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The Role of Technology in Tourism and Health Services for Accessibility in Service Management

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Abstract: As technology connects people and makes life easier, it is crucial to conduct smart societies by facilitating qualified services. The research study aims to evaluate accessibility in health and tourism services. Qualitative research design is employed that 100 research participants reflect their experiences. Thematic analysis was conducted to analyze qualitative data. It is revealed that accessibility needs to be improved in the society for disability. There is an intensified need to enhance tourism and health services through accessibility. In this respect, technology integration to the health and tourism services for the quality of life is strategic policy for the welfare of the citizens and accessible society.

Keywords: *economy; health; disability; service; strategy; technology; tourism*

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Introduction

Tourism is continuing to expand according to world tourism organizations and is expected to grow in the next decade. Its contribution to the economy in terms of employment, foreign exchange earnings, and growth is immense which also has great impacts on different sectors of economy, despite the ups and downs in the world economies.

One other type of tourism that recently attracts the attention of travel agents, tour operators and investors amongst others is health tourism which contributes to the value added of the country concerned. Price advantages, procedures, transport costs, hotel reservations, package applications sometimes lead to lower costs than the patients' country. Patients to overcome procedures, having treatment at lower costs and to avoid long waiting lists in their countries prefer to receive low cost health services in other countries. Patients in this process can also participate in tourism activities (Olya, Altinay Gazi, Altinay Aksal, & Altinay, 2018).

Low cost health services, economic travel alternatives, development of technology, improvement in services, standards in health sectors all contributed to growth of health market. Now, leading countries in health tourism like India, Cuba, Thailand and Singapore are competing with new countries trying to penetrate in health tourism market. Developments in communication tools, with the impact of internet and media, helped people to reach high quality health services with lower costs by having access to detailed information related to health services (Tarrant, Rubin, & Stoner, 2014).

Today, health expenditures almost exceeded four trillion dollars. United States with more than 285 million people have a share of %35 percent of the total health expenditure in the world. China, with the highest population in the world holds only %8 percent of the health expenditures of the world (Xiang & Gretzel, 2010).

Nowadays, health tourism with its hundred billion dollars of expenditure is one of the leading alternative tourism types. Health tourism in the world can be categorized as; medical tourism, thermal tourism, and tourism for the elderly handicapped. Those foreign people looking for health services and applying to hospitals in EU countries compose 41.8% of the total number, mainly from UK, Holland, Belgium and Germany.

Medical tourism market is growing because of the increase in health expenditures, high costs and problems in health systems. Ageing population in Europe also increased travel for health purposes. Finally, according to the

statistics from Ibid and WHO, the global health care expenditures in percentage of gross domestic production (GDP) are expected to increase from 10.4% in 2015 to 10.5% in 2020. Global health care expenditures are estimated to reach a total of 8.7 trillion by 2020 from 7 trillion dollars in 2015. In this respect, the role of technology in fostering accessibility in health and tourism services is crucial. Therefore, the focus of the study relies on examining the importance of tourism and health services within the accessibility in order to make equal life standards for disabled people.

Quality of life relies on services within the society. Accessibility and the integration of technology are key elements to foster qualified services within the society (Altinay, Altinay, Ossianilsson, & Aydin, 2018). This sheds a light to establish smarter societies in order to make equal and accessible services to everyone. In this respect, health and tourism services are main components that these services need to be enriched based on accessibility (Olya et al., 2018).

Government and non-governmental institutions need to set strategies to revamp issues in health and tourism. Establishing strategies for the qualified services in tourism and health is essential for making accessible societies. Therefore this research study aims to evaluate accessibility in health and tourism services in order to set strategies for the welfare of the societies.

Research questions are examined in order to extend the understanding on the research focus in detail.

- What is the capacity and services in Northern part of Cyprus for the tourism in terms of accessibility and technology?
- What is the accessibility in health services?
- What are the responsibilities and strategies to develop accessibility and the integration of technology in health and tourism services?

Methodology

Research Design and Methodology

This is a qualitative research. Experiences and thoughts are gathered from the research participants (Creswell, 2003; Yıldırım & Şimşek, 2011). Research participants were selected through purposive and snow ball techniques that their experiences and knowledge extend the knowledge on the research focus. In this respect, the research was conducted with 100 participants after conducting seminars about accessibility and services on disability. 90 minutes seminar was conducted to research participants in order to raise awareness on accessibility and the role of technology to make

connected society. Qualitative data were gathered from self-reports. Three themes that were capacity and services for the tourism in terms of accessibility and technology, accessibility in health services and the responsibilities and strategies to develop accessibility and the integration of technology in health and tourism services are set. A thematic analysis was also done (Denzin & Lincoln, 1994).

Findings

Findings are indicated through the three themes which are 1) capacity and services for the tourism in terms of accessibility and technology, 2) accessibility in health services and 3) the responsibilities and strategies to develop accessibility and the integration of technology in health and tourism services.

Table 1: Tourism in Northern part of Cyprus and accessibility for the disabled and technology

Themes	Participants			
	Respondent	Non-respondent	Total	%
Insufficient access to tourism facilities	90	20	110	81
Facilities recorded are not put in use	74	36	110	67
Limited interaction in public life	70	40	110	63
Limited hotel rooms, non-equipped pools and beaches	85	25	110	77
Lack of reduction for the disabled in hotels lack of travelling facilities for holidays	83	27	110	75

Source: Findings 1 capacity and services for the tourism in terms of accessibility and technology

In this table, it can be seen that there is an insufficient tourism facilities and there is an limited interaction in public life. Services in hotels, sea sides and pools are not suitable for the accessibility and services are not announced through the merits of technology for the connected society. In addition to this, there is lack of reduction for disabled people that limits of experiencing tourism services.

Table 2: Access to health services for the disabled

Themes	Participants			
	Respondent	Non-respondent	Total	%
More facilities in private hospitals than of State hospitals	82	28	110	74
The disabled have better access to health services in University hospitals	77	33	110	70

Source: Findings 2 accessibility in health services

In this table, it can be seen that private hospitals provide accessibility and services in health. Accessibility can be reached out by the facilities of University hospitals.

Table 3: Responsibilities of organizations and individuals for barrier-free tourism and health services

Themes	Participants			
	Respondent	Non-respondent	Total	%
Insufficient access to tourism facilities	90	20	110	81
Facilities recorded are not put in use	74	36	110	67
Limited interaction in public life	70	40	110	63
Limited hotel rooms, non-equipped pools and beaches	85	25	110	77
Lack of reduction for the disabled in hotels lack of travelling facilities for holidays	83	27	110	75

Source: Findings 3 the responsibilities and strategies to develop accessibility and the integration of technology in health and tourism services

In this table, it can be seen that awareness on accessibility is important to enhance series. There is a common sense that there are responsibilities of different bodies of government and education institutions on the accessibility and technology integration on tourism and health services. Regulations and policies are needed to be reconsidered and

collaboration is needed. Training for enterprises and concentrating on the universal values in the life designs are important.

Conclusion and Discussion

It is observed that, in general, tourism and living conditions are hard to access for the disabled. In spite of several facilities on paper, they cannot be accessed in real life. Therefore, there are limited job opportunities for the disabled in public services. In addition, there are limited numbers of rooms in hotels and swimming pools and beaches are not sufficiently equipped for the disabled. With low income, the disabled cannot benefit from hotels neither they can have holidays because of lack of reduction in hotels and transportation serving the disabled (Akçil, Altınay, & Altınay, 2016; Altınay, Dağlı, & Altınay, 2016).

Every organization and individual should use their sources properly and sufficiently in the context of social responsibilities and should care more about barrier-free tourism and health services. Universities should have scientific studies in this field. All members of Disabled Associations should be trained in accessibility in tourism and health services and the disabled should be trained in questioning the enterprises on certain criteria (Karaatmaca, Altınay, & Altınay, 2019). The Education Faculties should have stronger collaboration with the Associations for the Disabled and Centers of Special Education. The Chamber of Tourism should insist more on a change in the Charter for Hotels and the Law and should act more seriously. All individuals should develop their empathy skills in all sections, and particularly in primary, secondary and high schools, Municipalities and the media well planned education should be provided.

References

- Akçil, U., Altınay, F., & Altınay, Z. (2016). Assessing the effects of managers in the digital age on the management process of digital citizenship roles. *The Antropologist*, 23(1,2), 209-217. doi:10.1080/09720073.2016.11891943
- Altınay, F., Dağlı, G., & Altınay, Z. (2016). Digital transformation in school management and culture. *Virtual Learning*. doi:10.5772/65221
- Altınay, Z., Altınay, F., Ossianilsson, E., & Aydın, C. H. (2018). Open education practices for learners with disabilities. *BRAIN: Broad Research in Artificial Intelligence and Neuroscience*, 4(9), 171-176.
- Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches*. Thousand Oaks, USA: Sage

- Denzin, N. K., & Lincoln, Y. S. (1994). *Handbook of qualitative research*. Thousand Oaks, USA: Sage.
- Karaatmaca, C., Altınay, Z., & Altınay, F. (2019). Suggestions for improving the country's Master Plan for the Disabled People with Life-Sustaining Limitations. *BRAIN: Broad Research in Artificial Intelligence and Neuroscience*, 10(2), 93-102.
- Olya, H. G. T., Altınay Gazi, Z., Altınay Aksal, F., & Altınay, M. (2018). Behavioral intentions of disabled tourists for the use of peer-to-peer accommodations: an application of fsQCA'. *International Journal of Contemporary Hospitality Management*, 30(1), 1-27. doi:10.1108/ijchm-08-2016-0471
- Tarrant, M. A., Rubin, D. L., & Stoner, L. (2014). The added value of study abroad fostering a global citizenry. *Journal of Studies in International Education*, 18(2), 141-161. doi:10.1177/1028315313497589
- Xiang, Z., & Gretzel, U. (2010). Role of social media in online travel information search. *Tourism Management*, 31(2), 169-176. doi:10.1016/j.tourman.2009.02.016
- Yıldırım, A., & Şimşek, H. (2011). *Sosyal bilimlerde nitel araştırma yöntemleri*. Ankara, Turkey: Seçkin Yayıncılık.