

## VOCATIONAL ACTIVITY AS A DETERMINANT OF PARTICIPATION IN TOURISM OF DISABLED PEOPLE FROM THE AREA OF EASTERN POLAND

Jarosław Żbikowski, Marek Kuźmicki, Dominik Dąbrowski,  
Andrzej Soroka

Pope John Paul II State School of Higher Vocational Education in Biała  
Podlaska, Poland

**Abstract.** The main purpose of the study, whose results are presented in this paper, was to investigate and assess the influence of the vocational activity on the participation in tourism of people with disabilities residing within the territories of Eastern Poland. The empirical studies using the method of diagnostic survey were conducted in the years 2005–2007 in the following regions: podlaskie, lubelskie and podkarpackie. A comparative analysis of participation in tourism and recreation of two groups of disabled people – vocationally active and inactive – was conducted. There were taken into account the frequency of tourist traveling, preferred forms of tourism, premises and barriers of participation in the activity of tourism and recreation. Studies showed that the vocational activity is an important determinant of participation in tourism of people with disabilities. Conducted studies on the initiative of the Institute of Tourism and Recreation of State School in Biała Podlaska constituted a contribution to studies on the determinants of tourist and leisure activities of disabled people in Poland.

**Key words:** tourism, recreation, vocational activity, disability

### INTRODUCTION

Disability is a common phenomenon and concerns all countries and every community. World Health Organization determines the size of this phenomenon on the 650 million i.e. approximately 10% of the total population. In Europe, one in six people has a disability to a degree from mild to significant<sup>1</sup>, which means that about 80 million Europeans have

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Corresponding author – Adres do korespondencji: Jarosław Żbikowski, Pope John Paul II State School of Higher Vocational Education in Biała Podlaska, ul. Sidorska 95/97, 21-500 Biała Podlaska, Poland. zbiko@post.pl

<sup>1</sup>EU Labour Force Survey ad hoc module on employment of disabled people – LFS AHM, 2002.

no opportunity to participate fully in social and economic life due the barriers related to the environment and surrounding attitudes. This is the result of demographic changes – of aging population as well as of a more and more common, in most countries of the world, acceptance of this phenomenon manifested in building a tolerant and open society which creates and transforms surrounding in accordance with the principles of planning and programming of a universal and progressive aging of societies [Ostroff 2001; Steinfeld and Shea 2001; Darcy et al. 2010].

In recent years, as a result of studies and analysis related to the phenomenon of disability [Nagy 1969; Mashaw and Reno 1996; Darcy 2009], a number of definitions of disabled person and models of disability have been developed [Pope, Tarlov 1991; Pfeiffer 1999].

But the most important role in organizing the definition of disability is played by the World Health Organization (WHO). In 1980, the WHO chaired by Mr Wood formulated an official definition of disability [International Classification of Impairment, Disability and Handicap – ICIDH]. The distinction was showed between the impairment, which causes an “abnormal” functioning of a particular organ or body parts, the disability, which describes the limitation of daily psychological or physical efficiency as a result of damage to human organs or body parts, and the handicap, which is a result of injury or disability that hinders from performing certain social roles. This typology implies the existence of physical and psychological ‘normality’, disability is here a deviation from the existing standards of physical and mental functioning of a human [Martin 1988].

The definition presented by the WHO was accused of bringing the problems of people with disabilities only to medical issues, thus omitting explicit social and cultural aspects related to disability. Therefore, in 1997 the WHO presented a revised and corrected version of the previous classification under the name of International Classification of Impairments, Activities and Participation – a Manual of dimensions of disability and functioning [ICIDH-2] [ICIDH-2 WHO 1997].

Currently, there is a second, improved version of the classification, under the changed title: International Classification of Functioning, Disability and Health [ICF 2001], which combines medical and social models of disability. A bio-psycho-social model has been proposed, which includes the problem of dysfunctions from the perspective of biology, the individual and society. In the ICF classification, disability is a multidimensional phenomenon resulting from interactions between people and their physical and social environment. In other words, disability and functioning are seen as the results of interaction between health conditions (diseases, disorders and injuries) and other factors, which include environmental factors (legal and social structures, climate, architecture) and associated with an individual (such as age, sex, methods of coping, education, professional status, the experience gained etc.)<sup>2</sup>.

In parallel with studies on the classification and the definition of disability, there were undertaken the activities related to the inclusion of this part of the population in the full stream of socio – economic activity. A result of these proceedings are documents of global,

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<sup>2</sup>ICF należy do grupy klasyfikacji opracowanych przez WHO i skupionych wokół Międzynarodowej Klasyfikacji Chorób (International Classification of Diseases, ICD).

United Nations (UN) and regional, European Union character which try to create a legal and organizational framework of a full integration of disabled people into society<sup>3</sup>.

In practice, the important and severe problems faced by people with incomplete efficiency are social barriers which often result from the characteristic tendency of modern civil societies to valuation. The disabled are treated as economically unproductive members of society constituting an additional burden on the state budget. Functioning stereotypes do not allow to recognize people with limited efficiency as valuable, but just as shiftless in life, and they are inclined quarrelsome towards the surroundings [Florek 2009]. In this situation, a special effort is required to promote the access of disabled people to the employment, preferably in the open labor market. This is one of the most important ways to fight against social exclusion of disabled people and to fight for their dignity and independent life. The vocational activity also constitutes the economic independence which makes a significant contribution to the free time activities, including the tourist activity.

The tourism that constitutes an essential factor of economic activation, increase in municipal budget revenues and employment of population, begins to play more and more important role in the processes of the socio-economic development [Baran, Grzebyk 2010]. Progressing around the world processes of urbanization are the reason for growing human alienation from the natural environment. This in turn entails an attempt of the modern generations to search for various forms of recreational activity in the natural environment, possibly as little as transformed [Mynarski, Sonelski 2010]. The social group to which tourism meets the specific features are people with disabilities. Tourism of disabled people is not only about satisfying the needs of the typical tourist attractions such as: the need to swap places, sightseeing, cultural, educational, or sports needs, but also it is

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<sup>3</sup>The Standard Rules on the Equalization of Opportunities for Persons with Disabilities ONZ, 1993  
Treaty of Maastricht, 1992, Treaty of Amsterdam, 1997, Treaty of Nice, 2001  
Resolution of the Council and of the Representatives of the Governments of the Member States Meeting within the Council of 20 December 1996 on Equality of Opportunity for People with Disabilities Raising Employment Levels of People with Disabilities – The Common Challenge, 29.09.1998 r., SEC (1998) 1550  
Towards a Barrier Free Europe for People with Disabilities 12.05.2000 r., COM (2000) 284 final  
Charter of Fundamental Rights of the European Union (2000/C 364/01)  
Council Directive 2000/78/EC of 27 November 2000 Establishing a General Framework for Equal Treatment in Employment and Occupation (2000/78/WE)  
Council Decision of 27 November 2000 Establishing a Community Action Programme to Combat Discrimination (2001 to 2006) (2000/750/EC)  
Council Decision of 3 December 2001 on the European Year of People with Disabilities 2003 (2001/903/EC)  
Agenda 22, Stockholm, 2001  
The Madrid Declaration, 2002  
Communication of the Commission on Equality of Opportunity for People with Disabilities – A New European Community Disability Strategy 2005  
Communication from the Commission to the European Parliament, the council, the European Economic and Social Committee and the Committee of the Regions  
European Disability Strategy 2010–2020: A Renewed Commitment to a Barrier-Free Europe SEC(2010) 1323

very often the only opportunity to test oneself and one's capabilities, to acquire new skills and habits, to overcome psychological barriers and to start believing in oneself. This in turn leads to more open and active attitudes in its immediate environment including those who target for active job search.

## MATERIALS AND METHODS

The aim of this paper was to assess the impact of activity on the participation of disabled people in tourism who resided within territories of Eastern Poland. There were also analyzed the declared forms of tourist activity and the motives of their choice. In further parts of the paper were highlighted the barriers which according to respondents, to the greatest extent, limited or prevented their participation in tourism and recreation.

In studies, the method of diagnostic survey was used and the material was collected using a questionnaire survey which was conducted among people with disabilities residing within the area of lubelskie, podkarpackie and podlaskie region. The studies were conducted in the years 2005–2007 among a randomly selected group of 750 people with disabilities. The selection of the sample was made using the method of stratified – random selection with the main stratifications: region, place of residence, sex and degree of disability. A number of questionnaires in each stratification corresponds to the percentage participation of disabled people in particular regions. The obtained results were statistically analyzed using Statistica program. The arithmetic means and the standard deviations were calculated. When the assumptions of variables were met, Student's *t* – test was used for determining the differences between averages of two groups of independent variables. Differentiations were determined as statistically significant at  $p < 0.05$ .

In the study participated 50.3% of women and 49.7% of men. 56.4% of respondents resided in rural areas and 43.6% in the city. The education level of respondents was as follows: 36.0% of the disabled had a basic education, 37.0%, basic vocational education, 20.0% average, whereas 7.0% of respondents had completed secondary or higher school. Among the people surveyed, 41.2% were economically active people with vocational status (of whom 19.7% were employed, whereas 21.5% remained unemployed), while 58.8% were economically inactive. Among the respondents 42.1% reported very good economic situation, 40.1% of respondents declared the average situation, while 17.8% considered their material conditions as bad (insufficient).

## RESULTS

Analyzing the frequency of tourist – recreational travels outside the place of residence, it was shown (Figure 1) that the largest group were people with disabilities who declared their participation in tourism and recreation as “several times a year” – they constituted 46.8% of respondents. This group was dominated by the economically inactive people, while in second place there were people with the status of the economically active. The next largest was a group of people declaring participation in tourism and recreation “once a year”. Here clearly dominated economically active people. The third largest group of

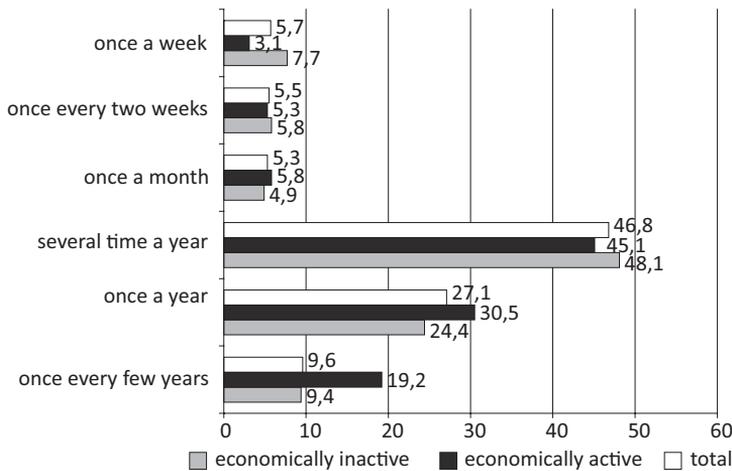


Fig. 1. The frequency of travels of a tourist-recreational character of people with disabilities in terms of their vocational activity (%)

Rys. 1. Częstotliwość wyjazdów o charakterze turystyczno-rekreacyjnym osób niepełnosprawnych z uwzględnieniem ich aktywności zawodowej (%)

Source: Own research.

Źródło: Badania własne.

respondents was declaring their participation in tourism and recreation only “once every few years” – (9.6%). Economically active people strongly dominated in this group compared to economically inactive people.

Analyzing the respondents’ answers in terms of greater frequency of participation, there were much smaller numbers in particular groups and smaller differentiation between active and economically inactive people. The participation “once a month” was declared by 5.3% of respondents, “once every two weeks” by 5.5% and the participation of “once a week” was declared by 5.7% of people surveyed. The largest differentiation occurred in people declaring participation “once a week”, where 7.7% of respondents were economically inactive, while 3.1% – were economically active disabled people.

Analyzing the participation in various forms of tourist activity of people with disabilities in terms of their vocational activity (Table 1), there was stated that the largest group constituted people with disabilities who participated in the sightseeing tours by coach (n = 373). Further, there were people participated in rehabilitation stays (n = 295), hiking (n = 188) and bicycle tours (n = 183). Respondents most often – on average three times in the last two years, participated in hiking. Disabled people, on average two times in the past two years participated in trips by coach and biking.

The studies also showed that disabled people more often declared their willingness to participate in tourism and recreation than their actual participation. The vocationally active respondents, on average, showed more desire to go on holiday travel than vocationally inactive people. The disabled in both groups showed a desire for more frequent participation in rehabilitation stays and sightseeing coach tours, at the same time slightly decreased their interest in hiking.

Table 1. Participation and declared willingness to participate in various forms of tourist activity by people with disabilities in terms of their occupational activity

Tabela 1. Uczestnictwo i deklarowana chęć uczestnictwa w różnych formach aktywności turystycznych przez osoby niepełnosprawne z uwzględnieniem ich aktywności zawodowej

Form of tourism	Participation in tourist forms						Declared willingness to participate					
	Economically active		Economically inactive		t	p	Economically active		Economically inactive		t	p
	$\bar{x} \pm SD$	n	$\bar{x} \pm SD$	n			$\bar{x} \pm SD$	n	$\bar{x} \pm SD$	n		
1*	1,9 ±0,7	110	1,7 ±0,6	185	1,395	0,167	3,7 ±0,7	299	3,6 ±0,6	420	0,865	0,387
2*	1,9 ±0,6	64	1,6 ±0,5	89	1,652	0,100	3,2 ±0,9	296	3,1 ±0,8	413	0,594	0,552
3*	2,4 ±0,9	155	2,7 ±0,8	218	-2,425	0,015*	3,7 ±1,0	297	3,6 ±0,9	418	1,505	0,132
4*	1,7 ±0,6	71	1,7 ±0,5	75	0,235	0,814	3,8 ±0,7	295	3,2 ±0,9	413	4,174	0,001*
5*	2,5 ±0,9	80	2,4 ±0,7	103	0,972	0,330	2,6 ±0,7	295	2,4 ±0,7	413	1,832	0,067
6*	1,5 ±0,4	54	1,5 ±0,4	92	0,378	0,705	2,4 ±0,8	296	2,6 ±0,6	415	-1,588	0,112
7*	1,6 ±0,5	25	1,4 ±0,5	33	1,212	0,230	2,2 ±0,6	296	2,0 ±0,4	412	1,474	0,140
8*	1,3 ±0,4	30	1,3 ±0,4	66	0,176	0,861	2,3 ±0,4	295	2,0 ±0,5	413	1,738	0,082
9*	1,2 ±0,6	28	1,2 ±0,3	45	-0,110	0,912	2,3 ±0,4	296	2,0 ±0,4	412	2,011	0,044*
10*	1,9 ±0,5	22	1,8 ±0,4	32	0,048	0,961	2,4 ±0,5	296	2,1 ±0,5	412	2,736	0,006*
11*	3,0 ±0,9	61	3,1 ±0,7	127	-0,251	0,801	2,4 ±0,6	297	2,6 ±0,7	412	-1,399	0,162

1\* rehabilitation stay, 2\* sanatorium, 3\* sightseeing coach tour, 4\* holiday travel, 5\* bicycle tour, 6\* pilgrimage, 7\* camp, 8\*bivouac, 9\*kayaking, 10\* sailing cruise, 11\* hiking,

1\* turnus rehabilitacyjny, 2\* sanatorium, 3\* krajoznawcza wycieczka autokarowa, 4\* wczasy wypoczynkowe, 5\* wycieczka rowerowa, 6\* pielgrzymka, 7\* obóz, 8\*biwak, 9\*splyw kajakowy, 10\* rejs żeglarski, 11\* wędrówki piesze,

\* level of significance  $p < 0,05$

\* poziom istotności  $p < 0,05$

Source: Own research.

Źródło: Badania własne.

A factor that determined the choice of tourist and recreational forms of activities by people with disabilities, regardless of their vocational activity (Table 2), was the "price". An equally important factor considered by economically active and inactive respondents was the "willingness" (need) of the disabled to have a contact with a friendly environment. This need was pointed out equally by vocationally active as well as economically inactive people. Additionally, important were also one's own interests manifested as individual needs. Among economically active disabled people, the level of importance of this element was slightly higher than among the economically inactive. The greatest difference between the analyzed groups occurred during the assessment of the significance of professionalism of activity leader or organizer of events ( $p = 0.001$ ). The economically active disabled people showed a greater importance of this element while choosing the tourism and recreation than economically inactive people.

In assessing the significance of barriers that restrict or prevent participation of the disabled in tourism or recreation, it was found (which is also confirmed by other findings) that the greatest barrier was the high cost of participation (Table 3). This barrier was assessed in the scale of the importance of validity at 4.1 points. (scale 5 pts.). There were no differentiation of assessment between economically active and inactive groups.

Table 2. The elements determining the choice of tourist and recreational forms by people with disabilities in terms of their vocational activity

Tabela 2. Elementy decydujące o wyborze form turystycznych i rekreacyjnych przez osoby niepełnosprawne z uwzględnieniem ich aktywności zawodowej

The elements influencing the choice of tourist and recreational forms	Type of vocational activity				t	p
	Economically active		Economically inactive			
	$\bar{x} \pm SD$	n	$\bar{x} \pm SD$	n		
Price	4,0 ±1,1	306	3,9 ±1,1	431	1,358	0,174
Distance from place of residence	3,4 ±0,9	307	3,0 ±0,9	420	3,180	<b>0,002*</b>
Possibility of attaining the means of transport	3,1 ±0,8	305	2,8 ±1,0	419	2,051	<b>0,040*</b>
One's interests	3,5 ±0,8	306	3,2 ±0,7	421	2,299	<b>0,021*</b>
Recommendations of a doctor, therapist	3,0 ±0,6	306	3,2 ±0,8	417	-1,670	0,095
Desire to contact interesting people	3,8 ±1,0	306	3,8 ±0,9	415	-0,113	0,908
Professionalism of a course instructor	3,3 ±0,8	303	2,8 ±0,7	410	4,356	<b>0,001*</b>

\* level of significance  $p < 0,05$ \* poziom istotności  $p < 0,05$ 

Source: Own research.

Źródło: Badania własne.

Table 3. Barriers limiting or preventing participation of disabled people in tourism and recreation including their vocational activity

Tabela 3. Bariery ograniczające lub uniemożliwiające udział w turystyce lub rekreacji osobom niepełnosprawnym z uwzględnieniem ich aktywności zawodowej

Barriers	Vocational activity				t	P
	Economically active		Economically inactive			
	$\bar{x} \pm SD$	n	$\bar{x} \pm SD$	n		
Participation costs	4,1 ±1,1	307	4,1 ±1,2	433	0,930	0,352
Transport difficulties	3,1 ±0,8	307	2,8 ±0,7	430	2,138	<b>0,032*</b>
Fear of people	2,2 ±0,4	306	2,1 ±0,3	431	0,838	0,402
Type of disability	2,4 ±0,4	307	2,6 ±0,6	427	-1,809	0,703
No information about the events	2,8 ±0,5	305	2,6 ±0,5	433	1,789	0,074
Lack of support from family	2,3 ±0,4	307	2,3 ±0,6	432	0,467	0,640
No offers from the institutions	2,6 ±0,6	306	2,4 ±0,4	432	1,798	0,073
Lack of organisations for disabled people	2,6 ±0,5	305	2,3 ±0,4	433	2,320	<b>0,020*</b>
Lack of interest in activeness	2,3 ±0,5	304	2,3 ±0,6	431	0,316	0,751

\* level of significance  $p < 0,05$ \* poziom istotności  $p < 0,05$ 

Source: Own research.

Źródło: Badania własne.

Subsequently, these barriers were connected with communication difficulties and a lack of information. Significant differences were found in the statements of the respondents in terms of the lack of facilities and organizations for disabled people ( $p = 0.002$ ). The economically active people recognized greater influence of the organization on improving the tourist and recreational activity of disabled people than economically inactive people.

The differentiation of the status of vocational activity occurred also in assessing the communication limits ( $p = 0.032$ ).

## CONCLUSIONS

Analyzing the collected research material, it should be noted that participation in tourist – recreational travels of disabled people residing within the territory of Eastern Poland was sporadic, i.e. declared at the level of a few trips a year and maximally of one departure outside the place of residence. The economically active disabled people, compared with the economically inactive, clearly predominated in the groups involved in tourism and recreation once a year and once every few years.

Most popular among respondents were sightseeing tours (by coach), followed by rehabilitation stays and hiking or bicycle tours ( $p = 183$ ).

The decisive motives for deciding to participate in tourism and recreation by disabled people, regardless of their vocational activeness were the “price” and the “willingness” (need) of disabled people to have a contact with a friendly environment.

It was also found (which is also confirmed by other findings) that the greatest barriers limiting or preventing participation in tourism and recreation of disabled people were the high cost of participation, communication difficulties and lack of information.

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### **AKTYWNOŚĆ ZAWODOWA JAKO DETERMINANTA UCZESTNICTWA W TURYSTYCE OSÓB NIEPEŁNOSPRAWNYCH Z TERENÓW POLSKI WSCHODNIEJ**

**Streszczenie.** Głównym celem badań, których wyniki prezentowane są w niniejszym opracowaniu było poznanie i dokonanie oceny wpływu aktywności zawodowej na uczestnictwo w turystyce osób niepełnosprawnych, zamieszkałych na terenach Wschodniej Polski. Badania empiryczne z wykorzystaniem metody sondażu diagnostycznego przeprowadzono w latach 2005–2007 na terenie województw podlaskiego, lubelskiego oraz podkarpackiego. Dokonano analizy porównawczej uczestnictwa w turystyce i rekreacji dwóch grup osób niepełnosprawnych – aktywnych zawodowo i biernych zawodowo. Uwzględniono częstotliwość wyjazdów turystycznych, preferowane formy turystyki, przesłanki oraz bariery uczestnictwa w aktywności turystyczno-rekreacyjnej. Badania wykazały, iż aktywność zawodowa stanowi istotną determinantę uczestnictwa w turystyce osób niepełnosprawnych. Przeprowadzone z inicjatywy Instytutu Turystyki i Rekreacji Państwowej Szkoły Wyższej w Białej Podlaskiej badania stanowią wkład do badań nad determinantami aktywności turystycznej i rekreacyjnej osób niepełnosprawnych w Polsce.

**Słowa kluczowe:** turystyka, rekreacja, aktywność zawodowa, niepełnosprawność

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