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# Negotiation strategies of service captive mobility restricted travellers

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The study investigates the idea of service captivity through the experiences of tourists with mobility impairments (TMDs) who encountered the restrictive tourism services in India, such as increased charges, limited and incomplete services, and a lack of infrastructure for people with disabilities. The TMDs nonetheless made the decision to travel to the nation despite their perceptions of captive services or the power disparity between service providers and customers, where the former frequently puts their revenue ahead of the latter's satisfaction and well-being. Such a consumer mindset led the researchers to investigate the viewpoints of domestic and foreign mobility-disabled tourists on their service captive experiences in the Indian tourism sector in order to comprehend how such experiences influence their travel behavior. The study confirmed the power disparity between service providers and consumers at various identifiable touch points of the servicescape, its causes, and its impacts on their participation in tourism activities through the application of Rayburn et al.'s (2020) service captivity framework, with a few minor deviations. The findings have repercussions for all of the tourism supply chain's participants as well as for policymakers. To fully realize the promise of accessible tourism, it demands for revamping the service landscape and customer interactions.

**Keywords:** India, tourism service providers, accessible travel, accessibility issues, service captivity, and mobility disability

## Introduction

Even at the most well-known tourist destinations in the nation, accessible and inclusive tourism has not yet taken off and been put into practice, despite studies (Piramanayagam et al., 2019; Saha et al., 2020; Singh et al., 2021) suggesting that the growing population of PWDs and senior citizens can offer lucrative business opportunities to the Indian tourism industry. Additionally, there is little empirical data describing the travel encounters of tourists with disabilities or elucidating the dynamics of their involvement in tourism-related activities in the Indian setting and the resulting loss of agency. Thus, it was deemed important to comprehend how Rayburn et al.'s (2020) concept for service captivity could be used in the context of Indian tourism. Additionally, it was hypothesized that such an application would help people understand how a lack of equal power between consumers and service providers influences the

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former's willingness to enter, influence, or exit services arising from a strong perceived need for a service (such as accessible facilities for TMDs) in comparison to the few options available or an absence of alternatives (Rayburn et al., 2020).

Researchers who have made significant contributions to the field of accessible tourism, including McKercher & Darcy (2018), Eichhorn, Miller, Michopoulou, & Buhalis (2008), and Darcy & Buhalis (2010), have noted how the social environment, practices, and attitudes exclude people with disabilities from fully participating in tourism activities. Such limitations bring forth a number of difficulties that eventually culminate in a power imbalance and servile servitude. The lack of quality information and its dissemination through the proper channels (Eichhorn et al., 2008; Williams et al., 2007), price discrimination (Furrer et al., 2021) and limited access to communication sources that meet informational needs are a few of the challenges. Additionally, inadequate service provision, unfulfilled special requests, unwelcome employee behavior, public stigma, travel duration, the inability to travel with customized wheelchairs, and others (Darcy & Pegg, 2011; Kamyabi & Alipour, 2022); lack of staff awareness and training on various disability needs, language usage, promotional information, and others (Darcy & Pegg, 2011); and respect for disabled consumers' rights.

However, due to unregulated pricing and a lack of standardized accessible tourism practices, service providers frequently disregard client demands and satisfaction as a top organizational goal (Rosenbaum, 2015). The application of Rayburn et al.'s (2020) service captivity framework (SCF) to the current study relates to the accessible tourism servicescape for the disadvantaged and vulnerable mobility-disabled travelers exposed to few options leading to the "controlling nature of service provision to impoverished consumers" (Rayburn, 2015; p. 808). According to Rayburn et al. (2020), the SCF is divided into seven archetypes of captive services, and tourism services correspond to the physical kind of captive service.

In order to help the tourism service stakeholders redesign the servicescape and improve customer interactions with them, the study will explore and document the lived experiences of tourists with disabilities from the perspective of service captivity (Ergene et al., 2021). This will allow them to better leverage their relationships with high-service captivity consumers.

**Resources and Procedures**

Although captive services in the tourism industry have an impact on the health of all types of disabled travelers. But in order to make the most of the scarce research resources, this study exclusively looked at travelers with mobility disabilities (TMDs). Additionally, TMDs are among the most underrepresented groups in the workforce and have limited financial independence (UN-DESA, 2022). This affects their decision to travel and use accessible services at a premium. As a result, the researchers chose the greatest under-represented cohort among people with disabilities.

16 tourists with mobility disabilities (TMDs) who had a range of physical impairments, including upper and lower limb restriction, an inability to coordinate with various bodily organs, and poor manual dexterity, participated in the study. Accidents, multiple sclerosis, cerebral palsy, muscular dystrophy, polio, or congenital conditions all contributed to these impairments. 87.5% of the study's participants used assistive technology, i.e. customized crutches, canes, or wheelchairs.

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The individuals came from a range of age groups and domicilia, with some foreigners (12.5%), Indians who had moved abroad (12.5%), and resident Indians (75%) who had visited India and only a small number of them overseas (6.25%). Their financial circumstances also varied, with some (15%) of those living in India having part-time work and relying on family for support, particularly for larger expenses like travel and medical care.

Using exponential discriminative snowball selection, the participants were chosen from online disability communities. The researchers found respondents who met the study criteria (TMDs with India travel experience) and were willing to participate in the interview sessions through the recommendations given by participants. For the purpose of creating a compelling story of their experiences with captive service, the in-depth interviews were open-ended and semi-structured. The study participant, parent, guardian, or next of kin provided written informed consent for publication of their information in a way that was convenient for the respondents. It took six months (December 2021 to May 2022) of meticulous sampling and interviewing to collect enough data from 16 people.

Due to the possibility of researcher bias in qualitative data, the study used the triangulation method to ensure data validity and reliability. Based on the recommendations of academic experts, the data were collected were corroborated with multiple sources, such as social workers, tourism professionals, and literature, developing a thorough understanding of the phenomenon.

## Findings

The word frequencies used by the 16 participants in their narratives of their travels to India and their encounters with captive services were obtained by the data analysis using the NVIVO program. Table 1 in the appendix shows the researcher's 30 different code identifications, which resulted in four major themes.

### Theme 1: Types and Levels of Service Captivity

All of the TMD participants who were contacted concurred that India lacks facilities for tourists and travelers. The participants agreed that many service providers, primarily those in the lodging industry, had misled them about the accessibility of their facilities. The participants' repeated complaints about staff behavior, including their ignorance of and insensitivity to the needs of TMDs, were consistent with the findings of research by Eichhorn et al. (2008) and Chikuta et al. (2017). These investigations claimed that tour operators and guides did not have complete access to information regarding TMDs, which prevented them from meeting their demands.

Another problem for the employees at the ports and well-known Indian UNESCO world heritage sites was the haughtiness of the security staff employed by the service-providers (public and private). Domestic and international travelers are deterred by the security personnel's and frontline staff's evident indifference because they naturally compare them to the effective, accessible services offered in European or Middle Eastern nations. Because of this, these discriminating travelers like visiting these nations over India (as P7, P5, P8, P15, and P16 demonstrated).

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The insensitivity to the many demands and forms of impairments undermines the dignity of TMDs, highlights staff discrimination, and entrenches service captivity through expensive, incomplete, and occasionally nonexistent care provision. According to the study, people with TMDs are forced to choose "accessible cabs" when they travel, which further restricts their ability to move around frequently and puts a pressure on their dependence on their families for financial support.

Nearly all participants believed that luxury five-star hotels are the only ones with enough accessible amenities. As a result, the options were unworkable for the country's general middle-class travelers, who make up the majority of domestic travelers and are expected to account for 90% of domestic tourism sector spending by 2028 (Ministry of Tourism, 2019). Such observations point to the monopolistic exclusion and a lack of alternatives that cause service captivity.

Participant P4 brought up a number of service capacity problems with the accessible public transportation system, including inaccessible bus stops, crammed buses, wheelchair ramps that don't work, staff members who can't manage these facilities, and a lack of signage or information about the bus route and stops, which makes the TMDs feel incredibly constrained and miserable.

**Theme 2: Reasons for Service Captivity**

The respondents believed that the frontline personnel of service providers' apparent apathy, insensitivity, ignorance, and uncouth behavior was mostly due to their lack of training and sensitization to the needs of individuals with disabilities. Long, ineffective procedures also made the TMDs' problems worse. The government and its institutions were blamed by the participants for not prioritizing the removal of systemic barriers and for not enforcing compliance by service providers with accessible laws, regulations, and physical infrastructure.

**Theme 3: Coping mechanisms**

Participant P8 sums up the TMD's outlook admirably, despite the inherent difficulties:

Travel is a privilege. It's a privilege. Travel is a right for everyone. Additionally, if we don't think and act in that way, we aren't being sustainable.

Regardless of the captive services offered by the tourism industry, each of the participants in the study shown better levels of resilience. Despite being limited in their involvement, the participants expressed enthusiasm and satisfaction for their trip adventures.

Even still, captive services, unavailable infrastructure, and social illiteracy were challenges for TMDs. The travelers opted to reflect on the pleasant emotions they felt while traveling and draw lessons from the unpleasant ones in order to make wise travel plans. The conversation demonstrated the TMD travelers' and their relatives' irrepressible passion toward travel despite all obstacles and their willingness to spend extra to acquire satisfying travel experiences and independence. Such characteristics provide the Indian tourism industry with significant opportunity to both attract tourists who are wary of the challenging travel conditions in the nation and to serve the growing local and international TMD traveler population.

**Theme 4: Impacts of Service Captivity**

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The study found that captive services are pervasive in the Indian tourism industry and negatively impact TMD visitors' well-being, with pitifully scant provisions for accessible services at reputable 5 Star hotel chains, airports, and UNESCO World Heritage Sites. The TMDs' (domestic and international) motivation is further impacted by the tiny or virtually nonexistent number of accessible tour operators, which deters family members from realizing the rights of their kin to participate in travel. Strong hindrances include a lack of physical infrastructure, inaccurate and opaque website information, workers with insufficient accessible facility knowledge, and authorities' and other passengers' stereotyped attitudes. For example, the absence of wheelchair-accessible buses with restrooms for lengthy journeys like intercity travel and the poor road conditions in neighboring nations like Nepal deter TMDs like P2 from visiting these locations for sports or leisure activities. They are also imprisoned by the lack of walking spaces and accessible infrastructure near the beaches, which prevents them from taking part in activities by the water (P6).

The employees and Indian society are still opinionated, prejudiced, and conservative in their outlook, the participants all agree to say. There is an unhealthful underlying presumption that it is best to keep TMDs at home, especially those travelers (like P1, P2, P3, P4, and P7) who have disabilities that account for more than 90% of their disabilities. Additionally, P5 and P13 exposed the implicit assumption of the staff and the general public that the highly mobility-restricted guests are also mentally challenged and, as a result, are unable to make simple decisions for themselves, such as choosing their own food.

**Discussion**

There has been an increase in accessible tourism research and practice around the world, but developing countries like India, with their constrained financial and intellectual resources, have significant service captivity challenges in achieving the goals of transformational tourism services. According to Tao et al. (2019), TMDs with less financial freedom are deterred from taking frequent trips by the increased costs for accessible services in the tourism industry.

The lack of perceived need, their limited options, the staff attitude, the lengthy wait, and the power imbalance through captive services contributed to their feeling vulnerable and without power, choice, or voice (Rayburn et al., 2020). According to Rosenbaum's (2015) research, there is a lack of information exchange and incorrect information in the tourism supply chain. But more importantly, the results showed that service captivity existed, as experienced by TMDs while visiting Indian tourist attractions. The disparity between power and

However, because the TMDs thoroughly research the service provider (accommodation, food, and travel) rather than repeatedly using the same provider based on social perceptions, the findings did not establish the source of the physical service captivity involved—consumer-induced or spatial and temporal. In addition, most of the participants did not take advantage of the vacation packages that travel agencies offered. As a result, it was unclear whether the participants' experience of service captivity was caused by structural or procedural sources rather than at the individual level, whether it was brief and did not last long, and whether the interactional feature was transactional rather than relational. There was a divergence from the SCF framework on this count.

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## Limitations

The study made an effort to investigate service captivity from TMDs' viewpoints in Indian tourism settings. There is room for more analysis of additional disability experiences in service confinement that fit the three closely related archetypes outlined in the SCF by Rayburn et al. (2020). Therefore, it is advised that a future study examine the difficulties faced by TMDs that result in service captivity through specific incidences connected with a specific tourist destination or service provider. Additionally, the study failed to emphasize the solutions and advice that the TMDs perceived, which could be helpful for service providers and policymakers in planning effective, accessible tourism services. Additionally, the study left out how travelers' feelings of imprisonment and judgments of pricing injustice affect their after-service evaluations and word-of-mouth behavior. To understand how the performance of the organization and the sector is impacted by accessible tourism services of low quality, an empirical study on the subject is advised. Lastly, a comparison of the perspectives of service providers (tour operators, travel agencies, lodging establishments, restaurants, and others) and TMD tourists (across severity) on service captivity in accessible tourism would support the perceptions of challenges in the tourism industry by both parties.

Conclusion

Understanding the service captivity the TMDs encountered in the Indian tourism industry via the lens of the seven captivity archetypes was a key conclusion of the findings for academics and policymakers. In Rayburn et al.'s (2020) SCF, for example, the physical service of captivity is linked to the provision of tourism services. The social and chosen archetypes can also be related, particularly when they are found in accessible tourism. Tourists with limited mobility typically select their service providers based on brand loyalty or social connections (peers or relatives who use the same service provider). The consumer-provider relationship in this case is the root of service captivity, which contributes to consumers receiving subpar extended services because there are fewer departure choices, demonstrating the appropriateness of the chosen service captivity. The social category is also relevant since consumers are socially locked in, forced to engage in limited services and unfavorable behaviors dictated by public perception, which once more creates an unbalanced power dynamic (Fliess & Volkers, 2020a). Due to preconceived notions, when a customer receives "minimal service," they may not repurchase the product, switch to another provider, or break off their relationship altogether.

The results also suggest that service captivity issues could be lessened by increasing the number of service providers with accessible facilities, training more social and technical staff at all levels (frontline, middle, and top management), and capping the amount of money service providers can charge customers. Such tactics will address the monopoly of a few major service providers who dominate the smaller ones in terms of quality service delivery. The findings also showed how crucial it is for the government to prioritize enforcing and executing the Rights of Persons with Disabilities Act (RPDA), 2016, as well as developing and implementing universal building codes and accessible services using a multisectoral strategy. Moreover, to include the TMDs' voices can be involved in the service design, along with NGO representatives working on the accessibilities issues, enabling them to help the organisations, stakeholders, and policymakers to strategize effective service deliveries and training modules (Ergene et al., 2021).

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Increased employee-customer connection and the ability to persuade the latter to stay longer amid a poor service experience are two benefits of including TMDs into servicescape design (Volkers, 2021). Most crucially, service captivity is an intrinsic service scenario that is recognized by both consumers and service providers rather than a distinct occurrence. The latter are unaware of the customers' sense of captivity and their endurance of poor services, which require robust identification to resolve service failure, subpar performance, and promote customer wellbeing (Fliess & Volkers, 2020b). In order to ensure the service providers' profitability without further exploiting the concerned marginalized community, an evaluation framework of disability policies is required (such as the efficiency and operation of wheelchair-accessible buses in Indian cities) as well as a check on the system to bind the highest and lowest range of prices (Stavros et al., 2021).

## References

Casey, D., & Murphy, K. (2009). Issues in using methodological triangulation in research: Dympna Casey and Kathy Murphy explore the advantages and disadvantages of using triangulation. *Nurse Researcher*, *16*(4), 40–55.

Chikuta, O., Kabote, F., & Chikanya, N. (2017). Tour guides experiences with tourists with disabilities. *EJTHR*, *8*(2), 130–139. https://sciendo.com/downloadpdf/journals/ejthr/8/2/article-p130.pdf

Darcy, S., & Buhalis, D. (2010). Introduction: From Disabled Tourists to Accessible Tourism. In *Accessible Tourism* (pp. 1–15). Channel View Publications. https://www.degruyter.com/document/doi/10.21832/9781845411626-004/html

Darcy, S., & Pegg, S. (2011). Towards Strategic Intent: Perceptions of disability service provision amongst hotel accommodation managers. *International Journal of Hospitality Management*, *30*(2), 468–476. https://www.sciencedirect.com/science/article/abs/pii/S0278431910001106

Department of Empowerment of Persons with Disabilities (Divyangjan). (2022). *Annual Report 2021-22*. https://disabilityaffairs.gov.in/content/upload/uploadfiles/files/MSJE Annual Report 2022 English.pdf

Disabled World. (2021). *Disability Statistics: Information, Charts, Graphs and Tables*. Disabled World. https://www.disabled-world.com/disability/statistics/

Eichhorn, V., Miller, G., Michopoulou, E., & Buhalis, D. (2008). Enabling access to tourism through information schemes? *Annals of Tourism Research*, *35*(1 (January)), 189–210. https://www.sciencedirect.com/science/article/abs/pii/S0160738307001053

Ergene, E., Skaggs, B., & Echeveste, I. (2021). Service production in high captivity service firms. *Service Business*, *15*, 19–43. https://link.springer.com/article/10.1007/s11628-020-00431-8

Fliess, S., & Volkers, M. (2020a). Trapped in a service encounter: Exploring customer lock-in and its effect on well-being and coping responses during service encounters. *Journal of Service Management*, *31*(1), 79–114. 10.1108/josm-01-2019-0013

ISSN PRINT 2319 1775 Online 2320 7876

Research paper  UGC CARE Listed ( Group -I) Journal Volume 10, Iss 3, 2021

Fliess, S., & Volkers, M. (2020b). Trapped in a service encounter: xploring customer lock-in and its effect on well-being and coping responses during service encounters. *Journal of Service Management*, *31*(1), 79–114. https://doi.org/10.1108/josm-01-2019-0013

Furrer, O., Kerguignas, J. Y., & Landry, M. (2021). Customer captivity, negative word of mouth and well-being: a mixed-methods study. *Journal of Services Marketing*, *35*(6), 755–773. https://www.emerald.com/insight/content/doi/10.1108/JSM-07-2020-0311/full/html

Kamyabi, M., & Alipour, H. (2022). An Investigation of the Challenges Faced by the Disabled Population and the Implications for Accessible Tourism: Evidence from a Mediterranean Destination. *Sustainability*, *14*(8), 4702. https://www.mdpi.com/2071-1050/14/8/4702

Lehto, X., Luo, W., Miao, L., & Ghiselli, R. F. (2018). Shared tourism experience of individuals with disabilities and their caregivers. *Journal of Destination Marketing and Management*, *8*, 185–193. https://doi.org/10.1016/j.jdmm.2017.04.001

McKercher, B., & Darcy, S. (2018). Re-conceptualising barriers to travel by people with disabilities. *Tourism Management Perspectives*, *26*, 59–66. https://doi.org/10.1016/j.tmp.2018.01.003

Minsitry of Tourism. (2019). *India Tourism Statistics 2019*. https://tourism.gov.in/sites/default/files/2020-04/India Tourism Statistics 2019.pdf

Noor, K. B. M. (2008). Case Study: A Strategic Research Methodology. *American Journal of Applied Sciences*, *5*(11), 1602–1604.

Piramanayagam, S., Pritam, P., & More, B. A. (2019). Inclusive hotel design in India: A user perspective. *Journal of Accessibility and Design for All*, *9*(1), 41–65. https://upcommons.upc.edu/handle/2117/134058

Rayburn, S. W. (2015). Consumers' captive service experiences: it's YOU and ME. *The Service Industries Journal*, *35*(15–16), 806–825. https://www.tandfonline.com/doi/abs/10.1080/02642069.2015.1090982

Rayburn, S. W., Mason, M. J., & Volkers, M. (2020). Service Captivity: No Choice, No Voice, No Power. *Journal of Public Policy & Marketing*, *39*(2), 155–168. https://journals.sagepub.com/doi/abs/10.1177/0743915619899082

Rosenbaum, M. S. (2015). Transformative service research: research that matters. *The Service Industries Journal*, *35*(15–16), 801–805. https://www.tandfonline.com/doi/full/10.1080/02642069.2015.1109638

Saha, K., Kalra, R., & Khare, R. (2020). A geospatial approach to enhance religious tourism in India—A case of Ujjain city, Madhya Pradesh. *GeoJournal*, *ahead-of-p*(ahead-of-print). https://link.springer.com/article/10.1007/s10708-020-10334-w

Singh, R., Sibi, P. S., Yost, E., & Mann, D. S. (2021). Tourism and disability: a bibliometric review. *Tourism Recreation Research*, *Ahead-of-p*(Ahead-of-print). https://www.tandfonline.com/doi/abs/10.1080/02508281.2021.1959768

ISSN PRINT 2319 1775 Online 2320 7876

Research paper  UGC CARE Listed ( Group -I) Journal Volume 10, Iss 3, 2021

Stavros, C., Westberg, K., Russell, R., & Banks, M. (2021). How positive service experiences contribute to service captivity. *Journal of Services Marketing*, *35*(6), 774–790. https://www.emerald.com/insight/content/doi/10.1108/JSM-08-2020-0332/full/html

Tao, B. C., Goh, E., Huang, S. (Sam), & Moyle, B. (2019). Travel constraint perceptions of people with mobility disability: a study of Sichuan earthquake survivors. *Tourism Recreation Research*, *44*(2), 203–216. https://www.tandfonline.com/doi/abs/10.1080/02508281.2019.1589085

UN-DESA. (2022). *Factsheet on Persons with Disabilities*. https://www.un.org/development/desa/disabilities/resources/factsheet-on-persons-with-disabilities.html

Volkers, M. (2021). "Can I go or should I stay?" A theoretical framework of social lock-in during unsatisfactory service encounters. *Journal of Service Theory and Practice*, *31*(4), 638–663. https://www.emerald.com/insight/content/doi/10.1108/JSTP-06-2020-0122/full/html?utm_source=rss&utm_medium=feed&utm_campaign=rss_journalLatest

Williams, R., Rattray, R., & Grimes, A. (2007). Online accessibility and information needs of disabled tourists: A three country hotel sector analysis. *Journal of Electronic Commerce Research*, *8*(2), 157–171. http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.472.592&rep=rep1&type=pdf