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Lei Shi
Dept. of Recreation, Park & Tourism Studies Indiana University

Shu Cole
Dept. of Recreation, Park & Tourism Studies Indiana University

Charles Chancellor
Dept. of Recreation, Park & Tourism Studies Indiana University

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Shi, Lei; Cole, Shu; and Chancellor, Charles, "Understanding Leisure Travel Motivations of Frequent Travelers with Acquired Mobility Impairments" (2016). Travel and Tourism Research Association: Advancing Tourism Research Globally. 15.
https://scholarworks.umass.edu/ttra/2010/Oral/15

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Lei Shi
Dept. of Recreation, Park & Tourism Studies
Indiana University

and

Shu Cole
Dept. of Recreation, Park & Tourism Studies
Indiana University
E-mail: colest@indiana.edu

and

Charles Chancellor
Dept. of Recreation, Park & Tourism Studies
Indiana University

INTRODUCTION

With the passage of the Americans with Disabilities Act (ADA) in 1990, the U.S. tourism marketers begin to pay attention to one of the most important but often overlooked segments of the market—people with disabilities (Ray & Ryder, 2003). In the past two decades, a number of studies highlighted the potential of people with disabilities as a tourism market segment (Darcy, 2002; Huh & Singh, 2007). In 2005, the Open Doors Organization’s (ODO) study showed that more than 21 million people with disabilities had traveled at least once in 2003 and 2004, spending $13.6 billion each year (Harris Interactive Market Research, 2006). In particular, the study indentified a subgroup of frequent travelers within the disability community. More than 6 million individuals took more than six trips in 2003 and 2004. Even more significantly, Darcy (1998) argued that people with a physical disability actually wanted to travel more frequently than people without disabilities.

However, consumer and travel research on people with disabilities in general is scarce. This is largely due to the common perception of the market’s relatively weak demand. Especially in the travel industry, businesses in general do not believe it is worthwhile financially to target this market. For example, an online hotel reservation site reported that the demand for accessible hotel rooms in the U.S. only accounts for 0.1% of all room demand (Packer, McKercher & Yau, 2007). Even within the current literature available, most of them have been focused on travel constraints, such as accessibility issues (Darcy, 1998; Israeli, 2002; Eichhorn, Miller, Michopoulos, & Buhalis, 2008). A few studies (Burnett & Baker, 2001; Yau, McKercher, & Packer, 2004; Packer, McKercher, & Yau, 2007) have generated preliminary results on the needs and motivations of travelers with mobility impairments. These studies suggest that there is a lack of in-depth understanding about the travel motivations of people with disabilities. The purpose of this study was to understand what motivated people with acquired mobility impairments travel frequently.

LITERATURE REVIEW

Travel motivation is fundamental in tourism studies and is essential to tourism development (Wahab, 1975). Dann (1977) begins research on travel motivation by asking "what makes tourists travel?" Adopting this question from Dann, this research is designed to
answer the question of “what makes people with mobility impairments travel for leisure?”

The push and pull framework has been most commonly used in the study of travel motivation (Uysal, & Hagan, 1993; Fodness, 1994). People travel because they are pushed by internal forces and, at the same time, pulled by external forces such as interest in a destination’s attributes (Uysal & Jurowski, 1994). Iso-Ahola (1982) argue that there are two motivational forces that influence tourists: (a) the desire to leave the everyday environment behind; and (b) the desire to obtain psychological rewards through travel in an environment that contrasts the home environment (p. 259).

Another important framework in the study of pleasure travel motivation is proposed by Crompton (1979). He conducted a qualitative study through interviewing 39 leisure travelers. He identified nine socio-psychological and cultural motivations. The seven social-psychological motivations include: (a) escape from a perceived mundane environment; (b) exploration and evaluation of self; (c) relaxation; (d) prestige; (e) regression; (f) enhancement of kinship relationships; and (g) facilitation of social interaction. Two cultural motivations are (h) novelty and (i) education. In Crompton’s study, the socio-psychological motivations are push factors, emerging exclusively from within the travelers themselves. The cultural motivations reflect the influence of the destination; thus, they are pull factors. Since there is no specific model or framework that has been applied to understand the travel motivations of people with mobility impairments, the push-pull model and Crompton’s study on pleasure travel motivations of average travelers provide the basic structure for understanding the motivation of avid travelers with mobility impairments.

METHODOLOGY

A qualitative study method was utilized for the exploratory study of understanding leisure travel motivations of active travelers with acquired mobility impairments. Two focus groups were conducted during the annual congress of the Society for Accessible Travel and Hospitality in 2009. The first focus group had 5 participants while the second had 7 participants. Three questions were used as protocol to guide the focus group discussions: (1) What was the role of travel in your life before you became mobility impaired? (2) What were the major factors that made travel possible and available to you again? (3) Studies have shown that when people with mobility impairments travel, they encounter many physical and social barriers. If this is true, what drives you to continue to travel?

Data analysis started with coding by the primary coder using the qualitative research software NVivo 8. NVivo assisted in identifying and categorizing themes that emerged from the discussions. Later, a coding summary was prepared by the primary coder for triangulation. A procedure of investigator triangulation was performed by two other tourism researchers to ensure the validity of the results.

RESULTS

A total of nine push factors and 3 pull factors were identified for frequent travelers with acquired mobility impairments. The push factors were: (a) escape from a perceived mundane environment; (b) exploration and evaluation of self; (c) relaxation; (d) enhancement of relationships with family and friends; (e) facilitation of social interaction; (f) independence: regain of control over destiny, travel as a basic need, and be normal; (g) the desire of being in natural environment; (h) adventure spirit; and (i) “do it now”. The first five factors (Factors a-e) were the shared motivations between average travelers (Crompton, 1979) and frequent travelers with mobility impairments. Prestige and Regression, motivations of average leisure
travelers categorized by Crompton (1979), were not identified in this study.

The last four factors (Factors f-i), were unique to travelers with acquired mobility impairments.

**Independence:**
People with mobility impairments considered psychological independence to be a motivation of leisure travel. Travel was a way to put them in control, and showed their family and friends that they had regained control over their lives. Psychological self-reliance was expressed as a motivation toward achieving a sense of being normal through leisure travel. Traveling as a gauge of normality helped their rehabilitation process, because being able to travel again then engendered confident feelings of “I can still do things.”

**Desire to be in the natural environment:**
Although the average population may also like to be in the natural environment, travelers with mobility impairments saw it as an integral motivation for their travel. The participation in outdoor activities may require many accessibility demands, and participants may have limited choices or need assistive equipment in order to make outdoor trips. To them, being in nature represented the freedom they had over the confined home or hospital.

**Adventure spirit:**
The avid travelers in this study expressed their desire to challenge themselves by taking risks in travel. “I don’t avoid uncomfortable situations like that regarding my physical disability. I avoid mentally discomfoting places where I’m bored out of my head,” as one participant described it. For most participants, leisure travel was a meaningful task, an adventure that brought self-confidence and a sense of achievement to their lives. They were seeking a sense of achievement by completing the adventure.

**“Do it now:”**
The motivation of “do it now” originated from the concept of “things I can do today I might not be able to do tomorrow.” For participants with acquired disabilities, they had already been through sudden changes in their lives; and for some, their physical conditions were still deteriorating. They wanted to seize today and travel while they still could.

Results also showed that travelers with acquired mobility impairments shared the same motivating factors as what was identified by Crompton (1979) as pull factors for the average travelers: novelty and education. However, accessibility at the destination was also an important pull factor for people with mobility impairments. Specifically, accessible information about the destination, assistive equipment available on site, and other people’s positive attitudes toward disability at the destination were seen as key components contributing to their reasons to travel.

**DISCUSSIONS**
Although travelers with acquired mobility impairments have similar travel motivations as the average traveler, there are also motivations that are unique to them. Due to their physical limitations, they see travel as a way for them to regain independence and to be “normal” again. Being able to travel is the ultimate freedom from their constraints. For people with acquired disabilities, traveling after injury is helpful for the rehabilitation process, since leisure travel contributes to mental rehabilitation and psychological self-reliance building. In addition, accessibility of the destination is an important motivator for their travel decisions. Tourism developers and operators need to realize that accessible destination may
attract more visitors from this large market. Results of the study suggest that travelers with mobility impairments should be considered as a unique travel population and their needs and behavior should be further studied. Future studies should use a larger sample and include travelers who are not as experienced as participants in this study.

**REFERENCES**


