained as far as the needs of an individual with disability is concerned. Tourist activity should focus on preventing changes that originate as a consequence of the development of a disease or limitation of physical activity. The biological goal emphasizes that movement

is the necessary condition for ensuring adequate performance of human beings.

Systematic activity in this area provides compensation for morphological deficits in terms of physical aspects. Disability usually involves an intensification of biological processes, reduces the reserves of the body, as well as creating reliance on others' help. For example, sightseeing encourages people to undertake mental effort by activating the intellect and delaying the aging processes. The anatomic-physiological goal is primarily related to the preservation of relations within articular surfaces, as well as the prevention of contractures and muscular atrophy. It is also the role attributed to kinesiotherapy, which is increasingly extended to include physical effort and tourist activity. Tourism also plays a positive role in supporting the functions of the body, whose final effect includes the economic use of these functions. Physical exercises performed on a daily basis are a medical indication for virtually all humans, and in the case of disability this is obligatory (as implemented as part of the objective involving development of hygiene and healthy habits).

This aspect of tourist activity acts as a counterbalance to the monotony of everyday routine. Tourism offers an opportunity to harden the body resulting in increased tolerance, ability and the setting and realization of increasingly ambitious goals, resilience to hardships and discomforts, as well as a specific way of developing the ability to control health and mobility. Sport and tourism form important elements in the developing of a positive attitude. For example, children and young people with a disability often display egocentric attitudes, as well as demonstrating apathetic and aggressive behaviors that indicate insufficient adaptation to social life. As a result of participation in team activities (e.g. group tourism), individuals are taught to act as part of a team, which provides a factor that increases courage and can balance moods (as well as following educational and psychological objectives). The hedonistic element forms an equally important aspect of any physical activity. Participation in tourism in order to properly fulfill its functions must provide a source of joy and satisfaction.

Exercises realized as part of a rehabilitation program usually involve effort by following repetitive movement patterns. Even among the most persistent people who are aware of the fairness of these actions, discouragement occurs in such circumstances. Due to its diversity, tourist activities often involve hundreds of various movement patterns, which can also be repeated during the exercise schedule of a rowing machine or a cyclist. Tourism that is combined with sightseeing encourages the development of personal contact, and involves the need to leave a personal space by which a social goal can be realized. It results from deeply humanitarian motives. Modern concepts of the rehabilitation of people with disability not only assume the restoration of motor functions, which can provide an incentive, for example, to start work, but also provide the fullest possible inclusion in social, social or cultural life [15].

### **Involvement of people with disabilities in tourism**

In 2000, the Institute of Tourism, in cooperation with the Central Statistical Office, carried out the first significant research into the tourist activities of the disabled. Among the total of 8,000 subjects who were surveyed, as many as 79% reported that in the year preceding the study they had not travelled anywhere, even for a few days. The main reason was their unfavorable financial situation (84%), health (34%) and architectural barriers in facilities (6%). Out of 20% of subjects who actually left their home place, only 30% did so because of tourism. 28% of trips were for health-related purposes. Almost a half involved visits to relatives [13]. On the basis of another study [11], we can learn that if people with disabilities perform tourist activity, it is done with the purpose of recreation (29%) or as a stationary holiday (46% of answers). In one out of every ten cases, research demonstrates that tourism was carried out for health purposes. Unfortunately, only one percent declared that they participated in standard tourism.

Statistics regarding standard tourism, including people with disabilities, are maintained by the Polish Tourist and Sightseeing Society (PTTK). In 2016, over 582

thousand people took part in standard national tourism. People with disabilities accounted for only 2.5%, which means that the number was less than 15,000 people. The most popular form of standard domestic tourism involves lowland

hiking trips, which was engaged in by 7958 people. This is more than half of people with disabilities practicing standard tourism (Table 1) [17].

**Table 1.** Involvement of people with disabilities in standard national tourism based on PTTK data for the year 2016 [17]

Type of activity	Total	Disabled
Total	582022	14938
mountain walking trips	1024971	2668
lowland horseback riding	1089	56
mountain horseback riding	722	5
kayak trips	19213	637
cycling	70576	634
motocycling	7951	132
skiing	6640	23
lowland walking trips	243455	7958
sailing	8656	101
diving	4246	1
orienteering activities	38969	406
caving	2271	5
other types	53317	2312

In 2016, the number of participants of international events and trips classified as standard and holiday tourism amounted to a total of almost 27,000 people. People with disabilities accounted for only 1.6% of this

group, that is 454 people. The most popular form of foreign tourism was mountain hiking, of which 176 disabled people benefited in 2016 (Table 2).

**Table 2.** Involvement of people with disability in international standard tourism based on PTTK data for the year 2016 [17]

Type of activity	Total	Disabled
Total	26978	454
mountain walking trips	15496	176
lowland horseback riding	75	0
mountain horseback riding	0	0
kayak trips	278	3
cycling	2604	6
motocycling	561	0
skiing	872	0
walking trips lowland	2960	99
sailing	610	5
diving	209	0
orienteering activities	819	2
caving	139	0
other types	2355	163

In 2008, the number of people with disabilities undertaking some kind of tourism activity exceeded 17,500. In the next two years, it remained at a level above 15,000 per year. In 2011, it was only 12,000. In the years 2014-2016, on average, 14,000 disabled people participated in qualified tourism. The decrease in this

number is largely due to difficulties in securing funds needed for organizing tourist and sightseeing events in this group.

One of the factors that can improve access to tourism for people with disabilities could be associated with the use of mobile applications, which, if properly developed, can

assist people with special needs during tourist activity. These systems should be developed and designed to help people with disabilities with services that besides information can provide insights regarding interesting places or routes depending on the user's location. They should take into account not only preferences, but also the type of disability and specific needs and interests. Thus, they must be personalized systems that support the mobility of people with disabilities in tourism [18].

## Conclusions

People with disabilities form a group of tourists with special needs, for whom tourism performs specific functions in terms of its biological, psychological and social aspects. Tourist activity not only provides opportunities to improve physical fitness, but also presents an opportunity to change the environment, remain in contact with nature and other people. In order to fulfill its functions properly, it is necessary to remove not only architectural barriers, but also raise social awareness, so that people with disabilities can be permanently involved in cultural, social and sporting life.

## BIBLIOGRAPHY

1. Robaczyński W. Turystyka niepełnosprawnych a prawo. In: Stasiak Andrzej (ed.) Rola krajoznawstwa i turystyki w życiu osób niepełnosprawnych. Warszawa: PTTK, 2008.
2. Kong W., Loi K. The barriers to holiday-taking for visually impaired tourists and their families. *Journal of Hospitality and Tourism Management* 2017; 32: 99–107.
3. Ozogul G. Accessible tourism: the golden key in the future for the specialized travel agencies. *Journal of Tourism Futures* 2016; 2: 79–87.
4. Novikova N. G., Kortunov V. V., Krasnova O. N., Zorina N. M., Kireenkova Z. A. A client with special needs in tourist services. *Journal of Environmental Management and Tourism* 2015; 6(2): 338–345.
5. Cymańska-Grabowska B., Steblik-Właźlak B. Turystyka. Tom 1. Podręcznik. Podstawy turystyki. Warszawa: WSiP, 2014.
6. Nowakowska A. Turystyka, turysta, ruch turystyczny. In: Gołębowski G. (ed.) Kompendium wiedzy o turystyce. Warszawa: PWN, 2009.
7. Łobożewicz T., Bieńczyk G. Podstawy turystyki, Warszawa: WSH, 2001.
8. Kruczek Z. (ed.) Kompendium pilota wycieczek. Kraków: Proksenia, 2014.
9. Terminologia turystyczna. Zalecenia WTO. (translation Górnicka A.) Warszawa: ONZ-WTO, 1995.
10. Grabowski J., Milewska M., Stasiak A. Vademecum organizatora turystyki niepełnosprawnych, Łódź: WSTH, 2007.
11. Trybuś K., Rapacz A. Aktywność turystyczna osób niepełnosprawnych z dysfunkcją narządu ruchu. *Ekonomiczne Problemy Usług* 2012; 82: 320.
12. Napierała M., Kazimierczak U., Muszkieta R., Zukow W. Rehabilitacja a aktywność fizyczna – podstawowe zagadnienia. Bydgoszcz: WSG, 2010.
13. Śledzińska J. Turystyka osób niepełnosprawnych w Polskim Towarzystwie Turystyczno-Krajoznawczym. *Niepełnosprawność – Zagadnienia Problemy Rozwiązania* 2012; 2: 82–83.
14. Śledzińska J. Turystyka dla wszystkich. In: Wyrzykowski J., Marak J. (eds.) *Tourism role in the regional economy*. Wrocław: WSH, 2011.
15. Walentynowicz D. Rola turystyki w życiu osób niepełnosprawnych w warunkach jednoczącej się Europy. In: Stasiak A. (ed.) *Rola krajoznawstwa i turystyki w życiu osób niepełnosprawnych*. Warszawa: PTTK, 2008, pp. 23–36.



16. Pagan R. How do leisure activities impact on life satisfaction? Evidence for German people with disabilities. *Applied Resource in Quality of Life* 2015; 10: 557–572.
17. Sprawozdanie zbiorcze ze stanu organizacyjnego oraz działalności programowej w 2016 roku. Warszawa: PTTK 2016.
18. Ribeiro F., Metrólho J., Leal J., Martins H., Pedro Bastos P. A mobile applications to provide personalized information for mobility impaired tourists. *Trends and advances in Intelligence Systems and Computing* 2018; 746: 164–173.

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