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The importance and popularity of tourism among disabled people in Poland

Summary. The aim of the study is to show the importance and popularity of tourism (including tourism behavior, expectations and preferences) among people with disabilities. The study was conducted at the beginning of 2018 on a sample of 434 disabled people with an appropriate medical certificate using a survey technique. Domestic trips, especially short-term ones, were the most popular. The respondents most often made one or two trips a year, the purpose of which was mainly leisure and sightseeing. The determinant of the selection of a specific offer was mainly the price. Coastal and mountain destinations were the most popular, and the respondents most often spent time walking and socializing.

Key words: tourism, tourist activity, people with disabilities, disabled people

Introduction

People with disabilities seem to be a segment forgotten and overlooked by the vast majority of travel agencies. Only a few tour operators have in their offer proposals addressed to this group of recipients, which fully take into account the needs of people who struggle with various functional restrictions. There are many reasons for this, but two basic ones can be distinguished. The first issue is the financial limitations of people with disabilities. This group has significantly limited access to the labor market¹, and therefore its purchasing capacity is at a much lower level than the rest of society². This situation is often aggravated by the need to purchase various types of devices and pharmaceuticals to facilitate the daily functioning of people with disabilities, which results in a significant reduction in the part of the budget that can be allocated

¹ It should be emphasized here that research carried out by the European Commission shows that the lack of equal opportunities in the labor market is the most important problem encountered by people with disabilities; European Commission: Progress Report on the implementation of the European Disability Strategy 2010–2020, Brussels 2017. An interesting study on the professional problems of the disabled is the position of M. Struck-Peregończyk: *Młode osoby niepełnosprawne na rynku pracy*, Wydawnictwo ASPRA, Warszawa 2015.

² In the fourth quarter of 2016, the professional activity of disabled people (aged 16 and over) was only 15.7% according to the Central Statistical Office (GUS: *Rocznik Statystyczny Pracy 2017*, Zakład Wydawnictw Statystycznych, Warszawa 2017, p. 109).

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to free consumption, including recreational and tourist activities. The second important problem is the preparation of the appropriate offer. People with disabilities are a very diverse group in terms of both type and degree of disability. This results in a number of challenges arising before the organizer of a tourist event, which are mainly associated with the transport itself (people in wheelchairs), chairmanship (blind and deaf people) or even difficulties resulting from architectural restrictions in accommodation facilities and tourist attractions. Thus, preparing an offer available for disabled people is problematic, time-consuming and forces the involvement of a significant number of people and the amount of financial resources, and due to the relatively low potential demand, offers of this type are very few on the Polish tourist market³.

The concept of disability and disabled people in Poland

Due to the complexity and multi-faceted nature of the concept of disability, it will not be analyzed in more detail in this article. It should be noted, however, that this concept is considered in the light of legal, medical or scientific.

The multitude of directions of research and reflection on disability results in a multitude of theories regarding its various aspects: from strictly biological to exclusively social⁴. These theories correspond to the three main dimensions of disability⁵:

- biomedical (medical), where disability is equated with impairment. Its essence is reflected in the definition of impairment formulated by the WHO: any reduction in performance or irregularity in the structure or functioning of the body in psychological, physical or anatomical terms and the psychosocial consequences of this lack/impairment;
- functional (interactive), in which disability is understood as an obstacle (handicap), defined by WHO as a limitation or inability to fully play social roles corresponding to age, gender and compatible with social and cultural conditions. In this model, disability is defined as any restriction or inability to lead an active life in a way or degree considered typical of people of similar age and same sex;
- social (sociopolitical), where disability is understood as oppression on the part of society - the lack or limitation of human activity caused by modern social organization, which does not take into account the needs of people with physical damage and learning difficulties, thereby excluding them from the mainstream of life social⁶.

³ Accessible Poland Tours, founded by Małgorzata Tokarska in 2010, is one of the few travel agencies specializing in trips of disabled people.

⁴ M. Wiliński: Modele niepełnosprawności: indywidualny – funkcjonalny – społeczny, [in:] *Diagnoza potrzeb i modele pomocy dla osób z ograniczeniami sprawności*, A.I. Brzezińska, R. Kaczan, K. Smoczyńska (Eds), SCHOLAR, Warszawa 2010, p. 27.

⁵ www.unic.un.org.pl (access: 27.02.2020).

⁶ More on this topic: A. Wilmowska-Pietruszyńska, D. Bilski: *Międzynarodowa Klasyfikacja Funkcjonowania, Niepełnosprawności i Zdrowia, Niepełnosprawność – zagadnienia, problemy, rozwiązania* 2013, no 2(7), pp. 5–20; Z. Woźniak: *Niepełnosprawność i niepełnosprawni w polityce społecznej. Społeczny kontekst medycznego problemu*, Wydawnictwo Naukowe Szkoły Wyższej Psychologii Społecznej Academic, Warszawa 2008.

To sum up the considerations regarding the concept of disability, it is worth quoting the WHO definition here, which reflects the three above models. This organization has defined disability as a comprehensive term, including damage, activity restrictions and participation restrictions. Damage is a problem in the functioning or structure of the body; activity restrictions refer to the difficulties encountered by individuals in performing activities or tasks; while limiting participation is a problem experienced by the individual in his involvement in life situations⁷. Disability is therefore a complex phenomenon, reflecting the relationship between the characteristics of the body of the individual and the characteristics of the entire society in which he lives. In the International Classification of Functioning, Disability and Health (ICF) adopted by the WHO in 2001, disability was defined as a multidimensional phenomenon resulting from interactions between people and their physical and social environment. Disability and functioning is perceived as a result of integration between health conditions (diseases, disorders, injuries) and other factors, which include environmental factors (e.g. legal, social structures, climate, architecture) and related to the individual (age, gender, education, professional status etc.)⁸.

Information on the scale of disability in Poland is published, among others, by the Central Statistical Office. The first attempt to recognize this phenomenon was a micro-census conducted in 1974. At that time, 1.37 million people in Poland had a certificate of invalidity. This represented 4.1% of the total population in the country⁹. In 1988, the number of invalids was already 3.74 million, which was about 10% of the population. The reason for such dynamic growth compared to 1974 was the fact that rural areas were included in the study.

The results of the survey of the condition of health indicate that at the end of 2004, 6.2 million people with disabilities (16.3% of the country's population) lived in Poland, of which 4.8 million people with legal disabilities (who had medical confirmation)¹⁰.

Data on the number of disabled people in Poland was provided by the National Population and Housing Census of 2011. In the light of its results, the number of people with disabilities (both legally and biologically) was 4.7 million, which accounted for 12.2% of the country's population¹¹. At the 2002 census, the percentage was 14.3% (5.5 million people)¹². It should be noted, however, that this decline may be deceptive,

⁷ M. Karaś: Niepełnosprawność, od spojrzenia medycznego do społecznego i Disability Studies, *Przeгляд Prawniczy, Ekonomiczny i Społeczny* 2012, no. 4, p. 27.

⁸ L. Januszko: Niepełnosprawność – aspekt epidemiologiczny i społeczny, [in:] *Niepełnosprawni na progu wejścia Polski do Unii Europejskiej*, M. Waszenowski (Ed.), Polskie Towarzystwo Walki z Kalectwem, Warszawa 2004, pp. 67–73.

⁹ B. Balcerzak-Paradowska: Sytuacja bytowa gospodarstw domowych osób niepełnosprawnych, [in:] *Sytuacja osób niepełnosprawnych w Polsce*, B. Balcerzak-Paradowska (Ed.), Warszawa 2002, p. 158.

¹⁰ GUS: Stan zdrowia ludności Polski w przekroju terytorialnym w 2004 r., Zakład Wydawnictw Statystycznych, Warszawa 2007, p. 30.

¹¹ GUS: *Narodowy Spis Powszechny Ludności i Mieszkań 2011.*, GUS, Warszawa 2012, p. 63.

¹² GUS: *Raport z wyników Narodowego Spisu Powszechnego Ludności i Mieszkań 2002*, Zakład Wydawnictw Statystycznych, Warszawa 2003, p. 32.

because questions about disability were voluntary and during the 2011 census nearly 1.5 million respondents did not answer. It can be assumed that the majority of this group were disabled people.

It is also worth quoting the results of the European Health Interview Survey (EHIS), according to which in 2014 in Poland there were 7.7 million biologically disabled people, i.e. people who declared limited ability to perform activities that people usually perform (in accordance with the uniform EU definition used in the study, both serious and less severe restrictions have been taken into account, making it impossible to perform the above activities for at least the last 6 months). According to EHIS, nearly 3.8 million Poles (including nearly 194 thousand children under 16 with a current disability certificate) had legal (or equivalent) disability confirmation, i.e. about 0.3 million more compared to BAEL estimates in the same period. As a result, in Poland at the end of 2014 the structure of people with legal disabilities according to the results of the EHIS was as follows: 42% of people with legal disabilities had a certificate of moderate disability, 28% of people had a severe disability certificate and 25% of people had a light certificate. On the other hand, children under 16 accounted for 5% of the total population of people with legal disabilities¹³.

The importance of tourism in the lives of people with disabilities

Tourism plays or can play an important role in the rehabilitation and improvement of the health status of people with disabilities. This applies to all forms of disability – including motor, mental and sensory. Participation in tourist movement triggers activity, shapes motivation for physical effort and active recreation. Acquired new skills can be successfully transferred to other areas of functioning in everyday life. Tourism, in addition to its significant rehabilitation function, also plays an educational and pedagogical function. Participation in tourist trips also has a very positive effect on the well-being and mental state of people with disabilities, thus constituting an important element of social integration¹⁴.

As noted by T. Skalska, literature on the subject focuses on three main fields of beneficial impact of tourism on people with disabilities¹⁵:

- physical impact: improvement of body fitness, strength regeneration and relaxation;
- mental impact: enabling fulfillment of one's desires, living and experiencing the situation that give satisfaction, facilitate self-expression, shaping the right image of oneself and experiencing feelings resulting from self-realization;
- social impact: shaping appropriate social forms, cooperation with others.

¹³ www.niepelnosprawni.gov.pl (access: 08.03.2020).

¹⁴ K. Kaganek, E. Wąsowicz-Zaborek: Kreowanie produktów turystycznych dostosowanych do potrzeb osób niepełnosprawnych, [in:] Tworzenie i dostosowywanie produktów turystycznych do potrzeb osób niepełnosprawnych, A. Borowicka, W. Heliński (Eds), Forum Turystyki Regionów, Szczecin 2007, p. 13.

¹⁵ T. Skalska: Turystyka osób niepełnosprawnych, [in:] Nowe wyzwania edukacji turystycznej, A. Dłużewska (Ed.). Szkoła Wyższa Przymierza Rodzin w Warszawie, Warszawa 2011, p. 135.

The physical impact of tourism on the condition of people with disabilities is most accurately recognized. A lot of attention was given to this issue when research programs assessing the impact of tourism activity on improving disabled people, especially in the physical dimension, included ideas propagated by theoreticians of sport and physical recreation¹⁶.

By systematizing the goals set for tourism and touring people with disabilities, one can cite the goals set by H. Lorenzen¹⁷, an outstanding precursor of the idea of sport for the disabled. On their basis Łobożewicz formulates the following goals¹⁸:

- therapeutic – tourism as a continuation of the treatment and improvement program;
- biological – tourism and sightseeing can help compensate for physical performance losses, reduce the biological effects of aging of the disabled person's body, and also contribute to delaying intellectual degradation;
- anatomical and physiological – practicing active forms of tourism can, like improving the use of kinesitherapy, help increase muscle strength, joint mobility, endurance on effort, and also positively affect the basic functions of the body, and thus at least partially reduce the effects of disability;
- hygienic and health – practicing tourism can make everyday physical exercises more desirable for each disabled person, harden the body, support resistance to hardships, help master the skills of controlling health and physical fitness;
- educational and psychological – tourism helps shape positive behavioral patterns, proper characterological features, facilitates the fight against egocentric, aggressive or apathetic attitudes;
- hedonistic – in contrast to monotonous rehabilitation exercises used in traditional forms of physical improvement, the effort accompanying tourist activity is not boring and allows you to make many movements that bring the same effects as traditional gymnastics;
- social – tourism allows you to break free of social isolation, fulfills integration functions, and enables the use of cultural goods.

When discussing the importance of tourism for people with disabilities, one cannot ignore the psychological and socio-cultural benefits, which due to the limitations of the volume of the text will not be approximated in detail in this study. It should only be mentioned that in the sphere of the positive impact of tourism and recreation on the psyche of people with disabilities, a special role in the literature on the subject is assigned to psychotherapeutic functions, including psycho-recreational, psycho-compensatory, psycho-correction or psycho-creative¹⁹, which significantly contribute to im-

¹⁶ T. Skalska: *Turystyka osób niepełnosprawnych. Ograniczenia i możliwości rozwoju*, Ministerstwo Gospodarki, Pracy i Polityki Społecznej, Warszawa 2003, p. 49.

¹⁷ H. Lorenzen: *Lehrbuch des versehrten Sports*, Forinad Enhe Verlag, Stuttgart 1961.

¹⁸ T. Łobożewicz (Ed.): *Turystyka ludzi niepełnosprawnych*, COiT, Warszawa 1991, pp. 21–22.

¹⁹ T. Kot: *Psychoterapeutyczne funkcje czasu wolnego u młodzieży przewlekle chorej*, [in:] *Czas wolny ludzi niepełnosprawnych – zadania pedagoga*, A. Hulek (Ed.), *Studia Pedagogiczne LV*, Zakład Narodowy im. Ossolińskich, Wydawnictwo PAN, Warszawa 1989, p. 19.

proving well-being and health mental disability and serve the development of relationships and social skills.

Purpose and research methods

The purpose of the study is to show the importance and popularity of tourism (including tourism behavior, expectations and preferences) among people with disabilities. The research was conducted at the beginning of 2018 on a sample of 434 disabled people with an appropriate medical certificate using a survey technique. The research was carried out in various provinces and places in Poland (both in cities and in the countryside). The selection of people for the study was conducted according to the following key: among the respondents, the number of women and men was to be similar and the age of the respondents was to be significantly differentiated.

Characteristics of respondents

There were slightly more women among the respondents (52.2%). The age of the respondents was quite diverse. Young people (under 40 years of age) predominated. Their share accounted for 35.8%. The percentage of people between 40 and 65 years was 33.0%, and the percentage of older people (over 65 years) was 31.1%. The respondents included representatives of all voivodships. However, the inhabitants of the Mazowieckie (18.2%), Lubelskie (11.0%), Podlasie (8.8%) and Łódź (8.5%) voivodships dominated. Most of the respondents were city dwellers (69.5%).

The level of education was relatively low – people who finished (or not) primary or junior high school (33.6%) and basic vocational (27.4%) dominated. The fact of disability and level of education significantly affected the material situation of the respondents. 40.6% of respondents described it as the average, 27.4% as weak, and 21.7% as rather good. Only 6.3% of respondents rated their financial situation as very good and 4.1% as very poor.

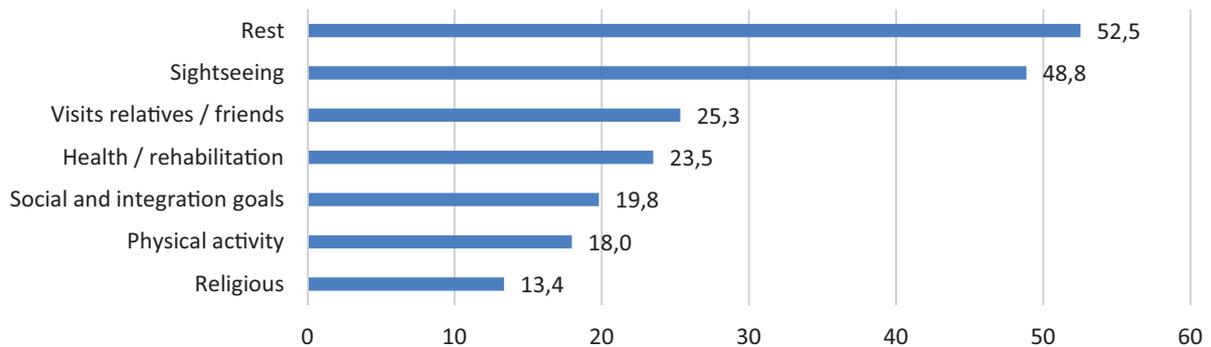
Despite the fact that the respondents were disabled people, 34.6% perceived themselves as efficiently performing basic tasks in everyday life. 42.8% rated themselves as moderately inefficient in this respect, and 22.6% considerably inefficient. These indications corresponded to the degree of disability of the respondents. Light degree was found in 30.8% of respondents, moderate in 44.0%, and significant among 25.2%²⁰.

Results

Over half of all 68.2% of all respondents – 68.2% (434 people) declared participation in at least one tourist trip during the year preceding the survey. Of these, 65.0% participated in short-term domestic trips (2–4 days), and 46.1% in long-term domestic trips (5 or more days). 21.7% of respondents decided to travel abroad (with at least one overnight stay). Most of them (44.2%) in 2017 participated in the tourist trip once. 38.2% two or three times, and 17.5% four times and more.

²⁰ The study did not present information on the causes of disability among the respondents. In many cases this question turned out to be embarrassing for the respondents.

The most frequently indicated purpose of trips undertaken by the respondents was leisure and sightseeing (Fig. 1).



* The respondents could indicate more than one answer.

Figure 1. Goals of tourist trips undertaken by respondents [%]

Source: own research.

Some trips of disabled people were dictated by health reasons, because they had (apart from typically tourist purposes) also a rehabilitation aspect. Social goals were also quite important. People with disabilities, mostly deprived of everyday contact with the environment, during trips had the opportunity to establish relationships with other participants.

Due to the specificity and diversity of disabled people, it is important to recognize the elements that are important to them when choosing a trip offer. The price dominated in this case (Fig. 2).



* The respondents could indicate more than one answer.

Figure 2. The most important elements for respondents when choosing a travel offer [%]

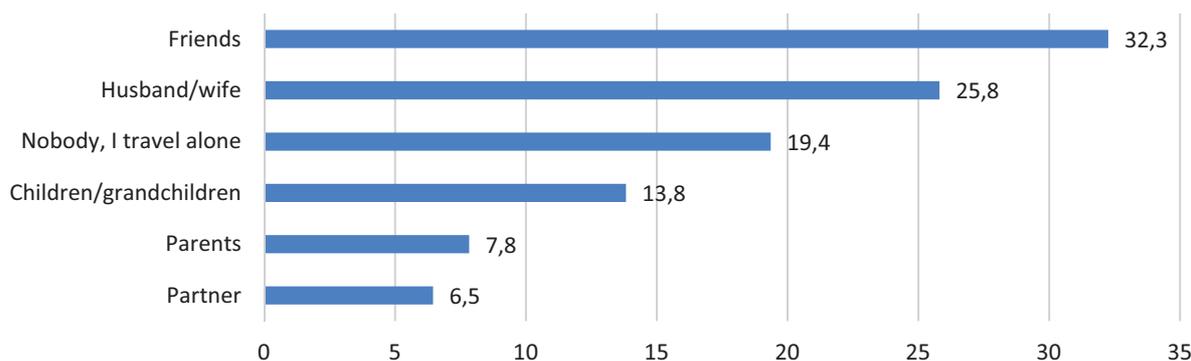
Source: own research.

This distribution of answers can be explained by the financial situation of people with disabilities. Serious difficulties in obtaining education and, as a consequence, low professional activity mean that the purchasing capacity of this social group is much

smaller than that of the rest of society. It was also very important to adapt tourist facilities and equipment to the needs of the disabled. Tourist attractions and the quality of accommodation and nutrition services were less important for the respondents.

The respondents rated the availability and promotion of the tourist offer for the disabled very low. On a scale of 1 (very bad) to 5 (very good) this rating was 2.3. This may be due to the fact that only 14.3% of respondents used ready offers available at travel agencies. The respondents most often organized a trip by themselves or used family assistance in this area (35.5 and 32.7%, respectively). Associations of disabled people play an important role in organizing trips (18.4%). Some of the respondents also combined rest with improving their health by participating in rehabilitation stays (15.2%) and sanatorium stays (8.8%). Some also took part in trips organized by the parish, senior club and university of the third century²¹.

The respondents traveled most often in the company of friends and acquaintances, as well as their own spouse. The group of people traveling alone was also quite significant. Detailed data are presented in Figure 3. There have also been sporadic responses indicating a caregiver or physiotherapist.



* The respondents could indicate more than one answer.

Figure 3. People usually accompanying respondents in their tourist trips [%]

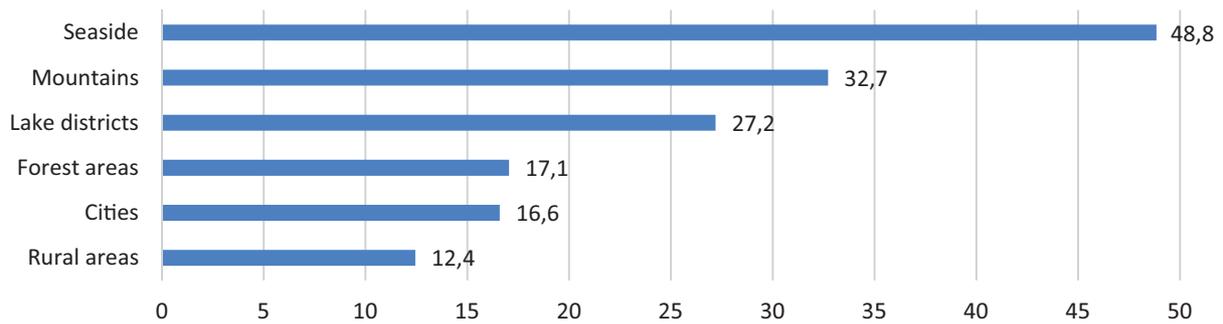
Source: own research.

For respondents, summer was the most popular season for tourist trips (35.5%). Spring and autumn were much less popular (18.0 and 16.6%, respectively). Supporters of leisure in the winter constituted 10.1% of respondents. Some respondents (19.8%) did not clearly indicate any season.

Preferences of people with disabilities regarding the direction of departure were similar to those of the general public. The most popular destination among the respondents was the seaside. Mountain and lake district areas were also quite popular.

Forest areas, cities and rural areas were chosen much less frequently. The low popularity of rural tourism may be surprising here. Due to the qualities of the natural environment, low tourist traffic and definitely more affordable prices, this form of tourism should be much more popular among the disabled. Perhaps the reasons for

²¹ The question regarding the organization of the trip was a multiple choice, hence the percentages quoted above do not add up to 100.



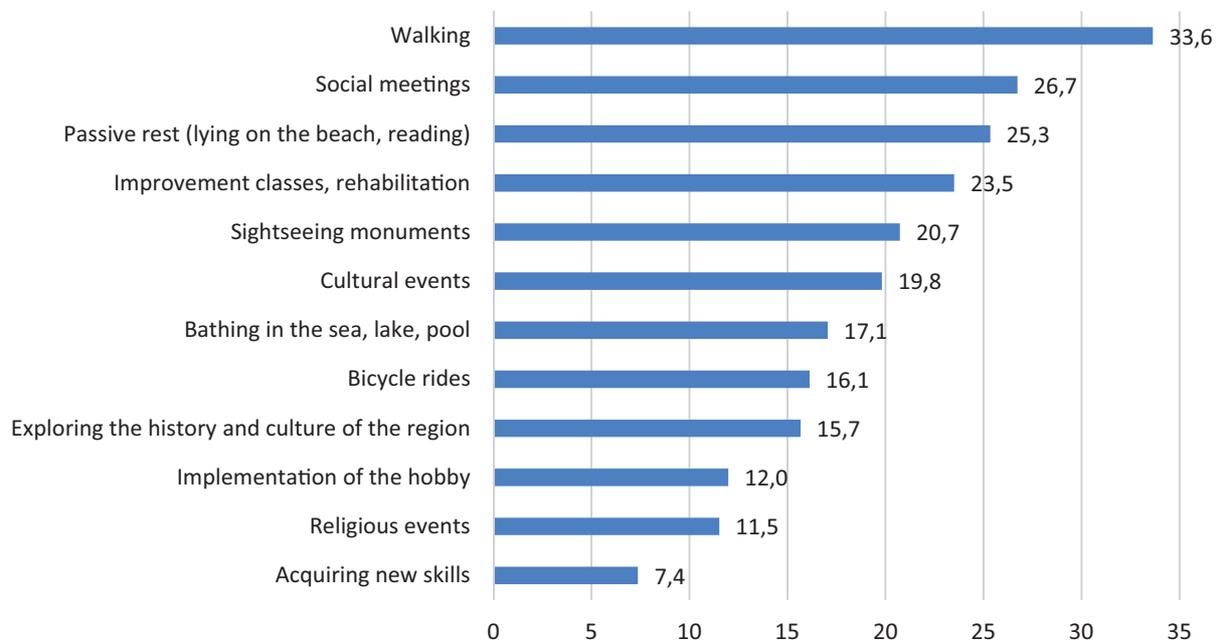
* The respondents could indicate more than one answer.

Figure 4. Types of tourist destinations favored by the respondents [%]

Source: own research.

its lack should be seen in the still ineffective promotion of rural areas as a tourist destination. Another reason may be the desire to experience and search for holiday emotions, which are definitely more accessible to people with disabilities in popular tourist destinations.

A tourist trip is a great opportunity to take up many forms of physical as well as socio-cultural activity and pursue your own hobby. Among the respondents, walks and social gatherings conducive meeting new people and integration were the most popular. A significant number of respondents also preferred passive forms of recreation, e.g. lying on the beach, sunbathing, listening to music, etc. Details on this subject are presented in Figure 5.



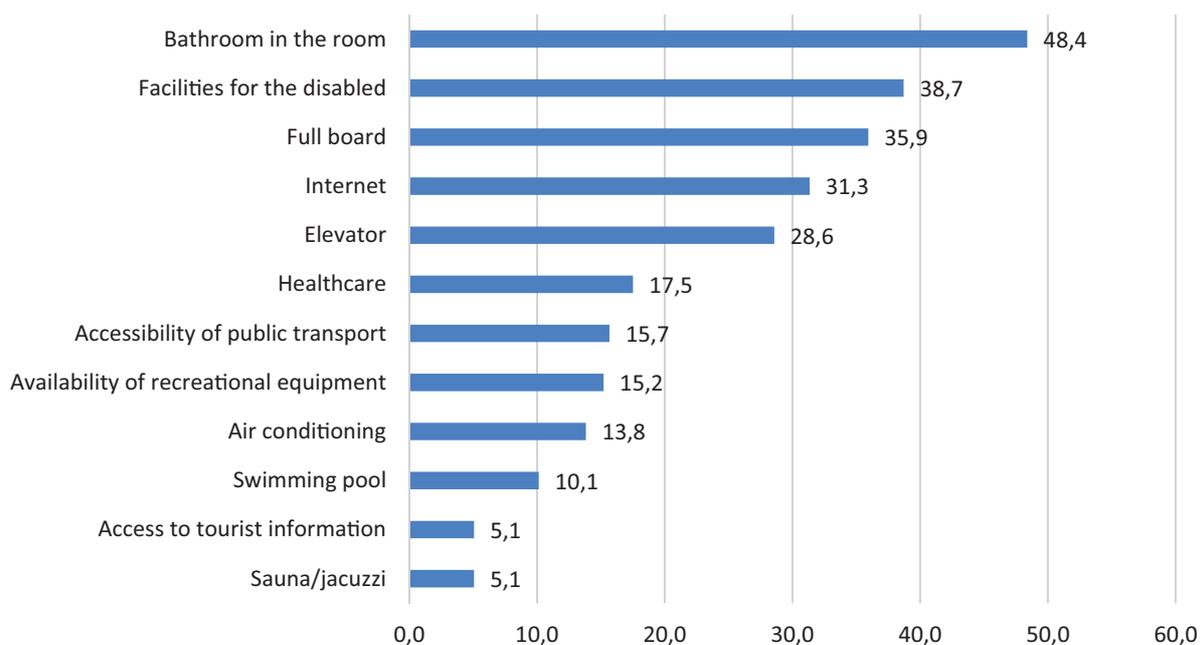
* The respondents could indicate more than one answer.

Figure 5. Most frequently undertaken activities during tourist trips [%]

Source: own research.

It is worth mentioning here that the tourist trips of the respondents were often combined with activities that had a positive impact on their health. This is probably due to the fact that some of the trips (as rehabilitation stays) were co-financed by The State Fund for Rehabilitation of Disabled People – PFRON (distributed through PCPR – Poviats Family Support Center), as well as the National Health Fund and the Social Insurance Institution (stay in sanatoriums). Few respondents also found financial support in the field of tourist trips in various types of foundations (e.g. Institute X), community self-help homes, senior clubs or associations of the disabled. The share of respondents who benefited from any form of financing was 42.4%.

In conclusion, it is worth mentioning the respondents' expectations regarding the equipment and devices available in the place of accommodation (Fig. 6). The bathroom turned out to be the most important element. This should not come as a surprise, because free access to the sanitary facilities often determines both physical (people with mobility problems) and psychological comfort (e.g. no rush or discomfort waiting in the queue to the toilet).



* The respondents could indicate more than one answer.

Figure 6. Expectations of respondents in terms of furnishing accommodation facilities [%]

Source: own research.

Due to the specifics of the respondents, the architectural and service accessibility of the facility and the place of stay were of great importance to them. In many cases, a threshold or several steps, which are even unnoticed by most hotel guests, can be the reason for many troubles for people moving in wheelchairs, with crutches or the help of balconies. The same may apply to contrasting door colors, Braille signs or properly marked passageways, which, being underestimated by most guests, are a significant facilitation for the blind and visually impaired.

Conclusions

Tourism is a very important element of the lives of people with disabilities. In addition to recreational or sightseeing aspects, it has therapeutic and rehabilitation value. The impact of travel in the context of the psycho-social benefits of this group is also significant. Therefore, the tourism activity of people with disabilities is a very important problem that requires further, in-depth research and analysis. The results of the conducted research allow the formulation of several conclusions regarding participation in tourism of this social group.

Domestic trips, especially short-term ones, were the most popular. The respondents most often made one or two trips a year, the purpose of which was mainly leisure and sightseeing. Much of the trips were also dictated by health reasons, and their program included rehabilitation.

The price was the main determinant of choosing a specific offer for a trip. This may be related to the difficult situation of people with disabilities on the labor market and the resulting low income. Due to the specificity of the studied group, it was also important to properly adapt tourist facilities and equipment to their needs.

Due to the very limited supply of offers of tourist events directed to the disabled, the organization of the trip was most often dealt with the interested parties themselves or their families. It should be emphasized here that the respondents are very active in obtaining funding for trips. Most often, its source was PFRON intended for co-financing rehabilitation stays.

The respondents' trips were carried out mainly in the summer. The preferred companions were most often friends and acquaintances, as well as spouses. Seaside and mountain destinations were the most popular, and the respondents most often spent time walking and socializing. Often, the program also included improvement and rehabilitation classes.

The authors are aware of the restrictions on the conclusions drawn, which result primarily from the method of sample selection and its size. Therefore, the above considerations can be treated as a contribution to more extensive and in-depth research in the field of tourism of people with disabilities. This group (according to EHIS, including people with biological disabilities) can currently constitute over 20% of the Polish population – 7.7 million people. Recognizing their expectations, preferences and tourist behavior is important for the tourism industry, but primarily because of the people themselves. By emphasizing the significant role of tourism in their life and rehabilitation, it will allow to better adapt the program of tourist events to the needs of this group, and thus contribute to the acceleration of the dissemination of tourism activity among disabled people.

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