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ARE WE DISCRIMINATING TOWARDS GUESTS WITH DISABILITIES? ACCESSIBILITY ANALYSES OF PUBLIC RESTAURANTS FACILITIES IN THE REPUBLIC OF SLOVENIA

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Previous studies have not considered the importance of managers' perspectives for assuring accessibility, and no international benchmarking standards for public restaurant accessibility assessment exist. This study aims to: (1) Propose a holistic evaluation framework for the overall (physical, functional, and communicational) assessment of restaurant accessibility; (2) Identify managers' perceptions of accessibility; and (3) Determine differences in restaurant accessibility according to managers' and restaurants' characteristics. This study was conducted in two stages: literature and legislative analyses and exploratory research using focus groups (the national disability organisations representatives) and field research. The European (EU) and the national legislation were thoroughly analysed and compared to the Americans with disabilities act (ADA). A self-administered questionnaire was distributed to 180 managers of small and medium-sized (SME) restaurant enterprises in Slovenia. Bivariate and cluster analyses (CA) were used. Two clusters of restaurants (less and better accessible) were identified. Results indicate that physical barriers, though strictly regulated at the EU level, still present a significant shortcoming in providing accessible services. Functional and communicational barriers prove less problematic. Results also reveal that more accessible restaurants are bigger, have more employees, invest more in IT, and their managers have greater understanding and skills in this area. The evaluation tool enables a holistic approach to accessibility analysis by following the guest's logical movement path. Besides stricter control, policymakers, interior designers, and restaurant service providers should collaborate closely with disability organisations. Restaurant service providers should be trained on disability issues.

Key words: **accessibility, barriers, restaurant industry, guests with disabilities (GWD), Slovenia.**

INTRODUCTION

Tourism, and thus the restaurant industry, are significant economic activities. Until 2019 (before the COVID-19 pandemic), tourism's GDP growth rates were higher than that of the global economy (WTTC, 2020). The restaurant industry has also seen significant growth in sales volumes and profitability in this context. Tourism contributed 10.4% of global GDP in 2019, while tourism contributed 10.6% of GDP in the Republic of Slovenia, a small European (EU) economy.

Simultaneously, the restaurant industry has provided numerous opportunities for the growth of micro, small, and medium-sized enterprises (SMEs), which are the backbone of the tourism and restaurant industries. SMEs account for 99.8% of all business entities in the Republic of Slovenia (a total of 206,220 enterprises), with approximately 4% (8,266) operating in the restaurant sector (SiStat, 2021).

A growing body of literature recognises the importance of tourism for sustainable development. According to the United Nations World Tourism Organization (UNWTO),

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sustainable tourism addresses the impacts it has on the economy, society, and environment. Specifically, the social dimension addresses human rights and equal opportunities for all. Among the 17 sustainable development goals of the Tourism in the 2030 Agenda, fighting inequality in tourism is a key priority (UNWTO, 2015).

The consideration of accessibility is particularly relevant due to the social challenges humanity is facing. Specifically, 15% of the world's population live with some sort of disability (Eurostat, 2021). With the population ageing and the rising prevalence of chronic diseases, this number is expected to increase in the next years (Ferri Sanz *et al*., 2019). In the EU alone, persons with disabilities constitute 25% of the total EU population. In Slovenia, approximately 13% of the population suffers from a disability (Sendi, 2019). Interestingly, only in 2001, the United Nations (UN) General Assembly drew up a Convention on the Rights of Persons with Disabilities (UNCRPD). In the EU, the UNCRPD was officially adopted only in 2008.

Due to the growing awareness of this issue, we can find that increasing numbers of researchers have been working on this topic recently. Though still relatively small in number (Qiao and Chen, 2021), tourism researchers have mainly emphasised the demand side, with research primarily focused on the lodging sector (Ferri Sanz *et al*., 2019; Lim, 2020). Most studies have highlighted the economic benefit of making services assessable for guests with disabilities (GWD), since they represent a large market segment (Park and Lee, 2009). However, in terms of making society generally accessible, in recent research (Lim, 2020), this view was considered biased. Namely, the disabled should be considered equal members of society. Nevertheless, as a whole, the community benefits from assessable services as any person can go through a period of physical discomfort at any time in life. Specifically, obstacles to tourists with disabilities have been categorised as those related to consumers themselves, the supply environment (e.g. architectural, layout and other physical barriers) and those related to the interaction between demand and supply (e.g. communicational and other attitudinal-functional barriers), and obstacles related to the social-integrated perception of disabilities (Lim, 2020).

The perspectives of service providers have not been sufficiently analysed (Grady and Ohlin, 2009). Specifically, concerning restaurant accessibility, only a few studies were identified. These studies were limited to the Americans with Disability Act (ADA) compliance (Riesch and Kleiner, 2005), accessibility in specific geographic areas (Botlíková *et al*., 2022), web accessibility (Park and Ha, 2022) and allergies (Shakespeare, 2022). To the best of our knowledge, no study has applied a holistic approach to the empirical evaluation of restaurant accessibility within the EU. Moreover, no studies investigating managers' perceptions of accessibility were found. Restaurant SMEs are not subjected to a categorization process compared to lodging facilities, meaning that their accessibility, though legally compulsory (Equalisation of Opportunities for Persons with Disabilities Act – ZIMI (Glasilo Uradni list RS (No. 94/2010)), is highly dependent on their managers' awareness and professionalism (see also subsection A national perspective). This study aims to close the gap in the literature by applying a holistic approach to the investigation of restaurant accessibility from the service providers' perspective. Specifically, the objectives of this study are threefold:

- to propose an evaluation framework for the overall (physical, functional, and communicational) self-assessment of restaurant accessibility;
- to identify differences in restaurant accessibility according to restaurant managers' perceptions of accessibility; and
- to analyse differences in accessibility between restaurants based on their physical and managers' characteristics.

Based on that, this study will be able to enrich the field of literature on accessibility constraints and hopefully improve restaurant accessibility.

LITERATURE REVIEW

Key disability definitions and legislation

An international perspective

The UNCRPD has set the minimum standards for the rights of people with disabilities. In Article 1 (p. 4), it defines persons with disabilities as "those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (UNGA, 2006). Moreover, according to Article 9 of the UNCRPD, countries should also identify and eliminate obstacles and barriers and ensure that persons with disabilities can assess their environment, transportation, public facilities and services, and IT technologies (UNGA, 2006).

Specifically, concerning urbanism and spatial planning, in 2015, the UN General Assembly adopted a critical document entitled 'Transforming our world: the 2030 Agenda for Sustainable Development'. The document lists 17 objectives that UN member states should achieve. Among them, the 10th objective refers to the rights of people with disabilities and their integration into society and the 11th to ensuring free access to living space (UNGA, 2015; UNWTO, 2015).

In the USA, accessibility is primarily regulated by ADA, whose requirements related to mobility (physical issues) deal with areas that are relatively easy to measure. In contrast, issues related to intangible elements are still open to interpretation (e.g., web accessibility) (Wolf, 2019).

European legislation

In Table 1, the key EU disability initiatives (conventions, strategies, and international treaties) and legislation (common rules – directives) related to the field of the study are presented in chronological order.

As can be seen from Table 1, the EU does not have a separate disability act. Even though restaurant SMEs are not subjected to the Accessibility Act, they are considered businesses open to the public. Accessibility to the physical environment is specifically required by Article 9 of the UNCRPD. Furthermore, according to Article 21 of the UNCRPD, the accessibility of information is required (UNGA, 2006).

Table 1. The EU disability initiatives and legislation
(Source: European Commission, 2020; European Parliament, Council of the European Union, 2019)

Disability initiatives	Relevance
EU Convention on Human Rights – ECHR (1953)	First EU convention to protect human rights and political freedoms.
Treaty of Amsterdam (1997) – now Article 19 of the Treaty on the Functioning of the EU	Protection of human rights against discrimination.
EU Charter of Fundamental Rights – CFR (2000)	Set of human rights that must be protected in the EU.
Ratification of the UNCRPD at the EU level (2008)	An international perspective of promoting and protecting the human rights of persons with disabilities.
Lisbon Treaty amendment to the Treaty on the EU (2009)	CFR became a legally binding document within the EU.
EU Disability Strategy 2010–20	The main instrument of the EU Commission to implement the UNCRPD.
EU Pillar of Social Rights (2017)	The document especially highlights the right of the disabled to assess to goods and services available to the public and to enable them to participate in society.
Strategy for the rights of persons with disabilities 2021-2030	The goal is to ensure that Europeans with disabilities no longer experience any form of discrimination.
Common rules - directives	Minimum standards for persons with disabilities in the areas of guest service, employment, built environment, transportation, information, and communications.
The Equality Framework Directive employment and occupation (EU directive 2000/78/EC)	
Regulations on the Rights of Passengers with Reduced mobility in main modes of transport (e.g., Air - Regulation (EC) No 1107/2006; sea and waterways - Regulation (EU) No 1177/2010)	
EU web accessibility directive (EU directive 2016/2102),	
EU Accessibility Act (EU directive 2019/882/EC)	

A national perspective

The rights of the disabled are protected by the Constitution of the Republic of Slovenia (Glasilo Uradni list RS (No. 33/1991)). Accordingly, general recommendations concerning accessibility are captured in the *National guidelines to improve the built environment, information and communications accessibility for people with disabilities* (2005) and the Action Programme for Persons with Disabilities 2022 – 2030 (MDDSZ, 2021).

The fundamental law regarding disability is the Equalisation of Opportunities for Persons with Disabilities Act - ZIMI (Glasilo Uradni list RS (No. 94/2010)), while the accessibility of the built environment is a subject of the Building Act (Glasilo Uradni list RS (No. 199/2021)) and Rules on Universal Construction and the Use of Construction Works (Glasilo Uradni list RS (No. 41/2018)).

The Building Act (Glasilo Uradni list RS (No. 199/2021)) considers the importance of different international standards (Article 37). Specifically, the following standards, which have been recognized by the Slovenian Institute for Standardization (SIST), are mandatory in the universal construction and use of building facilities: SIST ISO 21542:2022 (Building construction - Accessibility and usability of the built environment); SIST 1186:2016 (Tactile Walking Surface Indicators for Blind and Partially Sighted), and SIST EN 60118-4:2015 (Electroacoustics - Hearing aids) (SIST, 2022). Moreover, different manuals on inclusive design and accessibility have also been published (e.g. Albreht, 2018; Sendi, 2019). However, none of them focuses explicitly on restaurant SMEs.

A review of the national legislation reveals that it primarily focuses on the physical environment, while there are few specific regulations related to other types of accessibility barriers (communicational and functional) in restaurant SMEs (see also Table 2).

Disability studies in the restaurant industry

In terms of the restaurant industry, only a few studies were found covering the different issues of disability, such as the analysis of employers' attitude toward hiring people with disabilities (Chi and Qu, 2005), employment of individuals with intellectual disabilities (Feerasta, 2017), utilisation of restaurant services by GWD in Korea (Joo and Cho, 2012), and the possibility of employing and re-socialising disabled people with dementia (Jiang *et al*., 2021).

Specifically, concerning restaurant accessibility, we have found only a few studies. One of the first studies dates to 1993 when McClain *et al*. (1993a) investigated restaurant wheelchair accessibility in the USA and found notable differences between the different types of facilities. Similarly, Riesch and Kleiner (2005) reported that the most prevalent forms of discrimination in USA restaurants are race and disability based. In terms of physical accessibility, Wan-Chen and Chi-Chuan (2012) found major issues in assuring an appropriate dining environment for the visually impaired in Taiwan. Similarly, Dias de Faria *et al*. (2012) found that for the visually impaired customers in Brazil the ideal restaurant is the one in which the menu is read by the waiter, service is provided by empathetic personnel, low-intensity light and sounds are used, round tables are provided, and the waiter can be called using a button. In the case of Ukraine, Sokolenko (2018) reported major issues in infrastructure development. In their study, Park *et al.* (2020) presented the Restaurant Accessibility and Task Evaluation Tool. The instrument lacks academic evaluation as no other studies tested its validity to the best of our knowledge.

In terms of web accessibility, Aizpurua *et al*. (2016) explored the relationship between restaurant web accessibility and user experience among GWD in Basque (Spain), Botlíková *et al*. (2022) evaluated the information accessibility of restaurant facilities in the Moravian-Silesian Region (Czech Republic), and Park and Ha (2022) investigated restaurant web-content accessibility in five major cities in the USA. In terms of alternative approaches to restaurant accessibility, Shakespeare (2022) examined Boston's allergy-friendly restaurant landscape based on online reviews.

Finally, to the best of our knowledge, no studies applying a holistic approach to restaurant accessibility measurement were found within the EU, nor were studies analysing restaurant managers' perceptions of accessibility.

Subjective performance evaluation

Performance evaluation is an essential element of management control systems. Previous literature (e.g. Alves and Lourenco, 2023; Haber and Reichel, 2005) has established the importance of using both objective (e.g. financial) and subjective (self-perceived) performance evaluation for business performance. Subjective performance evaluation is based on the evaluator's perceptions or judgements and does not come from an external (third-party) quantifiable data record (Alves and Lourenco, 2023). Accordingly, subjective evaluation often appears as a managerial self-performance evaluation process or the application of subjectivity in weighting objective performance measures. Organisations often use subjective performance measures to obtain more complete evaluations, usually not captured by objective data (Singh *et al*., 2016).

Subjective performance evaluation is often used in tourism studies, as it allows comparison across different firms and business contexts, such as industry types, time horizons, cultures or economic conditions (Haber and Reichel, 2005). The latter is important because tourism SMEs often have simple (flat) organisational structures, non-standardised performance evaluation processes and a lack of human and technological resources, leading them to use subjective performance measures to a greater extent than large enterprises (Alves and Lourenco, 2023). Accordingly, in previous tourism SME studies, a self-perceived research approach was used to investigate entrepreneurial self-efficacy (Hallak *et al.,* 2018); entrepreneurial orientation (Tajeddini *et al.,* 2020); managers' perceptions of service quality (Kukanja *et al*., 2020); social responsibility (Moneva and Hernández-Pajares, 2018); and business performance (Morched and Jarboui, 2021).

Nevertheless, due to its discretionary nature, subjective performance evaluations might have biases associated with self-reported performance data (e.g. leniency and discrimination). On the contrary, consistent, reliable, and comparable objective data on SMEs' performance measures (particularly across different countries) is challenging to collect (Singh *et al*., 2016). In this view, Zulkiffli (2014) reported that subjective measures of SMEs' business performance measurements could be considered accurate based on the various obstacles in getting objective data. Similarly, Singh *et al*. (2016, p. 221) stated that "subjective performance measures can provide reliable and valid data which can be compared across the different countries".

METHODOLOGY

Research process and Instrument development

Based on legislation analysis, the legislative requirements related to the physical environment (44 indicators) were identified. Next, based on a previous research review, the following five indicators were meaningfully included in the questionnaire (see Table 2): communication, staff empathy and training (Dias de Faria *et al*., 2012; Grady and Ohlin, 2009), adaptation of gastronomic offer to GWD (Dias de Faria *et al.,* 2012; Shakespeare, 2022), website accessibility (Aizpurua *et al*., 2016), and computer-aided ordering systems (Dias de Faria *et al*., 2012). Moreover, managers were also asked if they had friends and relatives with disability (Kuo and Kalargyrou, 2014). Next, the identified forty-nine research indicators were prechecked and discussed by a focus group of three GWD representatives – disability experts (a convenience sampling method for selecting participants was used). All experts are members of the National Council of Disability Organizations of Slovenia. This non-governmental organization unites representatives and other disability organizations operating at the state level in the Republic of Slovenia. The experts also helped us to interpret the legal provisions related to accessibility requirements for restaurant SMEs. Furthermore, they also proposed the inclusion of additional indicators, especially those related to the accessibility of tailored information and customized services. Consequently, thirteen additional indicators (marked with *f* in Table 2) were included in the questionnaire.

In the next step, a self-administered questionnaire with mostly dichotomous questions was developed. For this study, accessibility barriers were divided into three groups (Lim, 2020): (A) physical barriers, (B) communicational barriers, and (C) functional barriers. Physical barriers (47 indicators) were meaningfully divided into seven layouts (sub)areas: (I) parking, (II) access to the restaurant, (III) access by public transport, (IV) entrance, (V) connecting spaces, (VI) dining room, and (VII) sanitary facilities. The final questionnaire comprises 62 accessibility indicators belonging to nine accessibility areas (attributes). Specifically, indicators from A1 to A4 refer to potential level differences in the different layout areas. In case of level differences, the manager indicated to which area they refer. Indicators from A5 to A15 are considered generic and are simultaneously applicable to the different areas. Accordingly, the manager indicated to which specific areas they refer. All other indicators are considered to be area specific. Lastly, managers provided their demographic information and information about the physical and operational characteristics of the restaurant.

Data collection

Data were collected from 200 restaurant facilities located throughout the country between May and July 2022. In 2021, in the official business register of the Republic of Slovenia (AJPES), there were 8,410 businesses registered as food and beverage service activities (AJPES, 2022). In Slovenia, the official national classification system (the legislative

Table 2. An evaluation framework for assessing restaurant accessibility
(Source of indicators: l = legislative requirements, f = focus group (disability experts), r = research articles, a= ADA compliant)

PHYSICAL BARRIERS (indicators A)	Layout areas
1) Stairs are marked, illuminated, with handrails, and of appropriate width (min. 1.2 m) and height (max. 15 cm)	II., IV., V., VI., VII. (l & a)
2) The ramp is properly marked, accessible, and of appropriate slope (max. 8%), width (min 1.2 m), and length that enable wheelchair manoeuvring	
3) The lift is properly marked and accessible, its min. size is 1.1 m x 1.4 m, and the door is min. 0.9 m wide	
4) The wheelchair lift platform is marked, accessible, and of appropriate size (min 1.1 m x 1.4 m)	
5) Doors are visible (e.g. contrast colours are used)	IV., V., VI., VII. (l & a)
6) Doors are suitably wide (min. 0.9 m)	
7) Doors open easily and do not obstruct anyone	
8) Hooks are visible and accessible	
9) The doors contrast with the adjacent walls	
10) There is enough space for wheelchair manoeuvring	
11) The surfaces are flat and non-slip	
12) Lighting is adequate	
13) Information labels for GWD	
14) Contrasting colours are used	
15) Floor markings are provided	
16) 5% of all (or at least one) parking space is properly marked and at a distance of up to max. 50 m.	I. (l & a)
17) If there is no parking space, a space for safe short-term car stopping is provided	
18) Parking space is unobstructed and of appropriate length (min. 5.4 m) and width (3.9 m)	
19) Good lighting is provided in the parking	
20) The surface between the car park and the restaurant is paved and non-slip	II. (l & a)
21) The path is appropriately marked	
22) Floor markings are provided	
23) There are no physical obstacles	
24) The access path is suitable width (min. 1.8 m)	
25) Good lighting is provided	
26) Access from the nearest public transport station is secure and unobstructed (l)	III.
27) In case of level differences and obstacles, upon prior notice, aid in accessing the restaurant is provided (f)	
28) The entrance is visible and adequately marked	IV. (l & a)
29) There is enough space for wheelchair manoeuvring	
30) The entrance is unobstructed, the floor mats are at floor level, and the threshold is at most 2 cm high	
31) The entrance has a canopy or windbreak	
32) The bell can be reached from the wheelchair	
33) There is an extra custom side entrance	
34) The corridors are suitably wide and allow unhindered wheelchair manoeuvring (l, a)	V.
35) Signposts are visible, legible, and of appropriate height (l, a)	
36) Room markings are visible, legible, and of appropriate height (l, a)	
37) The surrounding of the restaurant is accessible to GWD (f)	
38) The arrangement of the tables allows unimpeded movement (l, a)	VI.
39) At least part of the tables allows dining from a wheelchair (the bottom edge and depth of the tables is min. 0.7 m) (l, a)	
40) Self-service counters are wheelchair accessible (f)	
41) Auxiliary equipment is available (e.g., wheelchairs) (f)	
42) The sanitary area is marked with an international sign for the disabled (l, a)	VII.
43) The size of the space is min. 1.7 × 2.2 m, and there is enough space for wheelchair manoeuvring (l, a)	
44) The equipment is at a suitable height and easily accessible (l, a)	
45) Appropriate holders are installed (l, a)	
46) An emergency call device is installed (l, a)	
47) A changing surface is available (f)	

TAILORED INFORMATION (indicators B)
48) Communication with staff is possible regardless of GWDs' particular needs (r)
49) Inscriptions are of appropriate size (l)
50) Information at the restaurant is also visually presented (f)
51) Information at the restaurant is also available in audio format (f)
52) The menu is adapted for the visually impaired (r)
53) Additional information on food and beverages is available (f)
54) At the entrance, there is a sign indicating the suitability of the premises for GWD (l, a)
55) An evacuation plan has been specially prepared for GWD (f)
56) Information is also available in the Braille alphabet (f)
57) The restaurant is marked in promotional materials with international symbols for GWD (f)
58) The restaurant website is specially adapted to GWD (r, a)
59) Computer-aided ordering systems are available to GWD (r)
CUSTOMISED SERVICES (indicators C)
60) The restaurant can easily adjust the offer to the requirements of GWD (f)
61) Work procedures are flexible for GWD (f)
62) Staff is empathetic and trained (r)

Note: Source of indicators: l = legislative requirements, f = focus group (disability experts), r = research articles, a= ADA compliant.

aspect) of the different types of restaurant facilities does not fully comply with the Standard European Nomenclature of Productive Economic Activities (NACE) system (the statistical aspect). Therefore, the authors focused on those types of restaurant facilities that operate with comparable operational indicators and are classified with EU NACE code I56 – Food and beverage service activities.

Specifically, the sample frame consisted of restaurant facilities registered as restaurant SMEs, operating as sit-down restaurants, and primarily focused on serving food items, such as à la carte restaurants, inns, casual-fast food restaurants, and cafeteria-pastry shop-style restaurants. If the manager agreed to participate in the study, they were asked to complete the questionnaire. Moreover, if managers needed additional explanation about the questionnaire, the data collectors provided all the necessary assistance and information. In total, the final analysis is based on 180 valid questionnaires, representing 2.14% of the EU NACE code I56 population in Slovenia.

Data Analysis

The Statistical Package for Social Sciences (SPSS 26.0) was used to analyse data. Descriptive statistics were used to analyse managers' and restaurants' characteristics. Correlations between indicators were analysed using different tests, such as the t-test (t), Mann-Whitney U test (U), and the Chi-squared test (χ^2). CA was performed to identify differences between the independent groups (less and better accessible) restaurants according to their characteristics (see Table 4).

RESEARCH FINDINGS

Sample characteristics

Results reveal that most respondents (37.2%) were between 36 and 45 years of age, and the sample was mainly composed of male managers (62.2%). The majority of managers (42.2%) had completed secondary education. The highest proportion (35%) reported having between 11 and 20 years of experience, and most (47.8%) also owned the restaurant they managed. Interestingly, 85.6% of managers reported not having relatives or friends with a disability.

The sample was composed of à la carte restaurants (32%), cafeteria-pastry shops (26%), inns (27%), and casual-fast food restaurants (15%). On average, restaurants had 101 seats, employed 8.1 people and had 27 years of business activity.

Restaurant accessibility

Next, managers' self-evaluation of accessibility was analysed based on the nine-attribute level (see Table 3).

Table 3. Managers' perceptions of restaurant accessibility

Attributes		max.	M.	s.
A-I	Parking	4	2.07	1.33
A-II	Accessibility between the parking area and the restaurant	10	3.48	1.84
A-III	Access by public transport	2	1.07	0.78
A-IV	Entrance	21	11.05	3.47
A-V	Connecting spaces	15	6.74	3.68
A-VI	Dining room	15	5.86	3.61
A-VII	Sanitary facilities	17	6.12	3.93
B-VIII	Tailored information	12	3.48	2.03
C-IX	Customised services	3	1.32	1.01

Note: max. = no. of corresponding indicators; M = average no. of selected (positive) indicators; s = standard deviation.

The results presented in Table 3 show the average number of indicators (M) belonging to each attribute. The highest number of positive indicators refer to attributes access by public transport, entrance, and parking. In contrast,

most negative indicators refer to tailored information, accessibility between the parking area and the restaurant, and sanitary facilities.

To identify differences in restaurant accessibility, a two-cluster solution was identified based on the nine pre-determined attributes. The silhouette measure of cohesion and separation showed an acceptable level of cluster quality (0.3048). According to their accessibility levels, clusters were named Cluster 1 'less accessible' (n=119) and Cluster 2 'better accessible' (n=61). To provide additional information on both clusters and to confirm differences between (after CA), an independent samples t-test was performed. As can be seen from Table 4, there were statistically significant differences between accessibility attributes in both clusters. Most importantly, the importance of the different attributes for determining clusters was identified. The most important attribute was dining room, while the less important attribute was tailored information.

Following the third goal of the study, statistically significant differences between both clusters were analysed according to managers' and restaurants' characteristics. In both clusters, their attributes' mean values were compared with the t-test. In the case of a non-normal distribution of indicators and for all ordinal indicators, the U-test was applied. The influence of the independent nominal indicators on the accessibility of both clusters was verified using the χ^2 test.

The results presented in Table 5 indicate that better accessible restaurants are larger, have more employees, invest more in IT, and their managers have more knowledge and competences to ensure accessible services in comparison to the less accessible restaurants.

Table 4. Clusters' characteristics

Attributes		Importance (ranking)	Less accessible (M)	Better accessible (M)	t	Sig.
A-VI	Dining room	1.00	3.92	9.62	-15.13	0.000
A-V	Connecting spaces	0.94	4.81	10.51	-14.46	0.000
A-VII	Sanitary facilities	0.54	4.45	9.38	-9.88	0.000
A-IV	Entrance	0.32	9.88	13.33	-8.53	0.000
C-IX	Customised services	0.17	1.07	1.80	-4.94	0.000
A-II	Accessibility between the parking area and the restaurant	0.12	3.11	4.21	-4.34	0.000
A-I	Parking area	0.12	1.81	2.59	-4.17	0.000
A-III	Access by public transport	0.05	0.98	1.25	-2.17	0.031
B-VIII	Tailored information	0.04	3.26	3.90	-2.02	0.045

Note: Sig. = significance level.

Table 5. Differences in restaurant accessibility

Indicators		Less accessible	Better accessible	Test statistics	Sig.
Restaurant	Type of restaurant			χ^2=11.620	**0.009**
	The proportion of guests with special needs	MR=64.82	MR=75.43	U=1894.0	0.124
	Number of seats	MR=73.83	MR=95.63	U=2187.0	**0.005**
	Number of employees	MR=76.91	MR=97.33	U=2388.0	**0.009**
	Years of business activity	MR=77.80	MR=81.11	U=2730.0	0.661
	Protection of the building as a historical landmark			χ^2=12.515	**0.000**
	The period after the last renovation	MR=56.38	MR=67.37	U=1378.5	0.093
	Investment in IT	MR=74.50	MR=92.86	U=2288.0	**0.011**
Manager	Gender			χ^2=0.096	0.756
	Age	MR=90.42	MR=90.65	U=3620.5	0.977
	Educational level	MR=88.43	MR=94.54	U=3383.0	0.435
	Years of experience	MR=89.65	MR=92.16	U=3528.0	0.750
	Managerial/ownership function			χ^2=1.853	0.396
	Relatives/acquaintances with a disability			χ^2=0.658	0.417
	Knowledge of the different disability issues (e.g., certificates)	M=12.39	M=15.52	t=-5.055	**0.000**
	Competences to ensure accessible services	M=6.69	M=7.19	t=-2.172	**0.031**

Note: M = mean value; MR = mean rank; statistically significant correlations (Sig.) are bolded.

DISCUSSION

This study has shown that, according to restaurant managers' perceptions, the most accessible are the following attributes: accessibility by public transport, entrance, and parking area accessibility. In contrast, the lowest rated attributes were tailored information, access between the parking and the restaurant, and sanitary facilities. What is surprising is that the two physical attributes (sanitary facilities and access between the parking area and the restaurant), defined by the law, are considered the most problematic areas. However, this is somehow expected for the provision of tailored information, since this attribute is legislatively relatively poorly regulated and was mostly designed based on indicators proposed by the focus group representatives (see Table 2).

A more detailed review of individual indicators reveals that the lowest scores relate to indicators of the internal environment (e.g., absence of emergency call devices), which might indicate managers' superficiality in providing compulsory elements of restaurant services. In contrast, external indicators, such as the availability of parking spaces and the visibility of the main entrance, were evaluated as highly accessible. It is relatively difficult to explain these results, though they might also result from a superficial inspection control or managers' awareness of their public visibility. Nevertheless, the results of this self-evaluation study seem to be in line with those of previous research (Wan-Chen and Chi-Chuan, 2012), which also reported on discrepancies in the different areas of restaurant accessibility.

To investigate differences in accessibility between restaurants, a CA was performed. The results indicate that differences between both groups of restaurants (less and better accessible) are mainly influenced by the following attributes (in order of importance): dining room, connecting spaces, sanitary facilities, entrance, customised services, accessibility between the parking area and the restaurant, parking area, access by public transport, and tailored information. Results show that differences in accessibility are primarily due to the influence of the physical attributes. Moreover, the results of CA are partially in line with the previously reported managers' accessibility evaluations (at the individual level). Specifically, the accessibility of the parking area and accessibility by public transport were accessed as highly accessible (see Table 3). Both attributes also proved not to significantly contribute to the differences between the two clusters (see Table 4). Accordingly, we might assume that restaurants in both clusters provide relatively high levels of accessibility concerning the two attributes. In contrast, the provision of tailored information was assessed as poorly accessible and also proved to be the least important attribute in determining the differences between both clusters. Consequently, we might assume that this attribute provides a relatively low level of accessibility in the less and the better accessible restaurants.

Overall, the identified differences between both groups of restaurants are due to the physical barriers (A) that are legally regulated and should present the basis against any form of discrimination. The significance of the attribute customised services (C) was of average importance, indicating that managers make (at least some) efforts to offer customised services in better accessible restaurants. The importance of the attribute tailored information (B) proved as the least important attribute in determining differences in restaurant accessibility.

Concerning the differences between restaurants' and managers' characteristics on restaurant accessibility, it was found that the restaurant's physical characteristics prevail over its managerial characteristics (see Table 5). Specifically, in terms of the type of the restaurant facility, it was found that à la carte restaurants and inns are perceived as being more accessible than other types of restaurants. This finding is consistent with that of McClain *et al*. (1993), who found notable differences between the different types of facilities in the USA. Interestingly, the results of our study also reveal that managers perceive bigger restaurants as more accessible. It is difficult to explain these results, but they might be somehow related to the brand name and the level of standardisation in bigger restaurants.

As expected, restaurants operating in buildings protected as historical landmarks were perceived as less accessible, while restaurants investing more funds in IT were considered more accessible. In terms of IT and web-accessibility, there are similarities between the perceptions expressed by managers in our study and those described by Park and Ha (2022), which showed that Michelin star restaurants had done a significantly better job in implementing e-accessibility in comparison to casual restaurants. This is also important as, according to Zhang and Cole (2016), GWD have embraced the internet as an empowering source of information.

In terms of managerial demographic characteristics, only two characteristics (managers' knowledge of the different disability issues and their competencies to ensure accessibility) proved to be statistically significant for assuring restaurant accessibility. Due to the lack of comparable research, it is relatively difficult to explain these results. Nevertheless, according to Petrović *et al*. (2014) women tend to be more empathetic and customer-oriented than men. However, in terms of the influence of having relatives or acquaintances with a disability, there are similarities between perceptions expressed by managers in this study and those described by guests in a study by Kuo and Kalargyrou (2014). In both studies, the importance of this indicator proved to be non-significant.

Interestingly, no statistically significant difference was found between managers' years of experience, their formal education level and restaurant accessibility. Since the majority of managers are between 36 and 45 years of age and had completed secondary education, we might assume that they did not receive any education or training on disability issues. In this view, it is encouraging to note that managers' self-perceived knowledge and competencies to ensure accessible services proved to be important for assuring better restaurant accessibility. Accordingly, we might assume that the EU Commission's commitment to awareness raising on disability issues (European Commission, 2021) positively impacts providing an accessible restaurant.

Nevertheless, to develop a full picture of the importance of informal education for restaurant accessibility, additional studies will be needed.

The present results are significant in at least two major respects. First, from the social perspective, the results indicate that even though the universal design concept has been actively introduced in the hospitality industry (National Guidelines to Improve the Built Environment, Information and Communications Accessibility for People with Disabilities, Official Gazette of the Republic of Slovenia, 113/2005; Rules on Universal Construction and the Use of Construction Works (Glasilo Uradni list RS (No. 41/2018)), and second the findings of our study show that GWD are not provided with the basic infrastructure that would enable them to be actively involved in society. According to the legislative requirements and the EU non-discriminatory policy, the environmental characteristics should be imperative, which does not allow any discriminatory services. In this view, it is incomprehensible that in the 21st century, in the middle of the EU, according to restaurant managers' perceptions, the physical environment still presents a major issue in restaurant accessibility. Moreover, people with non-disabilities might find alternative solutions in case of environmental obstacles, while people with disabilities are prevented from being in the same position as others.

Second, from the theoretical perspective, referring to the restaurant marketing and quality management theory (Kukanja *et al*., 2017), the tangible restaurant quality attributes present the basis for offering high-quality services. Therefore, it would be expected that the functional attributes, such as the ability to provide high-quality, tailored information and customised services, make a critical distinction between the better and the less accessible restaurants. Better physical accessibility should not motivate guests to visit certain restaurants. Based on previous research (Kukanja *et al*., 2017), for guests with non-disabilities, the physical environment presents only an essential attribute, while the (re)purchase decision is motivated by other marketing attributes. In this view, Zhang and Cole (2016) reported that staff attitude critically determined GWD's overall satisfaction with lodging services. Therefore, having accessible facilities is not the same as making the product more marketing attractive.

CONCLUSION

The main goals of the current study were to propose an evaluation framework for the self-assessment of restaurant accessibility, to identify differences in managers' perception of restaurant accessibility, and to analyse differences in restaurant accessibility according to managers' and restaurants' characteristics.

One of the more significant findings to emerge from this study is that restaurant managers perceive differences in restaurant accessibility primarily due to the inaccessibility of the physical environment. Accordingly, in determining restaurant accessibility, another major finding was that restaurants' physical characteristics prevail over managerial ones. Taken together, these results suggest that restaurant managers perceive major issues in restaurant accessibility despite a relatively good legal basis, which should prevent GWD discrimination.

This work contributes to existing knowledge of restaurant accessibility. To the best of our knowledge, this is the very first study to empirically investigate restaurant managers' perceptions of restaurant accessibility. Before this study, it was difficult to predict how restaurant managers perceive the different accessibility areas. This study adds to the growing body of research that indicates the importance of providing sustainable and non-discriminatory tourism and hospitality services. Specifically, the accessibility barriers that we have identified in our study should contribute to the improvement of restaurant accessibility in practice. As the EU Commission has yet to establish a framework for the implementation of the EU 2021-2030 Disability Strategy (European Commission, 2021), this study provides a preliminary set of restaurant accessibility indicators.

Ideally, this study should provide a comprehensive insight into restaurant accessibility from the restaurant manager's perspective. However, due to the limitations of the convenience sampling method, attention to generalisability should be paid. Second, another limitation results from the potential geographical and cultural differences. Third, this study was potentially based on managers' biased evaluation of restaurant accessibility. Fourth, it is unfortunate that the study did not include guest perceptions. Finally, the authors are aware of the reduced number of papers screened with the inclusion criteria, although the presented studies were those that best responded to the paper's objectives.

Notwithstanding these limitations, this study theoretically suggests several implications. This study identified the omission of research related to accessibility in the restaurant industry. Therefore, it is important to investigate if the restaurant sector respects human rights and equal opportunities for society as a whole. Namely, among the 17 sustainable development goals of the Tourism in the 2030 Agenda, fighting inequality in tourism is one of the top priorities (UNWTO, 2015).

In terms of future research recommendations, this study's main question is how to ensure non-discriminatory services. It is necessary to conduct more studies using controlled trials to understand why there are still significant accessibility problems despite the existing legal framework. A cross-national study could provide more definitive evidence on this topic. In this view, a natural progression of this work is to analyse GWD perceptions of restaurant accessibility.

The findings of this study have several implications for practice and policy. A reasonable approach to tackle the issue of inaccessibility would be to ensure adequate inspection control. Next, apart from forcing restaurants to respect the legislation, it is also recommended to highlight the functional aspect of services provided. In other words, education and self-reflection on discrimination against GWD are essential for social maturity in terms of equally accessible restaurant offers. From this viewpoint, it is important to highlight that restaurant service providers should be aware that GWD are not a special target market. Therefore, guests with similar disabilities do not necessarily have the same expectations

from restaurant service providers. Consequently, it is important to properly train and educate employees on the rights of GWD, the social responsibility of restaurants, and the importance of the marketing implication for guests with disabilities.

In terms of recommendations for policymakers, a key priority should be to introduce standardised educational programmes about social diversity at all educational levels (see also Table 5). Sharing the best practice examples and state-of-the-art research findings should also challenge the national restaurant association and academia. It can be argued that collective empowerment through the cooperation of the different stakeholders is a way forward to an equal society. From this viewpoint, the issue of (in)accessibility and the distinction between GWD and guests with no disabilities should be treated as a regular demographic indicator, as in the case of gender, education, and nationality.

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