

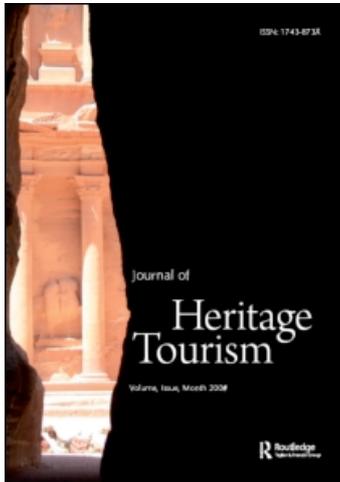
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People with disabilities visit art museums: an exploratory study of obstacles and difficulties

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Visits to art museums are a major component of culture and heritage tourism. This study focuses on the obstacles that Israelis with disabilities – 30 people who use wheelchairs or crutches and 15 visually impaired people – face while visiting art museums. The in-depth interviews revealed that people with disabilities are not able to experience the museum as they wish, despite museum efforts toward becoming accessible to all. Participants emphasize the non-physical elements of the museum environment (e.g. staff attitudes and interaction with other visitors), as being major difficulties in achieving a full museum experience. The study shows that visitors often turn the barriers they confront into a difficulty, nevertheless the struggle itself has a negative effect on the visit experience.

Keywords: people with disabilities; art museums

Introduction

Following the call by Shaw and Coles (2004, p. 402) to “widen the research and debate on the needs of the disabled,” this study attempts to explore certain groups of the disabled population, in a particular space – art museums. Art museums began as institutions that were little more than a storage space for works of art and archaeological artefacts, aimed at satisfying the curiosity of upper-class dilettantes. They evolved, over time, into institutions with a social obligation to educate and cater to the general public (McLean, 1997). Moreover, numerous museums have been established as non-profit organizations, and are expected to be open and accessible, as their explicit mission is educating the public (Birtley, 2002; Bloch, 2004; Hooper-Greenhill, 1994).

This study focused on art museums, an important factor in the contemporary culture tourists' experience (Richards, 2007; Timothy & Boyd, 2003). Art museums differ from other components of the tourism sectors as they aim to be accessible to all members of society. As such, a study of the visit experience of people with disabilities to museums could expand the understanding of their tourist experience of other tourist attractions. This understanding, in turn, could lead to theoretical and managerial contributions that

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may assist in providing all members of society with the opportunity to exercise their right to be tourists (Higgins-Desbiolles, 2006).

Literature review

Since the late-1970s, research has increasingly focused on tourism for people with disabilities (Shaw & Coles, 2004), although in the late-1980s and early 1990s, researchers only “flirted with this issue” (McKercher, Packer, Yau, & Lam, 2003, p. 467). A careful examination of published research indicates that tourism literature focuses on three main issues. Initially, studies focused on the characteristics of people with disabilities who are involved in the tourist experience and the economic potential of the disabled market (Israeli, 2002). Next, attention was directed at legislation dealing with service provision to the people with disabilities (e.g. Disability Discrimination Act and Americans with Disability Act). Third, encouraged by the feminist agenda, attention has turned recently to disenfranchised segments of society, and thus the handicapped person’s tourist experience has come into the academic sphere (Yau, McKercher, & Packer, 2004). However, almost no studies attempted to explore specific components and dimensions of tourism and leisure experiences for people with disabilities (e.g. in-flight, museum, or hotel and restaurant experiences).

The current ongoing interest in the tourist experience of people with disabilities is one outcome of the Western social-ethical call to prevent exclusion from tourism, recognizing the “civic right to holidaying” (Wilken, 1997, p. 121) of all members of society. Additionally, research indicating that tourism contributes to the well-being of people with disabilities (Daniels, Rodgers, & Wiggins, 2005; Prost, 1992) has also enhanced this branch of tourism.

To capture the tourist experience of people with disabilities, and specifically the art-museum experience, a classification of reasons for unmet or latent demand must be established (Timothy & Boyd, 2003). Following Crawford and Godbey (1987) and Smith (1987) constraints are commonly classified into structural, interpersonal, and intrapersonal barriers. Knudson Cable, & Beck (1995), pointed at intrinsic barriers, environmental barriers, and communication barriers with reference to people with disabilities. Intrinsic barriers result from an individual personal limitation (physical, psychological, or cognitive disabilities, e.g. health problems or skill gaps). Environmental barriers involve external forces that constrain the individual (e.g. architectural structure and natural and topographical obstacles). Communication barriers result from the failure to interconnect. As illustrated later, these are also relevant for conceptualizing the visit to art museums.

Conceptualizing disability

Three main perspectives are currently used to conceptualize disability: impairment, functional, and ecological. The first two assign medical criteria with almost no consideration of the social or physical environment, so that impairment is tantamount to disability. The ecological perspective is more subjective and regards disability as an outcome of the interaction of impairment, activity limitations, and participation restriction in a specific environment. Accordingly, having an impairment does not necessarily mean that the person is disabled, if the environment poses no restrictions.

The World Health Organization sees disability as “an umbrella term, covering impairments, activity limitations, and participation restriction . . . thus disability is a complex phenomenon, reflecting an interaction between features of a person’s body and features of the society in which he or she lives” (WHO, 2007). This ecological conceptualization

of disability was widely adopted as it considers the social and physical environment as well as society in the understanding of disability.

Tourism is experienced by different people in different environments (social and physical), making the WHO perspective appropriate to highlight the links between impairment and environment. This approach to disability is in line with the social model of disability that puts forward issues such as the social construction of disability as a state of marginalization, and highlights social issues as potential barriers rather than only physical aspects of the environment (Shaw & Coles, 2004).

Before examining the travel experience of people with disabilities, three terms must be clarified: impairment, disability, and handicap (Burnett & Baker, 2001). *Impairment* is loss or abnormality of psychological or anatomical structure or function. *Disability* is restriction or lack (resulting from an impairment) of ability to perform an activity. *Handicap* is a disadvantage for a given individual that limits or prevents the fulfillment of a role that is normal for that individual (depending on age, gender, and social and cultural factors). As such, being handicapped reflects an interaction between features of a person's body, the individual's state of mind, and the environment, meaning that a tourist may be handicapped in one environment and not in another. To summarize, an attempt is made here to learn when, why, and how the impairment leads someone to feel handicapped, and how museums can prevent this feeling.

Museums: role and mission

The focus of this study is on the way people with disabilities experience the art-museum environment. Art museums are recognized as essential to the marketing of destinations, and are at the core of urban tourism (Horner & Swarbrooke, 2004; Li & Wall, 2004), especially culture tourism (Howard, 2003). A museum's prominence could lead to repeat visits to its location (Horner & Swarbrooke, 2004).

The current international consensus is that museums should be "open to the public" (Canadian Museums Association, 2007; Platt, 1987). Soren (1999), Stanfield (1994), and Thompson (1999) have added that museums should be also accessible to all. Since 1974, the ICOM (International Council of Museums) has specifically pointed out in its definition that museums are non-profit organizations:

A museum is a nonprofit making, permanent institution in the service of society and of its development, and open to the public, which acquires, conserves, researches, communicates and exhibits, for purposes of study, education and enjoyment, material evidence of people and their environment (ICOM Statutes art. 2 para. 1, 2007).

Clearly, the open-access approach is congruent with recognizing tourism, travel, and leisure as social rights incorporated in international documents and often related to the obligation of the state to provide all its citizens – excluding none – with the option to "do" tourism. The present study aims to examine the extent to which museums fulfill this obligation in meeting the needs of people with disabilities.

Research objective

Recent years have witnessed a growing body of research devoted to the tourist experience of people with disabilities, yet, based on professional journals, there is much need for additional studies (Mohajerian, 2006; Springer, 2001). At best, current knowledge can

assist those involved in the architecture and planning of the museum building and environment, but there is an apparent lack of research on other elements of the visit experience, beyond mobility. This approach echoes Baker, Stephens, and Hill's (2002) call for giving disabled visitors a voice in better managing the visit experience. In line with the above, the purpose of this study is to explore the museum visit of people who use wheelchairs and crutches, as well as that of visually impaired people, highlighting hurdles to a full museum experience. This research reveals dimensions of the visit not yet explored in the literature, and attempts to formulate recommendations for the management of museums. These groups were chosen because the general public can "see" their disability, and some of the difficulties they face are common to other groups in the population such as children, elderly people, and pregnant women (Thompson, 1999).

Methodology

A qualitative research approach was adopted for this study, for four main reasons: (1) the complexity and sensitivity of the topic under investigation; (2) the lack of existing data; (3) the exploratory nature of this study (this study centers on the art-museum experience of people with disabilities and not simply on constraints for a tourist experience); and (4) a qualitative research approach is specifically recommended when studying minority groups and people with disabilities in general (O'day & Killeen, 2002) and in tourism in particular (Riley & Love, 2000).

The study population was composed of Israeli citizens only. Based on a constructivist approach, the aim of the sampling procedure was to provide a diversity of voices. Respondents represent a broad cross-section of people with mobility and visual impairments. Participants were recruited through personal contacts of the researchers, the help of organizations for people with disabilities in Israel, and through Israeli centers serving this population and their families. This sample was expanded by snowballing, a sampling strategy that had been used and was found helpful in studies focusing on the tourist experience of people with disabilities (Gladwell & Bedini, 2003). To prevent the snowball technique from producing a homogeneous sample, different individuals from various environments were approached at the first stage of data collection.

The data collection was composed of two sections. First, in-depth interviews were conducted with experts ($n = 8$) such as doctors and managers of organizations who cater mainly to the disabled, and with people with disabilities ($n = 14$). These interviews provided initial information about the tourist experience of people with disabilities, as well as suggesting a format for the main interviews. In the study itself a semi-structured interview was utilized, which allows comparison between participants' responses. The main study interview was composed of several sections, with questions based on the literature review and the preliminary interviews.

The interview began with some brief warm-up questions, including questions about reasons for and against visiting museums. In addition, there were questions about individual visiting patterns (e.g. how many museums they visit a year, and with whom). Next, participants were asked to relate to difficulties they encountered during their visit to a museum in Israel and abroad, referring also to museums that were classified or advertised as "accessible." Additionally, participants were asked to mention how they overcame the difficulties they encountered, so that these measures could be possibly used to improve accessibility to the facility and movement within it. Interviewees were also asked to compare their experiences in museums in Israel and abroad, and different types of art museums visited, as well as to compare museum visits to visits to other tourist attractions. The questions

that most contributed to understanding these issues were those that asked the interviewees to recommend to the museum management how to improve the museum visit experience for people like themselves. In addition, participants were asked to imagine that they were appointed museum manager, and were asked what they would do the next morning to improve the visit experience for people with their type of disability.

To illustrate their views, participants were encouraged to draw upon their personal experiences and those of friends. The average interview lasted 75 min, and – according to interviewee’s preference – was either recorded or transcribed. The interviews were conducted in Hebrew. The notes were then subjected to thematic content analysis to illuminate underlying themes. Through the “cut and paste approach,” the texts were re-contextualized into topics; data were analyzed manually due to the inductive nature of this study. The analysis was guided by Denzin and Lincoln’s (2000) authenticity criteria (fairness, catalytic, and tactical authenticities) aiming to validate data based on its trustability. The authors discussed the preliminary results during the study.

Data collections lasted nearly 2 years. All data collection was carried out in Israel with 45 individuals, all Israeli citizens. Of these, 20 used wheelchairs (3 used a manual chair, 17 used electricity-driven chairs) and 10 used crutches. Participants ranged in age from 23 to 71 ($M = 43$). Another group of participants were visually impaired ($n = 15$) the youngest of whom was 23 and the oldest 70 ($M = 37$). No participant had double impairment. Data were collected from both men and women (19 men and 26 women) in an attempt to reduce the likelihood of gender bias. In addition, an attempt was made to include both people with congenital impairments and with impairments due to disease or injury – and to choose participants with some level of museum experience. The interviews with participants who do not visit museums aimed to explore whether the route to and from the museum is the barrier for the visit itself. Participants who visit many museums would enable a comparison between various museums. It should be noted that, to date, there are no official statistics in Israel regarding the number of people with a given disability or their visit patterns to museums.

Findings

The findings, which address the difficulties, obstacles, and barriers participant face, are divided into two sections: outside the exhibition (en route to and from the exhibition) and at the exhibition itself. A further distinction was made, at times, between those difficulties facing people who use wheelchairs and crutches, and those who are visually impaired. In addition, an attempt was made to differentiate between elements that should be approached as difficulties and those that participants perceive as barriers to the visit. As almost no differences were found between participant experience abroad and in Israel, no differentiation was made between museums in Israel and abroad.

En route to and from the museum

The way to and from the museum was a major issue for those using a wheelchair, though not for people using crutches or visually impaired people who are accompanied (“if you are accompanied by someone, he is your eyes”, Participant 7, Man, VI).¹ Participants expressed their need for reliable, up-to-date information about the physical obstacles they might face, noting that difficulties arising from the physical environment might be a barrier to the museum experience, especially when it was a person’s first visit to a museum. Additionally, these difficulties on the way to and from the museum negatively affected the quality of the visit.

The interviewees expressed interest in the physical obstacles they have to face in terms of access by public transportation (e.g. bus or taxi) or by foot. It should also be noted that interviewees reported that hotel staff who tried to inform them on how to get to museums often took it for granted that they could walk, and provided useless information. This unsuitable information could, at times, be a barrier to the museum experience, but in some cases could be physically dangerous. Participants reported considerable frustration with access advice, often resulting in a negative feeling that marred the entire vacation period.

Once a person with a physical disability reaches the vicinity of the museum, the next problem he or she faces is parking. Museums, unlike other tourist attractions, usually do not lack sufficient parking spaces. In a few cases only, related to small museums, participants complained that although there were special parking spaces, there was often no ramp between the road and the sidewalk. In addition, participants noted that disabled parking spaces should be larger and wider, to allow for opening the car door and removing the wheelchair. When referring to museums in Israel, participants revealed the painful fact that their experience has been that people use counterfeit parking permits and occupy their parking space:

In Israel you may see cars with the symbol of people with disabilities using wheelchair parking in places reserved for people with disabilities. . . . But then the driver gets out of the car and you see that he can walk. I never saw such miracles abroad (Participant 13, Man, WU).

Some interviewees referred to obstacles related to the entrance to museums. Although museums usually provide a special entrance for people with disabilities, this wheelchair access entrance is often located at a distance from the main entrance, so as to avoid the need to climb stairs. However, participants commented that “their” entrances are less esthetic and sometimes not clean. Additionally, some participants indicated that entering the site not from its main entrance differentiates them from others, leading to a sense of exclusion and seclusion. The following quotation demonstrates this point:

You have to get the point that if I visit a museum with my children or my friends, we have to separate from each other at the entrance. The feeling that you need to separate is awful . . . It is very important for people with disabilities to be part of the group (Participant 4, Woman, WU).

Relating to the search for information, participants mentioned two main sources: a museum representative and someone who is perceived as a reliable source, “one of us.” Each of these sources fulfills a different role – the museum representative is consulted to learn whether a museum is formally classified as accessible, and to explore whether some planned or unplanned event taking place may be a barrier for an enjoyable museum experience. Participants differentiate between a “human representatives” and “non-human representative” (e.g. website), suggesting that the former is often more updated. The second source, the “one of us,” is often a person with disabilities who is familiar with the museum and its environment. Participants indicated that people with disabilities can inform them to what extent a museum is actually accessible and provide them with advice that is important for the museum experience. For example, participants reported that in small museums the toilets for the disabled are often locked (to avoid others from using them) and you should know in advance whom to approach in order to get the keys.

In contrast with wheelchair users, interviewees with visual difficulties did not regard the route to the museum as a barrier even though they clearly mentioned that they must be

accompanied by someone (“to be my eyes”). It was clear that although participants expressed an interest in visiting museums, they did not perceive the visit as their privilege.

To conclude, most participants were able to overcome the difficulties they faced on their way to the museum and back, but they had to invest time and effort, causing negative feelings such as exclusion.

Inside the museum

Participants’ responses about their experience in museums can be analyzed in relation to the space (i.e. the exhibition area or the public areas of the museum) and the nature of the impairment (i.e. using a wheelchair or crutches or visually impaired). While relating to public space within the museum, respondents referred mainly to their communication with the museum staff, almost ignoring the physical attributes of the environment. Nevertheless, people in wheelchairs referred to elements of the physical environment, such as the height of the counters (at the cashier, information desk, earphone-rental station, and shops). This height creates a sense of separation that prevents comfortable communication, as they cannot see the face of the person they talk to. Some interviewees reported a sense of humiliation due to this feeling of separation:

The design of the counter prevents me from seeing the museum staff and they cannot see me. You must understand that this is a terrible feeling. You’re able to communicate, but the process is humiliating (Participant 23, Man, WU).

Almost all participants related, directly and indirectly, to the way they were approached by the museum staff. Some mentioned that they felt that “the staff attempted to avoid communicating” with them by talking to the person by whom they were accompanied. It is interesting to note that this was also reported by the visually impaired who suggested that they feel that the staff does not talk to them directly. The following quote illustrates this issue:

... if I ask a question, they will answer my wife. I asked them where the toilets for the disabled are and they answered my wife (the interviewee’s wife is not disabled). Why do they communicate with her and not with me? Do they think I’m stupid? (Participant 11, Man, VI).

Moreover, some participants felt that because of their physical appearance, the staff approached them as if they were “mentally retarded.” Specifically, when museum staff members talk to them, they raise their voice and speak slowly in very simple language:

... there is an assumption made by “walking people” that the fact that my legs are not OK, means that there is also some problem with my brains ... (Participant 14, Woman, CU).

the employees should be aware that the fact that we can’t see doesn’t mean that we can’t hear. Actually, we can hear much better than others, so there is no need to shout (Participant 18, Woman, VI).

There was almost unanimous agreement among the respondents that the situation regarding facilities designed specifically for the disabled (e.g. toilets, public phones, and water fountains), in museums is very good. One interviewee commented on the inaccurate information provided by the staff on special facilities for the disabled. Some participants emphasized that most often all the facilities are available but the staff does not know where they are located.

All participants considered the display to be the core of the museum experience, and the most common issue they addressed was the location of the exhibits. Those moving on

wheelchairs indicated that they cannot look at the exhibits presented in the staircases and the corridors even if a stair lift is available. Another issue is the height of the exhibits displayed. Participants mentioned that they find it difficult to see the exhibits and read the interpretive signage:

Tell top management that we can't read the signs. We can read, but not the signs. In some cases the signs that provide general information on the exhibition or the artist are placed too high for us to read. On the other hand, we can read the interpretive signage located next to the pictures (Participant 3, Woman, WU).

Participants also referred to their difficulty in getting closer to exhibits and the interpretive signage. Participants using wheelchairs indicated that too often other visitors hide the exhibit and the interpretive signage. Some interviewees indicated that they have to wait a long time to look at the exhibits due to the crowds. Participants using crutches suggested that it is very difficult to read the interpretive signage, as often its location requires them to bend. To overcome all these difficulties, several participants prefer to purchase a program. The next quotation demonstrates the difficulties raised by the presence of the crowd:

There are too many people in front of paintings by famous artists. In such cases it is very difficult for me to see the painting. You have to understand that the people in front of me are taller than me, and I have to get closer and closer to the exhibit. Also when it's too crowded I have to be extremely careful not to run down other visitors (Participant 17, Woman, WU).

Another barrier mentioned by participants using crutches was the physical effort exerted while visiting big museums. They reported that they find it difficult to walk through the museum as it demands a great deal of physical effort ("you have to understand that to walk with crutches is much more difficult than on your feet," Participant 29, Man, CU). Participants noted that many exhibition halls do not have enough seats where they can rest during the visit. Some reported asking room security guards to allow them to sit in their seats. When referring to the physical effort required, some participants mentioned that they had to make a return visit to view exhibits they could not see the first time around.

The visually impaired participants did not perceive the need to have someone accompany them as a barrier. In contrast to people using wheelchairs and crutches, visually impaired persons did not think that the museum should make an effort to make itself accessible to them. This is consistent with the fact that only a few of the visually impaired argued that they should visit museums in the first place, as they are limited to only feeling the exhibits. Nevertheless, participants indicated that exhibits that can be touched – such as sculptures – provide a sense of inclusion. It seems that visually impaired participants did not have high expectations of the management and staff of museums. In general, they do not think that art museums should make attempts to include them, as they are unable to fully to experience it, as indicated from the following quote:

After all, it is impossible for us to see pictures, so with all due respect, art museum are not for us, as concert are not for the deaf, and art museums should not invest time and money just for us (Participant 2, Man, VI).

Discussion

The findings indicate that the study's participants faced difficulties before, during, and after their visit to a museum, with these difficulties being related to the physical and human

environments of a museum. That said, several issues emerging from the current study are worthy of comparison with the accumulated body of research. First, participants emphasized, and assigned a great deal of importance, to the way they were treated by museum staff, clearly demonstrating that staff attitude is a major factor affecting the museum experience of people with disabilities. This finding is in line with those of Yau et al. (2004) who indicated that the physical barriers in tourist spaces offer only partial explanation to the behavior of people with disabilities. This finding is somewhat in contrast with the prevailing Western emphasis on legislation processes aimed at changing elements of the physical environment. These changes are introduced as a possible panacea for integrating people with disabilities into all spheres of life, including tourist and leisure experiences. Clearly, attending to physical attributes without enough attention to the social environment of service and information supply, will not meet the full social integration target.

The interviews revealed that, at times, participants were provided with futile information. Inaccurate information, especially for international tourists, is a significant barrier for museum visits. This is often the case of the information provided by hotel personnel regarding the route to and from the museum. The findings are consistent with previous studies that showed that staff members often do not have the required knowledge to help people with disabilities (McKercher et al., 2003), and the information provided is often misleading (Murray & Sproats, 1990). It should be noted, however, that in contrast to studies on other minority groups such as gay men and lesbians (Poria, 2006), inaccurate information was not perceived as staff's (and society's) antagonism towards the disabled, but rather as an expression of ignorance. Along these lines, it is interesting to note that participants perceive information provided by other people with disabilities as more reliable than that provided by the general population. These findings are consistent with Ray and Ryder's (2003) findings that people with disabilities are interested in consulting with someone like them, who can understand their specific needs, being skeptical about other sources of information.

The findings show clear differences between those using wheelchairs and those using crutches. These differences illustrate the need to avoid utilizing generalizations concerning "people with disabilities," not even for those classified as "mobility challenged." Researchers and practitioners investigating people with disabilities should, therefore, limit their conclusions and management implications to a specific segment only.

Clearly, it is the person's struggle and the meanings attached to it that define the obstacles and difficulties that people with disabilities confront. Thus, it appears that the main issue is not necessarily a museum artifact per se, but the ability to observe it as others do. For example, as noted above, those using crutches are able to observe pictures exhibited. Nevertheless, they feel disenfranchised and almost shattered due to the effort needed to walk through the museum. It seems that they wish to have the ability to fully enjoy the exhibition like anybody else.

Ray and Ryder (2003) refer to social motivation (e.g. being together as a family) as a significant factor for people with disabilities to be involved in tourist activities. The findings of the current study confirm this, and illustrate that the museum experience should be captured as a social experience in which individuals wish to stay with their social group. Separation from the group results in sense of exclusion and dissatisfaction, which may explain the frustration with the need to use a special entrance or the stair lift.

The present study identifies two different patterns of behavior in terms of readiness for compromise. Those with mobility impairments believe that they have a basic right to fully experience museums and, therefore, should not sacrifice and compromise. In their perception, it is the responsibility of the museum to accommodate all members

of society. A different pattern is found among people who are visually impaired. Although they have an interest in touching and feeling the exhibits, in contrast to wheelchair and crutches users, they do not regard it as their basic right and they are ready to compromise and sacrifice their desire to visit museums even though they believe it should be accessible to all.

Tribe (2002) addresses the question of “good tourism” (or what is good tourism management, assuming that tourism is the product of a planned managed process), while differentiating between various epistemologies of ethical tourism by referring to Schon, Aristotle, and Habermas. The interviewees with mobility impairments alluded to a “good museum,” and their definition echoed the Aristotelian perception of “good” as “open and accessible to all.” Being non-profit organizations, museums are perceived as having to be open to all, barring none. While relating to the museum management perception of what is good management, participants did not refer to profits but to the need to act according to the legal requirements of the state or local authority. Conversely, participants with visual impairment did not think that museums should aim to be totally accessible.

Social crowding is a crucial element in understanding people’s experience of places, and plays a major role in environmental psychology and human geography studies (Arnberger & Christiane, 2007). Surprisingly, social crowding is commonly ignored in tourism research, and is considered only to explain local people’s attitudes towards tourism development (Teye, Sirakaya, & Sönmez, 2002; Thomas, Pigozzi, & Sambrook, 2005). The crowd was an element that could be compared to a curtain through which participants using wheelchairs have to pass in order to observe the exhibits or the interpretive signage. Participants using wheelchairs and crutches also mentioned that they are afraid to hurt people gathered around an exhibit.

Physical appearance was identified as meaningful in explaining communication and attitudes in tourism and hospitality towards people with disabilities (Groschl, 2007; Ross, 2004). The findings here are congruent with the above. First, participants reported that staff preferred not to look at them but at their companion to the visit. Additionally, the interviewees said that, because of their appearance, they felt that museum’s staff treated them as “retarded people.” These findings are in line with studies that indicate that less physically attractive people are deemed to possess less desirable personal and social traits, be less sociable, less dominant, and less mentally healthy than attractive people (Ross, 2004).

To summarize, museums are considered by the study interviewees as accessible places that do not attempt to discriminate against the disabled. Even communication hurdles and failures were not perceived as intentional, but understood to be the way the staff was accustomed to communicate. Within museums there were no reported barriers to the visit, except for some difficulties and constraints. The efforts needed to overcome the difficulties inside the museum were characterized as unpleasant, yet rarely associated with feelings of exclusion and humiliation. Barriers were identified outside the museum only. To conclude, in contrast to Ray and Ryder (2003), participants here did not regard themselves as “regular folks” (p. 66). Instead, they recognize that they differ from the mainstream population. However, they wanted a “regular folks” experience.

Implications for management

The stated mission of most museums is to educate all members of society. In keeping with this spirit, museum managers should attempt to improve their services to the disabled population, especially as those attempts often require minor efforts or costs.

In terms of communication, there is an apparent need to make the museum staff more aware of the facilities available for the disabled. This study revealed that while such facilities are available, often the staff is not aware of them or know where they are located within the museum. Another aspect of communication involves the interpretation of the museum exhibits. In the case of paintings and photographs, as well as sculptures, interpretive signage are often not easily accessible to the disabled. A simple possible solution is to provide headphones or books (in Braille for the visually impaired), often available in the museum shop, which include information about the exhibits. The innovation of new technologies (e.g. Talking Signs which rely on PointLink technology) could enable information to be transmitted directly to a person's mobile phone.

In a call similar to that voiced by Huh and Singh (2007), interviewees encouraged management "to get out of the box" and go beyond legal requirements. They also suggested that in order to better learn about the visit experience needs of people with disabilities, staff and management should experience a simulation exercise and be "disabled for a day." In addition, because participants are willing to contribute their knowledge, management should communicate directly with visitors and enable them to articulate their own needs and expectations.

The findings reveal that people with disabilities confront barriers prior to entering the museums. This requires museums to inform those who cater to people with disabilities on possible accessible routes to and from the museum. For example, museums should inform travel agents and hotel concierges on the availability and accessibility of public transport for people with disabilities.

Different patterns were found between those using wheelchairs and crutches, as the latter exert physical effort when visiting mega-museums. To improve their service to this segment, museum management can provide an extra ticket for a free future visit. This may improve the visit experience by enabling a person to visit the museums in 2 days. People who use crutches reported that providing chairs in the room or the museum corridors would make the visit less physically challenging.

Visually impaired participants related to other tourist attractions in which a model of the site assisted them to experience the site. The same can be applied in museums. Such models can inform the visitor about the structure of the museum, including the location of restaurants and restrooms. To further improve accessibility, stickers should be applied to the floor guiding visitors through the museum. Participants also mentioned that if replicas of the sculptures that can be touched are available, such an opportunity would add to their ability to fully experience the museum.

Future research

The literature suggests that capturing cultural differences is important for understanding tourist behavior (Reisinger & Turner, 2003), and this is also true for understanding the behavior of people with disabilities (Groschl, 2007). Given that the sample of the current study was composed of Israelis only, the results are not necessarily wholly applicable to people with disabilities in other cultures. For example, most Israeli people with disabilities, especially those who became disabled during their military service, are well organized, and have the power to vocalize their needs and interests.

Almost no attempts were made here to distinguish between manual and motorized wheelchairs and scooters, nor was there any differentiation between wheelchair users who have some mobility and those who have none or very little. Future research could explore other segments of the disabled population, possibly in other tourism settings as well.

This study, like most studies dealing with the tourist experience of minority groups, is a demand-side research based on visitors' perspective. Future studies should clarify the perspective of the service providers as well. Such studies could investigate attitudes and knowledge about people with disabilities, and staff willingness to interact with them. Such studies, although somewhat simplistic, would have a major contribution in improving the tourist experience of people with disabilities. If scholars aim to "be good," the focus of research should move to what may be of less interest and often less sophisticated and prestigious, but more meaningful to the lives of people.

Note

1. To identify the person's disability, the initial IV (visual impairment), WU (wheelchair user), and CU (crutches user) were used.

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