

A SCALE DEVELOPMENT STUDY ON THE EXPECTATION OF A DISABLED FRIENDLY HOTEL IN THE CONTEXT OF ACCESSIBLE TOURISM

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ABSTRACT

Accessible tourism, which involves travel activities for people with disabilities, has become an increasingly important niche market for the hotel industry. This study aims to develop a valid and reliable measurement scale to assess the expectations of individuals with disabilities regarding hotel accommodations in the context of accessible tourism. A sequential exploratory mixed methods design was employed, beginning with semi-structured interviews conducted with disabled individuals to generate scale items, followed by a quantitative survey administered to 386 participants. Data were analyzed using SPSS 25.0 and SmartPLS 4. The scale development process involved exploratory and confirmatory factor analyses, resulting in a final scale of 28 items

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across four dimensions: structural and legal expectations, communicative and interactional expectations, economic expectations, and psycho-social expectations. This study is among the first to develop and validate a hotel expectation scale specifically for individuals with disabilities in the Turkish context using an exploratory sequential mixed-method design. The results provide practical implications for hotel managers and policymakers aiming to improve accessibility in tourism services, and offer a psychometrically sound tool for future academic and applied research.

INTRODUCTION

With the development of the economy, technology, and culture, tourism has become an indispensable part of people's lives (Qiao et al., 2022). In addition to improving tourists' experiences (Qiao et al., 2019) and increasing life satisfaction (Hwang et al., 2020), tourism also makes important contributions to local economic development (Gondos & Narai, 2019) and the realization of social equality (McCabe & Johnson, 2013). As a result, the number of disabled people who actively participate in tourism is constantly increasing. Accessible tourism, which enables disabled people to participate in tourism activities, has therefore received increased attention and importance. The disabled customer market has become an increasingly important one for the hospitality and tourism industry worldwide (Darcy & Pegg, 2011). According to the World Health Organization (2011), 15% of the world's population (1 billion people) experience some form of disability, and the number of individuals with disabilities, both congenital and acquired, is increasing at an accelerating pace.

European Commission (2017) claims that traveling can be a real challenge for disabled individuals. However, in order to increase the number of disabled visitors in the tourism and hospitality industries, a significant part of their expectations can be met by implementing universal basic legal and structural regulations, providing accurate information, and understanding their needs. Thus, improving the accessibility of tourism services not only benefits disabled individuals, but also increases the quality and enjoyment for all tourists, contributing to the quality of life in local communities (Abd-Elraof et al., 2018). In order to provide excellent service to disabled visitors, there must be a commitment and cooperation between public tourism authorities, destination management organizations, and private businesses (The European Network for Accessible Tourism, 2015).

Although accommodation is an indispensable part of travel, it represents a serious challenge and problem for the participation of people with disabilities in holiday travel. Disabled individuals face significant obstacles and problems during their travel and accommodation processes. Like other individuals, disabled guests have expectations regarding their needs for obtaining accommodation services in an equal, dignified, and free manner. Therefore, it is essential for hotel businesses to determine the needs of disabled guests in the context of accessible tourism and to meet their expectations towards having an equal, dignified, and comfortable holiday (Akinci et al., 2021). The services provided to disabled individuals are expected to ensure that not only disabled people but also everyone, especially elderly people, pregnant women, and children, can access activities more comfortably and easily and contribute to the increase in their quality of life (Akinci & Sonmez, 2015).

The findings and results obtained in the research conducted from the perspective of the Social Model of Disability (SMD) are presented in the continuation. SMD argues that even if people have permanent disabilities, socially imposed constraints can change, and barriers can be reduced if improvements are made (Oliver & Barnes, 2012). According to this model, systemic barriers, prejudices, and deliberate or involuntary social discrimination prevent people with certain weaknesses from participating in society as they wish. For example, SMD strives to eliminate the need to climb stairs by replacing them with ramps. Although the person is still unable to climb the stairs, this weakness is no longer a hindrance because the person can get where they need to go (Oliver, 2013).

Carried out within the scope of SMD, the current study aims to determine the elements that disabled individuals need to be able to stay in hotel properties in an honorable and comfortable way to participate in travel and tourism activities as their most natural right, and to reveal their expectations. Recent studies highlight the increasing role of smart technologies, mobile applications, and AI-powered solutions in improving hotel accessibility for individuals with disabilities (Grabowski et al., 2024; Lin et al., 2022). These technological advancements have contributed to enhancing service experiences and reducing barriers in hospitality environments. However, despite this growing scholarly and technological attention, much of the existing research remains either conceptual or limited to specific case studies, lacking the development of a standardized and generalizable measurement tool for evaluating the expectations of people with disabilities in hotel contexts (Rochman et al., 2022).

This gap underscores the necessity for an empirically validated scale to guide inclusive service practices in accessible tourism. There remains a lack of valid and reliable measurement tools specifically designed to capture the expectations of people with disabilities regarding hotel accommodations. While existing studies have addressed accessibility issues in tourism and hospitality, they have not sufficiently operationalized these expectations into a standardized instrument. This limitation has also been noted in recent reviews of accessible tourism literature, which emphasize the scarcity of psychometric scale development studies in this area (Buhalis & Darcy, 2011; Qiao et al., 2022). Therefore, the present study aims to develop and validate a scale that measures the expectations of individuals with disabilities from disabled-friendly hotels, based on the SMD. Addressing this gap is critical for both academic and practical purposes, as it will enhance empirical research in the field and help practitioners design inclusive and accessible hospitality services.

In line with this aim, this paper is organized as follows: The next section reviews the relevant literature on disability, accessibility, and accessible tourism. The methodology section describes the exploratory sequential mixed-method design used in scale development. Findings from both qualitative and quantitative phases are presented and discussed in detail. Finally, the paper concludes with theoretical and managerial implications, limitations, and suggestions for future research.

DISABILITY AND ACCESSIBILITY

Disability is a multidimensional and complex condition encompassing physical, sensory, cognitive, intellectual, and mental health impairments, as well as chronic illnesses. It can arise from various factors, including genetics, accidents, diseases, or aging, and may restrict individuals' ability to participate fully in society. These limitations often emerge due to environmental or social barriers, not just individual impairments. Disability is thus recognized as a natural aspect of the human condition that may affect anyone, temporarily or permanently, throughout life (Cameron et al., 2003; UNWHO, 2011).

According to the Social Model of Disability (SMD), removing barriers and making environments accessible is of great importance in reducing and overcoming the many and complex barriers facing disabled people. Consequently, accessibility is closely related to universal design, which is the process of creating products that can be used by people with the widest possible range of social abilities and operating in the widest

possible range of fields. Defined as the condition of being easily accessible (The Canadian Oxford Dictionary, 2005), accessibility aims to ensure that any product, service, technology or environment is accessible and usable by everyone, including disabled people and the elderly. In order to improve the theoretical understanding of the concept of accessibility, Jensen et al. (2002) consider it as one aspect of the human-environment relationship. Moreover, it is necessary to view the issue of accessibility from a broader perspective rather than just considering it as a physical aspect.

Accessibility can be considered as an access capability, which refers to the design of products, devices, services, or environments for people with disabilities. In line with the current research study, accessibility is viewed as a relative concept, implying that accessibility problems should be expressed as a human-environment relationship within the framework of social interaction (Iwarsson & Stahl, 2003). According to Darcy (1998), accessibility is divided into three dimensions: physical, sensory, and communicative access. In this context, accessibility in tourism and travel can be viewed as the capacity of people with disabilities to travel or communicate, the locations of opportunities and activities, and transportation. However, there is increasing pressure for an integrated approach in line with the SMD, as it is recognized that changes in the access dimension have increasingly affected other dimensions as well (Halden, 2009).

ACCESSIBLE TOURISM AND HOTELS

The UNWTO (2016) has defined accessible tourism as enabling all individuals to access universal tourism products and services equally through visual, auditory, mental, and mobile channels. Darcy and Dickson (2009) also define accessible tourism as the process that enables people with disabilities to reach universal tourism products in an equal and dignified manner, regardless of the environment. Moreover, Smith et al. (2013) consider accessible tourism as the participation in tourism activities or the development of tourism experiences among different groups, including disabled people with various types of physical and mental disabilities.

According to the UN, people with disabilities are considered the world's largest minority (Grue et al., 2015), making up a substantial proportion of society. Besides their right to a decent life and their struggle for existence, it should not be overlooked that individuals with disabilities also desire to participate in tourism activities. This makes them an important element of touristic demand or target audience. Therefore,

making travel and tourism opportunities accessible to individuals with disabilities, the elderly, and all individuals is an area that both sector officials and researchers are working on (Tutuncu & Aydin, 2013). Following the definition of disability and accessible tourism, the term “disabled tourist” includes anyone in need of temporary or permanent assistance with physical, sensory, mental, or other medical conditions, requiring special care, or experiencing limitations in their relational abilities due to the environment encountered during accommodation and travel. Due to neglect and improper design and service provision in the past and present, most tourists with disabilities have suffered and continue to experience various negative discriminations that reduce their independence, dignity, equality, and autonomy. This leads to the misconception that people with disabilities cannot travel on their own. According to Shaw and Coles (2004), the needs and expectations of disabled tourists in the context of accessible tourism are more complex than the approaches and issues currently discussed. Moreover, Boxall et al. (2017) state that without government intervention, tourism businesses that provide holiday travel and accommodation services to disabled individuals are far from being safe for them.

Hotel businesses have a decisive position influencing the selection of holiday destinations and supporting accessible travel for people with disabilities. Chen (2005) states that a very high percentage of disabled individuals use hotels for their vacation travels. In the related literature, emphasis is mostly on accessibility issues, with many studies focusing on hotel accommodation and the difficulties faced by disabled guests (Poria et al., 2011). While Turco et al. (1998) discuss the negative aspects and difficulties experienced in the use of devices related to the design of hotel rooms for people with disabilities, Ray and Ryder (2003) mention access problems in hotel properties. Poria et al. (2011) reveal that while disabled individuals with various types of disabilities have different hotel experiences, the difficulties they face in general stem from environmental and physical design, as well as personnel behaviors. Kim et al. (2012) state that hotel employees lack knowledge and experience in serving disabled people and are afraid and uncomfortable in doing so. Park et al. (2015) suggest that access to physical features, access to service procedures, ease of access to accurate and reliable information, and maintenance of accommodation service features offered to individuals with disabilities are important for accessible hotel accommodations.

Despite the growing academic interest in accessible tourism, there remains a significant gap in the literature regarding the development of

standardized measurement tools to assess the expectations of individuals with disabilities in hotel settings. Most existing studies have focused on descriptive accounts of barriers or general accessibility concerns (Darcy & Buhalis, 2011; Dickson et al., 2016), without translating these insights into psychometrically sound instruments. As a result, empirical research lacks the tools to systematically evaluate and compare hotel services from the perspective of disabled individuals. This study aims to address this gap by developing and validating a reliable and valid scale grounded in the SMD. In doing so, it responds to repeated calls in the literature for methodologically rigorous approaches to understanding disabled travelers' expectations (Qiao et al., 2022).

While the challenges faced by tourists with disabilities have been extensively documented across regions, the nature and extent of these barriers vary significantly. In Australia, accessible tourism is supported by progressive policy frameworks and industry partnerships; however, inconsistencies in implementation and fragmentation of services persist at the operational level (Darcy & Buhalis, 2011). In the United Kingdom, despite advanced infrastructure and comprehensive disability rights legislation, travelers still report shortcomings in staff training and the consistent delivery of inclusive services (Darcy & Buhalis, 2011). In contrast, a study of Egyptian resorts revealed that while some accommodations claim to offer accessible services, financial barriers and a lack of regulatory enforcement severely limit their usability (Abd-Elraof et al., 2018). In the Turkish context, efforts to improve accessibility have gained momentum in recent years, yet challenges remain due to uneven infrastructure development and limited awareness among tourism providers (Akinci et al., 2021). These cross-national differences underscore the need for a psychometrically sound, context-specific measurement tool to accurately assess and address the expectations of disabled hotel guests in Türkiye.

METHODOLOGY

Informed by the findings of the literature review, this study employed an exploratory sequential mixed methods design, which is appropriate when the aim is to develop a scale based on an initial qualitative exploration. In the first phase, semi-structured interviews were conducted with individuals with disabilities to identify their expectations regarding hotel accommodations. These qualitative findings informed the generation of scale items. In the second phase, a quantitative survey was administered to test the reliability and validity of the scale. This sequential design allowed

for the systematic translation of participant experiences into a psychometrically sound measurement tool (Creswell & Plano Clark, 2018).

The study adhered to strict ethical standards throughout the data collection and handling processes. All participants were informed—through formats accessible to individuals with visual, hearing, or physical disabilities—about the purpose of the research, the voluntary nature of their participation, and their right to withdraw at any point without consequence. Consent was obtained prior to participation. To ensure data protection and participant anonymity, no identifying information was collected, and all responses were stored securely with restricted access. The design and implementation of the survey prioritized inclusivity, with accommodations made to ensure equitable participation for individuals with diverse disabilities. All procedures followed established guidelines for responsible research conduct and privacy safeguards in alignment with internationally recognized ethical frameworks.

Step 1: Generating the Items

In the first phase of the exploratory sequential mixed methods research, the qualitative method was applied to uncover the needs and expectations of individuals with disabilities regarding hotel accommodations. This step helped to develop the items for the quantitative scale. The purpose of applying the qualitative research method is several-fold: to allow the researcher, as a participative researcher, to systematically examine the meanings arising from the experiences of the research group, to provide sensitivity to the natural environment, to determine perceptions, and to have flexibility in the research design and inductive analysis (Akinci & Sonmez, 2015). In this phase of the study, the aim was to evaluate the general expectations of visually, hearing, and physically disabled individuals about hotel properties. The main purpose of the study is to gather opinions on the expectations of individuals with disabilities regarding hotels that meet their needs for holiday accommodation in general, and to create the infrastructure for the quantitative research to be carried out. For this purpose, semi-structured interviews were conducted with representatives of disabled non-governmental organizations (NGOs) and disabled individuals in Antalya. The interviews aimed to answer the following three basic questions:

1. What are the problems that disabled people face in terms of hotel accommodation?

2. What kind of expectations do disabled people have during their hotel stay and accommodation, and what are their demands?

3. What can relevant institutions do to ensure that individuals with disabilities have a pleasant holiday experience during their hotel stay and accommodation?

Two measurement tools were developed to collect research data: a demographic information form for the interviewees and a semi-structured interview questionnaire with four open-ended questions designed to measure the sub-objectives. Researchers conducted one-on-one interviews on a voluntary basis with representatives of NGOs that serve disabled individuals, as well as with disabled individuals themselves, to gather information on their expectations from hotel businesses in Antalya. The interviews took place at predetermined days and hours in the institutions where the participants were assigned.

Data were collected in 2021 using e-interview techniques due to the need for social distance during the COVID-19 pandemic. Synchronized (simultaneous) meetings were organized to ensure that the interviews could take place safely. E-interviews provided a convenient, low-cost option for researchers who faced time constraints or travel restrictions due to the pandemic (Linabary & Hammel, 2017; Murray & Sixsmith, 1998).

As one of the purposive sampling methods that was used in qualitative research, the snowball or chain sampling technique was applied in this study. By asking questions like "Who can be the most knowledgeable about the process? Whom would you suggest I start talking with?" (Patton, 1987), this sampling method allowed for identifying individuals or situations that can be a rich source of information regarding the researcher's problem (Yildirim & Simsek, 2016). Moreover, the continuing effects of the global COVID-19 pandemic, which emerged in 2019 and continued worldwide in 2020 and 2021, necessitated the selection of this sampling method. Using this approach, two expert academicians conducted nine interviews with disabled individuals: three NGO managers with disabilities (one visually impaired, one hearing impaired, and one physically disabled individual) and six disabled individuals (two visually impaired, two hearing impaired, and two physically disabled individuals).

Sample size in qualitative research is not subject to specific rules and can vary depending on the research purpose, available resources, research questions, and limitations (Buyukozturk et al., 2008). In the qualitative phase, semi-structured interviews were conducted with individuals with

disabilities to explore their expectations regarding hotel accommodations. The number of participants was determined based on the principle of thematic saturation, where data collection was concluded once no new themes or codes emerged from the interviews. A total of nine interviews were conducted, which is consistent with findings by Guest et al. (2006), who argue that most core themes in qualitative research typically emerge within the first 6 to 12 interviews. Since the purpose of this phase was to inform item development rather than achieve statistical generalizability, the achieved sample size is considered methodologically sufficient within the exploratory sequential mixed methods framework. In the analysis of interview-based qualitative data, several steps are important, including transcribing audio recordings, checking their accuracy, creating interview indexes, and conducting a reliability study (Kvale, 1996). Accordingly, audio recordings were made during the interviews with the participants' permission, which were conducted between 04.01.2021 and 10.01.2021. Data obtained in the research were analyzed using the descriptive analysis technique in four stages.

In the first stage, audio recordings of semi-structured interviews were transcribed in the computer environment. Data matching was done in the second stage, where data in the descriptive index section were grouped and matched under the relevant interview question. In the third stage, the opinions of the participants were classified according to the results obtained in the previous stage. Finally, in the last stage, data analysis was performed. Each stage of the analysis process was carried out separately by two researchers.

To ensure the credibility of the research, different procedures were carried out, such as presenting data without interpretation, having more than one researcher analyze the data, and adopting the method of continuous comparison while adhering to the theoretical environment in the data analysis (Freeman et al., 2007; Lincoln & Guba, 1985).

Descriptive analysis is a type of qualitative data analysis that involves summarizing and interpreting data obtained by various data collection techniques according to predetermined themes. In this type of analysis, the researcher often includes direct quotations to reflect the views of the individuals interviewed or observed in a striking way. The main purpose of this type of analysis is to present the findings to the reader in a summarized and interpreted form. The semi-structured interview form used to collect qualitative data was developed based on a theoretical framework, a literature review, and input from two NGO managers during

pilot interviews, as well as two academic experts. By following the prepared interview guide, more systematic and comparable information can be obtained during the interviews (Simsek & Yildirim, 2006).

To ensure ethical and inclusive data collection, interviews were adapted to meet the communication and access needs of participants with disabilities. Participants were asked in advance about any accommodations they required. For individuals with hearing impairments, written communication tools were provided, and when necessary, interviews were supported with sign language interpreters. For participants with speech or cognitive impairments, simplified and clarified versions of the interview questions were used. Interview locations and times were also selected based on participants' accessibility preferences. These measures align with best practices in inclusive qualitative research, which emphasize tailoring methods to participants' access needs (Riches et al., 2020; Watharow & Wayland, 2022).

Validity and Reliability of Qualitative Study Phase

Validity in qualitative studies refers to ensuring the accuracy of data obtained through specified processes and under the researcher's control, while reliability is defined as ensuring consistency in the researcher's approach across other qualitative studies (Creswell, 2014). Generalizability in qualitative research encompasses external validity, while the alignment of themes and interpretations identified by the researcher with actual truths represents internal validity. Yildirim and Simsek (2016) suggested strategies to enhance validity and reliability, including expert review, participant confirmation, long-term interaction for internal validity (credibility), detailed description and purposive sampling for external validity (transferability), consistency review for internal reliability (consistency), and confirmation review for external reliability (confirmability).

The interviews in this study were conducted considering the previously mentioned suggestions. In addition, Kappa analysis was used to enhance internal reliability (consistency). Cohen's Kappa coefficient is a statistical method used to test the reliability of comparative agreement between two raters. For this purpose, two science experts were asked to code the interview transcripts. The data was analyzed using the SPSS 25.0 software, and the Cohen Kappa consistency coefficient was found to be 0.72. A coefficient between 0.61 and 0.80 indicates significant agreement, as per Landis and Koch (1977).

Out of the 9 voluntary participants in the study, 5 were male and 4 were female. Among them, 3 were undergraduates, 4 were high school graduates, and 2 were secondary school graduates. The study ensured equal representation of participants across different types of disabilities.

Participants were asked about their opinion regarding problems they encounter while using hotel accommodation (Purpose 1)

In response to this question, all 9 participants expressed the opinion that hotel accommodations do not meet the needs of individuals with disabilities. However, they identified problems in different areas. The majority of the participants discussed architectural issues such as high slopes on ramps at building entrances or the absence of ramps altogether, the height of sidewalks, and the lack of disability-friendly architecture. Additionally, participants noted that there were insufficient visual, audio, or marked systems to facilitate hotel stays for individuals with disabilities. They also stated that there was a lack of properly trained and negative attitude among hotel staff when serving guests with disabilities. As a general issue, participants mentioned that people with disabilities do not have sufficient income to benefit from tourism activities or afford hotel stays.

Participants were asked about their opinion regarding their expectations from hotel accommodation service (Purpose 2)

Table 1 presents the participants' opinions regarding the demands for hotel accommodations of guests with disabilities, grouped by the visually, hearing, and physically handicapped, as well as general categories, with response options under each category. Out of the 9 participants, 7 mentioned the need for architectural improvements, 6 mentioned the need for financial support, 6 mentioned the need for auxiliary personnel to accompany them, and 4 mentioned the need for sound warning systems in rooms or elevators. Table 1 also presents all requests by disability group. To avoid ambiguity and increase the study's reliability, participants were provided with general descriptive information on expectations before being asked interview questions about their expectations for hotel accommodation services. The table includes codes, sub-themes, frequencies, and percentages.

Although the interview protocol began with questions about participants' problems and barriers, this sequence was chosen deliberately. Initiating the discussion with personal experiences of difficulties helped

build rapport and contextual grounding, allowing participants to reflect deeply on their lived realities. When subsequently asked about their expectations, participants were better able to articulate specific and meaningful needs rooted in those reflections. While we acknowledge the potential for anchoring bias, this order aligns with reflective qualitative inquiry and has been applied effectively in prior accessibility studies (Darcy & Pegg, 2011).

Table 1. *Participants' Demands for Comprehensive Expectations Regarding Hotel Accommodation*

Codes	P1	P2	P3	P4	P5	P6	P7	P8	P9	f	%
<i>Sub-Theme: Expectations of Visually Disabled Individuals</i>											
Audible warning systems in rooms or elevators	*	*	*			*				4	44.4
Braille materials, signs, guides			*	*						2	22.2
Limitless internet	*	*								2	22.2
Tactile stimuli	*	*	*							3	33.3
<i>Sub-Theme: Expectations of Physically Disabled Individuals</i>											
Architectural arrangements in accordance with standards	*	*	*	*	*	*		*		7	77.7
Private pool and marine equipment in the hotel				*	*	*				3	33.3
<i>Sub-Theme: Expectations of Hearing Disabled Individuals</i>											
Staff with sign language knowledge							*		*	2	22.2
Visual stimuli							*	*	*	3	33.3
<i>General Expectations</i>											
Accompanying staff	*	*	*	*	*	*				6	66.6
Barrier-free room decoration			*	*	*	*				4	44.4
Barrier-free service					*					1	11.1
Financial support	*	*	*	*		*		*		6	66.6

The participants were also asked for their opinions on what related institutions should do to ensure that disabled individuals have a good holiday during their hotel stay and accommodation service (Purpose 3)

As can be seen in Table 2, based on answers to open-ended questions regarding the duties of relevant institutions, generated codes were grouped under three themes: hotel properties, NGOs regarding disabled people, and relevant governmental institutions. Five codes were collected under the sub-theme regarding expectations of disabled individuals from hotel properties. These codes include informing hotels about accessible tourism (55.5%), forcing hotels to be disabled-friendly with recommendations and

sanctions (44.4%), raising awareness and training of hotel employees on providing services to disabled people (44.4%), and providing and improving services in hotels according to disability types. Four codes formed under the second sub-theme, NGOs regarding people with disability, were labeled as reporting the problems and needs of disabled people in hotels (66.6%), ensuring the participation of disabled people in the inspection of hotels (22.2%), raising the awareness of disabled guests in hotels (22.2%), and providing organizations related to the disabled in hotels (11.1%). As the last sub-theme, government-related institutions consist of three codes: providing financial support to disabled people for hotel holidays (55.5%), imposing a penalty for hotels' architectural and physical arrangements that are not suitable for disabled people (33.3%), and providing tax deductions on hotel expenditures for disabled people (11.1%).

Table 2. *Duties of the Related Institutions Towards Providing Services During Disabled Individuals' Hotel Stay*

Codes	P1	P2	P3	P4	P5	P6	P7	P8	P9	f	%
<i>Sub-Theme: Hotel Properties</i>											
Provision and improvement of services and equipment according to disability types	*					*	*			3	33.3
Informing about accessible tourism		*	*		*	*			*	5	55.5
Forcing hotels to be disabled-friendly with recommendations and sanctions.	*			*				*	*	4	44.4
Raising awareness and training of employees on providing services to disabled guests	*	*			*			*		4	44.4
Collaborating and working with disabled-friendly hotels				*						1	11.1
<i>Sub-theme: NGOs regarding disability</i>											
Disabled people reporting the problems and needs they experience in hotels		*	*		*	*	*		*	6	66.6
Ensuring the participation of disabled people in the supervision of hotels	*			*						2	22.2
Ensuring disability awareness in hotels					*			*		2	22.2
Providing organizations related to the disabled people in hotels						*				1	11.1
<i>Sub-Theme: Governmental Institutions</i>											
Providing financial support to disabled people for hotel holidays	*		*	*			*	*		5	55.5
Providing tax deduction on hotel expenditures for disabled people					*					1	11.1
Imposing a penalty for hotel's architectural and physical arrangements that are not suitable for disabled people	*		*			*				3	33.3

Step 2: Purification and Dimensionality of the Scale

The survey method, one of the quantitative research methods, was preferred in the methodological design for a scale development study to determine the perceptions of disabled people regarding the expectations of disabled-friendly hotels. The survey model, which has a wide application area, is a research method that can be used for many problem types (Christensen et al., 2014). The guiding question of the research carried out in this context was “What are the expectations of disabled people for a disabled-friendly hotel?”. Overall, the aim of this study is to fill a gap in the literature by developing a scale that specifically measures the expectations of disabled individuals regarding disabled-friendly hotel properties in the context of accessible tourism. This is an important area of research, given that people with disabilities are considered the largest minority group in the world, and their needs and expectations should be considered in the development of accessible tourism. The development of a reliable and valid measurement tool can also provide valuable insights for researchers, public administrators and hotel managers who are interested in understanding the attitudes and expectations of disabled individuals in this area. The initial item pool was generated through a two-pronged approach: a comprehensive review of prior academic literature (including both qualitative and quantitative studies) on accessible tourism and hotel accommodations, and thematic analysis of semi-structured interviews conducted with individuals with disabilities. Thus, the scale items reflect both empirical insights from past studies and the lived experiences of participants.

For the development of the disability-friendly hotel expectation scale for disabled individuals, an initial pool of 39 items was created based on the review of related literature and codes derived during the qualitative study. A pilot test was then conducted with 95 participants from diverse disability groups (visual, hearing, and physical impairments) to evaluate the clarity, relevance, and accessibility of the scale items. The scale was administered using a 5-point Likert scale, ranging from “strongly disagree” to “strongly agree”. As a result of the pilot analysis, 7 items were removed due to low corrected item-total correlations ($r < 0.30$), semantic ambiguity reported in participant feedback, or redundancy across dimensions. The finalized scale included 32 items. The pilot study provided valuable feedback on item clarity, format accessibility, and overall feasibility of the scale for diverse disability groups.

A normality test was then performed to determine whether the total mean score of these 32 items met the assumption of normality. The test results showed that the skewness coefficient was -1.801 and the kurtosis coefficient was +2.493, implying that the mean total score of the scale was compatible with a normal distribution. If the skewness and kurtosis measures fall between -3 and +3, the data are considered normally distributed (Joanes & Gill, 1998). Furthermore, to ensure accessibility during the pilot phase, the questionnaire was adapted into screen-reader compatible formats for visually impaired participants, supported with sign language explanation videos for hearing impaired participants, and simplified formatting for those with physical impairments. These measures were taken to ensure full participation and inclusivity.

Exploratory factor, reliability analysis, and confirmatory factor fit index were conducted, proving that the scale is valid and reliable. The main application of the scale was carried out with 386 people, and exploratory and confirmatory factor analyses was performed respectively. The scale expressions were gathered under four dimensions in accordance with the distribution of factor loadings and were named as follows: "Physical and Legal Structural Expectation", "Communicative and Interactional Expectation", "Economic Expectation", and "Psycho-Social Expectation". Given the difficulty in directly reaching a broad and diverse sample of individuals with disabilities, an accessible and ethically sensitive recruitment strategy was necessary. The sample for the quantitative phase was drawn using snowball sampling through the support of disability-focused NGOs. This approach was chosen due to the challenges of reaching individuals with disabilities directly and the need to ensure ethical, respectful access to participants. While this method was effective in accessing a hard-to-reach population, we acknowledge that it may introduce sampling bias and limit generalizability.

After conducting exploratory factor analysis on the 32-item scale, item purification was performed in two stages. First, items with low or cross-loading issues were removed. Item 20 (*Accurate information should be given about the services and activities offered to disabled guests*) showed factor loadings below the 0.50 threshold across three different dimensions (0.482, 0.471, and 0.358). Additionally, item 4 (*Disabled guests should be able to socialize with other guests*) cross-loaded on two factors with a difference of less than 0.10 (0.421 and 0.510), creating ambiguity in factor structure. In a comparative scenario analysis, removing item 4 led to a slight improvement in the factor loading of item 32, bringing it to 0.498, which was considered

marginally acceptable in light of satisfactory overall KMO, Bartlett's test, and Cronbach's Alpha values. Consequently, items 4 and 20 were removed.

In a subsequent multicollinearity analysis, items 12 (*Units such as rooms, elevators, restaurants, bars and pools should be suitable for use by the disabled guests*) and 21 (*There must be staff who can communicate correctly with disabled guests*) exhibited Variance Inflation Factor (VIF) values exceeding the recommended threshold of 5 (Kim, 2019). These items were therefore excluded to improve model fit. As a result, the final scale consisted of 28 items with robust construct validity and reliability metrics.

Research Population and Sample

The population of the research consisted of individuals with physical (physical, visual, and hearing) disabilities living in Türkiye. According to the Disabled and Elderly People Statistical Bulletin, there are 215,076 visually disabled, 179,867 hearing disabled, 311,131 physically disabled, and 33,686 speech-disabled individuals registered in the National Disability Data System in Turkey (DESB, 2021). Individuals who did not apply to hospitals to obtain a Disabled Health Board Report and to the state to benefit from services were not included in this calculation. Accordingly, 739,942 disabled individuals constituted the research population. The questionnaire was distributed through disability associations, special education centers for disabled people, and social media.

In the literature on scale development studies, researchers have put forward different approaches in terms of population and sample calculations. For example, some researchers argue that 10 times the number of items (Bryman & Cramer, 2001; Nunnally, 1978) and 4 times the number of items (MacCallum et al., 2001) are sufficient for the sample size in scale development studies. In addition, Comrey and Lee (1992), Tabachnick and Fidel (1996), and DeVellis (2014) determined that the number of samples required for a study should be an average of 200 people, good at 300 people, very good at 500 people, and excellent at 1000 or more people. The approach that the number of samples should be 5 times the minimum number of items used is accepted by many researchers (Nakip, 2003). The number of items used in this scale development study was 32, and the number of samples was 386, which is more than 320 ($=32*10$). Therefore, it can be considered that the number of samples is sufficient. In conducting the quantitative survey, 405 disabled people were reached, with 19 questionnaires being excluded from the study due to incomplete and incorrect answers.

When examining the demographic characteristics of the participants, it can be observed that 30.6% of the participants were aged between 45-59, 60.6% of the participants were male, 59.1% were single, 43.5% had an undergraduate degree, 25.9% were civil servants, 55.2% had an income of 251-312 dollars, and 67.9% were physically disabled. These were the highest percentages observed for each respective demographic category.

Findings of Exploratory Factor Analysis

Exploratory factor analysis was performed using SPSS 25.0 to explore the dimensional factors of the scale. Principal component analysis was used for the construct validity test of the research scale by examining the Kaiser-Meyer Olkin (KMO) coefficient and the Barlett Sphericity test. The KMO coefficient is a statistical method used to determine if the data and sample size are suitable and sufficient for the selected analysis (Cokluk et al., 2012). Accordingly, the KMO value was found to be 0.955 which is greater than 0.60 and the Barlett test ($\chi^2=11556.752$; $p<0.00$) is significant, the data is considered suitable for factor analysis (Buyukozturk, 2003).

According to Buyukozturk's (2003) view on exploratory factor analysis, a factor loadings value of at least 0.45 and an explained variance of at least 30% are considered sufficient for the elimination of items that do not measure the same structure. After evaluating the factor loadings values of the 32-item research scale, two items were detected with factor loading values below 0.50. These items were number 20 (*Accurate information should be given about the services and activities offered to disabled guests*) with 0.482, 0.471, and 0.358 factor loadings to three different dimensions, and 32 (*Legal and structural regulations for practices that integrate people with disabilities rather than segregate them*) with 0.492 factor loading. After the elimination of item 20, item 32's factor loading has fallen to 0.489, while item 4 (*Disabled guests should be able to socialize with other guests*) had factor loadings to two different dimensions with difference less than 0.10 (0.421 and 0.510). Therefore, two scenarios were followed to achieve the exact dimension structures. These scenarios consist of holding item 32 and removing item 4; and holding item 4 and excluding item 32. The first scenario appeared more appropriate since after exclusion of item 4, the factor loading of item 32 increased to 0.498. While it is still under the desired level, it is on the edge and can be considered acceptable since all the other values like KMO, Barlett test, and Cronbach's alphas are satisfying. Finally, a total of 30 scale items were deemed to suitable for moving to next stage. Although this standardized factor loading was relatively lower compared to other items, it still exceeded the acceptable threshold of 0.60 suggested by Hair et al. (2014).

Additionally, this item reflects a conceptually essential aspect of the “Structural and Legal Expectation” sub-dimension, specifically addressing the importance of regulatory practices that promote inclusion rather than segregation. Given its theoretical significance and the fact that its retention did not adversely affect the overall model fit or validity indices, the item was retained in the final version of the scale.

Table 3 presents the 4 sub-dimensions formed as a result of factor analysis. Table 3 also provides the factor loadings, means, and standard deviation values of each item. Additionally, Cronbach’s alpha values for internal consistency of dimensions and total variances that explained by each dimension placed in the table. As seen, Cronbach’s alpha values are above 0.7 for each dimension (between .840 and .958) which indicates the internal consistency is achieved. Total variance explained exceeds 50% with 70.746%.

Table 3. *Results of Exploratory Factor Analysis*

Factors and items	Factor loading	Variance		C. Alpha	Mean	Standard deviation
		Explained %	Cumulative Variance (%)			
<i>Structural and Legal Expectation (12 items)</i>						
(6) There should be clear (visual, auditory and tactile) stimuli and direction signs for the disabled guests in indoor and outdoor areas.	.679	24.826	24.826	.958	4.39	.940
(7) Doors, parking lots, toilets and general areas should be suitable for disabled guests.	.774				4.39	.922
(8) There should be a sufficient number of rooms for the disabled guests.	.694				4.41	.916
(9) Disabled rooms must be suitable for accommodation with a companion.	.612				4.17	.851
(10) All units used by the guests should be easily accessible for the disabled ones.	.753				4.39	.879
(11) There should be no restrictive barriers for the disabled guests in indoor and outdoor spaces.	.745				4.43	.907
(12) Units such as rooms, elevators, restaurants, bars and pools should be suitable for use by the disabled guests.	.738				4.45	.885
(13) The architectural design should be suitable for disabled guests.	.678				4.39	.897
(29) Legal arrangements should be made so that people with disabilities can have a fair and dignified holiday.	.549				4.39	.945
(30) There should be universally designed legal architectural arrangements suitable for the use of people with disabilities.	.600				4.36	.949
(31) Legal incentive arrangements should be made so that individuals with disabilities can have a holiday in the context of accessible tourism.	.629				4.35	.926
(32) Legal and structural regulations for practices that integrate people with disabilities rather than segregate them.	.498				4.08	.819
<i>Communicative and Interactional Expectation (10 items)</i>						
(14) Information on the arrangements for disabled guests should be provided on websites and brochures.	.604	20.249	45.075	.944	4.29	.961

(15) Accurate information should be offered to disabled guests about the hotel services and activities.	.616			4.26	.776
(16) Correct, open and sincere communication should be established with disabled guests.	.759			4.18	.828
(17) Communication tools should be used according to the types of disability (visual, auditory, tactile).	.579			4.26	.804
(18) Accessible internet service should be provided for the disabled guests.	.704			4.19	.994
(19) Staff should receive certified training on service delivery to disabled guests.	.584			4.16	.954
(21) There must be staff who can communicate correctly with disabled guests.	.630			4.35	.969
(22) Staff should be conscious of the difficulties that disabled guests will experience and provide solutions.	.611			4.36	.947
(23) Staff should be friendly and willing to assist people with disabilities.	.612			4.33	.987
(24) Staff should treat guests with disabilities in accordance with universal ethical principles.	.658			4.37	.964
<i>Economic Expectations (4 items)</i>		13.594	58.669	.907	
(25) Social and financial support should be provided by the state so that individuals with disabilities can have holiday.	.680			4.16	.974
(26) Special discounts should be applied for the accommodation of disabled individuals.	.727			4.20	.984
(27) Social and economic support should be provided to individuals with disabilities by the enterprise in order to provide social benefits.	.839			4.02	1.128
(28) Free accommodation, F&B and entertainment opportunities should be provided for disabled guests on certain special days.	.795			3.97	1.253
<i>Psycho-Social Expectations (5 items)</i>		12.077	70.746	.840	
(1) Disabled guests should not be viewed with pity.	.747			4.17	.908
(2) Assimilation should not be applied to disabled guests.	.799			4.21	.922
(3) Disabled guests should be treated fairly, sincerely, and with a smile.	.662			4.21	.892
(5) Disabled guests should feel comfortable and peaceful.	.652			4.29	.964

Step 3: Justification of the Final Scale

After receiving satisfactory statistics from the exploratory factor analysis, the next stage of scale development process, confirmatory factor analysis has begun. 300 individuals with exact characteristics with exploratory factor analysis sample provided the data for confirmatory factor analysis. Data was analyzed in SmartPLS 4 software according to two main reasons of having relatively smaller sample size comparing with the first stage (Hair et al., 2017) and desire to not only explore sub-dimensions' but also main construct's relativity and validity by hierarchical component modelling (Aybek & Karakas, 2023). Since the scale's sub-constructs and items possess perceptual nature, the main scale and sub-dimensions modelled with reflective approach (Becker et al., 2012). Therefore, the model for confirmatory factor analysis formed as Type I (Reflective-Reflective) hierarchical model (Crocetta et al., 2021).

Initially, to test the reliability and convergent validity of the developed scale; factor loadings, composite reliability, AVE values and *t* values of the items and sub-dimensions of the scale were examined. Following this, discriminant validity was assessed by considering Heterotrait-Monotrait (HTMT) values and Fornell-Larcker criteria. VIF values are offered an insight to whether there are issues of multicollinearity and common method bias. Finally, a calculated goodness-of-fit index helped to evaluate if the main scale achieved to measure the expected construct, disability-friendly hotel expectation (Aybek & Karakas, 2022).

During the analysis, item 12 (*Units such as rooms, elevators, restaurants, bars and pools should be suitable for use by the disabled guests*) and item 21 (*There must be staff who can communicate correctly with disabled guests*) possessed VIF values higher than 5 which is the cut-point for the value (Kim, 2019). Therefore, items 12 and 21 were excluded from the scale and all the values were calculated again. The final results of the confirmatory factor analysis are in Table 4.

Table 4 presents the items related to the four sub-dimensions formed in the scale after both factor analyses. These sub-dimensions consist of 11 items in the first sub-dimension, 9 items in the second, 4 items in the third, and 4 items in the fourth sub-dimension. In naming the dimensions formed in the scale, support was received from 2 experts in the field of accessible tourism, 2 experts in the field of special education, and 1 assessment and evaluation expert in terms of the development stages of the measurement tool. Thus, the dimensions were named as follows: “Structural and Legal Expectation”, “Communicative and Interactional Expectation”, “Economic Expectation”, and “Psycho-Social Expectation”.

Factor loadings of the items to observed sub-constructs was over 0.7 except one item, item 32. As observed in Table 4, item 32 under “Structural and Legal Expectation” has a factor loading of 0.611, which is slightly below the commonly preferred threshold of 0.70. However, this value remains within the acceptable range, as Hair et al. (2017) suggest, loadings between 0.40 and 0.70 may be retained if they contribute to content validity and if the AVE and CR thresholds are met. In this case, both conditions are satisfied, supported by the overall strength of the construct's reliability (CR=0.956, AVE=0.678). Composite reliability values of the dimensions are in between 0.859 and 0.956 which are the way above 0.70 and AVE values exceeds 0.50 with 0.677 lowest and 0.793 highest (Hair et al., 2017). In addition of *t* values that lies from 13.087 to 85.298, there was not any concerns on convergent validity.

Table 4. Results of Confirmatory Factor Analysis

Order	Construct	Items	Factor loadings	t values*	Std. Error of Mean	97.5% CI		VIF
						Upper	Lower	
2 nd order	<i>Disability-Friendly Hotel Expectation</i> (AVE=.915; CR=.922; α =.915; GoF=.5601)	SLE	.931	92.532	.039	4.461	4.284	4.643
		CIE	.931	91.447	.038	4.361	4.189	4.386
		EE	.857	42.790	.049	4.196	3.975	2.178
		PSE	.851	40.415	.037	4.291	4.125	2.265
1 st order	<i>Structural and Legal Expectation</i> (AVE=.678; CR=.956; 11 items)	6	.830	24.579	.048	4.498	4.284	3.307
		7	.818	26.542	.047	4.491	4.281	3.513
		8	.843	31.563	.047	4.511	4.302	3.155
		9	.730	20.165	.043	4.268	4.074	3.405
		10	.873	43.236	.045	4.486	4.286	1.915
		11	.889	49.320	.046	4.534	4.327	3.994
		13	.881	47.521	.046	4.488	4.284	4.619
		29	.849	38.966	.048	4.494	4.278	3.771
		30	.846	37.473	.048	4.468	4.252	4.943
		31	.848	37.695	.047	4.455	4.244	2.947
		32	.611	13.087	.042	4.169	3.982	3.374
1 st order	<i>Communicative and Interactional Expectation</i> (AVE=.677; CR=.947; 9 items)	14	.827	27.122	.049	4.402	4.183	1.552
		15	.752	21.118	.040	4.348	4.170	2.592
		16	.751	21.078	.042	4.278	4.089	2.003
		17	.768	25.271	.041	4.356	4.172	2.226
		18	.755	15.272	.051	4.300	4.073	1.986
		19	.843	36.905	.049	4.272	4.054	2.156
		22	.905	65.884	.048	4.471	4.255	2.751
		23	.878	36.660	.050	4.439	4.214	4.754
		24	.907	64.437	.049	4.475	4.255	4.004
		25	.872	57.365	.050	4.269	4.047	4.225
		26	.898	65.448	.050	4.309	4.085	2.397
1 st order	<i>Economic Expectations</i> (AVE=.793; CR=.916; 4 items)	27	.920	85.298	.057	4.149	3.892	2.926
		28	.872	37.684	.064	4.109	3.823	4.159
		28	.872	37.684	.064	4.109	3.823	4.159
1 st order	<i>Psycho-Social Expectations</i> (AVE=.698; CR=.859; 4 items)	1	.835	28.376	.046	4.264	4.070	3.169
		2	.875	44.758	.047	4.300	4.102	1.991
		3	.774	21.421	.045	4.302	4.111	2.687
		5	.856	52.684	.049	4.389	4.183	1.552

* t values are significant with $p < 0.001$; AVE: Average Variance Extracted; CR: Composite Reliability; CI: Confidence Interval

The method of HTMT is recommended for PLS to test the discriminant validity (Ab Hamid et al., 2017). According to this method, the discriminant validity of the scale is assured by the HTMT coefficients being below 0.90 (Aybek & Karakas, 2022). As seen in Table 5, the HTMT analysis revealed that the highest value among the sub-dimensions was 0.898, observed between “Structural and Legal Expectations” and “Communicative and Interactional Expectations”. While this value is close to the conservative threshold of 0.90, literature suggests that marginal values may still be acceptable depending on the conceptual similarity between constructs. Henseler et al. (2015) emphasize that discriminant validity is established if the 95% confidence interval of the HTMT value does not include 1. Therefore, despite its proximity to the threshold, the 0.898 value is considered acceptable within the scope of this study’s model.

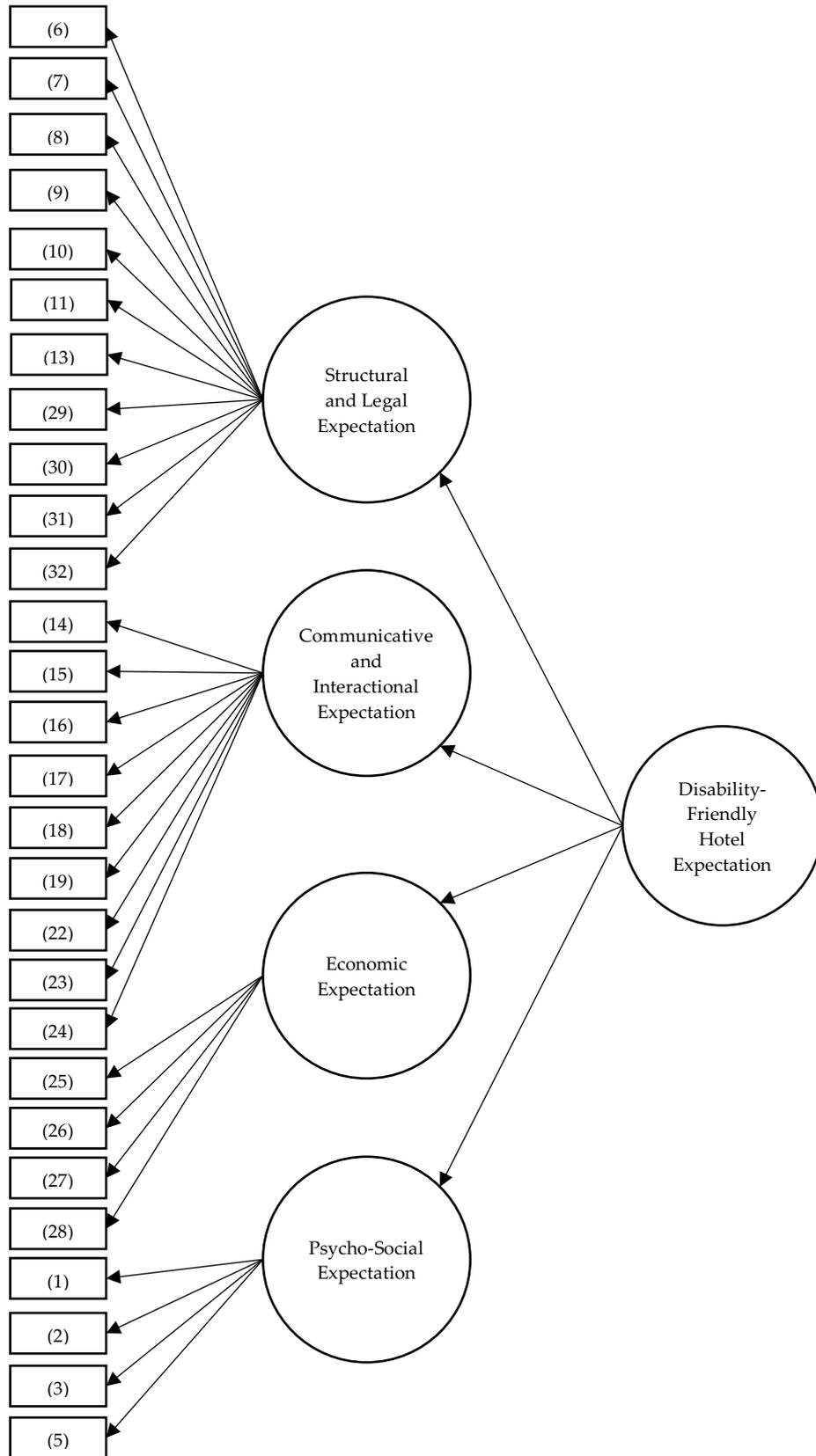


Figure 1. Modeling of the Hierarchical Component

The Fornell-Larcker criterion was also used to assess discriminant validity (Fornell & Larcker, 1981). As expected, the square roots of the AVE values for each dimension were greater than the correlations with the other dimensions (Table 5). As all the VIF values are below 5 (Table 4), multicollinearity and common method bias are not considered to be problematic for this study (Kim, 2019).

Table 5. *Discriminant validity – HTMT and Fornell-Larcker Criterion*

	<i>SLE</i>	<i>CIE</i>	<i>EE</i>	<i>PSE</i>
<i>Structural and Legal Expectation – SLE</i>	.823	.898	.771	.794
<i>Communicative and Interactional Expectation – CIE</i>	.810	.823	.782	.785
<i>Economic Expectations – EE</i>	.708	.702	.891	.410
<i>Psycho-Social Expectations – PSE</i>	.672	.676	.616	.835

Italic values: HTMT

Bold values: Root square of AVE

Plain values: Correlation coefficient

There is also a process to build and second-order construct. This process relies on the idea of forming a main construct that contains other sub-constructs. In this study, first-order constructs (Table 4) attached to a second-order construct “Disability-Friendly Hotel Expectation” (Figure 1). In line with recent tourism studies utilizing SmartPLS for scale development and validation (Shoukat et al., 2023; 2025), reflective-reflective modeling was employed in the current study to assess the measurement model. All convergent and discriminant validity criteria—such as AVE, CR, and HTMT—met the recommended thresholds. Table 4 summarizes the convergent validity values with the goodness-of-fit (GoF) index. It appears all the sub-constructs load satisfactorily to main second-order construct (lowest=0.851; highest=0.931). The construct has 0.915 Cronbach’s alpha, 0.922 composite reliability, and 0.798 AVE values which are all above the accepted levels. Finally, goodness-of-fit value of Tenenhaus (2008) for PLS algorithm had calculated since it is recommended to evaluate model fit in PLS. GoF index turned out high fit since the value of 0.5601 is higher than 0.36 (Aybek & Karakas, 2022).

DISCUSSION

Conclusion and Key Findings

As previously identified, existing literature lacks a validated measurement tool specifically designed to evaluate the expectations of individuals with disabilities in hotel contexts. This study addresses that gap and contributes

to both theory and practice in accessible tourism. The results of this study indicate that individuals with disabilities have high expectations from hotel properties. Disabled guests are likely to perceive that hotels with a disabled-friendly certificate will meet their needs and expectations. The “Disabled-friendly Hotel Expectation Scale” was developed, consisting of 28 items measured on a 5-point Likert scale and 4 sub-dimensions. The validity and reliability of the scale were tested on a sample of 386 participants using exploratory and confirmatory factor analysis, as well as Cronbach's alpha analysis. The results indicated that the scale is valid, reliable, and useful. This scale can serve as an initial tool to classify the needs-oriented expectations of disabled people from disabled-friendly hotels and can be further improved upon in future research. The development of this scale will enable researchers to identify and classify the expectations of disabled guests, and compare these expectations based on various demographic characteristics such as age, gender, marital status, education, employment status, monthly income, and disability type. The results of this study suggest that disabled guests have high expectations from hotel properties in the context of accessible tourism, and many disabled-friendly hotels should provide services that meet these expectations.

The needs and expectations of disabled people in relation to hotel accommodation and accessible tourism have been studied by various disciplines. Despite the fact that it is a fundamental right and need for individuals with disabilities to participate in travel and tourism activities, there are many obstacles that prevent them from doing so. Additionally, disabled individuals have specific needs and expectations in order to have a safe and comfortable holiday in the hotel properties they are staying in. There are many academic studies in the literature that explore the regulations and practices that need to be implemented in order to facilitate accessible tourism for individuals with disabilities (Akinci et al., 2021; Buhalis et al., 2012).

This study aimed to develop a measurement scale to better understand the expectations of disabled individuals regarding their needs in disabled-friendly hotels. The development of this scale will contribute to the accessible tourism literature and provide valuable information to hotel managers on how to implement disability-friendly practices to meet the expectations of disabled guests.

It is important to clarify the use of the term “disabled-friendly hotel” in this study. This terminology was intentionally selected based on its widespread use in the hospitality industry, particularly in marketing,

certification schemes, and public policy documents aimed at promoting disability inclusion. While broader terms such as “accessible hotel” may encompass a wide range of user groups—including elderly individuals, pregnant women, or families with young children—this study focuses specifically on the expectations of people with disabilities. Therefore, “disabled-friendly hotel” more accurately reflects the scope and intent of the measurement tool developed in this research.

This study provides an original contribution by developing a multidimensional and psychometrically validated scale that captures the expectations of individuals with disabilities regarding hotel accommodations. While previous studies have qualitatively explored barriers and general satisfaction among travelers with disabilities, few have translated these insights into a structured, quantitative measurement tool. By integrating both qualitative input and empirical validation, this study fills a methodological and conceptual gap in accessible tourism literature. The developed scale can be utilized by researchers to assess service adequacy and by hotel managers and policymakers to improve inclusive tourism infrastructure based on data-driven insights.

According to the empirical findings of the present study, the 28-item disability-friendly hotel expectation scale (mean=4.274) is composed of four sub-dimensions. The first sub-dimension is “Structural and Legal Expectation” (mean=4.373), the second sub-dimension is “Communicative and Interactional Expectation” (mean=4.275), the third sub-dimension is “Economic Expectation” (mean=4.085), and the fourth sub-dimension is “Psycho-Social Expectation” (mean=4.208). The mean scores of the basic dimension and sub-dimensions of the scale are higher than the median of the scale, indicating that they are above the average value of the scale.

The findings of this study align with prior research indicating that structural and communicative barriers are among the most frequently cited concerns for individuals with disabilities in tourism and hospitality (Darcy, 2010; Poria et al., 2011). By confirming that “Structural and Legal Expectations” ranked highest among the four dimensions, this study supports the argument that accessibility is not solely a matter of physical design but also of institutional and policy-level inclusion (Buhalis & Darcy, 2011). Moreover, the results extend previous studies by translating qualitative insights into a multidimensional and validated quantitative scale. This methodological advancement bridges the gap between conceptual understanding and empirical measurement — a challenge often

noted in disability studies and accessible tourism research (Papathanassis, 2011; Shakespeare, 2006).

The sub-dimension with the highest mean value (and therefore, the most important one) is the “Structural and Legal Expectation” dimension. This sub-dimension emphasizes the need for eliminating both indoor and outdoor structural problems faced by individuals with disabilities, and the importance of legal regulations to ensure that these problems are eliminated. Additionally, the need for a legal regulation and incentive system to allow disabled people to stay in hotels in a free and dignified way, like any other individual, was emphasized. These results suggest that the obstacles and difficulties faced by individuals with disabilities during the accommodation process in hotels are primarily due to structural and legal factors. The prominence of the structural and legal expectation dimension suggests that physical accessibility and regulatory enforcement remain foundational concerns for individuals with disabilities. This is consistent with prior findings that emphasize the need for structural modifications such as ramp access, adapted bathrooms, and clear signage (Darcy, 2010). Hotel managers must also be attentive to legal compliance with disability rights legislation to ensure inclusive infrastructure.

The next sub-dimension with the highest score was “Communicative and Interactional Expectation”. According to the items in this dimension, there are expectations of providing complete and accurate information on regulations, practices, and activities for disabled guests, establishing open and sincere communication with guests, having helpful and willing staff who act according to ethical principles. Expectations in this dimension reflect the importance of inclusive communication and ethical staff behavior. Previous research highlights the role of staff attitudes and training in shaping the hospitality experiences of guests with disabilities (Poria et al., 2011). Hotels should consider staff development programs focused on disability awareness and empathetic interaction.

Another sub-dimension was “Psycho-Social Expectation”, where expectations such as not looking at guests with a sense of pity, not applying assimilation, behaving friendly and sincere, ensuring that they can socialize with other guests, and feel comfortable and peaceful are put forward. The psycho-social dimension reveals the emotional and social challenges disabled individuals face in hospitality settings. This supports previous findings on stigma and discomfort experienced in accessible tourism environments (Poria et al., 2011). Designing socially inclusive experiences,

such as group activities or peer support mechanisms, may enhance their well-being during stays.

Although the “Economic Expectation” dimension has a higher score than the median average of the scale, it has the lowest average score compared to the other three sub-dimensions. Here, it is emphasized that disabled individuals should be provided with financial support for staying at hotel properties in the context of social state responsibility, and that a special discounted price should be applied for this segment. Although economic expectation received the lowest average score among the four dimensions, it remains significant. The demand for discounted pricing and financial support aligns with broader discussions on the economic marginalization of disabled individuals (Buhalis & Darcy, 2011). Government subsidies or social pricing policies may be effective strategies to address this concern.

Besides defining the expectations of guests with disabilities regarding hotel accommodation, the fact that their structural and legal expectations are higher than their economic expectations has emerged as an important result in terms of priorities. The results obtained in this study are similar to previous studies by Akinci and Sonmez (2015), Abd-Elraof et al. (2018), Park et al. (2015), and Poria et al. (2010). Finally, differences in mean values between the basic dimensions and sub-dimensions according to the demographic characteristics of the disabled individuals were also examined. Accordingly, there were significant differences in dimensions according to all other demographic characteristics, except for gender.

It can be concluded that the expectations of disabled individuals for disabled-friendly hotels can be evaluated using the scale and sub-dimensions developed with the 5-point Likert technique. The scale provides a foundation for comparing the expectations of disabled individuals across different contexts; however, further validation is necessary before generalizing findings across destinations and hotel types.

Practical and Managerial Implications

In the context of accessible tourism, hotel businesses are expected to provide services based on universal access principles for all guests, including those with disabilities. Integrating disability-friendly regulations and practices into hotel operations not only supports social inclusion but can also create a competitive advantage in the tourism market. Aligning services with the four dimensions of the developed scale — structural and

legal, communicative and interactional, economic, and psycho-social expectations — provides a strategic roadmap for improving accessibility. These implications are elaborated in the following section.

The scale developed in this study offers actionable insights for hotel managers aiming to enhance inclusivity and accessibility for guests with disabilities. The four dimensions of the scale — Structural and Legal Expectation, Communicative and Interactional Expectation, Economic Expectation, and Psycho-Social Expectation — each suggest targeted strategies for implementation in hospitality settings:

Structural and legal expectation: Hotel managers should prioritize eliminating physical and architectural barriers in both indoor and outdoor areas. This includes ensuring compliance with legal accessibility standards and proactively adapting hotel infrastructure through universal design principles.

Communicative and interactional expectation: Staff training programs should focus on disability awareness, ethical behavior, and effective interpersonal communication with disabled guests. Emphasis should be placed on empathy, clarity, and active listening.

Economic expectation: Pricing policies should consider the financial challenges disabled individuals may face. Managers might offer discounted rates or collaborate with public authorities to introduce subsidized stays for individuals with disabilities.

Psycho-social expectation: Hotels should promote a respectful, stigma-free environment. Inclusive marketing, staff behavior that avoids pity or condescension, and social opportunities that support interaction among all guests can help create a psychologically comfortable experience.

By aligning managerial strategies with these dimensions, hotel operations can more directly meet the needs of disabled guests and advance the goals of accessible tourism in a measurable and systematic way.

Limitations and Future Research

This study has several limitations that offer directions for future research. First, while the scale was tested within a single national context, broader cross-cultural validations are needed to assess its applicability and measurement invariance across different cultural and tourism environments. Comparative studies could reveal how expectations vary by region, policy frameworks, and service standards. Second, the participant

group was largely composed of individuals with physical, visual, or auditory impairments. Future research should expand the respondent base to include individuals with cognitive, intellectual, or neurodevelopmental disabilities, whose expectations regarding hotel accommodation may differ significantly. Third, this study focused on expectations prior to hotel experiences. Future work could benefit from adopting an expectation–perception framework, comparing initial expectations with actual experiences. Such research could help uncover gaps between perceived and delivered accessibility, offering more service-oriented insights for practitioners. Building upon this, future studies could develop a mobile application or IoT-integrated audit tool based on the scale, allowing hotels to monitor and evaluate accessibility compliance in real time. Additionally, the sampling method presents constraints. Snowball sampling was employed through disability-focused NGOs, which helped access a hard-to-reach population ethically and efficiently. However, this approach may have introduced sample homogeneity and limited generalizability. Future research should consider more diverse sampling strategies such as stratified or quota sampling to capture broader demographic and disability variations.

Finally, the current study did not include cross-validation or external validity assessments. Due to resource constraints, procedures like test–retest reliability or convergent/discriminant validation with related constructs (e.g., guest satisfaction, perceived service quality) were not conducted. Future research should replicate the scale using independent samples and evaluate its external validity to strengthen its psychometric rigor and practical utility in diverse hospitality settings. Longitudinal studies could also examine how expectations evolve over time and how consistently hotels meet these expectations across different seasons or service contexts.

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