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Toward an Understanding of the Needs of Sport Spectators with Disabilities

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TOWARD AN UNDERSTANDING OF THE NEEDS OF
SPORT SPECTATORS WITH DISABILITIES

By

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Dedicated to the memory of Jane Grady.

The best teacher I could have asked for.
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ABSTRACT

The purpose of this study was to assess the needs of sport consumers with disabilities attending live sporting events. Three research questions guided this exploratory study. The first research question sought to identify the physical and service needs of sport consumers with mobility impairments attending a live sporting event. The second research question investigated whether the needs of sport consumers with mobility impairments attending a live sporting event were being met. The third research question examined what could be done differently by a service provider in order to enhance the experience of a consumer with a mobility impairment. A grounded theory methodology was used in order to develop an understanding of the needs of people with disabilities in stadia. Through the use of focus group and in-depth interviews with six male sport consumers with mobility impairments, as well as observations at sports venues and in-depth interviews with facility personnel, an understanding of the needs of people with disabilities attending live sporting events emerged.

The findings from the study suggest that it is the interaction of the physical and service needs which combine to produce a service experience that meets the needs of patrons with mobility impairments. Furthermore, the set of needs can be conceptualized as a hierarchy whereby certain needs become salient at different stages of the service delivery. The findings also indicate that a particular need may become salient when it is not met. Based on the findings of this study, venue managers should focus their efforts on identifying the salience of certain needs at different stages of the service experience in order to meet the physical and service needs of patrons with mobility impairments attending live sporting events.
CHAPTER ONE
INTRODUCTION TO THE STUDY

The purpose of this chapter is to provide an overview of the study. The chapter is presented in the following seven sections: the statement of the problem, the significance of the study, the purpose statement, the methodological framework, the research questions, delimitations and limitations of the study, and a definition of terms pertinent to the study.

Statement of the Problem

Full participation and equal opportunity in sports have historically been a challenge for people with disabilities (Fay & Wolff, 2000), given the lack of accessibility to sport facilities as well as negative societal attitudes by able-bodied people toward the participation of people with disabilities in sport and recreation (Grady & Andrew, 2003). However, with the enactment of the Americans with Disabilities Act (ADA) (42 U.S.C. 12101 et seq.), there has been a concentrated effort to include people with disabilities in all aspects of sport consumption. Since the ADA’s passage in 1990, people with disabilities have witnessed "fundamental changes in public attitude" (Bick, 2000, p. 206) and now experience greater physical accessibility to sport and recreation facilities. In fact, according to a National Survey on Recreation and the Environment (McCormick, n.d.), people with disabilities in the youngest and oldest age groups who responded to the survey participated in sport and recreation at rates equal to, or greater than, people without disabilities.

The initial studies on participation rates for people with disabilities have primarily focused on the role of the participant in sport or recreation activities. There is an emerging awareness of the need to also provide an accessible environment for spectators with disabilities. From the perspective of a sport facility, this raises the need for a dual emphasis in service provision: providing not only a physically accessible environment (i.e. ramps, elevators) but also an “accessible” service environment, one that is inviting and accommodating to people with disabilities. In fact, the language of the ADA supports this interpretation by prohibiting provision of services in a different manner to
guests with disabilities (28 C.F.R. 36 et seq., 2000). It is clear that the scope of the ADA extends to both the physical environment and service provision.

Given the legal requirement to provide equivalent programs, an appropriate physical environment, and services to guests with disabilities, service providers now recognize the importance of not only providing equivalent services but high quality service to guests with disabilities as well as their overall customer base. This is not surprising given that academicians and practitioners have long acknowledged the importance of providing high quality service and the potential benefits that can result. In their initial work, Parasuraman, Zeithaml, and Berry (1985) noted the strategic benefits of quality and agreed with Rabin (1983) that service quality was the most important consumer trend of the 1980s. Evidence that this trend has continued into the 21st century has been confirmed by Zeithaml (2000) who cited studies (Greising, 1994; Rust, Zahorik, & Keiningham, 1995) which have concluded that “the service concern of highest priority to today’s companies is the impact of service quality on profit and other financial outcomes of the organization” (Zeithaml, 2000, p. 67). In addition, a positive correlation has been established between a customer’s perception of service quality and purchase intention (Cronin & Taylor, 1992; Richardson, Dick, & Jain, 1994) and between perception of service quality and willingness to recommend the company (Parasuraman, Zeithaml, & Berry, 1988; Ziethaml, Berry, & Parasuraman, 1996). It seems readily apparent from this research that providing superior service quality has the potential to yield significant strategic and financial benefits.

Significance of the study

While acknowledging the significant progress that has been made in improving accessibility for sport and recreation participants with disabilities since the ADA’s passage in 1990, researchers and practitioners have much work ahead of them in assisting the sport and recreation industries in implementing the ADA in their facilities and services (Devine & McGovern, 2001; Rimmer, Riley, Wang, Rauworth, & Jurkowski, 2004). In the disability literature, there have been initial studies on accessibility in fitness centers (Figoni, McClain, Bell, Degnan, Norbury, & Rettele, 1998; Nary, Froelich, & White, 2000; Cardinal & Spaziani, 2003) as well as a key study identifying barriers and facilitators to physical activity participation by people with disabilities (Rimmer et al.,
Rimmer’s work in identifying barriers, such as economic issues, and facilitators, such as seeking input from people with disabilities, gives the practitioner something tangible to use in strategic planning to enhance the guest’s experience. Furthermore, the promise of these initial efforts is additional evidence that future study by sport and disability researchers is warranted in order to better understand the needs of sport spectators with disabilities as well as understand how to provide enhanced service quality for guests with disabilities in sport facilities.

**Purpose statement**

Despite initial studies on accessibility primarily for recreation consumers with disabilities and a well-developed body of knowledge investigating service quality for able-bodied consumers, there is a significant gap in the literature in understanding the needs of sport spectators with disabilities as well as understanding how this segment of consumers formulates perceptions of service quality. Research is needed in order to investigate this concept in an effort to fill this gap in the literature. The purpose of this study, therefore, was to assess the needs of sport consumers with disabilities attending live sporting events. The results of this study provide a better understanding of the physical and service needs of sport spectators with disabilities.

**Methodological Framework**

A grounded theory methodology was used in order to develop an understanding of the needs of people with disabilities in stadiums. The purpose of conducting grounded theory research is the development of a theory which is grounded in data (Myers, 1997). The use of grounded theory allows for a context-based explanation of the phenomenon to be obtained (Myers, 1997). The choice of a grounded theory methodology for the current study provided a rigorous process for data collection and analysis and is consistent with the purpose of the current study which is theory development. Through the use of multiple sources of data, including in-depth interviews with consumers with disabilities and sport facility managers, focus group interviews with consumers with disabilities, and observations conducted at sport facilities, it is believed that that a deeper understanding of the needs of spectators with disabilities emerged from the data, consistent with the grounded theory approach.
Research Questions

Three research questions guided this exploratory study.

Research Question 1: What are the needs of sport consumers with mobility impairments attending a live sporting event?

1a. What are the physical needs of sport consumers with mobility impairments?
1b. What are the service needs of sport consumers with mobility impairments?

Research Question 2: Are the needs of sport consumers with mobility impairments attending a live sporting event being met?

Research Question 3: If a need is not being met, what could be done differently by the service provider in order to enhance the experience?

Delimitations and Limitations of the study

The current study was delimited in several ways. The first delimitation is the inclusion of only people with mobility impairments in the sample. People with visual or hearing impairments as well as people with mental disabilities were not invited to participate in the study. As explained in greater detail in Chapter 3, it is believed that since there is an overall lack of research about consumers with disabilities as well as the fact that the service quality construct has not been investigated for sport consumers with disabilities, it is prudent to begin this line of inquiry by focusing initially on people with mobility impairments since it is believed they have the most diverse set of needs in terms of physical aspects of the facility and the need for staff assistance when they are attending a live sporting event at a stadium when compared to people with other types of disabilities. A second delimitation of the current study was focusing the inquiry on consumers’ experiences at sport facilities on the campus of the University of South Carolina in Columbia, South Carolina.

In addition to the delimitations of the current study, there are two limitations. The first limitation was the use of criterion-based sampling to only people with mobility impairments, as opposed to people with other types of disabilities. Use of this criterion as well as the perception among people with disabilities of what would be considered a mobility impairment resulted in a sample which had both wheelchair users and users of crutches to aid in walking.
A second limitation of the study was the screening criterion regarding prior experience for inclusion in focus groups. The criterion for an individual to be eligible to participate in the focus group was that the person had attended a sporting event at a minimum of only one of the sport facilities at USC rather than at all of the facilities being investigated. Acknowledging this limitation, the number of people being recruited to participate in the current study was already a relatively small number given that the study was focused in Columbia, South Carolina. To exclude or “screen out” any willing participants based on a more stringent requirement of having attended all of the facilities did not seem prudent.

**Definition of Terms**

A list of definition of terms pertinent to the study is provided below.

Disability: As defined in the Americans with Disabilities Act (42 U.S.C. 12101 et seq.), disability, with respect to an individual, refers to “a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment” (28 C.F.R. § 36.104).

Mobility impairment: A person with mobility impairment has reduced function of the legs and feet causing the person to have to rely on a wheelchair or artificial aid to walk (Workplace Accommodation Toolkit, 2005). A person with a mobility impairment includes those who are born with a disability or whose condition is caused by age or accidents (Workplace Accommodation Toolkit, 2005). Mobility impairment can also include “inability to move about as easily as others, decrease in strength or control of the muscles and bones, [or] abnormal or impaired coordination” (Health Encyclopedia, 2000, p. 1)

“Existing” facility: According to the regulations implementing the ADA, assembly areas constructed prior to 1993 are designated “existing” facilities and fall under the “readily achievable” standard (28 C.F.R. § 36.304). This standard requires the facility to remove architectural barriers where such removal is easily accomplishable and able to be carried out without much difficulty or expense (28 C.F.R. § 36 36.304(a)).

“Newly constructed” facility: According to the regulations implementing the ADA (28 C.F.R. §§ 36.401-.402, 36.406 (2003)) an assembly area set for first occupancy after
January 26, 1993, and for alterations occurring after January 26, 1992 will be designated “newly constructed.” There are far more rigorous accessibility requirements for “newly constructed” facilities (28 C.F.R. §§ 36.401-.402, 36.406 (2003)).

Service quality: In the current study, service quality is defined as the consumer’s overall impression of service excellence, which is generated by comparing the difference between consumers’ expectations and perceptions (Rust & Oliver, 1994, Parasuraman, Zeithaml, & Berry, 1985).

The following four chapters will provide a more thorough discussion of the scholarship that has been advanced in this area as well as a more detailed description of the current study. Chapter Two provides a review of the existing literature which will be used to inform the study. Chapter Three provides a detailed explanation of the methodology for the study. Chapter Four provides an explanation of the findings. Chapter Five provides a discussion of the findings and suggests how this study can be integrated with the existing literature.
CHAPTER TWO
REVIEW OF LITERATURE

This chapter is presented by first reviewing the disability literature, including an overview of the Americans with Disabilities Act, an examination of how the sport and recreation industries are continuing to implement the ADA, and a discussion of the emerging awareness to provide an enhanced service experience for guests with disabilities. Next, a review of the service quality literature is provided including a discussion of how the existing literature informed the study.

Americans with Disabilities Act

Overview of the Americans with Disabilities Act

The ADA was enacted to provide a national mandate to eliminate discrimination faced by individuals with disabilities on a day-to-day basis (42 U.S.C. 12101(b)). The ADA prohibits discrimination in employment, public services, and places of public accommodations operated by private entities (Wong, 2002). The key provisions applicable to sport facilities are Title II and Title III (Grady & Andrew, 2003). Title II mandates that public entities, including state and local governments, give people with disabilities an equal opportunity to benefit from all of their programs, services, and activities (42 U.S.C.12132). Title III provides protection for individuals with disabilities seeking access to places of public accommodation (42 U.S.C. 1282) and prohibits a public accommodation from denying people with disabilities the opportunity to benefit from goods or services, or by providing people with disabilities with different or separate goods or services (28 C.F.R. 36 et seq., 2000).

The requirements for facility accessibility, including sport stadiums, are laid out in Title II and Title III of ADA as well as in the federal regulations implementing the ADA. The ADA has two distinct standards for stadium accessibility, depending on date of construction and date of first occupancy. For newly constructed "assembly areas" set for first occupancy after January 26, 1993, and for alterations occurring after January 26, 1992 (referred to as “newly constructed” facilities), there are far more rigorous accessibility requirements (28 C.F.R. §§ 36.401-.402, 36.406 (2003)). These requirements include wheelchair accessible seating, companion seats, comparable lines of
sight, accessible concessions, and accessible routes to all public and common use areas of the facility (U.S. Department of Justice, n.d.). Facilities constructed prior to 1993, (referred to as “existing” facilities) however, fall under the “readily achievable” standard (28 C.F.R. § 36.304). The “readily achievable” standard requires the facility to remove architectural barriers where such removal is easily accomplishable and able to be carried out without much difficulty or expense (28 C.F.R. § 36.304(a)).

**Implementing the ADA’s requirements**

Despite the progress that has been made since the ADA’s enactment, service providers have faced obstacles in implementing the provisions of the ADA into their programs and facilities (Devine & McGovern, 2001; Rimmer, Riley, Wang, Rauworth, & Jurkowski, 2004). These obstacles include physical barriers to accessibility, financial constraints in providing additional programs, services, and equipment for people with disabilities, as well as staff unawareness of the needs of people with disabilities (Devine & McGovern, 2001). These obstacles can be more easily understood by using the example of a local YMCA that wants to provide a wheelchair basketball league for patrons with disabilities. Given the age of the facility, the YMCA may not have ramps or an elevator to assist a person in a wheelchair in entering the facility or moving to other levels of the facility. In addition, the YMCA may want to offer greater program options for people with disabilities but given a limited budget, may have a hard time justifying additional monies being spent on a wheelchair basketball league or purchasing adaptive fitness equipment which may only appeal to a limited number of participants. In addition, the YMCA staff may lack training in how to assist people with disabilities who wish to play wheelchair basketball or how to assist a player that may become injured. This basic example sheds some light on the complexity of providing accessibility as one component of quality service provision for people with disabilities.

Early studies of how the ADA’s requirements were being implemented in the sport and recreation industry primarily examined accessibility in the context of fitness centers (Figoni, McClain, Bell, Degnan, Norbury, & Rettele, 1998; Nary, Froelich, & White, 2000; Cardinal & Spaziani, 2003). These studies utilized an accessibility checklist that was designed by Figoni et al. (1998), using the ADA’s guidelines to determine whether the fitness centers were complying with the ADA’s provisions
specifically for persons with mobility impairments. The instrument assessed parking ramps, entrances, interior paths of travel in the facility, elevators, restrooms, locker rooms, as well as all fixtures within the building, such as telephones and drinking fountains (Fignoi, et al., 1998). Findings indicated that none of the facilities assessed were 100% compliant (Cardinal & Spaziani, 2003). A limitation of the previous work, however, is the narrow scope of these studies in that they are ADA facility audits utilizing an ADA checklist. Assessing compliance by only examining whether the facility meets the ADA’s technical guidelines which are for the most part, guidelines for the physical structure itself (i.e. ramps, entrance ways), other key service issues such as interaction with staff, program offerings for persons with disabilities, and availability of information about accessible features, are not assessed. Therefore, a facility could be in technical compliance with the ADA, based on adherence to the ADA’s guidelines, while still ignoring other key service issues that are not required by the ADA but which could provide enhanced service quality, such as hiring an ADA coordinator or increasing staff training in disability awareness. Therefore, a facility that is found to be in compliance based on the ADA checklist might have a false sense of security that they are meeting the needs of patrons with disabilities when, in reality, they may only be providing the bare minimum that the law requires.

Rimmer and his colleagues (2004) expanded on previous accessibility studies by examining both the barriers associated with physical activity participation faced by people with disabilities as well as the facilitators to participation within the context of the fitness industry. After conducting focus groups with consumers with disabilities, architects, fitness and recreation professionals, as well as city planners and park district managers, Rimmer et al. (2004) categorized the barriers and facilitators to participation into the following ten themes: barriers and facilitators related to the built and natural environment; economic issues; emotional and psychological barriers; equipment barriers; barriers related to the use and interpretation of guidelines, codes, regulations, and laws; information-related barriers; professional knowledge, education, and training issues; perceptions and attitudes of persons who are not disabled, including professionals; policies and procedures both at the facility and community level; and availability of resources. The benefit of Rimmer’s study is not only confirming many of the same
barriers that have been identified in previous studies (cost, staff attitude, physical environment) but also in identifying the facilitators that can be used to overcome these barriers (Rimmer, et al., 2004). For example, for the theme of barriers to the built and natural environment, findings from the focus group revealed that simple changes such as non slip mats in locker rooms, more accessible parking spaces, multi-level front desks to accommodate both able-bodied people and people with disabilities, and providing family changing rooms would mitigate the barriers faced by facility patrons with disabilities (Rimmer, et al., 2004).

Another key facilitator identified by Rimmer et al. (2004) with applicability to the provision of enhanced service quality is that the facility seeks input from persons with disabilities regarding issues such as equipment purchases, programming options, or facility improvements. Seeking input from the disability community is often done as an initial step in the construction of a new stadium. However, it is important to recognize that this should also be done for existing sports facilities in an effort to improve service provision. Furthermore, maintaining a relationship with the local disability community needs to be an ongoing process, rather than a one-time event when the stadium is built. In addition, by utilizing the experience and expertise of the disability community, the stadium is able to consider a broader range of service issues or concerns that the facility staff or architects may otherwise overlook.

The benefit of Rimmer’s (2004) study is identifying issues of accessibility within the framework of barriers and facilitators to physical activity participation by people with disabilities. While previous studies (Figoni, McClain, Bell, Degnan, Norbury, & Rettele, 1998; Nary, Froelich, & White, 2000; Cardinal & Spaziani, 2003) had studied facility accessibility more generally, Rimmer’s use of the barriers and facilitators framework allows service providers to implement their findings in strategic planning to improve accessibility and service provision for people with disabilities.

One weakness of Rimmer’s study is the apparent need for various stakeholders in the community, including consumers, architects, fitness and recreation professionals, and city planners and park district managers, to all work together to improve the status of physical activity options provided for people with disabilities. This implies that all of the relevant stakeholders view improving physical activity opportunities for people with
disabilities as a top priority, which may not be the case, given budget constraints of city planners, for example. Obtaining the commitment of all relevant stakeholders to take action to reduce the barriers and increase facilitators to physical activity participation could take several years to fully implement. This is in contrast with the current study which envisions that, based on the findings, an initial service quality initiative for sport consumers with disabilities could be implemented by a sport facility with less difficulty and in less time, given that a single sport service provider is ultimately responsible for all of facets of service quality (i.e. physical structure, staff responsiveness) whereas Rimmer identified multiple stakeholders which all have a vested interest in providing physical activity to disabled people but may have very divergent views of how this can be strategically accomplished.

Given the obstacles and facilitators discussed above and considering the legal mandate to provide equal opportunity and access to sport participation, sport providers have clearly had to re-conceptualize how they provide sport opportunities to people with disabilities (Grady & Andrew, 2003). The results of this effort to include people with disabilities has been confirmed by a recent study (McCormick, n.d.) which found that people with disabilities participated at rates equal to, or somewhat lower than people without disabilities. In addition, with an estimated 43 million Americans with disabilities as well as a growing elderly population that requires many of the same accommodations and accessible features needed by people with disabilities, understanding the needs of people with disabilities has become an increasingly significant concern for service providers.

To achieve a competitive advantage, sport properties continually work to better understand the diverse needs of all customers and provide services in an effective and efficient manner that satisfies these needs (Harris & Harrington, 2000). Service providers are now more cognizant of the need to provide quality service to customers with disabilities as a top priority. This is reflected in the use of staff training sessions focused specifically on disability awareness as well as the growing number of sport facilities that now employ an ADA coordinator as part of the guest services staff (Skulski, Bloomer, & Chait, 2002; Rimmer, et al., 2004). In addition to greater attention by practitioners, legal scholars as well as sport management scholars have increasingly focused their inquiry on
how the ADA has impacted sport. However, much of this research to date has primarily focused on examining sport participants with disabilities in the wake of the Casey Martin decision (*Professional Golf Ass'n v. Martin*, 532 U.S. 661 (2001)). Consequently, there is a lack of research in sport management studying the impact of the ADA on sport spectators with disabilities.

One of the only studies to examine accessibility and service issues for people with disabilities in the sport context is a survey of ticket and accommodation policies for performance venues, theaters, and sports arenas conducted by Skulski, *et al.* (2002) in conjunction with the National Center on Accessibility. The purpose of their study was “to identify policies and procedures that are common to accommodating patrons with disabilities in performance venues and sports arenas, while also identifying exemplary practices and issues without clear guidance or solutions” (Skulski, *et al.*, 2002, p.1). The survey participants were managers at various facilities throughout the U.S. (Skulski, *et al.*, 2002). A major finding of the survey was the fact that the level and frequency of accommodations for people with disabilities, (i.e. ramps, elevators, or special seating) were much greater than the provision of auxiliary aids and services (i.e. assistive listening devices, event programs available in Braille). (Skulski, *et al.*, 2002). In addition, the researchers found that companion seating and the length of time that wheelchair accessible seating is held open prior to an event varied widely among the facilities (Skulski, *et al.*, 2002). The researchers also found that only 48% of the facilities provided staff training in disability awareness as part of their existing staff training programs (Skulski, *et al.*, 2002, p. 3). A limitation of this study was that the survey was directed at facility managers’ perceptions of accessibility and the level of service quality they are providing. It would be more beneficial to understand how people with disabilities perceive the level of service they are receiving.

While this initial research on providing accessibility and accommodations to people with disabilities in sport venues has shed light on the issues of concern from the facility manager’s perspective, there is a lack of research from the consumers’ perspective with regard to perceptions of service quality among individuals with disabilities in sport service settings. Due to this lack of research, “the literature is not rich enough to provide a sound conceptual foundation for investigating service quality”
(Parasuraman, 1985, p. 43) as it applies to people with disabilities. Therefore, an exploratory qualitative study was undertaken. The purpose of this study was to assess the needs of sport consumers with disabilities attending live sporting events. In addition, understanding how the spectator with a disability perceives the level of service quality provided was also a focus of this study. The current research can then be used in the future development of a conceptual model of service quality for spectators with disabilities. This is consistent with the research design used by Parasuraman et al. (1985, 1988) in their development of the SERVQUAL instrument and is consistent with procedures for marketing theory development (Deshpande, 1983; Peter & Olson, 1983; Zaltman, LeMasters, & Heffring, 1982). Future research can also develop a scale to measure service quality for people with disabilities. The current and future research can also be applied to teach sport service providers how to provide optimal levels of service quality to people with disabilities.

It is important to study the service quality construct as applied to sport consumers with disabilities, specifically sport spectators, because sport consumption is an opportunity that should be available to all people, including people with disabilities, given the positive social interaction generated by watching a live sporting event. In addition to these altruistic motives for providing enhanced service quality, there are also financial motives which result from the ability to reach out to the largely untapped market of disabled sport consumers as well as the ability to attract family members or friends of people with disabilities to attend sporting events which generates additional revenue.

Service Quality

Understanding the service quality construct

In conceptualizing service quality, many scholars have attempted to understand and define the construct (Cronin & Taylor, 1992; Rust & Oliver, 1994). Reeves and Bednar (1994) noted that "there is no universal, parsimonious, or all-encompassing definition or model of quality" (p. 436) (See Table 2.1 for different definitions of service quality). In defining service, the traditional approach views service quality perception as a comparison of consumer expectations with actual performance, referred to as disconfirmation (Babakus & Boller, 1992; Bolton & Drew; 1991a; Boulding, Karla, & Staelin, & Zeithaml, 1993; Gronroos, 1984; Lewis & Booms, 1983; Parasuraman,
Zeithaml, & Berry, 1985, 1988, 1990). Disconfirmation therefore, represents the “degree and direction of discrepancy between consumer’s perceptions and expectations” (Parasuraman, Zeithaml, & Berry, 1988, p. 16). Expectations and perceptions, therefore, form the antecedents of service quality (Babakus & Boller, 1992).

Differing from the traditional approach to defining service quality, Bitner and Hubbert (1994) defined the construct as "the consumer's overall impression of the relative inferiority/superiority of the organization and its services" (p. 77). Similarly, Robinson (1999) described service quality as “an attitude or global judgment about the superiority of a service” (p. 23), whereas Rust and Oliver (1994) defined service quality as a comparison to excellence in service encounters.

While acknowledging these different approaches to defining the construct, there is sufficient similarity across definitions to allow the researcher to proffer a definition of service quality that may be used in the current study. The first key component of this definition of service quality must acknowledge the customer’s role in comparing the superiority or inferiority of the service provided against the customer’s own standard of excellence. This clearly establishes that the benchmark for excellence is the customer’s own sense of what is service excellence rather than some objective standard of what a majority of customers would acknowledge is “excellent” service. In addition, a second key component of the definition of service quality is the process that the customer uses to generate their assessment of the level of service quality. This process is referred to as disconfirmation, which is a comparison between consumer expectations and perceptions (Parasuraman, Zeithaml, & Berry, 1985). Considering these two main components of the definition of service quality, service quality is defined in the current study as the consumer’s overall impression of service excellence, which is generated by comparing the difference between consumers’ expectations and perceptions.
Table 2.1 Definitions of Service Quality

<table>
<thead>
<tr>
<th>Author</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Rust &amp; Oliver, 1994</td>
<td>A comparison to excellence in service encounters</td>
</tr>
<tr>
<td>Robinson, 1999</td>
<td>“An attitude or global judgment about the superiority of a service”</td>
</tr>
<tr>
<td>Bitner and Hubbert, 1994</td>
<td>“The consumer’s overall impression of the relative inferiority/superiority of the organization and its services”</td>
</tr>
<tr>
<td>Gronroos, 1984; Lewis &amp; Booms, 1983; Parasuraman, Zeithaml, &amp; Berry, 1985, 1990</td>
<td>A comparison of consumer expectations with actual performance</td>
</tr>
</tbody>
</table>

Dimensions of service quality

Once the variation in defining service quality is acknowledged, the dimensions of the service quality construct can then be examined. Early conceptualizations of service quality by Grönroos (1982, 1984, 1990) and Parasuraman et al. (1985, 1988) are based on the disconfirmation paradigm which focuses on the discrepancy between consumers’ perceptions and expectations, discussed above. Grönroos’ perceived service quality model (1982, 1984) suggested that quality results from comparing perceived and expected service performance. Grönroos’ model (1982, 1984) initially identified two dimensions of service quality: functional quality and technical quality. Functional quality, also referred to as process quality (Parasuraman et al., 1985) or interactive quality (Lehtinen & Lehtinen, 1982), represents how a service is delivered (Grönroos, 1982). Functional quality, representing “how” the service is delivered is evaluated during service delivery (Swartz & Brown, 1989, p. 190). Technical quality, also referred to as outcome quality (Parasuraman et al., 1985) or physical quality (Lehtinen & Lehtinen, 1982), represents what the customer is actually receiving or the outcome of the service. Technical quality, representing “what the service delivers,” is evaluated after performance (Swartz & Brown, 1989, p. 190). In addition, “because customers often have continuous contacts with the same service firm,” the customer’s image of the service provider (image) was added as a third dimension of the Grönroos’ perceived service quality model in order to account for the “dynamic aspect” of the process of forming service quality perceptions (Grönroos, 1990, 2001, p.152). Lehtinen and
Lehtinen (1982) referred to this dimension as corporate quality because it reflects the corporation’s image in the customer’s mind.

Parasuraman et al. (1985) also utilized the disconfirmation paradigm to design the SERVQUAL instrument. In this model, perceived service quality is viewed as the gap between the expected level of service and the customer’s perception of the level of service received (Parasuraman et al., 1985). The SERVQUAL model is primarily focused on the service delivery process (i.e. the functional quality dimension). Through exploratory research, Parasuraman et al. (1985) identified criteria used by consumers in assessing service quality. (Parasuraman, Zeithaml, & Berry, 1985). A scale consisting of 97 items representing the ten dimensions was initially generated (Parasuraman, Zeithaml, & Berry, 1988). Each item was then recast into two statements, one measuring expectations generally about firms within the service category being investigated and the other measuring perceptions about the particular firm under investigation (Parasuraman, Zeithaml, & Berry, 1988). After the first stage of scale purification, a set of 54 items remained, representing the ten dimensions (Parasuraman, Zeithaml, & Berry, 1988). In further examining the dimensionality of the 54 item scale, five of the original ten dimensions of service quality remained distinct: tangibles, reliability, responsiveness, understanding/knowing customers, and access (Parasuraman, Zeithaml, & Berry, 1988). “The remaining five dimensions, communication, credibility, security, competence, and courtesy, collapsed into two distinct dimensions, each consisting of items from several of the original five dimensions” (Parasuraman, Zeithaml, & Berry, 1988, p. 20; See Table 2.2). This process resulted in a 34-item instrument representing seven distinct dimensions of service quality (Parasuraman, Zeithaml, & Berry, 1988). After evaluating the robustness of the scale items during the second stage of scale purification, SERVQUAL, a 22 item refined scale representing five dimensions that characterize the service delivery process, was generated (Parasuraman, Zeithaml, & Berry, 1988). These five dimensions include reliability, responsiveness, assurance, empathy, and tangibles (Parasuraman et al., 1988, See Table 2.3).
Table 2.2 SERVQUAL Initial Ten Dimensions of Service Quality (Parasuraman, Zeithaml, & Berry, 1985)

<table>
<thead>
<tr>
<th>Service Quality Dimension</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Tangibles</td>
<td>Appearance of physical facilities, equipment, personnel, and communication materials</td>
</tr>
<tr>
<td>Reliability</td>
<td>The staff’s ability to perform the promised services dependably and accurately</td>
</tr>
<tr>
<td>Responsiveness</td>
<td>The staff’s willingness to help customers and provide prompt service</td>
</tr>
<tr>
<td>Competence</td>
<td>The staff’s possession of the required skills and knowledge to perform the service</td>
</tr>
<tr>
<td>Courtesy</td>
<td>The staff is polite, respectful, considerate, and friendly</td>
</tr>
<tr>
<td>Credibility</td>
<td>The service provider is trustworthy</td>
</tr>
<tr>
<td>Security</td>
<td>Customers are free from danger, risk, or doubt</td>
</tr>
<tr>
<td>Access</td>
<td>The staff is approachable and easy to contact</td>
</tr>
<tr>
<td>Communication</td>
<td>The staff listens to customers and keeps them informed using language they can understand</td>
</tr>
<tr>
<td>Understanding</td>
<td>The staff makes an effort to know customers and their needs</td>
</tr>
</tbody>
</table>

Table 2.3 SERVQUAL Dimensions of Service Quality ((Parasuraman, Zeithaml, & Berry, 1988)

<table>
<thead>
<tr>
<th>Service Quality Dimension</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tangibles</td>
<td>Physical facilities, equipment, and appearance of personnel</td>
</tr>
<tr>
<td>Reliability</td>
<td>Ability to perform the promised services dependably and accurately</td>
</tr>
<tr>
<td>Responsiveness</td>
<td>Willingness to help customers and provide prompt service</td>
</tr>
<tr>
<td>Assurance</td>
<td>Knowledge and courtesy of employees and their ability to inspire trust and confidence</td>
</tr>
<tr>
<td>Empathy</td>
<td>Caring, individualized attention the firm provides its customers</td>
</tr>
</tbody>
</table>
Recent scholarship on service quality

In more recent research on service quality perceptions, there has been a renewed interest in focusing on the Grönroos model (1982, 1984) (Lassar, Manolis, & Winsor, 2000; Mohr & Bitner, 1995; Oliver, 1997; Rust & Oliver, 1994). For example, in Rust and Oliver’s three-component model (1994), the customer’s overall service quality perception is based on three dimensions: the customer-employee interaction (functional quality), the outcome (technical quality), and the service environment (Rust & Oliver, 1994). However, Kang and James (2004) noted that “while research supports the contention that the service environment affects service quality perceptions (Bitner, 1992; Spangenberg, et al., 1996), it is conceptually difficult to distinguish the notion of service environment from the concept of functional quality that has been suggested in the literature” (p. 268). This conclusion is demonstrated in the research of Brady and Cronin (2001) who proposed that the service environment is composed of three factors, ambient conditions, facility design, and social factors. Ambient conditions refer to non-visual aspects, including temperature, scent, and music (Bitner, 1992). Facility design refers to the layout of the facility and can be either functional or aesthetic (Brady & Cronin, 2001). Social conditions refer to the number and type of people in the service setting including how they behave (Aubert-Garnet & Cova, 1999; Grove & Fisk, 1997). However, in examining the definitions for these factors proposed by Brady and Cronin (2001), the service environment factors appear to be elements of the service delivery process and should therefore be included as components of the functional quality dimension (Kang & James, 2004).

In summary, two rather distinct conceptualizations of service quality have been presented in the literature: the Grönroos’ model (1982, 1984), referred to as the “Nordic” or European perspective and Parasuraman et al.’s SERVQUAL model (1988), referred to as the American perspective. The European perspective focuses on three dimensions: functional quality, technical quality, and image, while the American perspective focuses on functional quality (Kang & James, 2004). While the SERVQUAL model has been predominantly utilized in the service quality literature, Brady and Cronin (2001) suggested that no consensus has been reached if the American or European conceptualization is more appropriate. In addition, there is a lack of consensus with
regard to the nature or content of the service quality dimensions (Brady & Cronin, 2001). However, there is generally agreement with the proposition that service quality consists of multiple dimensions or multiple attributes (Cronin & Taylor, 1992; Grönroos, 1990; Parasuraman et al., 1985, 1988).

While Brady and Cronin (2001) suggested there is a lack of consensus on whether the American and European perspectives of service quality is more appropriate in understanding and assessing service quality perceptions, recent research tends to find the European perspective’s three dimensional model to be more appropriate (Grönroos, 1982, 1990; Lehtinen & Lehtinen, 1982) because it provides “a more complete representation of service quality” (Kang & James, 2004, p. 268). This conclusion is based in part on the American perspective’s limited concentration on the functional quality dimension. (Kang & James, 2004). A second reason for finding the European perspective to be more appropriate is the inclusion of the image dimension as well as proposition that image acts as a filter in service quality perception (Grönroos’, 1990). Research by Kang and James (2004) examining the role of image in the formation of service quality perceptions found that image plays a mediating role in the perception of overall service quality. In addition, in examining the influence of functional quality on an individual’s image of an organization, the effect of functional quality on image was found to be larger than the effect of technical quality (Kang & James, 2004). This finding suggests that the consumer’s interaction with the service firm’s representatives influences the consumer’s image of the service firm and subsequent service quality evaluation (Kang & James, 2004).

Despite the popularity of the SERVQUAL instrument in the literature, a strong case could also be made for adopting Grönroos’s European perspective of service quality (2001) given that Grönroos’ (2001) three dimensions of service quality, functional quality, technical quality, and image, may provide a more holistic picture of perceived service quality. However, in trying to understand the process of providing quality service to individuals with disabilities in the stadium context which has not yet been studied, it was my belief that it was best to concentrate on the functional quality dimension first in order to get a better grasp of how consumers with disabilities perceive the level of service quality received. This can best be accomplished by the SERVQUAL instrument. The
technical quality and image dimensions can be studied at a later point in time once the service delivery process is better understood.

**SERVQUAL Adaptation**

The SERVQUAL instrument was designed to be applicable across a broad spectrum of services so it could be adapted or supplemented to fit the characteristics or specific research of the particular service firm (Parasuraman, Zeithaml, & Berry, 1988). In testing the applicability of SERVQUAL in other service settings, Carman (1990) replicated the SERVQUAL dimensions in the retail setting. In attempting to assess SERVQUAL’s validity, he found that professional service organizations and consumer service organizations will find the measures of service quality equally valid (Carman, 1990). However, the dimensions “are not so generic that users of the scale should not add items or new factors they believe are important in the quality equation” (Carman, 1990, p. 41). Carman (1990) also found that Parasuraman, Zeithaml, and Berry’s (1988) combination of the Understanding and Access dimensions into the Empathy dimension was not an appropriate combination given that when one dimension is particularly important to a customer, the customer is likely to break that dimension into subdimensions. Carman (1990) recommended retaining the Courtesy and Access dimensions and expanding some items on other dimensions where it is believed that the dimension is particularly important, given the service setting. For example, for an individual with a mobility impairment that uses a wheelchair, the tangibles dimension may be particularly important and could be broken into sub-dimensions, given the need for ramps or elevators, lowered concession counters, signage about accessible features, and accessible parking at the stadium.

Carman also discovered problems in the collection and use of consumer’s expectations to measure service quality (1990). He questioned the value of the expectation responses given that Parasuraman, Zeithaml, and Berry’s expectations and perceptions items (1988) were asked in one administration where the expectations were based on what they experienced in the past and were assessed after the current service encounter (Carman, 1990). Another concern raised involved the practicality of having customers complete an expectations battery before the service encounter and then complete the perceptions battery after the service encounter (Carman, 1990). While
Carman noted that expectations are important because service providers need to discover what customers expect, a better approach may be to ask about the perception-expectation difference directly rather than in separate questions (Carman, 1990). Concerns were also raised with how much experience the customer has with the service provider (Carman, 1990). It was recommended that researchers collect information on the customer’s familiarity with the service because expectations change with familiarity (Carman, 1990).

Given the concerns outlined above regarding the role of expectations in evaluating service quality, it is apparent that expectations play an important role in how consumers perceive service quality. However, determining when and how often the expectations information needs to be collected seems to be unresolved (Carman, 1990). Carman’s (1990) recommendation to collect data on the perception-expectation difference in situations where norms for expectations are well formulated due to past experience with commonly used service providers (i.e. retail stores, banks, motels) seems appropriate because if the customer is already familiar with the services provided, he/she would be able to provide adequate responses regarding his/her expectations of service quality. As Carman (1990) noted, this would not be the case, however, where the customers are new or unfamiliar with the services offered.

In addition to the concerns raised above regarding the role of expectations, the need to examine the relationship between expectations and importance was also emphasized (Carman, 1990). This suggests that for most service providers, “the importance of a particular service attribute seems more relevant than its expected level” (Carman, 1990, p. 49). Consequently, there are three variables of interest when evaluating overall service quality, perceptions, expectations, and importance, with each variable playing a different role in the overall quality evaluation (Carman, 1990). While Parasuraman et al. (1988) collected data on perceptions and expectations, they only inferred values for importance. Therefore, there are some questions that remain regarding the homogeneity across subjects of the importance weights (Carman, 1990). However, despite this uncertainty, it is clear that measuring the importance of each service attribute can provide the service quality researcher with relevant data in understanding how consumers assess overall service quality.
With regard to measuring service quality for people with disabilities, measuring all three variables, perceptions, expectations, and importance, is critical given that certain service quality dimensions may play a much greater role in their evaluation of service quality. For example, if a person with a disability is not able to find handicapped parking outside the facility, they may not be able to even attend the event. Similarly, a person that needs an elevator to access the main concourse of a stadium where concessions are sold might rate the Tangibles dimension most important given their specific needs. These issues are particularly salient for people with disabilities when compared to able bodied sport consumers because often able-bodied people do not have to consider issues such as whether they will be able to enter the facility or use the restrooms. However, for the person with a disability, these issues are often a critical concern and will likely impact their evaluation of service quality. In this study, perceptions, expectations, and importance were all investigated.

**Setting specific instruments adapted for use by the sport industry**

Despite SERVQUAL’s applicability across a wide range of service organizations, as discussed above, Parasuraman et al. (1988) as well as other scholars (Carman, 1990; Finn & Lamb, 1991) suggested that some modification and adaptation would be needed in order to make the instrument suitable for the specific setting in which it was going to be utilized. As a result, since the introduction of SERVQUAL (Parasuraman et al., 1985), many scholars have developed setting-specific adaptations of the SERVQUAL instrument (See Table 2.4). Three such adaptations of the SERVQUAL instrument that have been utilized in the sport and recreation industries are TEAMQUAL (McDonald, Sutton, & Milne, 1995), SPORTSERV (Theodorakis & Kambitsis, 1988), and RECQUAL (Crompton, et al., 1991).

The TEAMQUAL instrument was designed to measure service quality perceptions in the professional team sport context (McDonald, et al., 1995). In attempting to adapt the SERVQUAL instrument to the professional team sport context, several issues surfaced that made adaptation difficult. These difficulties included the fact that the SERVQUAL instrument requires administering the items twice, once for the expectations questions before the event occurs and then again for perceptions questions after the event (McDonald, et al., 1995). In addition, SERVQUAL was designed to
measure one service encounter per visit but professional sporting events consist of multiple service encounters with ushers, concessionaires, and merchandisers (McDonald et al., 1995). To address these concerns, the researchers assessed both expectations and perceptions simultaneously as well as added items to encompass the multiple service encounters that the customer experiences during a sporting event (McDonald, et al., 1995).

TEAMQUAL is a 39 item survey instrument that asks respondents to rate the team’s service delivery and quality (McDonald, et al., 1995). In asking season ticket holders of one National Basketball Association (NBA) franchise about their perceptions of service quality, the researchers found that the team exceeded the expectations of season ticket holders on all five SERVQUAL dimensions (tangibles, reliability, responsiveness, assurance, empathy) indicating that season ticket holders feel the team is providing high-quality service (McDonald, et al., 1995). The TEAMQUAL instrument also asked season ticket holders to assess the importance of each of the five service quality dimensions (McDonald, et al., 1995). Results indicated that season ticket holders felt that the tangibles and reliability dimensions were most important when evaluating the service quality of a professional team sport franchise (McDonald, et al., 1995). Using the data on importance of each dimension, the weighted average of the five service quality dimension was then calculated which can be used by the professional team as a benchmark for service quality (McDonald, et al., 1995).

A second instrument designed to measure spectators’ perceptions of service quality in the professional sport context is SPORTSERV (Theodorakis and Kambitsis, 1998). SPORTSERV is a 22 item instrument representing five service quality dimensions: access, reliability, responsiveness, tangibles, and security (Theodorakis et al., 2001). All 22 items of the SPORTSERV scale are perception-performance statements and does not include any expectation battery (Theodorakis et al., 2001). Despite those scholars who support the use of expectation-performance measures (Parasuraman et al., 1988; Carman, 1990), scholars including Cronin and Taylor (1992) support the use of perception-performance measurements, suggesting that they are a better indicator of overall service quality. Furthermore, only perceptions of the service have been found to directly influence overall service quality (Boulding et al., 1993).
Using data gathered before two professional basketball games in Athens, Greece, Theodorakis *et al.* (2001) found that spectators rated only the Tangibles and Access dimensions positively.

A third adaptation of the SERVQUAL instrument used to measure service quality in the context of public recreation is RECQUAL (Crompton, MacKay, & Fesenmaier, 1991). RECQUAL is a 25 item scale that measures service quality using the five dimensions in SERVQUAL: Assurance, Reliability, Responsiveness, Empathy, and Tangibles (Crompton, MacKay, & Fesenmaier, 1991). In testing the scale, recreation service quality was found to be composed of four rather than five dimensions: Assurance, Reliability, Responsiveness, and Tangibles (Crompton, MacKay, & Fesenmaier, 1991). Explanations for the difference in dimensions was attributed to differences in type of services, sector, and country (Canada) indicating a need for setting-specific measures of service quality (Crompton, MacKay, & Fesenmaier, 1991).
<table>
<thead>
<tr>
<th><strong>Researcher</strong></th>
<th><strong>Setting</strong></th>
</tr>
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<tbody>
<tr>
<td>Carman, 1990</td>
<td>Tire retailing</td>
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<tr>
<td>Carman, 1990</td>
<td>Dental services</td>
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<tr>
<td>Saleh &amp; Ryan, 1992</td>
<td>Hotels</td>
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<td>Fick &amp; Ritchie, 1991;</td>
<td>Travel and tourism</td>
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<td>Tribe &amp; Snaith, 1998</td>
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<td>Bouman &amp; van der Wiele, 1992</td>
<td>Car servicing</td>
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<tr>
<td>Nitecki, 1996; Coleman et al., 1997</td>
<td>Libraries</td>
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<td>Rigotti &amp; Pitt, 1992</td>
<td>Business schools</td>
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<tr>
<td>Kettinger &amp; Lee, 1994; Pitt et al., 1995</td>
<td>Information systems</td>
</tr>
<tr>
<td>Robinson &amp; Pidd, 1997</td>
<td>Management science projects</td>
</tr>
<tr>
<td>Ford et al., 1993; McElwee &amp; Redman, 1993</td>
<td>Higher education</td>
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<tr>
<td>Johns, 1993</td>
<td>Hospitality</td>
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<td>Kong &amp; Mayo, 1993</td>
<td>Business-to-business channel partners</td>
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<td>Freeman &amp; Dart, 1993</td>
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<td>Bojanic, 1991</td>
<td>Professional services</td>
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<td>Baker &amp; Lamb, 1993</td>
<td>Architectural services</td>
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<tr>
<td>Taylor et al., 1993</td>
<td>Recreational services</td>
</tr>
<tr>
<td>Swartz &amp; Brown, 1989; Lam, 1997; Raspollini et al., 1997</td>
<td>Health</td>
</tr>
<tr>
<td>Babakus &amp; Mangold, 1992; Mangold &amp; Babakus, 1991; Soliman, 1992; Vandamme &amp; Leunis, 1993; Walbridge &amp; Delene, 1993</td>
<td>Hospitals</td>
</tr>
<tr>
<td>Babakus et al., 1993</td>
<td>Airline catering</td>
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<tr>
<td>Kwon &amp; Lee, 1994; Wong &amp; Perry, 1991</td>
<td>Banking</td>
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<tr>
<td>Gagliano &amp; Hathcote, 1994</td>
<td>Apparel retailing</td>
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<tr>
<td>Babakus &amp; Boller, 1992</td>
<td>Utilities</td>
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<tr>
<td>Scott &amp; Shieff, 1993</td>
<td>Local government</td>
</tr>
<tr>
<td>McDonald, Sutton, &amp; Milne, 1995</td>
<td>Professional team sport</td>
</tr>
</tbody>
</table>
Criticisms of SERVQUAL

While much of the service quality research to date has utilized the SERVQUAL instrument to measure service quality perceptions, many scholars have used conceptual and operational arguments to criticize the scale (Asubonteng et al., 1996; Buttle, 1996, Robinson, 1999). Cronin and Taylor (1992) developed their own instrument, SERVPERF, which concluded that current performance best reflects customer’s service quality perceptions where expectations do not play a role in this concept. They argue that there is little theoretical or empirical evidence to support the use of the expectation-performance gap approach (Cronin & Taylor, 1992). Quester et al. (1995) also found that SERVPERF outperformed SERVQUAL and concluded that SERVQUAL’s use of expectations was flawed. Teas (1993) also had similar criticisms, arguing that a better method would be to measure the gap between perceived performance and the ideal amount of a feature, rather than measure expectations, which he referred to as the evaluated performance model.

In response to these criticisms, Parasuraman et al. (1994a) defended the use of the performance minus expectations gap (P-E) in several ways. Contrary to Cronin and Taylor (1992), Parasuraman et al. (1994a) noted that there is significant theoretical and empirical research to support the disconfirmation approach (Bolton & Drew, 1991a, 1991b; Gronroos, 1982, 1984; Parasuraman, Zeithaml, & Berry, 1985; Saser, Olsen & Wyckoff, 1978; Zeithaml, Berry, & Parasuraman, 1990, 1991). Parasuraman, Zeithaml, and Berry (1994) also argued that while their P-E measure may show less predictive power than a perceptions only measurement, the P-E measures do have better diagnostic value. Furthermore, Bolton and Drew (1991a) found that while performance is a key determinant of service quality, use of Parasuraman et al.’s gap theory has greater predictive power. In addition, Parasuraman et al. (1994) suggested that Teas’s evaluated performance model (1993) is flawed because it assumes that there is an ideal amount for each features whereas Teas’s own research indicated that many features have an unlimited amount, rather than an ideal amount.

An additional criticism of SERVQUAL relates to the validity of the instrument. Despite Carman’s (1990) support of SERVQUAL’s validity, Peter et al. (1993) noted that most of the subsequent service quality studies imply a greater overlap among the
SERVQUAL dimensions than implied in Parasuraman et al.’s (1988) original study. For example, researchers have found as few as two distinct service quality dimensions (Babakus & Boller, 1992) and as many as 18 dimensions (Johnston, 1995). In addition, discriminant validity concerns have been raised due to SERVQUAL’s use of difference scores (Carman, 1990; Babakus & Boller, 1992). A primary concern in this area is how reliability affects discriminant validity (Peter et al., 1993). For example, “a measure with low reliability may appear to possess discriminant validity simply because it is unreliable” (Asubonteng et al., 1996, p.67). Asubonteng et al. (1996) also cited convergent validity concerns, given the dissimilar factor loading patterns from those obtained by Parasuraman et al. (1988).

Given the criticisms discussed above, it is necessary to evaluate whether SERVQUAL should continue to be used to measure service quality in future studies (Robinson, 1999). Robinson (1999) suggested that SERVQUAL is best applied in contexts similar to the service settings originally investigated by Parasuraman et al. (1985), such as appliance repair, retail banking, long distance telephone service, and credit card companies. However, this recommendation would mean a much more limited application than was originally intended by Parasuraman et al. (1985, 1988). Parasuraman et al. (1985, 1988) proposed that SERVQUAL would be a universal tool that could be applied to multiple service settings. It is my belief that by modifying and adapting the SERVQUAL instrument in order to make it setting-specific as recommended by Parasuraman et al. (1988), Carman (1990), and Finn and Lamb (1991), valuable data can be obtained regarding perceptions of service quality. This conclusion is supported by the three adaptations of SERVQUAL in sport settings discussed above (Crompton, et al., 1991; McDonald, et al., 1995; Theodorakis, Kambitsis, & Laios, 2001).

The scholars who designed TEAMQUAL (McDonald, et al., 1995), for example, were able to identify those dimensions that were most important to consumers when evaluating service quality in the context of professional team sports (McDonald, et al., 1995). In addition, in designing the RECQUAL instrument, Crompton, et al. (1991) found four of the five SERVQUAL dimensions to be valid and reliable. Finally, researchers utilizing the SPORTSERV instrument found the five SERVQUAL
dimensions to account for 40% of the variation in overall customer satisfaction (Theodorakis, Kambitsis, & Laios, 2001). Thus, the value of the findings of these studies that have adapted the SERVQUAL instrument is the ability to shed further light on process of service quality evaluation. This would seem to outweigh the criticism of SERVQUAL and indicate a continuing need to adapt the SERVQUAL instrument to measure service quality perceptions in future studies.

**Purpose of service quality measurement**

As part of the discussion of measuring service quality perceptions, a key question is the purpose of measuring service quality. There is disagreement in the service quality literature regarding the purpose of service quality measurement (Robinson, 1999). Parasuraman *et al.* (1994a) viewed diagnostic ability of the instrument as the most important criteria in service quality measurement. Diagnostic ability suggests that the instrument should assist in guiding quality improvement efforts (Hamer, 2003). An instrument with diagnostic ability should be able to identify specific reasons for shortfalls in quality (Robinson, 1999). This allows the service provider to focus quality improvement efforts on the areas that need the most improvement. Parasuraman *et al.* (1994a) believed that service managers are more concerned with diagnosing service problems rather than accurately measuring service quality.

Cronin and Taylor (1992), however, emphasize the predictive validity of the measurement instrument as the most important criteria for measuring service quality. Predictive validity refers to the ability of the instrument to provide an accurate service quality score that provides “an assessment of the current level of service quality that customers are receiving from the service firm” (Hamer, 2003, p. 33). Face validity of the instrument can be maximized by measuring service quality perceptions directly (p. 33). Accuracy can also be achieved by measuring expectations and performance and then combining this information to obtain information on perceptions of service quality (Hamer, 2003).

If the service quality measurement instrument will be utilized to inform improvement efforts, the unit of analysis and the constructs measured are two key characteristics that must be addressed (Hamer, 2003). “A measurement instrument that measures the antecedents of service quality would maximize diagnostic ability as the
instrument would be able to discern the presence of negative quality perceptions and the reasons for the low perceptions” (p. 33). “The instrument’s unit of analysis should be at the attributes of service quality level as this level provides the greatest amount of information” (p. 33). If the service practitioner chooses the dimensions of service quality level as the unit of analysis, the instrument will have greater diagnostic ability than measuring service quality at the aggregate level but less diagnostic ability than the attribute level (Hamer, 2003).

An additional criteria used to assess the effectiveness of the service quality measurement instrument is parsimony, referring to the fact that the instrument should be as short as possible with regard to number of questions asked and/or the amount of time required to complete it (Hamer, 2003). While the accuracy and diagnostic ability criteria suggest the desire to gain as much information from the measurement instrument as possible, parsimony must be considered, especially given the setting where the instrument will be administered (Hamer, 2003).

**Difficulty in measuring perceptions of service quality**

The difficulty in measuring perceptions of service quality has been noted by several scholars (Babakus & Boller, 1992; Cronin & Taylor, 1992; Parasuraman, Zeithaml, & Berry, 1994) and has focused on several key conceptual and methodological issues. These issues include dimensionality of the service quality construct, defining service quality in terms of an expectations/perceptions gap, effects of item wording, and validity concerns. In discussing these concerns, Babakus and Boller (1992) noted that scholars have proposed alternative conceptualizations with differing number of dimensions of service quality. Most notably Parasuraman *et al.* (1988) suggested that service quality is comprised of two dimensions, functional quality and technical quality, but only concentrated on the five components of the functional quality dimension while Grönroos (1990) suggested three dimensions, functional quality, technical quality, and image, as well as Lehtinen and Lehtinen (1982) who suggested three dimensions: interactive, physical, and corporate quality. Thus, these differing conceptualizations suggest that “service quality may be an umbrella construct with distinct dimensions” (Babakus & Boller, 1992, p. 255). However, it is unclear whether the SERVQUAL instrument is “measuring a number of distinct constructs or a global, more abstract
variable” (Babakus & Boller, 1992, p. 255). In attempting to replicate the SERVQUAL scale in order to investigate these issues, Babakus and Boller (1992) found that the service quality dimensions as suggested by Parasuraman et al. (1986, 1988) were not distinct.

A second area of difficulty in measuring service quality relates to defining the service quality construct in terms of the difference between expectations and perceptions (Babakus & Boller, 1992; Brown, Churchill, & Peter, 1993). The two SERVQUAL components, expectations and perceptions, are intended to measure the “desired level” of service that consumers expect from that service sector in a general sense (i.e. professional team sports) as well as the “existing level” of service from a particular provider (i.e. the Jacksonville Jaguars team). The problem in asking about a desired level followed by the existing level arises because there is a tendency for the respondent to rate that the existing level as less than the desired level, which leads to the discrepancy score potentially being dominated by the existing level scores (Babakus & Boller, 1992).

In assessing whether information collected on consumers’ expectations contributed to the discrepancy score, the expectations scores were not found to materially contribute to the difference scores, raising questions over their value in understanding service quality (Babakus & Boller, 1992). In addition, the perception measures clearly dominated the difference scores, indicating further reservations about measuring expectations (Babakus & Boller, 1992).

A third area of concern relates to mixed item wording. Given that the responsiveness and empathy dimensions in SERVQUAL were loaded with negatively worded items, there is uncertainty in whether the use of negatively worded items impacted these dimensions, raising trait validity concerns (Babakus & Boller, 1992). Using negatively worded items was found to have an effect on two of the five dimensions, indicating data quality problems (Babakus & Boller, 1992).

**Methods for measuring service quality**

Given that measuring service quality and understanding its formation allows service providers to better understand the antecedents of service quality and better manage the formation of consumer’s service quality perceptions, measuring service quality has become a central topic for service marketing practitioners and researchers.
(Hamer, 2003). Given this interest by academicians and practitioners, several measurement methods have been proffered. While each method has advantages and disadvantages, determining the most appropriate method will involve an assessment of the particular service setting, among other factors. Each method will be discussed briefly and the reasons that a researcher would choose this method will be explored. (See Table 2.5 for a summary of the advantages and disadvantages of each method)

The first method for measuring service quality is measuring service quality perceptions directly. Empirical evidence suggests that perceived service quality is based on the two antecedents of service quality: expectations and performance perceptions (Boulding, et al., 1993; Devlin, Dong, & Brown, 1993; Hamer et al., 1999; Parasuraman et al., 1988, 1991, 1993). Hamer (2003) noted that “whether or not expectations and performance are combined into a single concept (i.e. disconfirmation) for the basis of forming quality perceptions is almost irrelevant because, at the core, perceived service quality depends on expectations and performance” where performance refers to perceptions of the delivered service (p. 32). The advantage of measuring service quality perceptions is the ability to minimize the number of questions required to assess perceptions of service quality while still providing an accurate assessment of how customer’s perceive the current level of quality provided (Hamer, 2003). However, this approach does not maximize the ability to diagnose the causes of service quality problems because it does not yield information on expectations and performance (Hamer, 2003).

Given the high correlation between perceived performance and perceived service quality (Cronin & Taylor, 1992), measuring performance directly has emerged as a second approach in measuring perceptions of service quality. Performance perceptions are the main driver of quality perceptions, suggesting that “performance has a stronger effect on service quality perceptions than do expectations” (Hamer, 2003, p. 30). Measuring performance would require the same number of questions as directly measuring service quality perceptions with questions that would be easy for customers to understand (Parasuraman, 1994). Measuring performance will also provide an accurate assessment of current levels of perceived service quality but will be less accurate than direct service quality measurement (Hamer, 2003). However, direct performance
measurement will not provide any diagnostic information because this measurement method “only provides information regarding attributes or dimensions on which the service firm is performing high or low” with no indication if this high or low performance is problematic (p. 39).

Measuring disconfirmation is a third measurement approach (Hamer, 2003). Disconfirmation is viewed as the key construct in the formation of service quality perceptions (Hamer, 2003). However, the effect of disconfirmation on service quality perception is conceptually unclear (Hamer, 2003). While some studies have found a relationship between disconfirmation and perceived quality, other studies have reached a contrary conclusion (Bolton & Drew, 1991a, b). Furthermore, even if disconfirmation is relevant service quality perceptions, measuring disconfirmation may not be necessary (Hamer, 2003). Rather, measuring expectations and performance separately is able to capture the disconfirmation effect (Hamer, 2003).

If the researcher chooses to measure disconfirmation, respondents will be required to answer double the number of questions regarding their perceptions of performance relative to their normative and predictive expectations (Hamer, 2003). Measuring disconfirmation has limited diagnostic value because it does not measure exact values of expectations and performance perceptions (Hamer, 2003). In addition, measuring disconfirmation will also not be as accurate as other methods because disconfirmation “assumes that performance exceeding expectations always results in quality perceptions that are higher than performance meeting expectations” (p. 39).

A final measurement approach is to assess expectations and performance perceptions separately (Hamer, 2003). Questions that measure the antecedents of service quality separately have shown to be easy for customers to understand (Parasuraman, Zeithaml, & Berry, 1994). This is also an accurate measurement method because performance measures are highly predictive of quality perceptions (Boulding et. al, 1993; Cronin & Taylor, 1992; Parasuraman, Zeithaml, & Berry, 1994). This approach provides the maximum diagnostic value because information pertaining to expectations and performance is captured (Hamer, 2003). However, separate assessment requires three times the number of questions as direct service quality measurement (Hamer, 2003).
Table 2.5 Summary of Service Quality Measurement Methods (Hamer, 2003, p. 38)

<table>
<thead>
<tr>
<th>Measurement method</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct measurement of service quality perceptions</td>
<td>Parsimony Accurate assessment of service quality perceptions</td>
<td>Low diagnostic value</td>
</tr>
<tr>
<td>Direct measurement of performance</td>
<td>Parsimony Limited accuracy of assessment of quality perceptions</td>
<td>Lack of diagnostic value Limited accuracy of assessment of quality perceptions</td>
</tr>
<tr>
<td>Direct measurement of disconfirmation</td>
<td>Parsimony Limited diagnostic value</td>
<td>Poor assessment of service quality perceptions Limited diagnostic value</td>
</tr>
<tr>
<td>Separate measurement of expectations and performance</td>
<td>Accurate assessment of service quality perceptions High diagnostic value</td>
<td>Lack of parsimony</td>
</tr>
</tbody>
</table>

**Conclusion**

Based on the preceding review of literature, certain conclusions were drawn which informed the current study. Irrespective of whether a researcher chooses to adopt the American or European conceptualizations to study service quality, both conceptualizations embrace the idea that service quality is a multi-dimensional or multi-attribute construct (Cronin & Taylor, 1992; Grönroos, 1990; Parasuraman *et al*., 1985, 1988). It is believed that the SERVQUAL model, emphasizing the functional quality dimension, will provide a solid framework for the initial investigation of service quality for people with disabilities in the current study. Furthermore, the extensive development of the SERVQUAL model in the marketing literature, including SERVQUAL’s adaptation in sport and recreation settings, has provided a foundation which can be built upon to examine service quality through a different lens, that of the spectator with a disability attending a live sporting event.

The examination of the disability literature also informed the current study. Through an initial research emphasis on increasing physical activity by persons with disabilities, there is an existing body of knowledge that has been developed which can now be expanded to examine people with a disabilities not in their role as participants in sport and recreation but instead in their role as spectator.

By reviewing the literature through an integration of the service quality and disability literature, the gap in the literature related to service quality for people with
disabilities has been established. This review has also confirmed that studying service quality as it relates to sport spectators with disabilities is meritorious. Through research questions which examine the expectations, perceptions, and importance of key dimensions of service quality for people with disabilities attending a live sporting event, it is believed that a better understanding of the needs of sport spectators with disabilities has emerged.
CHAPTER 3
METHODOLOGY

The purpose of this study was to assess the needs of sport consumers with disabilities attending live sporting events. Due to the lack of research related to service provision for people with disabilities in sport venues, an exploratory qualitative study was undertaken. Three research questions were used to guide the current study. Research Question 1 focused on identifying the physical and service needs of sport consumers with mobility impairments attending a live sporting event. Research Question 2 examined whether the needs of sport consumers with mobility impairments attending a live sporting event being met. Research Question 3 examined what could be done differently by the service provider in order to enhance the experience for guests with disabilities.

A grounded theory methodology was used in order to gain an understanding of the needs of consumers with disabilities attending live sporting events. This is an appropriate methodology given the purpose of the study and is consistent with the goal of developing a theory which is “closely related to the context of the phenomenon being studied” (Creswell, 1998, p. 56), in this case people with disabilities attending a game or event in a sport facility.

Grounded Theory

Grounded theory is as an inductive methodology (Martin & Turner, 1986) that allows the researcher to develop theory grounded in data (Myers, 1997). Because the researcher generates the theory from the data, this allows for most hypotheses and concepts to not only originate from the data, but also to be systematically worked out in relation to the data during the research process (Patton, 2002). Grounded theory allows the researcher to become close to the real world so that the results can be grounded in the empirical world (Patton, 2002).

The foundational question that a researcher using grounded theory asks is “what theory emerges from systematic comparative analysis and is grounded in fieldwork so as to explain what has been and is observed” (Patton, 2002, p. 125). The emphasis, therefore, is on “steps and procedures for connecting induction and
deduction through the constant comparative method, comparing research sites, doing theoretical sampling, and testing emergent concepts with additional fieldwork” (p. 125).

There are several basic assumptions of grounded theory (Glaser, 1992). These include the assumption that “all data of whatever type is grist for the mill of constant comparison to develop categories and their properties” (Glaser, 1992, p. 24). In conducting research from a grounded theory perspective, “one does not enter the research area as a blank slate” (Bigus, Hadden, & Glaser, 1994, p. 53). Rather, grounded theory allows the researcher to start with an initial focus without having to preconceive the eventual theory (Bigus, Hadden, & Glaser, 1994). Furthermore, grounded theorists assume that “the world is empirically integrated, not logically modeled...whether the researcher likes it or not” (Glaser, 1998, p. 189). Grounded theorists also see social life not as random but as “something that exists as sets of behavioral uniformities, which occur and recur over time” (Bigus, Hadden, & Glaser, 1994, p. 38). Glaser (1998) further noted that “today's grounded theory, however conceptual, can be tomorrow's description, as people get familiar with the categories and use them to describe an area, rather than account for its action” (p. 137).

Grounded theory is also a tool that researchers can use when dealing with masses of raw data (Patton, 2002). In grounded theory studies, “data analysis and the later stages of data reduction operate iteratively” (Calloway, & Knapp, 1995). The coding process involves “simultaneously reducing the data by dividing it into units of analysis and coding each unit” (Calloway & Knapp, 1995). Strauss and Corbin (1998) suggest that the set of coding procedures that grounded theory offers helps provide standardization and rigor. Grounded theory also helps the researcher consider “alternative meanings of phenomenon,” emphasizes being systematic and creative at the same time, and elucidates concepts that build the theory (Patton, 2002, p. 127). The popularity of grounded theory as a frequently used methodology in qualitative research may be attributed to its utility in developing a context-based explanation of the phenomenon (Myers, 1997).

**Purposeful Sampling**

A distinct feature of qualitative research is the use of purposeful sampling (Maxwell, 1996). Use of purposeful sampling can accomplish several goals, including
achieving representativeness of the sample, allowing for specific examination of cases that are critical for the theoretical underpinnings of the framework, allowing the researcher to make comparisons of the reasons for differences in the sample, and allowing the researcher to capture the population’s heterogeneity (Maxwell, 1996; Pharmacy study). In this study, criterion sampling was used. “Criterion sampling works well when all individuals studied have experienced the phenomenon” (Creswell, 1998, p. 118). The criterion was individuals with mobility impairments that attend sporting events. The rationale for using such a criterion is people will mobility impairments likely face a range of service issues when attending a stadium, including, for example, physical aspects of the facility and interaction with facility staff.

A snowball sample was also utilized in order to ask colleagues and friends to identify individuals with disabilities interested in attending sporting events. Snowball sampling “identifies cases that are of interest from people who know people who know what cases are information-rich” (Miles & Huberman, 1994, p. 28).

Spectators with mobility impairments that have attended sporting events at “new” (pre-1993 construction) and “existing” (post-1993 construction) sport facilities in Columbia, South Carolina, were included in the sample. The two “existing” facilities are Williams-Brice football stadium and Carolina Coliseum at the University of South Carolina. Williams-Brice Stadium has a capacity of approximately 80,000 (University of South Carolina Athletics Department, n.d.). Originally constructed in 1934, Williams-Brice stadium has undergone several renovation projects, including a $9 million renovation in 1995 (University of South Carolina Athletics Department, n.d.).

Spectators with disabilities that have attended sporting events at a “new” facility were also included in the sample. The “new” facility was the Colonial Center, host to USC men’s and women’s basketball as well as concerts and other events. The Colonial Center is the largest arena in the state of South Carolina (University of South Carolina Athletics Department, n.d.). The Colonial Center has a capacity of 18,000 seats and is the tenth largest on-campus basketball facility in the United States (University of South Carolina Athletics Department, n.d.). The Colonial Center, which opened in 2002, features 41 suites, four entertainment suites, and a full-service hospitality room with a capacity of 300 (Colonial Center website, n.d.). The state-of-the-art facility also features
plush seating, a technologically advanced sound system, and a four-sided video scoreboard (Colonial Center website, n.d.).

The differences in the characteristics of venues selected for this study include the capacity of the facility, primary sporting event held at the facility, and age of the facility. The diversity in type of sport facility allowed for a broad range of service quality issues to emerge. The researcher was interested in a broad range of service issues that people with disabilities experience (i.e. staff interaction, physical access to bathrooms, concessions, etc.) so that a person with a disability may have a positive service experience in all aspects of the event he/she attends.

**Sample**

Participants for this study were recruited through the University of South Carolina Center for Students with Disabilities. In addition, subjects were recruited by making contact and asking for participation of people with physical disabilities suggested by colleagues and friends. In the current study, the sample included six males with mobility impairments. The sample included both wheelchair users and users of crutches and canes. A list of the informants with pseudonyms used to maintain anonymity, the assistive device used, and the interview(s) in which they participated are provided in Table 3.1 below.

<table>
<thead>
<tr>
<th>Informants</th>
<th>Assistive device used</th>
<th>Interview(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don</td>
<td>Power Wheelchair</td>
<td>Focus group, In-depth</td>
</tr>
<tr>
<td>Mark</td>
<td>Manual Wheelchair</td>
<td>Focus group, In-depth</td>
</tr>
<tr>
<td>Jack</td>
<td>Crutches, Wheelchair</td>
<td>In-depth (pilot)</td>
</tr>
<tr>
<td>Ryan</td>
<td>Manual Wheelchair</td>
<td>Focus group</td>
</tr>
<tr>
<td>Hank</td>
<td>Cane</td>
<td>In-depth</td>
</tr>
<tr>
<td>Bob</td>
<td>Cane</td>
<td>In-depth</td>
</tr>
</tbody>
</table>

In addition to the patrons with mobility impairments, two facility personnel, Stan and Larry (pseudonyms used), were also interviewed using in-depth interviews. Stan has held the position of general manager of the Carolina Coliseum and also oversaw facility management at Williams-Brice Stadium for many years in addition to his responsibilities.
at the Coliseum. Larry is a customer service staff member at the Colonial Center and is also a wheelchair user.

**Data Collection**

A researcher conducting a grounded theory study primarily collects interview data in order to study how people act and react to the phenomenon being studied (Creswell, 1998). The researcher conducts interviews based on field visits to collect data until the categories are saturated (Creswell, 1998). Theoretical saturation is the point at which no more information can be found which will aid in developing the theory (Creswell, 1998) and where no new properties, dimensions, or relationships emerge during analysis (Strauss & Corbin, 1998, p. 143). The categories are units of information composed of events and instances (Strauss & Corbin, 1990). Creswell (1998) describes the iterative cycle of data collection in a grounded theory as a “zigzag” process where the researcher goes out to the field to gather data, analyzes it, then goes back to the field to collect more data followed by more analysis.

The sources of data for this study included focus group interviews, in-depth interviews, and observations at sports facilities. Initially, an in-depth pilot interview was conducted. The interview guide for the pilot interview is provided in Appendix A. This was followed by a focus group consisting of people who had attended an event at the facilities being studied. The focus group was formed in accordance with guidelines used to conduct marketing research (Bellenger, Berhardt, & Goldstucker, 1976). Respondents were screened to ensure that they were current or recent users of the service in question at the facilities specified. Questions asked during the focus group included identification of the physical and service needs during a sporting event, descriptions of the ideal service experience, the meaning of service quality as it relates to people with disabilities, and expectations about the service experience. The focus group interview guide is provided in Appendix B. After the focus group interview, in-depth interviews were conducted with four informants. The interview guide for the in-depth interviews is provided in Appendix C. Two of the four informants had also participated in the focus group. The other two interviews were used as confirming/disconfirming interviews in order to enhance the credibility of the findings. The in-depth interviews were conducted using an interview guide that was modified from the interview guide used in the focus group in
order to probe several of the issues that were initially raised in the focus group. For the two confirming/disconfirming interviews, an interview guide constructed from the key findings of the study was used to probe whether the informants had similar or dissimilar views about the issues being studied.

To better understand the facility personnel’s perspective in providing quality service to people with disabilities as well as the difficulties that the facility staff has observed by patrons in accessing features of the facilities, in-depth interviews were also conducted with senior facility personnel as well as a customer service staff member from the sport facilities being investigated. The interview guide is provided in Appendix D.

In the current study, two venue management personnel, Stan and Larry, were interviewed in order to obtain the facility manager’s perspective on serving patrons with disabilities. Larry is also a person with a mobility impairment. It is believed that while the barriers that people with disabilities cannot be fully understood by able-bodied people, Stan has the expertise and authority, in some cases, to suggest changes in the facility once barriers are identified. The data from these interviews was used as a source to triangulate the consumers’ needs. Furthermore, by asking key personnel about these issues, it is presumed that these are people who have the ability to seek financial support to make the changes occur. A list of representative questions that were asked of the facility personnel is provided in Table 3.2 below. The complete interview guide for facility managers is provided in Appendix D.

Table 3.2 Representative questions for interviews with facility managers

<table>
<thead>
<tr>
<th>Question</th>
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<tbody>
<tr>
<td>What training do you think should be provided to staff members regarding “best practices for serving patrons with disabilities”?</td>
</tr>
<tr>
<td>What areas of service delivery pose the greatest problem with regard to serving patrons with disabilities?</td>
</tr>
<tr>
<td>Can you discuss any instances where a customer reported that you as the service provider failed to meet their expectations?</td>
</tr>
<tr>
<td>What processes do you feel should be in place to deal with customer complaints specific to accessibility or the services provided to guests with disabilities?</td>
</tr>
<tr>
<td>What aspects of your current service delivery, if modified, would most enhance the experience provided to patrons with disabilities at your facility?</td>
</tr>
</tbody>
</table>
Direct observations of the facilities was also utilized in order to familiarize the researcher with the physical features of the facility as well as aid in familiarizing the researcher with areas that had proven difficult for people with disabilities to access in the past as identified through the focus group and in-depth interviews. At Williams-Brice Stadium and the Coliseum, the observations were conducted when no event was taking place. Therefore, these observations focused mainly on the physical aspects inside the facility as well as adjacent to the facility, such as parking lots and sidewalks. At the Colonial Center, the observations took place during a USC Women’s Basketball game. By observing the service experience during a live sporting event, this allowed the researcher to observe not only the physical aspects of the facility, but also the processes used by patrons to enter and exit the facility, park cars or vans outside the facility, access seating, and reach concession areas. Conducting observations of both the physical environment and the service environment provided the researcher with a more tangible understanding of the service experience for people with disabilities.

Data Analysis

In analyzing the data, the researcher took information from the data collection and compares it to emerging categories, referred to as the constant comparison method of data analysis (Creswell, 1998). Several stages of coding are utilized in conducting ground theory research (Creswell, 1998). The researcher uses open coding followed by axial coding and then selective coding. In open coding, the researcher formed initial categories about the phenomenon by segmenting information (Creswell, 1998, p. 57). The primary concern at this stage in the data analysis was the generation of the categories and their properties and then determining how the categories vary dimensionally (Strauss & Corbin, 1998, p. 143). 

After open coding, the researcher used axial coding to assemble the data in new ways (Creswell, 1998). At this stage, “categories are systematically developed and linked with subcategories” (Strauss & Corbin, 1998, p. 143). Through the use of a coding paradigm or logic diagram, the researcher identified a central phenomenon, explored causal conditions, specifies strategies, identified the context and intervening conditions, and delineates the consequences for this phenomenon (Creswell, 1998).
After axial coding, the categories still must be integrated in order to form the larger theory. Selective coding was used at this stage in order to “integrate and refine the categories” (Strauss & Corbin, 1998, p. 143). It is at this stage that the researcher was able to reduce the data into concepts and sets of relational statements which explain what is going on (Strauss & Corbin, 1998).

In addition to coding, memoing was used throughout data analysis. “Memos relate concepts to categories, categories to other categories, [and] incorporate moderators into emerging theory” (Bernthal, 1999, p. 32). Theoretical memos should be done starting with the first interview and continue at all phases of the research process (Strauss & Corbin, 1998). In this study, memos “link[ed] emerging theory to the existing literature/research, thus providing a vehicle for the incorporation of existing research [on service quality] into the grounded theory” (Bernthal, 1999, p. 32).

The interview and observation data was coded and analyzed using the NUD*IST (Non-numerical Unstructured Data Indexing Searching and Theory Building) data analysis program version (Version N6, 2002). This program is appropriate to use when conducting grounded theory research given it is geared toward theory building research (Strauss & Corbin, 1998).

**Quality**

Since the quality of the information obtained during interviews largely depends on the interviewer (Patton, 2002), a researcher with knowledge of the ADA and familiar with the service quality literature as well as service quality dimensions was utilized. Using research about the ADA’s requirements and reviewing the service quality literature, which has primarily focused on service quality for able-bodied consumers aided in conducting the focus group and in-depth interviews in order to better understand the needs of people with disabilities in stadiums.

Another way to improve the quality of the research process was through the use of a standardized interview guide for the focus group and the in-depth interviews. Use of an interview guide ensured that “the same basic lines of inquiry are pursued with each person interviewed” (Patton, 2002, p. 343) but allowed flexibility to pursue certain areas of inquiry in greater depth. “The topics and issues to be covered will be specified in advance in outline form” and “the interviewer will decide the sequence and wording of
the questions during the interview” (Patton, 2002, p. 349). Use of an interview guide will increase the comprehensiveness of the data and will allow data collection to be more systematic for each respondent (Patton, 2002). This approach also allows for “logical gaps in data to be anticipated in advance and closed” (p. 349). Using an interview guide will also allow the interview to be as conversational and situational as possible (Patton, 2002). Two weaknesses with this approach include the possibility that important topics may be omitted inadvertently and the fact that the interviewer’s flexibility in the wording of the questions can result in different responses from different perspectives, making comparison of the results more difficult (Patton, 2002). A representative list of questions that were investigated during the focus groups with people with disabilities is provided in Table 3.3 below. The complete interview guide used for the focus group interviews is provided in Appendix B.

Table 3.3 Representative questions for focus group interview with consumers with disabilities

<table>
<thead>
<tr>
<th>Question</th>
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</thead>
<tbody>
<tr>
<td>Describe any interaction you have had with the guest services staff at USC sport facilities.</td>
</tr>
<tr>
<td>If any problems arose during the event, how did staff members assist in resolving the situation?</td>
</tr>
<tr>
<td>Do you feel the guest services staff members understand the needs of patrons with disabilities?</td>
</tr>
<tr>
<td>Could anything have been done differently to improve your experience?</td>
</tr>
</tbody>
</table>

The need for rich quality data is key. The trustworthiness of the data was strengthened by using member checking as well as triangulating the data. Use of member checking improved the accuracy of the data since the researcher’s interpretations of the focus groups and interviews are verified by the participants and corrections can be made if errors exist. Use of member checking also improved the analysis of the themes that emerge from the data. In addition, triangulation using multiple sources and multiple methods was utilized “to compare and cross-check the consistency of different information derived at different times and by different means” (Patton, 2002, p. 559). Triangulation “involves corroborating evidence from different sources to shed light on a theme or perspective” (Creswell, 1998, p. 202). The triangulation process also allowed
the researcher to understand “inconsistencies in the findings across different kinds of data” (Patton, 2002, p. 556). In addition, in this study, the data from the focus group interviews was compared to the data from the in-depth interviews and observations. In addition, investigating the multiple perspectives of consumers with disabilities and facility manager’s views about the service quality for customers with disabilities assisted in developing a more holistic understanding of the needs and perceptions of sport spectators with disabilities.

This chapter provided a description of the grounded theory methodology used in the current study. This methodology allowed for rich thick descriptions of the patrons’ experiences to emerge. The level of detail provided by the informants improved the quality of the findings discussed in the next chapter and aided in providing the researcher with a more complete understanding of the needs of patrons with mobility impairments in stadia.
CHAPTER FOUR
FINDINGS

Through the use of in-depth, focus group, and follow up interviews as well as observation of sport facilities, this study was guided by three primary research questions analyzing the needs of people with mobility impairments attending live sporting events. Research Question 1 focused on identifying the physical and service needs of consumers with mobility impairments. Once these needs were identified, Research Question 2 focused on whether the needs of consumers with mobility impairments were being met. Research Question 3 sought to identify needs that were not being met and examined what the service provider could do to enhance the service experience.

Research Question 1

With regard to Research Question 1 (What are the needs of sport consumers with mobility impairments regarding attendance at a live sporting event?), my research questions were framed around two categories of needs relevant to the service experience, physical needs and service needs. Once the initial categories of physical and service needs were identified through open coding, the research used axial coding to systematically develop the categories as well as link the categories to subcategories (Strauss and Corbin, 1998). For example, coding for the category “Physical needs” contained several subcategories such as Parking, Seating, and Ramps and Elevators. These subcategories also contained further subcategories such as Seating Location and Seating Arrangement. After axial coding, the categories had to be integrated into the emerging theory. This required the use of selective coding which allowed the researcher to integrate and refine the categories (Strauss & Corbin, 1998). For example, it was at this stage of coding that ideas about the relationship between the physical and service needs became clear which were used in the development of the emerging theory.

In interpreting the data, in some cases, the physical needs and service needs were found to be mutually exclusive. For example, all of the informants in the in-depth and focus group interviews discussed the need for accessible parking. Therefore, I interpreted this as a physical need in that it does not involve a service component (i.e. a human component). However, in other cases, the need could not be exclusively categorized as
either physical or service in that the physical aspects and the service aspects tended to blend together. For example, when asked about safely evacuating the facility in an emergency, one respondent discussed a concern about a loss of electrical power which would make the elevator inoperable, but also identified the need for a staff person trained to assist him in an evacuation. Therefore, the need to evacuate safely in an emergency involves both physical and service aspects.

For ease of discussion, needs that primarily deal with the physical aspects of the facility, also referred to as the “built structure” (Bitner, 1992) or the “interior layout and design” (Brauer, 1992), will be discussed under the theme, “Physical Needs,” while needs that are primarily related to service provision will be discussed under a second theme, “Service Needs.” Those needs that have both a physical and service component will be discussed under a third theme, “Needs with both a physical and service component.” A list of the categories and various needs is provided in Table 4.1

<table>
<thead>
<tr>
<th>Physical Needs</th>
<th>Service Needs</th>
<th>Needs with both Physical and Service Component</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seating</td>
<td>Staff Responsiveness</td>
<td>Crowds</td>
</tr>
<tr>
<td>Companion Seats</td>
<td>Staff Awareness</td>
<td>Accidents</td>
</tr>
<tr>
<td>Parking</td>
<td>Staff Knowledge</td>
<td>Emergency Evacuation</td>
</tr>
<tr>
<td>Line of Sight</td>
<td></td>
<td>Accessible Policies</td>
</tr>
<tr>
<td>Restrooms</td>
<td></td>
<td>Role of others</td>
</tr>
<tr>
<td>Elevators/Ramps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heat-related protection</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The findings from this study are presented by first discussing the focus group findings followed by the in-depth interviews and observation data where applicable. In some cases, the findings from these different sources have been integrated to more effectively show the themes and patterns that emerged from the data. The findings from the facility personnel interviews are presented after the discussion of the focus group, in-depth, and observation data. A list of the data sources for each research question is provided in Table 4.2.
### Table 4.2 Sources of data

<table>
<thead>
<tr>
<th>Research Questions</th>
<th>Data Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: What are the needs of sport consumers with mobility impairments attending a live sporting event?</td>
<td>Focus group</td>
</tr>
<tr>
<td></td>
<td>In-depth interviews</td>
</tr>
<tr>
<td></td>
<td>Observation</td>
</tr>
<tr>
<td>2: Are the needs of sport consumers with mobility impairments attending a live sporting event being met?</td>
<td>Focus group</td>
</tr>
<tr>
<td></td>
<td>In-depth interviews</td>
</tr>
<tr>
<td></td>
<td>Observation</td>
</tr>
<tr>
<td>3: If a need is not being met, what could be done differently by the service provider in order to enhance the experience?</td>
<td>Focus group</td>
</tr>
<tr>
<td></td>
<td>In-depth interviews</td>
</tr>
</tbody>
</table>

### Physical Needs

The informants identified four primary areas of concern related to a need for seating: seating arrangement, seating location, barriers to accessing the seats, and adequacy of markings on seats. In early coding stages, I made the decision to code data which dealt with the arrangement of the seats in the specific row or section of a stadium under the category “seating arrangement.” The data that dealt with the location of the seats in relation to the overall stadium layout (i.e. lower bowl of the stadium) was coded in the category “seating location.”

**Seating location.** The data in this category was particularly rich in context as several of the informants painted pictures through the stories they told about how the seating at the stadium appeared to them. This made the data “come alive” for me and allowed me to see it through their eyes. One focus group participant, Don, expressed his satisfaction with the location of the seating at the Colonial Center with the comment:

> I like what the Colonial Center has done as far as accessibility goes. …The top of the bottom bowl---there is nothing but handicapped spaces up there at the top of each section, that is perfect and they modeled that from the old Charlotte Coliseum … the very top of the bottom bowl there is nothing but handicapped seats at the top and you can take chairs and move in there … in Ericsson Stadium, you walk through the doorway and you walk around---there’s handicapped space, handicapped space, handicapped space, Then you go up to the top. The upper bowl then there’s handicapped space, handicapped space. That’s what it needs to be.

A photograph of this seating section is provided in Figure 4.1.
Figure 4.1 Disabled seating section at top of lower bowl at Colonial Center

The interpretation of Don’s response reveals two key aspects of the need for accessible seating. First, by placing the disabled seating on the same level as the main concourse, this provides the patron with a disability with access to restrooms, concessions, and elevators, so there is a functional benefit. Jack noted the importance of being on the main concourse with the comment, “Well the old Coliseum was good and probably because of luck being built to where you would come in on one level, buy your ticket, go to the concourse, go to the restrooms, go to snack places, and go into your seating arrangement all on one level so you couldn’t beat that.” In addition to the functional benefits, however, designing the accessible seating to be located on the main concourse serves a social function in that it puts the patron in the midst of the action with the other patrons and does not isolate him/her from the rest of the crowd. Second, the ability to move portable chairs into the disabled seating section allows for additional companion seats if needed as opposed to fixed seating where this may not be possible.

In a follow up interview, Bob discussed the prevalence of inaccessible seats as well as placing the disabled seats in a less desirable location in the stadium. “Accessibility is very hard to find or either you are put in a location that may not be as desirable. That’s always a problem.” He elaborated on why he felt that disabled seating would be located in less desirable areas. “I look at it more from marketing as to who
their customers are and they cater to their customers who pay the bills.” Asked whether he was implying that the stadium caters to the majority of customers rather than the minority, Bob replied, “That’s correct.” This also raises the notion of unfair or inequitable treatment which is addressed in further detail below.

In a follow up interview with Larry, a wheelchair user and a part-time usher at the Colonial Center, he identified the two locations for disabled seating at the Colonial Center. The preferred section of disabled seating is located all around the top of the lower bowl. A photograph of this preferred seating location at the Colonial Center is provided above in Figure 4.1. This location is desirable because the patron is close to the action and has easy access to concessions and restrooms given the location of the section adjacent to the main concourse. He reported that this arrangement provides patrons with good sight lines and no obstructions to their view. The alternate section of disabled seating is located at the very top of the arena and is accessible by an elevator. Larry explained that this section is less desirable because it is so high up and is used only when the disabled seating on the lower level is full. He reported that this only happens when the facility hosts USC graduation where there are typically more elderly patrons and patrons with disabilities than at other events.

From the facility manager’s perspective, seating location for patrons with disabilities is an issue of which the senior management of a sport facility is cognizant. Discussing the location of accessible seats at the football stadium, Stan noted,

We tried to make sure we had comparable areas that were acceptable all throughout the stadium, everything from down on the field level to the club level and all these other places. The additions that have been made since that time I think we’ve done very good [given it] was built in the 1930s [when] there was hardly any accommodations…

While Stan’s comment expressed the sentiment that the facility tried to provide “comparable” seating for patrons with disabilities, there was a distinct divergence from the perspective of Bob who felt that the seating is designed and arranged to cater to the needs of able-bodied fans which are the majority as opposed to the disabled fans which are the minority. Bob commented that accessible seating is often placed in a less desirable location because “…[the facility cater[s] to their customers who pay the bills],” referring to able-bodied customers.
Another area of divergence between the perspectives of the patron and the facility manager was about the line of sight for the seating at football stadium. Stan also spoke about the seating location adjacent to the field level which had received so much criticism from the other informants over line of sight issues. However, he provided a totally different perspective on how patrons evaluated sitting in this section.

...[W]e always thought that in the South Endzone, we had some areas that were right down field level in the end zone and we always thought they were pretty poor seats … We had some people in wheelchairs and they said they thought it was the best thing in the world because they had been in wheelchairs basically all their lives and had not been able to participate in a sport like football and it puts them right down there close

Stan did note, however, the placing the disabled seating that close to the field posed a safety risk if a football were to come into that section. Stan noted,

We had to make sure the people sitting there only had the disability waist down and had use of their arms, because if a ball came flying in there, they had to have use of their arms or they become susceptible to being injured.

A photograph of the seating section described by Stan is provided in Figure 4.2.

![Figure 4.2 Disabled seating section adjacent to field at Williams-Brice Stadium](image)

During my observation of the Colonial Center during a USC women’s basketball game, I had the opportunity to sit in the lower section of disabled seats which were
unoccupied during this game. I found the sight lines to be excellent. The patron is close to the action and is level with the concourse. The seats were comfortable and there was plenty of space between patrons. The upper section of disabled seating, however, is very high up and could pose problems for people who are even mildly afraid of heights. The sightlines, while unobstructed by any other patrons, are inferior which would be expected due to their location at the very top of the arena.

**Seating Arrangement.** The ability of the seating arrangement to enhance the overall experience was noted by an informant who stated, “The seating arrangement once you find it and once you can get there and once you have found a parking spot it is a wonderful seat location for people in wheel chairs and also limited mobility with chairs in every other seat. In interpreting this data, however, note that the informant stated “The seating arrangement *once you find it* and *once you can get there* and *once you have found a parking spot*” then the arrangement is “wonderful” (emphasis added). This suggests that there could be several problems that the patron may encounter before even making it to the seat.

In a follow up interview, Bob commented on the arrangement of the seats at the Coliseum. “In the Coliseum, a similar section scattered around the concourse. Not necessarily in one area but maybe in a couple different areas.” When asked if that was an acceptable layout, Bob replied, “Actually, I have never used one of them. That’s more of a wheelchair or whatever. But I just need a seat that I can get in and out of.” He further explained his needs related to seating, “I’m partially mobile but I need assistance to get to a seat. I need something that is relatively flat terrain to get in or either really good handrails.” Asked about his seating preference given his needs, Bob responded, If you could something fairly close to the end of the row or the opposite end as long as there’s a handrail as you get in and out of it. Basically, preferably, is when you enter a level…you’d be in those first couple of rows.

Given that he is partially mobile, Bob identified navigating steps as a problem for him. Bob elaborated, “… As long as there is a railing, I can [navigate steps]. Most people can’t but I can.”
My observation of the seating at the Colonial Center supported the conclusions of several informants who described the clusters of disabled seats all around the top of the lower bowl is an arrangement which provides the patron with easy access to the main concourse to use restrooms or concessions. Furthermore, the arrangement of the seating is integrated with the rest of the seating for able-bodied patrons so that the spectators sitting in the disabled seating section are not isolated from the rest of the crowd.

In the follow up interview with Larry, the staff member at the Colonial Center, he agreed with Bob that the Coliseum seating is generally inadequate not to mention the fact that there are only two sections with disabled seating from which to choose. A photograph showing this section is provided in Figure 4.3. Larry compared the poor number of seats and the arrangement at the Coliseum with the good situation at the Colonial Center. Larry discussed how the disabled seats at the Colonial Center are arranged in clusters of seven disabled seats or open spaces for wheelchairs and seven companion seats. He reported that this configuration has been satisfactory to patrons from the feedback he has received.

![Figure 4.3 Disabled and companion seating at Coliseum](image)

**Barriers to accessing seats.** Along with the identification of the time from when the patron arrives at the stadium to when he/she gets into the seat as a critical period of time in the service experience, all of the informants during the focus group and in-depth interviews also identified an overall sense of apprehension and uncertainty as to the physical barriers that the patron may encounter in trying to access the seats. The physical
barriers are primarily related to the accessibility of the route from the accessible entrance to the accessible seats. In an in-depth interview, Jack recounted the following story about trying to locate his seats at the new Colonial Center before it opened:

So I said well I just want to locate my seat arrangement to see if I need to get a handicap spot because I’m not sure if there’s steps involved I wouldn’t be able to get in and out of my seat. Well so the people guarding the place from people like me would not let me go look … I noticed steps from the level where I was. All I saw were steps. I couldn’t see a concourse or anything. I said well describe it a little bit to me while I’m here you know. How will I get to my seat? I had my tickets so I knew where my seat was. And they said you have to go up these steps or take one of the elevators but that particular day the elevators happened to not be working…

This statement reveals not only the concern about the physical barriers at the facility but also a strong sense of distrust of the staff person with whom he interacted. Jack’s comment “the people guarding the place from people like me” is interpreted as a particularly strong negative feeling about the willingness of the staff person to assist him in getting the information he needed.

In a follow up interview, Bob also discussed the accessibility of the route from where he enters the facility to his seat. His primary concern in accessing or exiting his seat was interacting with the crowd.

My experience has been that [at] most sporting facilities, it’s a crowd to get in and out regardless of where you need to get in and out of. People all get there at the same time and sometimes they’re pushing each other and it doesn’t matter.

Bob, in a follow up interview, discussed how golf carts and shuttle buses were used for several years at Williams-Brice Stadium but then the service unexpectedly stopped.

There were handicapped parking spaces over at the fairground area with buses or golf carts for transportation to the stadium to drop you outside. After a couple of good winning years, those all disappeared. I don’t know where they went. But then I quit going because I was having to park a mile away or either they’re going to charge you a fortune and I’m not going to pay a $1000 or $2000 a year.
Asked whether the shuttle system was meeting the patrons with disabilities’ needs, Bob responded, “Sure it was. They had a van there and lots of stuff. I mean they even added a wheelchair lift on the one of the buses.”

From the facility manager’s perspective, Hank also discussed the importance of an accessible route, but emphasized the need for a railing in the seating areas, especially for people who are partially mobile and can navigate steps with assistance. He discussed how many of the stadiums that do not provide a railing going down the steps often results in the patron having to physically hold on to a companion for support. The lack of a railing becomes problematic for people who are seated close to the event floor. Where the facility has provided a railing, Hank reported that this adequately solves the problem for people who need additional support. A photograph of the railing provided from the concourse to the seating area is found in Figure 4.4

![Figure 4.4 Handrails to seating area at Colonial Center](image)

Hank also cited several stadiums that use a golf cart to transport patrons with disabilities once they are inside the stadium in getting from the entrance to their seats. At the Orange Bowl, for example, patrons can call in advance and request the golf cart to transport them from the entrance to their seats. He noted that at one stadium, however, the golf cart service was only available before the game but not after the game was over. This raises serious questions about how these patrons could safely and easily exit the facility without the golf cart if just three hours prior, they needed it to assist them. In
interpreting this statement, it also indicates that the facility has a total lack of understanding of the needs of patrons with disabilities.

**Inadequacy of marking on the seats.** The inadequacy of marking on the seats was found to be a unique problem for patrons with disabilities as discussed by several of the informants. This issue is problematic because in some stadiums, the seats or open spaces for wheelchairs in the disabled seating sections are not marked with specific seat numbers. Instead, the ticket is only marked with a section for the disabled seating but not a specific seat number. This phenomenon is clearly different than what most able-bodied patrons experience in purchasing a reserved seat ticket which is clearly marked with a seat number. The informants reported that the inadequacy of seat marking creates confusion and causes conflict among patrons as well as between the patron and the usher assigned to monitor that section, especially when the disabled seating section becomes overcrowded. In the focus group interview, Don summed up the frustration he feels as a result of this problem:

…whenever you … pay and you got seats, it needs to be sufficiently marked and needs to ah – we want to see the game just like everybody else wants to see a game. We want to be treated just like everybody else is treated. You get a ticket and ah you know that in section 5, seat 1 row 1. And that’s what we want. Whenever we get our ticket we want to know exactly where we are going to be at so we can go straight to it like everybody else does.

A second problem related to the inadequacy of seat marking is the situation where there is not an actual seat for the person with a mobility impairment but rather there is just an empty space where the wheelchair will slide in. The informants discussed how these spaces are sometimes not marked with a seat number which causes added confusion when there are an insufficient number of spaces for wheelchair users at high demand games.

Interspersed with the need for better seat markings is a very revealing comment about the desire for equal treatment for patrons with disabilities and the desire to experience the sporting event in the same way as able-bodied patrons. The comments “we want to see the game just like everybody else wants to see a game,” “we want to be treated just like everybody else is treated,” and “so we can go straight to [the seat] like
everybody else does” all support this notion of desiring equality in the way that patrons with disabilities are treated.

**Companion seats.** A problem cited by all focus group participants is the insufficient number of companion seats to allow the entire party to sit together. Companion seating is a complex issue in stadiums because the ADA only requires the facility to provide one companion seat for each disabled seat. Therefore, most facilities will often only provide the minimum required by law, but may try to accommodate additional companions in nearby rows. If the facility cannot accommodate additional companions, especially during high-demand events, this often requires the party to be separated. The lack of an adequate number of companion seats causes not only the patron with a disability to have an unsatisfactory experience but also provides the companions with a similarly poor experience. In some cases, the patron with a disability tries to circumvent the companion seat restrictions by purchasing additional disabled seats for their able-bodied companions in the disabled seating section so that the whole party can remain together. In the focus group, Mark discussed his recent purchase of Rolling Stones concert tickets: “Three people who are going with me are not handicapped but I bought four handicapped tickets. I didn’t tell them there were two people in wheelchairs. I just bought four handicapped tickets.” Trying to circumvent the companion seat rules can sometimes backfire when the able-bodied guests show up to occupy the seats designated for patrons with disabilities. The facility staff may not allow the able-bodied guests to sit in the disabled seating section. Mark recounted the following instance of dissatisfaction.

…we came across the same problem where I’d purchased handicapped tickets and they didn’t want to let the people sit with me but yet here was five little girls setting right there and they had said nothing to them. …The two people who came with me stood behind me. That was their way of alleviating the problem. …they had to stand up through the whole concert and that is pretty tough.

Don shared a similar experience.

I’ve had that same experience. We went to the circus. We bought tickets and I specifically asked for us to say together, whether it be two in the handicapped section and … two beside me or whatever because at the Colonial Center there are spaces in the handicapped section and then
there’s permanent seats in the handicapped section… And like I said when I went to the circus, I said I need two, one wheelchair and one companion, and I didn’t press the issue of the other two people to sit in the handicapped section but I said I wanted them to be close – whether they be below me or beside me. And they were like ‘Ok, we got you.’ And they were three rows away from me. And whenever you go anywhere such as a concert or basketball game or a football game you are not necessarily going in a group of two. You are going in groups of four maybe six or maybe more than that but you still want to keep the group together.

Mark also expressed the difficulty in trying to keep all of his party together.

You got handicapped seat and one companion and if there’s three people with you, and there is space at our football stadium, they will let you slide in there but if there is not space and you don’t have a ticket for that area, they make you go sit somewhere else.

Ryan recounted a particularly compelling vignette where all of the patrons with disabilities were seated together but were completely separated from all of their companions.

…[W]e ran into the same problem where they have their wheelchair section and there are no spots for any companions. My companions, they had to sit behind me in the stands a good 20 feet away from me. I was left there by myself… None of their companions could sit next to them either.

This instance exemplifies the bizarre experience that patrons with disabilities can encounter. It stands in stark contrast to the experience of able-bodied patrons who often have no limit on the number of tickets that can be purchased together in the same row which allows them to enjoy the experience together. Furthermore, the informant’s comment “I was left there by myself” suggests that he is cognizant of the disparate treatment he is receiving when compared to his able-bodied counterparts.

Not every instance involving companion seats was dissatisfactory, however. Mark discussed a satisfactory experience where the facility was able to accommodate him so that his whole party could remain together:

We had – there were three other people with me so, that’s a big thing too is them saying 1 handicapped, 1 friend. We got more than one friend you know. But they let all of us sit beside each other and ah it was really nice.
I interpreted the sarcasm in his response, “We got more than one friend you know” as being indicative of the facility’s lack of general awareness of and sensitivity to the needs of patrons with disabilities.

In a follow-up interview, Mark compared his experience at the new Charlotte Bobcats basketball arena with his experience at the Colonial Center. In the focus group interview, Mark had discussed how he had bought four disabled seats together for the upcoming Rolling Stones concert, when only one person in his party (himself) was disabled. The rationale for doing this was so that his party could remain together. Asked if all of his companions could sit with him at the concert, Mike responded, “Because I bought wheelchair seats, there was no problem.”

In a follow up interview with Larry, he talked about the adequacy of the number of companion seats at the Colonial Center. He stated that the facility is usually able to accommodate more than one companion with each patron with a disability unless the event is sold out. In that case, the facility’s policy is to limit the patron with a disability to purchasing only one companion seat which is in accordance with what the ADA requires. However, even in these cases, there is an effort made to seat additional companions in rows as close as possible to the disabled seating section.

From the facility manager’s perspective, exceeding the ADA’s requirement for companion seats becomes a more prevalent concern with larger parties. Stan noted,

…[T]he policy has always been with a ticket you can have one companion ticket in that same area. Now what we did at the Coliseum is if it was a situation where we had extra space then we would allow people more than one. But if it came down to where every one of our disabled spots were taken, then you would only get one ticket.

At the football stadium, the companion seat issues are a little bit different given that many of the patrons are season ticket holders so it is the same people attending every game.

…[T]he thing that helps a lot with Williams-Brice is that the vast majority of people are the same week after week after week. So where we have more problems at Williams-Brice is when we do things like a big outdoor concert or … where say [there are a lot of] first time visitors. We have not nearly as many problems with the football games because again 85% of the people have been sitting in the same seat time after time so they know what to expect. …[O]ne of the issues is people trying to bring … more than one companion. Now it’s a little
tougher at the stadium because you don’t have the same flexibility there because you do have the same people sitting in the seats time after time. Now what we would do at the Coliseum, we would, if at all possible, if they couldn’t sit with their party, we would put them in regular seating as close as possible to that location.

In interpreting Stan’s comments, it appears that the facility managers are trying their best to make the experience as enjoyable for the patron with a disability and his/her companions. However, this good faith effort on behalf of the facility’s management seems to be going unrecognized by the patron based on the comments of Mark and Ryan who talked about being separated from their companions and having the companions harassed by the security and other staff members.

From my observation at the Coliseum, the arrangement of the companion seating is atypical from the normal configuration for companion seats. At most stadiums, the companion seat is located directly adjacent to the disabled seat. However, at the Coliseum, the companion seat is located directly behind and on the same level as the disabled seat. A photograph showing this section is provided in Figure 4.3. This configuration would most likely result in inferior sight lines for the companion given that they are sitting behind the patron and would not have a sight line over the patron seated in the wheelchair. Furthermore, if the patron used a power wheelchair which is typically higher than the portable chair provided for the companion, this could completely block the view of the companion. However, despite the poor sight lines, this configuration allows for twice as many disabled seats than would be possible if the companion seats were located next to the disabled seats. The configuration of the disabled and companion seats at the Coliseum is perhaps reflective of the dire situation at that facility in terms of accessibility. According to the Box office manager, there are a total of eight disabled seats and eight companion seats in the Coliseum, which has a capacity of around 12,000 (Personal communication, Barbara Pelfrey, February 6, 2006). The Coliseum can accommodate up to 30 disabled seats for some events, such as graduation, depending on the configuration of the event floor (Personal communication, B. Pelfrey, February 6, 2006).

The number of disabled seats at Williams-Brice Stadium is proportionally better than the number of seats at the Coliseum, although not significantly better. There are a
total of 224 disabled seats for the stadium which has a capacity of 80,000 (personal communication, USC Athletic Department, December, 2005). These two stadiums fall under the less stringent requirements for existing facilities and are not required to provide disabled seating equal to one percent of capacity. At the Colonial Center, which is required to be fully accessible in order to comply with the ADA’s requirement for “new” buildings, there are a total of 314 disabled seats for an arena with a capacity of 16,037 (Personal communication, J. Madden, February 7, 2006). This arena would satisfy the requirement of one percent for disabled seating.

**Parking.** The need for accessible parking was cited by all informants as a critical need when attending a sporting event. The informants discussed the following key issues related to this need: availability of a sufficient number of accessible parking spaces near the stadium, an accessible route from the parking lot to an accessible entrance of the stadium, the location of the accessible parking spaces in relation to the entrance, and use of accessible parking spaces by people who are not in wheelchairs. In discussing what makes attending a sporting event a satisfactory experience in the focus group, Ryan mentioned that not having trouble with parking made the experience pleasurable while Mark discussed the proximity of the parking spaces to the elevators as contributing to his enjoyment of the experience. In discussing what his ideal facility would be like, Ryan cited “plenty of spots, wheelchair spots in particular” as an important aspect. Don, meanwhile, emphasized the need for a safe and accessible route to the entrance of the stadium. In talking about his experience attending a basketball game at the Colonial Center when it first opened, Don noted,

> When it opened up, none of the ramps were finished. None of the sidewalks were done and that was completely unfair to people who were in wheelchairs or had physical disabilities. I saw people who could physically walk having problem you know navigating down the sidewalk because you know the sidewalks weren’t finished and I see where they were coming from as far as trying to getting the game in there but … on an accessibility and safety standpoint, I don’t think I would have done that.

In interpreting this statement about the sidewalks, it is interesting to note that notions of unfairness or inequity in the way that people with disabilities are treated were again cited in connection with the actual problem itself, the ramps and sidewalks not being completed. This interpretation provides additional support for the theme that the person
with a disability perceives the facility staff members as not being empathetic to their needs and not cognizant of how the lack of a ramp or lack of a sidewalk would impede their ability to safely access a stadium.

The lack of an accessible route from the parking lot to the entrance was cited as a problem at the Colonial Center by Jack as well.

...the only thing wrong with the route, and I’m not complaining, but it is close to the Colonial Center where the parking is. But all that had to be done was if it had been put at the other end towards the front door it would been a closer easier, easier way to go in to get the ticket. It would be geared toward going in the front door rather than the quote “back door” and the back door is not like equivalent to the front door...

Mark echoed the same sentiment about the poor parking situation at the Colonial Center. He stated, “The parking at the Colonial Center is horrendous because they want to put you way out in the gravel lots,” indicating that the distance is too far from the facility. A photograph showing the route from the gravel lot to the Colonial Center entrance is provided in Figure 4.5

Figure 4.5 Route from parking lot to Colonial Center

Another problem cited by Mark during the focus group is the use of the van accessible parking spaces by those who are not in wheelchairs, such as people on crutches or with canes who could walk a longer distance and do not have a need for parking spaces designated as van-accessible spaces. Mark stated that “...you want
parking for wheelchairs, persons in wheelchairs, not walking handicapped.” Later in the interview, Mark again reiterated this concern, “…the van accessible spots [should] be used for people in wheelchairs, not walking, but people in wheelchairs. That’s a really big thing here at the Colonial Center.” The interpretation of Mark’s statements reveals that he believes that the accessible parking spaces should only be occupied by those in wheelchairs as opposed to the so-called “walking handicapped” where use of the van-accessible parking space is not needed, in his opinion.

In a follow up interview, Bob discussed the availability of handicapped parking at the various venues. “Well, the Colonial Center has parking across the street, which is fairly close. I’m sure it fills up pretty fast and I’ve never used it. But it’s non-existent at USC football.” He elaborated about the problem at the football stadium,

One time the State paper had actually published in the paper before game day which gate entrance you took to get to handicapped parking and you don’t see that anymore. … The last couple of times that I’ve tried to get it, I got run of there because there was no parking.

In a follow up interview with Larry, he agreed that there are parking problems at the Colonial Center. He noted that the drop off zone for patrons with disabilities is located on a slight hill which presents problems for wheelchair users. Furthermore, there is no curb cut at the drop off zone so patrons with disabilities who are dropped off would have to be pushed to the end of the sidewalk where there is a curb cut. A photograph showing the drop off zone at the Colonial Center is provided in Figure 4.6 Larry did mention that the sidewalks on other sides of the facility are properly graded for wheelchair users.
The observations at the sports facilities confirmed that in several cases the route from the parking lot to the stadium contains several barriers. For example, the Colonial Center provides a drop off zone for patrons with disabilities but has not put a curb cut at this spot. This requires a wheelchair user to operate the wheelchair in the roadway in order to reach the nearest curb cut. This is an obvious safety hazard and demonstrates that while the facility realized the benefit of providing a drop off zone, it did not fully contemplate the route the wheelchair user would take once they were dropped off in front of the stadium. At Williams-Brice Stadium, several of the parking lots with disabled parking spaces require crossing major roadways which are packed with cars on game days. This would pose an additional safety risk if the patrons in wheelchairs are required to cross these streets in order to reach the stadium.

From the facility manager’s perspective, the parking situation at the football stadium proves to be difficult given the volume of people that are trying to park in a relatively small area. Stan elaborated on the problem.

Everybody wanted to come right up to the stadium and park right by the stadium. What we ended up doing was taking the ADA requirements [and then] taking the total number of spaces on the stadium lot and took … not the percentage of eighty thousand, but the percentage of spaces on the lot and said … this percentage has to be for the disabled. But now the other part of that is that you’re still required to
be at a certain donor level to be in those spots. … We took that population of disabled donors and that’s who gets [the parking spots] there. Now the people who aren’t maybe donors, they still have pretty good parking. It’s like directly across the street.

Stan noted that a frequent problem he faced was having patrons with disabilities show up without having made arrangements with the facility to provide additional assistance to meet their needs.

…They will try to accommodate you if they don’t know in advance, but if you call in advance, they send golf carts out to certain areas, disabled areas, and they’re picking up constantly before the game and also you tell them where your seats are and they’ll come back to a particular spot after the game. Now it’s hard to accommodate people who just show up unannounced because it’s scheduled for all these other people and that seems to work pretty well.

Asked whether he had received positive feedback on this process, Stan replied, “Yes. Absolutely.” It appears again that the people with disabilities responded favorably to the system that the football stadium staff had put in place to assist them. He elaborated on the dilemma he faces with the parking configuration around the football stadium.

… because we have certain areas where a disabled person parks, we know to tell the [staff] person that is closest to that area [about the closest entrances to the accessible seating]. Do we still see sometimes people get the furthest away from where they should be? Yeah, absolutely sometimes that still happens. … You try to [avoid] that … with your personnel but [also] with signage [and] you try to use architecture and physical barriers to actually help you to route people the right way. You try to do all those things but you still sometimes end up with situations where people go to the wrong spot.

Stan also discussed how the parking issues at the Coliseum differed from the football stadium as well as the different operations in place there.

What we try to do at the Coliseum … if somebody requests a wheelchair space, then at that time we go ahead and try to get them more information about where to park … Even if all the spaces get filled up, we will allow them to drive through and drop off right at the door. What we also do on occasion, … we will sometimes make arrangements to bring people in from the … the backstage area and get them to the elevator if they can’t maneuver. … We’ll let them take the most direct route into the building and one of the supervisors [will] radio them at the back door and will actually escort them to get them in to their spot.
**Line of Sight.** The need for an unobstructed line of sight is a need that is a unique aspect of attending a sporting event for patrons with disabilities, particularly those in wheelchairs, because of their inability to stand during a sporting event. What can occur for the patron in a wheelchair is that other spectators will stand around them or in front of them during the sporting event to cheer, for example, which obstructs their line of sight. This same issue could arise at concerts when fans stand up during the concert. Line of sight issues involve both the physical structure of the accessible seating in relation to the surrounding seating for able-bodied guests as well as the interaction with able-bodied fans that may stand during the sporting event blocking the view of the patron with a disability seated in a wheelchair. Don elaborated on how good sight lines can enhance the experience.

There is a lot of sight. There is no obstruction. …they’re well thought out. Like at some arenas and some facilities I’ve been to ok, here’s a handicapped section and they put you down on the floor or down on the side or something. But when somebody stands up, you’re messed – you’re out of luck. I have a feature on my wheelchair where I can raise my chair up and I can see over everybody when everybody stands up but these guys here, they don’t have that feature on their chairs so they can’t stand up.”

Don also recounted his positive experience at a NASCAR event in stating, “…it was the best seats on the track. …we didn’t get shafted at all. I mean we could see everything.”

The location of the accessible seating section is often related to potential line of sight problems. Jack noted the severity of this problem at the football stadium, given the location of the accessible seating adjacent to the playing field. While being level with the playing field contributes to poor sight lines, the problem is further compounded by the placement of a raised platform for the cheerleaders and dance team directly in front of the disabled seating section as well as the presence of players, media, and security personnel who are congregating on the sidelines blocking the view of the spectators in wheelchairs. All these factors contribute to a universally poor line of sight of the action as noted by several informants. Jack noted “that is not good seating because of the cheerleaders and the players standing out in front of you and you can't you see the game.” A photograph showing this section is provided in Figure 4.7
Obstructions in the line of sight problem are sometimes temporarily caused by other fans standing in front of the patrons in wheelchairs during exciting moments in the game. Mark, referring to a different disabled seating section in the football stadium from the one that was described by Jack above, elaborated on this problem stating that, “…the only time you can’t see is when they get down to that end zone to score. The people in front of you stand up, but other than that, to me, they’re the best seats in the stadium.”

During my observation at the Colonial Center during a USC women’s basketball game, I found the sight lines for the lower level section of disabled seating to be excellent. I had no obstructions to my view of the game and felt close to the action. The upper level disabled seating section provided inferior sight lines which are primarily attributed to the fact that they are “nose bleed seats” located at the very top of the stadium. The line of sight at the football stadium for the seating section adjacent to the field would appear to be quite poor given the presence of a cheerleading stage blocking the patron’s view of the action. This would be consistent with the statements of several of the informants who had visited the football stadium. However, this assessment should be viewed in light of the fact that the observation at the football stadium was conducted when there was no event occurring. The line of sight for the disabled seats at the
Coliseum appears to be sufficient although a patron’s view of the action would be obstructed when the action reached the other end of the ice rink, which was the configuration for this venue on the day the observation was conducted.

From the facility manager’s perspective, Stan discussed the line of sight issues at the Coliseum and Williams-Brice Stadium.

… [F]or the majority of times … that we’ve tried to put a permanent fixed wheelchair section in the Coliseum, they’re actually built up high enough so if people were standing in front of them it’s not an issue, it’s built up high enough and we’ve done the same thing at the [football] stadium. Where we have wheelchair spaces, it’s built up high enough and architecturally nobody would be tall enough to stand up and block their view. Where it does become an issue sometimes in the Coliseum is when people request to be on the floor for an alternative show where you’ve got a mosh pit or we’ve always had World Wide Wrestling, we’ve always had one section that was for wheelchair and companion. Sometimes that can be an issue and … surprisingly you would think companions would be very in tune with what someone in a wheelchair would need but … we’ve had problems with someone’s companion standing up and blocking the view of a wheelchair, maybe not of the person they’re with but of somebody that’s in the same situation. So we’ve tried to make sure that when we’ve put people on the floor in those situations, they’ve got pretty much an unobstructed view where only people in wheelchairs are in a certain section so you don’t have to worry about people standing up in front of them. But yeah, [line of sight is] something you have to think about.

In interpreting Stan’s comment, he primarily focused on whether the architectural design inhibits or promotes good sight lines and to a lesser extent, whether other patrons block the sight lines of patrons with disabilities. However, the informants seemed to indicate that the problem at the football stadium, for example, are caused by both the poor architectural design as well as other fans standing up blocking the view.

**Restrooms.** The critical need for accessible restrooms involves several key issues: the accessibility of the restroom, the ability to navigate in the restroom, the size of the accessible stall, crowding in the restroom, as well as the cleanliness of the restroom. Problems related to the inaccessibility of restrooms are prevalent in older facilities but can also pose problems in new facilities during periods of heavy crowding. While not expressly asked to compare the level of accessibility of restroom facilities in new versus older stadiums, several informants identified the restrooms in the old Coliseum building
as “very inaccessible” and “pretty inaccessible.” Don noted that this facility had not made upgrades or retrofitted the bathrooms to improve accessibility. A photograph of the restroom at the Coliseum is provided in Figure 4.8. In a follow up interview, asked whether restroom accessibility was more of an issue at older facilities, Don responded, “Yes, because … the doors aren’t as wide, the stalls aren’t as wide ….” While a lack of restroom accessibility was identified at the Coliseum, the informants did not provide enough clarification about the other facilities to conclude whether restroom accessibility is more of an issue at older versus newer facilities.

Figure 4.8 Restroom at Coliseum

A critical issue discussed by two focus group participants, Mark and Don, was the cleanliness of the restroom. This issue is particularly prevalent for people with manual wheelchairs who use their hands to operate their wheelchairs and therefore come in contact with whatever is on the floors. Mark detailed the seriousness of this problem with his comment, “…you go into a restroom. Everybody is going in there and the floors are so dirty. I don’t have to touch my wheels but he has to touch his” while another informant Ryan was a bit more graphic in explaining the problem. “[Y]ou go to the bathroom, what they put in the toilets is on the floor and I have to roll around in that.” He said the cleanliness of restrooms was “definitely” an issue he thinks about. In
addition to restroom cleanliness, Ryan cited cleanliness of the concourse areas as an issue of concern as well. “You roll over food and beer and drinks and stuff. There’s not much you can do about it, but try to go around it.” Ryan stated that he brings hand sanitizer with him to remedy this situation if it occurs.

Navigating in the restroom, an inadequate number of accessible stalls, as well as the size of the stalls themselves were problems cited by Ryan.

There’s plenty of people in there and the stalls in there can be real small and difficult to get into and manage my chair around … I mean in the Coliseum, that’s an issue the stalls are real small and a tight squeeze to get into and most of them you can’t get in, only one or two are adequate

This problem often requires him to try to find another restroom. During my observation at the Coliseum, I noted that the designated accessible stalls are not any wider than the other restroom stalls and only have hand rails added to the stall. There would be no possible way for a wheelchair to fit in the restroom stall given that it is not over-sized to accommodate a wheelchair. Meanwhile, Don reiterated problems related to the size of the stalls noting that “all except for the Coliseum, they’ve had a stall big enough for two people so that somebody can go in and assist me.” Mark discussed how he chooses to avoid fighting the crowds or facing inaccessible restrooms by using the accessible bathroom in the first aid station at the football stadium which he stated meets his needs.

From my observation at the Coliseum, I observed three bathroom stalls together in a row. Each stall was the same size and was not over-sized. The only difference was that the middle stall had two handrails on each side of the toilet mounted in the ground. There would be no possible way that a person in a manual wheelchair could get into the bathroom stall and be able to close the stall door if they tried to use the stall provided. Furthermore, there would be no way a person in a motorized wheelchair could fit the wheelchair into the stall. There is an ADA sticker affixed to the bathroom door indicating that the restroom is accessible. However, based on my observation and the comments of all of the informants with regard to the Coliseum, it is not accessible. The fact that the facility believes it has made the bathroom stall accessible by simply adding handrails to an existing stall demonstrates a total lack of understanding of the needs of wheelchair users, specifically the need for an over-sized stall in which they can navigate in the stall moving from the wheelchair to the toilet and then back to the wheelchair.
In a follow up interview, Larry, a wheelchair user and staff member at the Colonial Center, noted the difference between the restrooms at the Colonial Center and the Coliseum. At the Colonial Center, the restrooms are accessible. However, at the Coliseum, Larry called the bathrooms “a pain” and said that handicapped stalls are needed. In interpreting Larry’s comment, the facility’s inability to provide a stall of adequate size for a wheelchair user to meet the most basic need of using the restroom during the event is unbelievable. Furthermore, it shows a total lack of empathy by the facility management of the basic needs of patrons with disabilities and sheer ignorance of why people in wheelchairs need an oversized stall.

**Elevators/Ramps.** All informants cited the need for ramps and elevators and identified the following key issues: the need for more than one elevator at a facility, overcrowding of the elevators, length and steepness of ramps, and ability to navigate the ramp independently. Don recounted a situation where the elevators were inoperable so patrons with disabilities had to use the ramp to access the building. He noted...

...when the Colonial Center first opened up...the elevators weren’t working properly, so when you go in that beautiful foyer area, it’s great, it’s wonderful, it looks great and wonderful, but you couldn’t get up the elevator so you had to go around to this big ramp that’s about five stories tall and you know people were pushing wheel chairs... that was hell.

Don also noted the need for elevators that go directly to the disabled sections at the football and basketball venues given the crowds of primarily able-bodied people that are trying to use the elevators to get to their seats before and after the sporting event.

...at Williams-Brice, there are two elevators per shaft except in the South End Zone and that needs to be alleviated, you know they need to have elevators that go strictly to the handicapped sections and elevators that go to club level or premium level..., there’s people who are waiting like at the Colonial Center and at the stadium there are people in wheelchairs who are waiting on the elevator who can’t get down because there are steps but the people who are sitting in the premium seating you know in the luxury boxes … who are using the elevators so you can’t get down because there is only one elevator.

When asked whether he primarily used an elevator or ramp to exit the stadium, Jack stated he used “an elevator unless it’s short, a short ramp.” His response suggests that the length of the ramp is an important factor in whether it can meet his needs given his use of
crutches to walk. Jack also mentioned the steepness of the ramps as posing a problem for wheelchair users.

During my observation at the Colonial Center, I observed the large “zig zag” ramp that several of the informants had cited as being difficult if not impossible to use. A photograph of this ramp is provided in Figure 4.9. I observed approximately 400 feet of ramp broken up into eight sections or segments. The ramps are quite steep. If a person was in a manual wheelchair, they would struggle to get up this ramp and would most likely have to use the handrails to pull themselves up. There would also be a concern that they would roll backwards given the steepness of the ramp. There is perhaps greater concern that when the person reaches the top of the ramp, there is a slight slope back toward a set of stairs which is built adjacent to the ramp. It would be possible for the person in the wheelchair to roll backwards and then fall down the stairs given the slope of the concrete in this area.

Figure 4.9 Large ramp at rear of Colonial Center

At Williams-Brice Stadium, I observed an elevator which would be available to take patrons to upper levels of the stadium. However, it was clearly marked as “scholarship donor elevators.” It is not clear whether patrons in wheelchairs or their companions would be permitted to use these elevators if they were not scholarship

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donors. This problem was encountered by Mark who was allowed to ride on the elevator but his wife was told that she could not ride with him. The concrete ramps at the football stadium are very steep and would be dangerous for a person in a wheelchair to use independently. If they were being pushed by a companion, they may be adequate but there would still be a concern about the person falling forward out of the wheelchair or losing control of the wheelchair given the slope of the ramps. A photograph showing a ramp at Williams-Brice Stadium is provided in Figure 4.10.

![Ramp at Williams-Brice Stadium](image)

Figure 4.10 Ramp at Williams-Brice Stadium

From the facility manager’s perspective, Larry noted that the ramps provided at the Colonial Center allowed for him to navigate through the facility without much difficulty. He did state that some of the ramps were quite narrow for power wheelchair users. A photograph showing a ramp from the concourse to the seating area is provided in Figure 4.4. Larry also said that he is able to use the elevators to access all levels of the Colonial Center. At the Coliseum, meanwhile, there is a parking lot on the same level as the main concourse so a person in a wheelchair does not need an elevator. However, there is no elevator provided to the upper levels of the Coliseum. At Williams-Brice Stadium, Stan noted that elevator passes are made available upon request for patrons with disabilities and their companions. He did not report having problems with patrons being denied access to the elevators, even those reserved for donors to the university, which Mark reported had occurred to his wife who was accompanying him to the game.
Signage. Most informants in both the in-depth and focus group interviews cited the need for increased directional signage to elevators, ramps, and restrooms. One informant noted the need for “clear signs telling you where to go” while another noted why the inadequacy of signage was problematic,

The best I remember there's no markings that say take this elevator to get tickets. It's more like as if they assumed you have your ticket or you know how to get your ticket and then you get on the elevator and you go to a different level for seating.

Jack, when asked whether there are usually signs directing him to the elevators or exits, responded:

There isn’t … you would have to ask a person who took tickets and that is a problem that I didn’t think about until you brought that up. If you were a strange person coming into the football games for the first time and the ticket attendant told you needed to take the elevator, it would be a maze under the stadium to find that and I don’t think it’s well marked.

During my observations at the Coliseum and Williams-Brice Stadium, I discovered that ADA signage is almost non-existent. At the football stadium, while there are plenty of signs about not smoking as well as a first aid station sign, I was hard-pressed to find even minimal signage about accessibility features. There were very small signs located on the restroom doors themselves indicating the restrooms were accessible. However, there was no larger signage on the walls near the restroom indicating that the restroom was accessible. At the Coliseum, there was an ADA sign at the entrance to the facility stating “For assistance, Please call Coliseum Customer Service” which also provided a phone number to call. There were also the same small signs on the restroom doors indicating that the restrooms are supposedly accessible. There was also signage at the Coliseum in the disabled seating section indicating “Wheelchairs only on front row.” There were several handicapped designated parking spaces which were appropriately marked. From my observations at both facilities, the overall signage was inadequate. At the Colonial Center, however, there was adequate signage near restrooms, the various entrances to the building, and in the disabled seating sections. A photograph showing the signage on the concourse is provided in
Figure 4.11. On all of the doors to the facility, the designation “Accessible Building” is provided. There was also signage for disabled parking spaces as well as the drop off zone for patrons with disabilities.

Figure 4.11 Signage at Colonial Center

Signage related to accessibility was not discussed during the facility manager interviews.

**Heat-related protection.** Don cited the need for protection from the heat at outdoor sporting events. He recounted a recent experience where the heat caused him difficulty and expressed hopes that with future stadium renovations, handicapped seating would be placed in luxury boxes where patrons would not be exposed to the sun and heat.

I hope that when they start construction on the other end zone, I think there’s plans to build a horseshoe of sixteen thousand seats over four thousand box seats that they’ll make some really nice handicapped seats over there with some acrylic boxes like they have up under so we won’t die out there in the heat. Because at the Alabama game, I mean I passed out … because it was just too hot. I finally had to go into the breezeway to get out of the sun to get some air and to get into the shade because it was just too much sun and they don’t allow any umbrellas

The comment about the facility prohibiting umbrellas in the stadium suggests that the facility’s policy may need to be modified for people with disabilities for whom prolonged exposure to the physical elements could pose a health risk.
Stan, the facility manager overseeing the football stadium, also discussed a change related to protection from weather-related issues. He noted how the facility added a wind barrier after a patron at the football game complained about being exposed to the wind during the colder months of the football season.

They’ve got a glass barrier almost like a storefront and that actually came about because of him. …We thought physical access, which is what we think about most of the time. We think about can we get these people to these spots. Well yes we could but what we found out is a lot of people with spinal cord injuries are real susceptible to cold and they didn’t realize it would be cold. So we actually put those up as wind barriers even to the point that we added some electrical outlets so people in that situation could bring electric blankets if they chose to sit there and observe the game without [knowing] if they were getting frost bite...

A photograph showing this protective barrier is provided in Figure 4.12. The addition of the wind barrier shows that the facility manager was responsive to the negative feedback that the customer provided and was able to make a change that accommodated the patron’s weather-related needs.

![Figure 4.12 Protective barrier at Williams-Brice Stadium](image)

**Service Needs**

In identifying certain needs as physical needs and certain other needs as service needs, I interpreted any of the data involving a human component (i.e. a staff member) to be a service need and any aspect of the built environment as a physical need. In further elaborating on this distinction, with regard to issues of facility accessibility for people
with disabilities, there is usually little the management of the facility can do to remedy accessibility problems once the facility is built. What is largely within the control of management, however, is how the staff members interact with the patrons during the service experience. In other words, while the facility cannot often remedy accessibility problems without retrofitting the existing structure, they can make modifications to how the staff member assists in delivering the service. The informants’ comments centered around three “issues.” The first issue was whether the staff members were knowledgeable about the accessibility features of the facility as well as other general information (i.e. location of entrances, etc.). The second issue was whether staff members were responsive to the needs of the patron if they had questions or problems. The third issue was whether the patron felt the staff members were aware of their needs and truly understood them. In interpreting these three issues, the following three categories of service needs emerged: Staff Responsiveness, Staff Awareness, and Staff Knowledge. The findings related to each category are presented below.

**Staff responsiveness.** The staff’s responsiveness to the needs of patrons with disabilities was cited by several informants as an important need. Mark discussed the role that the staff played in recounting his best experience at a sporting event:

> I’d probably say this past Georgia game. I ah I got tickets to the game and I called Georgia Athletic Department and ah they were in touch and were real nice. Told me where to go and I went to that gate. Told them who I was. Somebody came down to me. Escorted me all through the stadium. Took us to our seats. Showed me where the first aid was, showed me where the guard was, was right behind us, so nobody would step on us. Was really nice. Was accessible seats at the Georgia Sanford Stadium. Was pretty high up though they were pretty nice. I’d never been treated like that going to any other sporting event.

This vignette illustrates the positive effects that can be achieved when several members of the facility staff all interact to proactively meet the needs of the patron with a disability. Mark also cited his positive interaction with members of the athletic department, the gate attendant, and the security guard as all contributing to his satisfactory experience. When asked if it was a combination of the physical and service aspects that made his experience positive, Mark responded, “Yes, and just them working with you just calling them up and telling them that I was in a wheelchair and needed
special accommodations. They pretty much bent over backwards and I really did like that.” The informant’s reference to “bent over backwards” supports the notion that the patron with a disability is satisfied when he is served by a highly responsive staff as well as a staff which provides individualized attention.

Ryan discussed his satisfaction with the highly responsive staff at a NASCAR event. When asked what makes the seats so good, he stated “the attendants or staff are willing to help me to get to my place.” Meanwhile, Mark shared a similar positive interaction with the staff at a NASCAR event by stating “…Like they said, they treat you nice. ….They had an attendant there. They kept people off the back of you’. When asked if ticket takers, concessionaires, and ushers were generally helpful, Ryan reported, “Yeah, I’ve seen a bunch of them go out of their way to make sure I’m in my spot and ready to go.” Ryan stated that his experiences at sporting events have been primarily positive ones.

When I come in, if I need them to open the door for me, that’s not a problem. I show them my ticket. I can usually find my seat on my own and if I need to, they’ll open another door for me. Usually if I need help going up a ramp or something, they’ll help me and if I need chairs for my friends and family, they’ll run and get them.

Similarly, Don discussed how the security personnel are responsive and courteous to him when he attends basketball games. “I sit in the student section on the front row and the security knows, they know my name and you know, they’ve even asked if I want to go in the room where you go and get food and I’m like “no, I’m okay, thank you”. But you know, they’re nice to you, they’re courteous.” Jack recounted an encounter where he called to complain about the dirty windows of the one box seating section where patrons with disabilities sit.

I called the Gamecock Club to ask them who to call in the facilities to get some maintenance clean up down there and they gave me like the assistant maintenance person at Williams-Brice. He was very nice and said he was sorry they had overlooked that and at the next game it was clean, spic and span.

However, Don cited the lower levels of staff responsiveness given that there is no customer service or guest services booth open at the football stadium during the sporting
event. Asked if having a customer service booth open during the event would improve his experience at the football stadium, Don responded:

If they had that at Williams-Brice where okay one person had a handicapped seat and one person didn’t, where you needed two seats near each other or whatever, the customer service person … could go to the computer or whatever and redo a ticket just like they do at the Colonial Center. I’ve had that happen to me at the Colonial Center where I’ve gone to a game and bought a ticket outside and gone in and traded them out and they’ve been nice as anything to me.

In comparing his service experiences at sporting events to a rock concert, Mark noted the highly responsive staff at a recent Rolling Stones concert. He painted a picture of what happened once he arrived at the stadium.

Once we got in the door, they took my tickets and said please go the box office and an usher will assist us. They took us and showed us where the elevators were to our seats, where the restrooms were, the first aid station, and they had a police man standing … behind us so nobody could stand behind us.

From the facility manager’s perspective, Stan noted that the overall feedback he received about the service experience for patrons with disabilities was primarily in the form of complaints and not usually in the form of a compliment. Stan detailed how the facility staff member responds to a complaint by a customer during the event.

We have usher supervisors and they first go to them and they try to resolve it. If they can’t resolve it, then it moves on up to a manager level, but they try to, first the usher will try to resolve it if it’s something that’s fairly simple if not then the usher supervisor then it may escalate up to the manager on duty.

If the issue is not resolved during the event, Stan discussed how a complaint is handled over the phone after the event.

If … somebody calls in, then … it’s routed to [the disabled advocate] first. Sometimes it’s a matter of just doing something like the next time they come knowing that this person ordered tickets and they didn’t specify the first time that they had an issue. It’s maybe just educating them that when they come to get a ticket, or call, or get it on the Internet that they specify so that we can [plan ahead]. Sometimes it’s just that simple. If it’s more than that, then it always came to the general manager level.
Stan noted that the subject of the feedback is “almost always [about] the physical aspects.” Asked whether there is anything that can be done about these issues, Stan replied,

A lot of time you can’t because …it’s the same complaints we get from people who aren’t disabled…. There are only so many seats that are mid-court. There are only so many seats that are up. So a lot of times it’s not even an issue of having access to an area but it’s not able to put everybody that wants it in that spot…. [W]e’re going to have some pretty decent areas. We just don’t have as many as they want and sometimes I think there’s confusion that if you are disabled, then everybody that is disabled should get a front row seat. But again, it comes down to a certain proportion and we try to accommodate as many as we can but you know, some times we just don’t have as many spots.

**Staff awareness.** Greater awareness of the needs of patrons with disabilities was cited by Jack as an important need requiring further attention by senior management personnel at the facility.

They’re not geared or trained … to be aware of people that come in who have special needs and are going to need a little bit of attention. It seems like they’re trained to grab tickets and get people through as quick as possible which I understand that part, that’s part of it, moving people in and out, but really lacking … on the training to know when they need to slow down and get someone’s attention.

In interpreting this comment, Jack identified three issues. The first issue is awareness of the “special” needs that the patron with a disability may have while at the facility. This comment is interpreted as an overall lack of familiarity with the needs of people with disabilities given a predominantly able-bodied facility staff that may have little or no prior experience interacting with a person with a disability. The second issue is the perceived lack of staff training in disability awareness which would train the staff member in how to assist a person with a disability in a myriad of situations that may arise during a sporting event. The third issue is the individualized attention that a person with a disability may require and/or desire which also impacts their expectations of the service experience. Ryan, Don, and Mark all emphasized the individualized attention they received from the facility staff as a reason that the particular event was satisfactory.

In discussing how the facility staff gains awareness of the needs of patrons with disabilities, Stan, the facility manager, noted that the content of the staff training is
typically centered around “sensitivity training.” This training teaches the staff members how to interact with a person with a disability as well as training in the venue policies and procedures for accommodating guests with disabilities. One thing Stan emphasized was the difference in the levels of training that a front-line staff member (i.e. ticket taker, usher) would receive compared to a member of the management team. From Stan’s comment, it appears there would be varying levels of awareness and understanding of the needs of patrons with disabilities based on the amount of training the person received as well as their own prior experiences interacting with people with disabilities.

Staff knowledge. Several informants cited the need for a staff with knowledge of the facility’s accessibility features and policies. Asked if the staff is usually knowledgeable when asked questions, Ryan responded “Yeah, usually as in types of questions … say, help me go here, where do I need to go, or where my seat is, they’ll come up with an answer.”

One area cited by several informants where the knowledge of the staff is critical is with regard to the closest accessible entrance from the parking lot. Jack recounted his first few trips to the Colonial Center and the difficulty he encountered in trying to find the closest accessible entrance.

I tried to talk to people about you tell me all the possible ways to get into this place…no one had the entire knowledge of that place that could say in here or here are all of your options so I would observe different entrances and finally after about one season, I figured out a better way to getting in and made it much easier.

He further elaborated,

…it wasn’t the staff people’s fault that I was talking to, they were nice and wish they had some answers but no one above them in management apparently was really concerned about a taking care of handicap patrons, having all the knowledge about the different options at how to get in and how to get out of that place.

In interpreting this comment, Jack cited management’s perceived lack of empathy to the needs of patrons with disabilities as the cause of the problem rather than blaming the staff person’s lack of knowledge as the reason he did not have an answer to Jack’s questions. Given the perceived lack of empathy that Jack cited, this resulted in the facility staff member being unable to answer Jack’s questions about the accessible features of the
facility. Therefore, it seems Jack suggests that there is a relationship between the lack of empathy and lack of knowledge since the lack of empathy by the facility staff results in a negative outcome for the patron (i.e. the staff member is not knowledgeable about the venue’s features or policies).

Jack noted the level of staff knowledge was better in the football stadium given that many of the staff members had worked at the stadium for several years and were familiar with the facility.

They’re more knowledgeable in my experience at the football game and that they were the same faces usually for year so people would return. One of the things at Carolina Center I've noticed … they probably assign people to different areas which there’s probably a business reason for that you know, here you do this week and this week and just doing different things…. It wasn't like where you saw the same attendant and also the attendant at the Carolina Center that would be looking after me was also the person who would be taking a look at the tickets for the … general public---everyone in that whole section looking for their seating and their main duties to them was to try to show people where their seat and try to help them if they couldn’t find their seat and that person was also the attendant, if there was an attendant. So that’s the difference between the attendants at the two places and is what I have observed.

In discussing his experience at the Charlotte Bobcats arena compared to the Colonial Center, Mark identified the higher perceived levels of knowledge among personnel at the Bobcats arena. “I think their knowledge of people with disabilities was better because they knew what they had to do. It was like a pre-set form for them. They knew where to take you and how to treat you.” Mark attributed the reason for lower level of staff knowledge at the Colonial Center to the fact that he did not “think there are enough people working at the Colonial Center with knowledge about people with disabilities.”

From the facility manager’s perspective, the level of empathy of staff members to the needs of people with disabilities was a definite concern and a need that the facility’s senior management strives to fulfill. Stan talked about how the facility staff becomes aware of and empathetic to the needs of patrons with disabilities.

A lot of what we do initially came from just individuals, just people with disabilities, that let us know what some of their needs were. I think one of the things … is trying to get other people including me to be able to see things through other people’s eyes.
Stan went on to discuss the general state of confusion that existed when the ADA became law in 1990.

One of the big questions we really had was, what does it really mean? We all knew what it said, but how do you translate it, you know, what are the implications for us...It was like nobody really wanted to stick their neck out there and say this is what it means. So we really struggled with that…

He went on to state how they used the knowledge of a local community member to help them in implementing the ADA into their operations. “…[He would] give us input a lot of times on certain things and kind of opened our eyes to things we wouldn’t normally have understood or thought about.” The use of a local community member to improve their operations demonstrates that the facility was making a conscientious effort to comply with the letter and spirit of the law.

**Needs with both a physical and service component**

A third theme relates to those needs that have both a physical and service component. For these needs, the informants discussed not only some aspect of the built structure that was necessary to meet their needs, but also some action by a staff member was also necessary to meet the patron’s needs. Therefore, the data for these categories was interpreted as needs that have both a physical and service component. The interpretation was also based on the rationale that to remedy this problem, there will need to be some aspect of the built structure modified as well as some action taken by a staff member to mitigate the problem that the patron experienced. The data for this theme was coded under five categories: crowds, accidents, emergency evacuation, the need for more flexible accessibility policies, and the role of companions in the service experience.

**Crowds.** In discussing needs related to crowds, most informants focused on three time periods during which crowding occurs and can be problematic for a person with a disability. These three critical time periods are prior to the start of the event, during half time, and after an event has ended. The crowding issues that arise in stadiums are not unique to patrons with disabilities. They are reflective of typical crowd problems that frequently occur at sporting events given that you have a mass of spectators that are trying to enter or exit the same space at the same time (i.e. prior to event and after event, using restrooms and concessions at half time). However, what makes crowding such a big problem for patrons with mobility impairments is having to navigate through the
crowd in a wheelchair of which other patrons are not aware, often resulting in the person bumping into the wheelchair user or vice versa. Mark also noted the crowding that results from over-selling the seats in the disabled sections for high demand football games.

Now it’s to the point where they are over-selling those seats to the big games like Tennessee, Florida, Clemson that’s coming up. They over-sell those sections and they’ll have so many people sitting there. Then people come up in wheelchairs and you have to fight with ushers to get people to move and ushers don’t want to make those people move. They would rather be hard on us than have those people move.

Several informants also noted that crowding occurs in parking lots during tailgating, in restrooms, particularly at half time, and on elevators as people are trying to access or leave their seats. One informant noted, “It’s similar, the restrooms would be similar to the elevator problems—crowded.” In a follow up interview, Don discussed the crowding that occurs during the event, “That’s a problem everywhere … that’s expected.”

Jack discussed his preference to leave the football games before the end of the event or to stay a while after the event has ended in order to avoid crowd-related problems.

I like to leave a little bit early or a little bit late and it's just because of so much volume of people wanting to leave all at once. If we’re talking about the Carolina Center … I don't think there's anything different they could be done about that because it is just a maze of the public and were all together going out the same the same place.

He further elaborated that he only does this at the football stadium, where crowd-related problems are more severe given the capacity of the stadium. “… [I]t is not true of most it is true at Williams-Brice Stadium, that’s the worst situation a person with a disability could be in.” Jack further elaborated on how he feels when interacting with a crowd. “The facility is inadequate. You always have to be careful when you’re in a crowd rather than when you’re by yourself because you … could get hurt, get jostled around and have an accident.” Asked whether he has concerns over his safety in a crowd given the presence of his disability, Jack commented, “Right. It’s just using common sense.” Probed for further detail regarding whether the crowding posed more of a safety concern when he was alone than when he’s with a caregiver, Jack responded with a compelling vignette.
Oh yes...if you didn’t have a caregiver with you, let’s say if you were in a place that restricted that, it would be more than two times worse. It would be much more stress and I can’t emphasize enough that you would have to experience this as an able bodied person and you would be stressed out going through what I am talking about I promise you. You would be stressed out and then if you envision someone in a wheelchair or on crutches or a person in a wheelchair because of a disease or problem with their feet, they can’t wear shoes. They have to socks like a friend of mine who sat beside with me at all the football games. He still goes and sits up there by himself now but he wears stockings and you know his feet stick out an inch or two because he can’t have shoes on his feet and imagine people with all kinds of different problems trying to cope with that crowd.

Note that Jack chose the powerful words “stress” and “cope” to describe his frustrating experience. Jack further elaborated on his friend’s “fears” and how his friend manages the situation.

He does the same thing I do—goes very early or goes very early to the game or leaves early like I do. Or sometimes he’s much more of a football fanatic than I am and sometimes he can’t stand to leave so he just stays there and waits thirty or forty five minutes after the game before he makes an attempt to get out.

Don noted a similar desire to avoid having to navigate through a crowd in a wheelchair,

…if the games not really that close or whatever, … if I’m hungry or have to go to the bathroom or whatever, I usually try to get out a few minutes early to try to do whatever because people at games and festivals and stuff like that I’ve been to, they’re very nice but if you run over their toe, haha.

Mark echoed a similar sentiment but discussed positive experiences in interacting with able-bodied patrons in a crowd.

…we run over their toe, they do apologize, but you know their going ‘SOB in a wheelchair, he knew he was going to run over my foot’ but it’s pretty much, the crowd is usually very accommodating to us. Sometimes they let us break in line and you can go right to the front. It’s pretty good.

Ryan agreed with Don and said, “In heavy crowds, a lot of times there will be people who fall over you or something, but other than that they are pretty nice and … you can ask them for help or what not, people are real nice.” Ryan said that he
does not arrive early or leave before the end of the game to avoid crowds. “I just
go there, I show up, and I leave,” he said.

When asked what could be done to reduce crowd-related problems for people
with mobility impairments, Jack made the following observation about the Colonial
Center.

I don't know of any way you can improve it now that it's there. It's part …
of the design of the space. It’s part of the design of the system of a new
place. It seems like they could easily have made… a smaller separate
place for the people to get out of the handicapped section, to get up to the
small ramps … to the concourse to get you there…. that kind of the
bottleneck is people coming from the seats are coming across the small
concourse headed for the big concourse and small concourse is where…
the handicapped seating is so it's all mixed in and funnels in together to
get up to the main concourse but what can be done now is nothing

Jack emphasized the flaws in the building design as contributing to the crowd
problems. During member checking, Jack clarified why crowd bottlenecks are
created at the Colonial Center. Jack added, “A bottleneck is created because the
lower seating exits up across the small concourse where the handicapped seating
is located and everyone mixes in and funnels up to the main concourse.” The
member checking clarified that the problem exists because the patrons with
disabilities and the able-bodied patrons are forced to merge together because of
the way that the crowd exits the building.

From the facility manager’s perspective, Stan noted that crowding issues
are more prevalent at Williams-Brice Stadium than at the Coliseum given the
substantially larger capacity at Williams-Brice.

Williams-Brice I think is harder than the Coliseum for an event. What we
would do at the Coliseum, again, what I call some of the permanent fixed
areas it’s actually not that hard to get them out and you know there’s so
many ways to get out. …If you’re up on that level it’s not a problem.
…When we have people on the floor, the fortunate thing where our
elevator is located is sort of out of the general traffic area so we’ve been
able to take them out without it being an issue. We give instructions to let
those folks through an area that would normally be a restricted area to the
public, so it’s usually pretty easy for them to get out because of that.
Accidents. A particularly disturbing revelation recounted by Jack during an in-depth interview is his observation on several occasions of people with disabilities falling out of their wheelchairs due to the short, steep ramps in one particular disabled seating section adjacent to the field at the football stadium. Jack noted that “There have been accidents. There are people going up or down in a wheelchair even with people helping them.” When asked what was causing the accidents, Jack made a very insightful observation about the caregiver’s unfamiliarity with how to push their friends or relatives in wheelchairs on such a short, steep ramp.

Because they don’t realize, they are not accustomed to ramps being so short and steep. And a lot of times the caregivers helping people, they’re not real experienced in doing wheelchairs because normally it’s easier to go up a ramp and entrance and you go down and you don’t pay attention to it and they just don't notice that this is just like falling off of a little cliff.

A photograph showing the short, steep ramps is provided in Figure 4.13. Jack recalled with vivid detail the accidents he had observed on several occasions at the football stadium. “I’ve seen people turnover in wheelchair backwards. I’ve seen people turnover in wheelchair going up and tipping over going down and falling on their head out of the wheelchair,” he said. When asked what happens when a person falls out of their wheelchair, Jack noted that an attendant is usually there to assist them.

When the accident happens and they're always going to happen as long as it’s like that … there's an attendant there so that's good…. The attendants are good there and I've noticed over the years when I sit there a lot of times, I would see familiar faces so the people had some knowledge and training that they were supposed to be observant and so they were quick to call for whatever help was needed.

Jack continued, stating that after the people fell out of the wheelchairs, they would leave the stadium because they got hurt. When asked if he had observed similar accidents at other sports facilities, Jack said no, noting that “it was a longer ramp so I never did see any accidents there …people I guess were more aware and so someone would help people up or down if you were in a wheelchair.”
These revelations about accidents involving people with disabilities attributed to the steepness and shortness of the ramps is particularly disturbing. Jack’s assessment that a part of the built structure was a contributing factor to the accident is of critical concern. The stories he recounted show that not only is the safety of the person in the wheelchair being put at risk but also the person often suffers unnecessary embarrassment which is severe enough to make him/her want to leave the stadium even if s/he was not injured. The service aspect when accidents occurred was the staff member or companion that would assist the patron when they fell out of the wheelchair. Therefore, while the built structure (i.e. steep ramps) may have been the cause of the accident, the situation was remedied by the quick attention provided by the staff member, the patron’s companion, or other patrons who rendered aid once the accident occurred.

In talking with the facility manager who oversaw the football stadium, I asked him if he was aware of the accidents that Jack discussed. He responded, “I’ve never seen any…. the whole time I was doing it I never heard that was an issue.” Safety of patrons with disabilities is of paramount concern from the facility manager’s perspective. Stan discussed the safety concerns in seating spectators with disabilities on the event floor. “Again, it depends on the event.
We have been very reluctant to do that, say in alternative music, where there are mosh pits and things of that nature.” Asked about the process to determine whether seating people with disabilities on the floor can be done safely, Stan responded

We try to accommodate them by having an area that’s close to that where they can … see it, maybe feel a part [of the action] and we may … put some bike rack between those folks and also maybe supplement that with some peer security, you know t-shirt guys. So we’ve tried to get them close without actually putting them in the middle of the pit.

Emergency Evacuation. The need to be able to evacuate safely in an emergency was identified by several informants as being a critical need. Asked if there was an emergency at any of the stadiums that they had visited, would they be able to get out safely, Mark responded “All but Williams-Brice” to which Don echoed an excited “Yep” in agreement. Asked why he believed this would be a problem at the football stadium, Mark noted, “Because they only got one elevator, there’s two shafts but they only ride one elevator, and if something was to happen to cut off that power, were stuck, there’s no ramp to get down at the south end zone any more.”

Ryan took a different stance noting that he felt he could get out safely at all of the stadiums he has been to. Don agreed with this statement with the exception of the football stadium. Jack discussed the issue of emergency evacuation in greater detail identifying navigating through a crowd during an emergency as a primary concern.

Well, at the Carolina Coliseum, the old Coliseum I would get out quickly and easily. At the Colonial Center, I would be behind a mob. I could not get ahead of people or in through that tunnel to get to the concourse, so I would have to wait for things to clear out to get, at the end of the concourse to get out, I would be kind of behind. At the football, I’d be out of luck because able bodied people would be trying to get on the elevator. You would think in an emergency that everybody would run for the exits but if you back that up and think well why don’t they go down those exits now and get on out into the fresh air, I guess it’s a mind set. Maybe I’m wrong and the one elevator would be working and everybody would be going down the ramps.

Asked what he would do in a situation where the elevator was not working, Jack noted, “It’d be tough to get out,” and said he would have to rely on a long ramp to get out. “I mean personally I could make it, it’s easier going down than up, so in
an emergency, I would find a way to get down, but a bunch of people wouldn’t make it that we sit up there with.” Asked if he thought that people, such as EMTs or firemen, would be there to help him evacuate in an emergency, Jack made the following observation.

…there should be, and if they were told about and if plans were made I believe it would happen but I’m guessing that there isn’t that much thought given to the folks with special needs… I don’t think there’s a lot of thought given to those people about planning for these different things as if it might happen other than the fact that they have a good congenial confident attendant at each place, but now even those people, I don’t know if, I would doubt if they would have training for you know when this overall emergency happens here’s what you do.... It should be done though, that’s for sure

Note that Jack stated, “I’m guessing that there isn’t that much thought given to the folks with special needs” which again reflects his skepticism about the perceived level of empathy that the staff has for people with disabilities. He also expresses concern about the perceived lack of training of the staff in an emergency and how this lack of training could impede his ability to evacuate safely in an emergency.

In a follow up interview, Hank noted that a problem at a few of the facilities he has visited is that the evacuation route for patrons with disabilities would require them to go against the flow of traffic to get to an elevator in order to evacuate the building. Hank noted this is of particular concern if you think of a wheelchair user who is trying to evacuate in a fire or other emergency and has to navigate in the opposite direction of the rest of the crowd who are also in a panic to evacuate.

Stan shared the concerns of the informants about emergency evacuation for people with disabilities and noted that at the football stadium, the type of seat makes a difference.

If it’s somebody in … our regular permanent fixed areas, then most cases it has been set up with the idea of them being able to get in and out easily on their own. If it’s a special event … like one of these events where you’ve got a lot of people on the floor, it’s rough. Then …we usually have a couple people and sometimes it’s been our business manager. It’s been people that normally don’t have a lock
down fixed assignment during that event that go to that area to help them as well as those peer security people.

Stan noted, however, that he has never had to evacuate the Coliseum.

**Policies for accommodating guests with disabilities.** While there are several venue “policies” with regard to accessibility and accommodating guests with disabilities and their companions, (i.e. ticket hold and release policies, disabled parking policies), many of the informants focused their attention on in two areas. The first issue was whether the venue had in excess of the one percent of seats reserved for patrons with disabilities, which is the minimum number of seats required under the ADA for new venues. While many sports venues will only provide the number of seats that they are legally obligated to provide, Mark mentioned the need for more flexible policies that exceed the ADA’s minimum requirements. Mark also expressed dissatisfaction with the relaxed regulations for older facilities suggesting that older stadiums be held to the same standard as new stadiums in terms of the number of disabled seats they are required to provide.

…[T]he stadium over here is 80,000 and there is supposed to be one per one hundred, so there should be 800 wheel chair seats over there, and there is not. So I would just make sure they abided by the ADA so if there are 80,000 seats, there should be 800 seats.

The second issue discussed by the informants was how the venues’ companion seating policies, particularly how the policy restricted the number of seats that could be purchased together, had impacted their experience. Mark discussed how the ADA only requires the venue to provide one companion seat for every disabled seat. This requires a party greater than two people to be split up during the event. Mark suggested this was an example of where the venue’s policy could be used in addition to what the law required to provide seating in excess of the minimum required by law to avoid having to separate the members of the party. “You never have a problem getting that because that’s the ADA requirement. But try to call Ticketmaster and buy one wheelchair ticket and two companions – they won’t do it.”
In addition to the need for more disabled seats and more flexible companion seating policies, Don cited the need for greater uniformity in how the accessible ticketing policies related to companions are enforced. He recalled his experience at the football stadium.

My parents bought those tickets for me in the south end zone when they first opened the south end zone and they told my parents and myself they said, this is how it is… what you do is you get there well before the game and you know, it’s first come first serve, especially with companions, you know we really don’t like more than one, but we’re going to limit it to two, and I would not bring more than one. I brought one every game and I would end up with two sometimes and had no problems. And then Lou Holtz came and they started over selling the section like he’s talking about and we would get there at the same time and then other people would come with the same ticket and be like “you need to move” and I’m like “I’m not going to move I’ve been sitting up here for four years, how are you going to make me move, a season ticket holder … you know my parents were paying their money for these tickets and they were going to ask me to move I just don’t, you know, I don’t like being harassed like he’s saying.

From the facility management’s perspective, both Stan and Larry noted that exceeding the companion seating rule of one companion per patron with a disability is rarely a problem. In interpreting the data from the patron and the date from the facility manager, it seems there is a disconnect here in what the patron sees as a problem but the facility manager does not. This may indicate a lack of communication by the patron to the facility’s senior management that the current policy of one companion seat per disabled seat is not meeting their needs when they come to the sporting event with a party greater than two people.

Role of others in the service experience. A very interesting finding of my study is the role that the “companion” plays in the service experience for the person with a disability. The “companion” may be a spouse, parent, friend, child, or caregiver who attends the sporting event with the person with a disability. What was particularly interesting to note in several of the interviews was how frequently the informants discussed the presence of a companion interacting with them during the service experience. In some cases, the informants discussed their companion’s role as assisting them whether out of necessity or merely for convenience while other times, the
informants discussed the social benefits of having their friends or family experience the event with them. Jack, in particular, noted the assistive role that his wife plays in the service experience when they attend sporting events together. Talking about purchasing tickets which would require navigating down steps, he noted, “I have never gone down to buy a ticket. I’ve sent someone to buy, buy it for me.” Asked why he has someone buy the tickets for him, he responded “because somebody was with me that was able bodied.”

To further probe the informants about the role that their companions play in the way they experience a sporting event, I asked whether they could attend the sporting event independently if they chose to do so. Ryan and Mark noted that they could while Don noted that he could not do some things at the stadium independently. Don noted, “I could navigate and get through it, but as far as getting a drink or stuff like that, somebody always has to go with me …” Asked if he could navigate the long ramp at the Colonial Center on his own, Jack noted “If I was in a manual wheelchair, which I sometimes use, I don't think I could get up it. I could not push myself up it with the wheelchair. I might be able to pull myself up on the handlebars.” Asked whether he had ever seen anyone using a manual wheelchair navigate the ramp independently, Jack noted he had not, stating that “I have never seen anybody get up by themselves in a manual wheelchair. They’ve always had somebody helping them.”

Based on the findings about the role of the companion in the service experience, there is an opportunity for future research on this issue. However, given the nature of the relationship between the companion and the person with a disability and how this relationship may impact their role during the service experience, it is believed that this issue is beyond the scope of the current study and should be investigated in future research.

**Research Question 2: Expectations and perceptions of the service experience**

In addressing Research Question 2 (Are the needs of sport consumers with mobility impairments attending a live sporting event being met?), I asked the informants first about their expectations of the service experience followed by their perceptions of their experiences at sporting events they had attended. This approach used in the interviews focusing on expectations and perceptions is based on the disconfirmation paradigm (i.e. “gap approach”) used by Parasurman *et al.* (1985) in developing the
SERVQUAL instrument which examines the difference between expectations about the service performance generally from a class of service providers (i.e. stadiums) and perceptions of the actual performance by a the specific service firm (i.e. Colonial Center) (Parasuraman, et al., 1985).

**Expectations and perceptions regarding old versus new facilities.** One of the issues probed with regard to expectations was whether the person with a disability had different expectations about the service experience when attending an event at a “new” facility compared to an “existing” facility. While the questions were designed to address perceptions about both the tangible (i.e. built structure) and intangibles dimension, the informants emphasized the tangible dimension. Despite my probing about expectations related to the staff (discussed below), the informants kept framing their expectations in terms of the accessibility of the facility. My interpretation of this data, therefore, is that that the tangibles dimension is especially important when discussing the service experience at old versus new facilities. The ADA makes a distinction in mandating that “new” facilities (post-1993 construction) must be fully accessible while “existing” facilities (pre-1993 construction) have to meet the much less stringent “readily achievable” standard of accessibility. Jack noted that his expectations were higher at a new facility. At the relatively new Colonial Center, for example, he said that while he had higher expectations, his expectations were not met. He made an insightful comment on how and why people with disabilities and able-bodied people perceive the service experience differently. “…I realize the general public would have a completely different perception of that place and you know they would think this is a wonderful place.” When probed for further detail why this would be true, Jack responded, “Because they don’t notice the obstacles that some of us have.” Jack contrasted his experience at the new Colonial Center with his experience at the older football stadium. Discussing the football stadium, Jack noted, “The facilities, yes, it kind of is a big negative and each person has their own individual needs so some people can cope with some things better than others but overall the facilities are a big negative.”

In a follow up interview, Don specifically elaborated on how his expectations about the accessibility of the building differed at old and new sports facilities. “…[W]hen I go to an older facility, I would have to say that I don’t have that high of
expectations…because their codes or guidelines that they built the facility by isn’t to what the code is or rules, or ADA is today.” In interpreting his comment, it appears Don’s expectations are heavily influenced by the physical accessibility of the facility. Don went on to give an example of how his expectations differ. “For instance [at] the old Capital City Stadium, when they built that, … the ADA rules were different, now when you go in there… if they renovated it, they have to go by the new ADA guidelines.”

To contrast his expectations at older facilities, Don discussed his expectations in attending an event at the new Colonial Center when it first opened. “I just expected it to be accessible. I expected it to be … disabled friendly and it is.” He further elaborated,

Yes, [my expectations] were met because all of the ramps were wide and … not steep. … [G]ranted, I use a power chair, so I don’t know what people in manual chairs would say about the ramp. … There is a ramp in the back that … zig zags and [for] somebody in a manual chair, there is no way they would be able to get up that.

Don’s discussion of his different perceptions at old versus new facilities sheds lights on how a consumer with a disability evaluates and ultimately perceives the service experience. In a follow up interview, he noted, “…as far as the facility itself, I look at … when it was built and what the guidelines are and I understand that this is an old facility so I’m not going to hold it to the highest standards.”

In shifting toward discussing his perceptions, I asked Don, given his lower expectations at an older facility, what impact the lack of accessibility has on his perceptions of the service experience. In answering my question, Don cited his satisfactory experience at a minor league baseball game at an old ballpark, “Usually whenever I used to go to the Bombers game … I had a good time because of the atmosphere there. The atmosphere took over and everything was okay.” Don also cited the lack of uniformity in terms of the level of accessibility provided at sports facilities as negatively impacting his perceptions of the experience.

[T]here should be a standard that goes across the board to every facility, like whenever I go, I’ve gone to one facility and they only allow you one companion seat, but I’ve gone to another one and they say okay you can purchase up to four seats, that means your seat, your wheelchair space and three companions.
Don suggested the need for an industry standard which would result in a more uniform approach to stadium accessibility.

… I’m not saying that you know Congress or something should make it a law, and I’m not saying that this should be in the ADA guidelines. I’m just saying that … every facility needs to get together and sit down … and say ‘okay, what can we do, what do you guys do for people with disabilities’ … and then let them see that these newer facilities are coming along---that they’re being more open minded. They’re seeing wow, you know we can hold 70 companions and 70 people with disabilities, or we can’t do that. And if you can’t do that explain that in your, whenever I go to the Colonial Center, whenever I go purchase a ticket, tell me…you can only have one companion because this concert or this basketball game or this wrestling event, we’re only seating so many at capacity and it’s not fair for you to have 17 people sitting over here when we need those spaces for other people with wheelchairs.

In a follow up interview, Bob discussed his expectations and perceptions at the USC stadiums he had attended. In first discussing his expectations, Bob explained,

It actually was exactly what I expected it to be in most cases. …I didn’t expect that they were really going to cater to my needs, basically. It was here are some [free] tickets. We’re sold-out. We got these tickets down here that probably you can use better than any other ones. That was it. My expectation is that when I go there, I’m going to have to go on their terms not on my terms.

Bob’s reference of “having to go on their terms” is insightful in that it explains that he expected that the free tickets he was given may not be in the most accessible location given that they were free. Therefore, Bob’s expectations about his seating location or view of the action prior to the event were not high. Asked how he perceived this experience, Bob responded “It was exactly like I expected it to be.” He further elaborated.

Unsatisfactory. I quit buying season tickets to the football games and I haven’t been to a basketball game [at the Colonial Center] … I just don’t go in that facility and it may be my fault because based on my experience here, I just haven’t gone there.
Expectations and perceptions of staff. Several informants discussed their expectations of the staff during the sporting event. In discussing his expectations of the staff at the relatively new Colonial Center, during an in-depth interview, Jack said, “You know you would think it would be better, but I’m not sure that it is.” Meanwhile, in a follow up interview, Don noted that he expects the staff to be approachable. “…Anytime that I’ve been there, people have approached me, ‘hey, do you need anything? Do you know where you are sitting?’” Don also noted that the management style at the facility encourages the staff to be proactive in solving problems when they arise. “They can see…this guy is in a wheelchair. He has a seat [in the front row]…there is no way that [he] is going to be able to walk down to that seat….” When asked if the facility staff goes out of their way to approach him, Don replied excitedly, “Correct, correct.”

In discussing his perceptions, Don noted that the facility staff at most facilities has been willing to accommodate his needs. “That’s been anywhere that I’ve gone to, more the newer facilities than the old ones.” Don also cited the staff’s knowledge about their facility as contributing to a satisfactory experience.

…[W]hether it be the Koger Center, the Colonial Center, or the Coliseum, they have the paid staff as ushers there and they know the ins and outs of their area or their facility. And I think that’s probably one of the main problems they have at Williams-Brice is they bring in the Event Staff … which are new every time and … they’re more…crowd management [focused].

Don discussed the staff member’s knowledge of the facility and her responsiveness as creating a positive interaction at a recent concert at the new Charlotte Bobcats arena.

…I went to a concert at the Bobcats Arena when you walked into through the corridors to go to your seats, Boom! there was an usher right there and she was like ‘hey, let me see your ticket to make sure you’re in the right place.’ And … she said ‘yeah, you’re in the right place, come on and pull up right here’ and we pulled up to the seats and we chatted with her and she told us ‘well there’s restrooms, there’s concession stands’ and she knew everything that went down three or four corridors.

While Don noted that he tends to overlook facility accessibility issues at older facilities, he stated that he will not overlook being treated poorly by the facility staff. “I’m not willing to forgive the staff.” In particular, he noted that at the football stadium, he
perceives the senior management of the facility as not working to improve the experience given his needs.

At the football stadium, I don’t think they’re working for me….Like I explained earlier, the style they have there is not the style they need to have. If they are volunteers, those people need to have that section every week. If they are being paid, those people need to know the ins and outs every week.

Don’s perception of the facility’s senior management working against him rather than working toward improving the service experience confirms the theme of perceived lack of empathy.

**Expectations and perceptions of experience with companions.** I also probed whether the patron’s expectations change based on who they attended an event with. Don responded, “No. I expect the facility to at least accommodate one person to sit with me and to be courteous to that person.” Mark agreed, adding “And just don’t be harassed.” Don agreed with Mark’s comment.

Asked about how he perceives the experience when problems arise during the event and how it impacts his friends or family, Ryan responded, “Sure, I’m upset because we’re both at the game to enjoy the event and if we can’t, if we go in upset because of our seating problems or personnel problems it just ruins it for the rest of the night.”

Probed for further detail on how he feels when this occurs, Ryan responded, “It’s frustration, it’s disappointment.” Ryan elaborated on his perceptions in a compelling vignette.

Well, like I said, when you show up looking to get there and watch this game, but then you show up and you have to stand fifteen, twenty minutes just to get a seat, you’re just a little disappointed you know, I suppose. But listening to these guys talk about Williams-Brice, I was looking forward to going to a game in a couple weeks, but now I don’t know.

Asked whether he shared a similar feeling, Don responded,

I get disappointed, because I talk about my team, I talk about that it’s great to see a game at Williams-Brice or at the Colonial Center or wherever and then it upsets me when I get there and there’s problems. I’m upset because you know I’ve been talking it up all week or a couple days or whatever to my friends, my companion whatever, saying we’ll have a great time, up until we get to our seat and if there’s a problem it just
dampens the whole day win or lose, you’re like, yeah that was a great play, but remember at the beginning of the game when we couldn’t get in you know.

Don’s reported higher expectations when he attends sporting events at University of South Carolina because of it being his “home team” are very revealing. Probed for further detail, Don was asked whether it is more frustrating when those situations arise when you have friends come from out of town who do not usually go with you to events as often. Don responded,

Yeah, my expectations are a little bit higher. But I try to prepare, if it’s a new person going to the game with me, I try to say hey look this could happen, but it’ll be okay, it’ll be okay. And since I’ve moved in to a new location where everything is a little bit more low key, the seating problems aren’t the issue. Everything is fine. But when I was in the south end zone when the rules aren’t clearly stated, I’m like man, I’m sorry because they’re standing up waiting on another person to get up out of the seats. It’s like going to a rock concert and you’ve got front row seats and you go to sit in that front row and there’s people sitting in your seats. You know you’re pretty upset about it, and that’s how I feel.

To probe the issue of whether the patron expects something to go wrong during the event as a matter of routine, Ryan responded, “You’re always thinking about it, you know. Everybody wants to sit next to their friend and when that doesn’t happen, like he said, it just puts a damper on it.” Mark chimed in with a similar feeling,

It’s very disappointing. It’s hard, you know, we do everything we can to fit into ya’ll’s lifestyle. We do everything we can as normal as possible and it’s kind of disappointing when you can’t take a friend or two people to a game with out being harassed, it’s pretty sad..

Interpreting Mark’s comment, “we do everything we can to fit into ya’ll’s lifestyle” is particularly revealing about how a person with a disability perceives his/her life circumstance as having to “fit in” to the world of able-bodied people.

**Expectations and perceptions of fair treatment.** Many of the informants discussed the expectation to be treated fairly during the service experience. Don stated, “We want to be treated just like everybody else is treated.” Meanwhile, Mark stated that he expects to be treated as fairly as able-bodied patrons and not be harassed. Don further
elaborated about his expectation to be treated the same as other able-bodied students with respect to the number of companions that could accompany him.

... [T]hat’s not fair because, you know, you have more than one friend and you know you this is my 3rd year here at the University.  I can’t sit in the student section because of obvious reasons.  I go to watch the football games just as every other student does.  I can’t stand up.  But then my friends there like ‘Hey, we want to go sit with you one game.’  And they go to sit with me – I’m not saying I’m bringing 10 people but I’m bringing 2 or 3 people ....

Don further stated, “…I expect the facility to at least accommodate one person to sit with me and to be courteous to that person.”  In further probing the expectations of fair treatment, Don, in a follow up interview, noted, “I want the staff to treat me as any other patron.”  “I don’t want people to be like ‘oh look, there’s a disabled guy, we need to make sure he’s going to be treated okay tonight.’”

Many informants cited their perceptions of unfairness as one of the factors that contributed to an unsatisfactory service experience.  Don, discussing the sale of permanent seats in the disabled seating section to able-bodied patrons, said, “I know that they can sell those permanent seats to people and I don’t think that’s fair.”  Mark shared a similar sentiment.  “…[W]e came across the same problem where I’d purchased handicapped tickets and they didn’t want to let the people sit with me but yet here was five little girls setting right there and they had said nothing to them.”  Later in the interview, Mark also discussed the preferential seating given to large donors to the university.

…If those spaces are not used by people in wheelchairs, for them to sell them to Gamecock members for more money, you know that’s just not fair for people to sit in those spaces because they gave more money than me.

Mark described his perception of being harassed at the Colonial Center.  “The way I feel about it is why are they harassing me when there are people sitting there who don’t have tickets for those seats?”  In interpreting these responses, the comments indicate that the person with a disability feels that he/she is receiving inferior treatment when compared to their able-bodied counterparts.
Several of the informants attributed their perceptions of unfairness to the lack of options in terms of seating location and the related issues of unfairness in pricing given that the patron with a disability does not always have the option to purchase the lowest priced ticket if there is no disabled seating in the upper level sections of the stadium.

Mark noted, “…handicapped seats are pretty expensive sometimes and we don’t have the luxury of paying the lowest price.” Don elaborated in greater detail about why he perceives the situation as unfair.

…take the Colonial Center for instance, they’ve got two different handicapped sections, they’ve got that lower bowl and they’ve got the upper bowl. And again, I see where you’re coming from in the price and they price the lower bowl all one price and if you sit in the handicapped seats in the lower bowl, you pay the lower bowl price whereas if you sit in the upper deck or the upper bowl, you pay that price. And … I think that if you’re paying, they should kind of maybe decrease it a little bit because you know you have to sit in a handicapped section you don’t have the luxury of sitting on the front row. It would be nice if I had a front row seat you know, have a handicapped section up front for some concerts that would be great, but that’s not an option. But you know, discount that handicapped section a little bit whereas you know if you sit in the upper deck, you’re still paying ten or fifteen dollars less but you know you still have a good line of sight of a concert or for instance, the NBA game the other night that was $38.50. You know if we sat in the upper deck it was fifteen bucks.

Asked about the upper bowl handicapped section at the Colonial Center, Don noted, “it’s the last row in the upper deck, nobody wants to sit there, you know I don’t think you would.”

In further probing the issue of lack of options in terms of seating as well as unfairness in the price of seating, Ryan made the following observation,

You know the hockey games in this center … only have one spot for handicapped and that’s the only option handicapped people in wheelchairs have is to sit in that one level handicapped section. So they pay that price for the handicapped section which is a couple dollars more than are the higher level seats which actually seem to be on the same level, but like [Don] said, we don’t have a choice.

Discussing the line of sight in this section during hockey games, Ryan noted, “it’s over in the corner…. You get three corners. You don’t get the corner you’re sitting on top of.” However, he noted that the seating at a NASCAR race is far superior to the seating at the hockey games. “You’re sitting down there in the
front, their most expensive seats.” Don agreed that at the NASCAR event, the
disabled section is considered premium seating but comes with a premium price
tag. “[T]hey make you, they think ‘whoa this is the front stretch, you’ve got to
pay front stretch prices’, well where the heck am I supposed to sit?” Asked if
there was any other option, Don responded, “Well, up in Charlotte, there’s really
no other option because the handicapped section is only on the front stretch. I
know in Darlington … it’s on the front stretch too…” I then asked, “So your
choice is to pay the higher price or not to come?” to which Don responded,
“Exactly.” Don did, however, express his desire to pay more for tickets that were
courtside for basketball games at the Colonial Center.

…when you go to games you always want to be courtside and you know
you can’t do that. But if there were tickets available that were courtside or
ringside, I would get them in a heartbeat and I would pay for you know,
… that would be my luxury. I would pay the fee everybody else pays to sit
courtside or ringside but whenever I’m not sitting close to the action, I feel
I shouldn’t have to pay for something because I have to sit here anyway so
why should I pay what everybody else is paying.

In interpreting Don’s response, he indicated his willingness to pay for premium
seats that are close to the action but seems to express resentment over having to
pay premium seat prices for what he considers a less desirable seat location
because there are no other accessible seating options in lower priced areas of the
stadium.

Impact of inaccessibility on repatronage. To probe the effect of prior negative
service experiences on the patron’s desire to repatronize a facility, I asked if
inaccessibility has ever made the person not want to attend a sporting event. In the focus
group, Don stated,

I just don’t want to go to an event if I know that I’m not going to
be able to get in and if I have to play musical chairs. I mean last
year at the end of the season, I didn’t want to go in to the game
because I was scared I was going to have to get there forty-five
minutes before the game and then miss kick off because I was
playing musical chairs… I’m not mad at the facility or event staff.
They’re doing their jobs but the rules and regulations need to be
laid out more plainly to us and to everybody. Everybody needs to
be on the same page…
Asked what makes him want to attend future events at a sports facility, Don, during the follow up interview, responded, “the accessibility, the way I was accepted.” He elaborated, “… I would base it more on the staff and the facility because if I go to a facility and I say ‘hey, where’s my seat at’ and they say ‘I don’t know’ well then who the heck knows.” To further probe this issue, I asked what things would have to happen in order for you to say “we’re not coming back.” Don responded,

Parking, the way I was treated, the way the seating is, and then the [quality of the] event would always come at the bottom. The event is always at the bottom, but I would probably rate parking at the top and then seating and then the staff would probably be a close second and third”.

**Perceptions of the ideal service experience.** In probing what would contribute to the ideal service experience at a sporting event, descriptions about the physical aspects of accessibility as being critical to the service experience tended to predominate the discussion. Ryan described his ideal experience as follows:

For me, it’s going to a stadium and being able to get to my seat on my own without having to ask anybody or running into trouble as [far as] parking or whatever. … I’m able to park and get in as far as other stadiums such as NASCAR racing or whatever if their seats are the best possible seats you can get on a race track …”

Don described a similar experience during the focus group, citing parking, the location of the seats, and the good sight lines as all creating the ideal service experience.

Ah I’d have to say I’d have to agree … about the NASCAR race at Darlington and we pulled right in kept us right next to the race track. Ah we got right to the gate. They showed us where to go and it was sufficiently and it was the best seats on the track. … [W]e didn’t get shafted at all. I mean we could see everything.

In a follow up interview, Don emphasized the physical aspects of the facility in explaining why he perceived the Charlotte Bobcats arena as being superior to the Colonial Center.

…[I]t was open. It’s just a nicer facility. They have more disability seats…. They had so many [seats] that were level with the concourse… They had the upper bowl at the … right when you walk in and then they
had in the lower bowl, there was disability seating all around that was maybe 15-16 rows up from the floor.

Ryan and Don both cited the physical accessibility of the facility as being critical to what makes the service experience ideal.

Despite the emphasis on the physical aspects, both Don and Mark noted their positive interaction with the staff as creating the ideal service experience. In particular, Mark noted how he was escorted from the front gate of the facility all the way to his seat by different members of the facility staff. The staff members were knowledgeable about the building and pointed out where the concessions and restrooms were. In interpreting Mark’s recollection of his experience during the Rolling Stones concert, this “white glove” treatment that he received at the brand new arena on its opening night demonstrates what the patron views as an ideal experience.

**Interaction of the physical and service aspects.** To probe the issue of whether the physical needs predominate during the service experience for the person with a disability, I asked the informants what mattered more to them, the physical aspects or the service aspects, given their particular needs. During the focus group, there was some good interaction among Don, Ryan, and Mark on this topic. Don responded, “I would have to go for the building because I usually take someone with me and they can either voice as far as service goes, helping me find my seat and what not.” Mark also agreed the built structure was more important than the interactions with the staff. I attempted to probe for further detail on this issue by asking the follow up question, “Do you think your spouse, your friend, your parent, your companion, would they say the same thing?” Don responded,

… when we first went to the Colonial Center, my Dad was really upset with the way the aisle was. He was afraid I was going to fall but that’s because they were still doing construction and stuff and what not, but now my dad is pleased with the building as far as it is built. But I know my mom and my other companions, they would be more concerned with “oh is the usher going to make me move” they would probably be more concerned with service.
Ryan agreed with Don while Mark stated, “I think that whoever was with me, who goes with me, as long as I’m happy they’re happy.” Don, in a follow up interview, framed his response from his companion’s perspective. “…[I]f I go to a concert or an event and I go with someone and they’re not having fun, I’m probably not going to have fun. If we go to an event and we’re yelling and whooping and hollering, I’m having fun. We’re having fun.”

In the follow-up interviews with Don, Mark, Bob, and Hank, I probed for further detail about how the person with a disability evaluates the interaction of the physical and service aspects in meeting their needs during the service experience. I wanted to discern whether they viewed the physical or service aspects as absolutely essential or more as a priority. Mark responded,

I would think [accessibility] would be an essential thing that the building should have, especially in a new building. The biggest part of it is finding out where you can go. At the new Coliseum [Charlotte Bobcats Arena], they had somebody when you went to the turnstile, they said report to the box office. Then someone came out and showed us everything.

Mark’s response is revealing in that he seems to indicate that the physical aspects of the stadium matter more to him but also cites an example of positive staff interaction. Mark further elaborated,

Once we got in the door, they took my tickets and said please go the box office and an usher will assist us. They took us and showed us where the elevators were to our seats, where the restrooms were, the first aid station, and they had a police man standing behind us behind us so nobody could stand behind us…

Don, in a follow up interview, also cited his positive interaction with the usher at the Bobcats arena when he was locating his seats. He went on to discuss how finding his seat location and getting into the seats usually transpires at a sporting event.

Usually the usher will walk with you and there is a folding seat sometimes [or] there’s detachable seats that you pull out and then roll away. And the usher will go up to you and say ‘here’s your seats right here’ and they’ll do that for you and detach the seat or move it out of the way.

Asked whether the staff members are generally helpful, Don responded,
Exactly, and that’s right there at that point in time ‘okay, we’re having fun,’ but if we’re treated rudely and obnoxious, like ‘well, you’re in the wrong section, you need to be over there’ I don’t like that. If they say ‘hey man, you just came in the wrong door, all you need to do is go around,’ if they’re nice to you, I love it. I like to be treated the same way everybody else likes to be treated. It’s all about customer service and I think that there needs to be some uniform way and I think it’s started. I’ve seen it!

In a follow up interview with Bob, I probed the issue of whether the physical or service needs are more important for the patron with a disability, Bob responded, “I think the physical needs are more important. If I know where [the accessible features] are, I don’t need the staff to tell me what to do. I just need [the accessible features] to be provided.” Probing for further detail about how the consumer evaluates the service experience, I asked Bob if he went to a brand new facility where physical accessibility of the venue is not so much of a concern, would he would focus more heavily on evaluating the service aspects? Bob replied, “Well, under Maslow’s Hierarchy of Needs, once the lower needs are met, then you need to look at that second one but until you take care of that basic need, then I’m probably not going to look at the staff that much.”

In further elaborating on his evaluative process of the service, Bob stated, “See, but I would keep the physical and the services all being part of top management. It all starts at the top and filters its way down.” Bob’s additional comment confirms that the perceived commitment of the management to meeting the patrons’ needs by providing an accessible environment is taken into consideration when the patron evaluates the service experience. Bob discussed how top management’s commitment to accessibility could trickle down to front-line staff workers.

I think [it could] especially if the physical part is taken care of. I think it’s a matter sometimes of just informing some of the volunteer [workers]. These volunteers are volunteering because they want to be there, meet with people. Most of these people are very people-oriented. So I’m sure that they would be glad to work with individuals.

The interview with Hank provided a unique perspective in that he is a facility staff member and is also is a person with a mobility impairment. I included his perspective because I felt it would add something that the able-bodied facility manager could not provide which is the perspectives about facility
accessibility and service provision for patrons with disabilities from someone who sees both sides of the issue, the service provider’s perspective and the patron’s perspective. Discussing how the physical and service needs are met during the service experience. Hank described a recent football game at Williams-Brice Stadium he attended. Hank described walking into the stadium and meeting a security staff person when he first entered. He asked the staff person where his seats were and the staff person took them up through the portal into the seating section. Hank needed assistance getting to their seats so he first relied on the railing provided on the outside of the seats. However, when he reached an area midway down the corridor where there was no railing, the security staff person held onto his arm to steady his balance. When Hank reached the second level where his seats were located, there was another railing for him to hold on to and walk over to the bleachers. At the end of the game, the staff person was again helpful in assisting him with leaving the stadium. Hank’s description of his experience is illustrative of a situation where the patron has both physical and service needs during the event. If it had not been for the staff person who helped him get to his seats as well as the railing he needed in other parts of the stadium, his needs would not have been met.

In interpreting Mark, Don, Bob and Hank’s responses, this confirms the theme that while the physical needs may clearly be more salient for the person with a disability while they are attending a sporting event, it is not an either/or situation whether it is either the physical or service aspects that are needed, but rather it is the interaction of the two elements that combine to produce a satisfactory service experience. Considering the physical and service aspects as an interaction can inform the emerging theory of service provision for people with mobility impairments in stadia. The theme of interaction of the physical and service aspects reveals that service providers cannot focus their efforts on either the physical or service aspects but must focus on both aspects. For example, a venue that provides a physically accessible environment but has a staff which is unaware of how to implement accessibility in the venues policies and procedures will not be able to provide the highest quality experience to patrons with disabilities. Conversely, a facility which is not physically accessible cannot focus their efforts solely on the service
aspects in order to provide the highest quality experience to patrons with disabilities. In order to further illustrate this emerging theory, consider a newly built hotel, for example. The hotel might be a fully accessible building but this does not eliminate the need to have a staff which is knowledgeable and responsive to the hotel’s customers, including customers with disabilities. Conversely, an older hotel that may have some problems with regard to physical accessibility of the building will be unable to provide the best service experience possible if the guests cannot use functional areas of their hotel room, such as the shower or tub. In this situation, even the most responsive staff members may not be able to “compensate” for the lack of accessibility at the hotel.

**Perceptions of the ADA.** I also probed the facility manager about how the ADA accessibility is perceived by both patrons with disabilities as well as the facility providers themselves. Hearing the contrasting perceptions aided in confirming the patrons’ perceptions discussed in the focus group, in-depth, and follow up interviews. Asked whether the ADA is a physical accessibility issue or whether it is becoming more of a customer service issue, Stan stated,

I think it’s still viewed more from the physical side, as far as the public goes and what lay people will think and I think most people in the industry think the facility industry realize it’s much more than just the physical side. It’s … just as much the customer service side

Asked how the majority of fans with disabilities would evaluate their experience at the facilities in which he had worked, Stan responded,

I think a lot of the majority feel like it’s a good faith effort on both sides. If they have had a personal experience where they really felt like they weren’t treated correctly or they weren’t trying to be accommodated, then I think yeah, those people would think very much that [the facility is working against them].

The interpretation of Stan’s comments confirms through another source the theme that it is the interaction of the physical and service elements that combine to produce a satisfactory experience.

An area for future development is the facility manager’s perspective about serving guests with disabilities, with specific emphasis on investigating the extent to which the venue manager’s goal is to do the bare minimum with regard to what the ADA requires
or whether the facility is trying to go above and beyond the legal requirements to incorporate the spirit of the law into the venue’s operations. While the focus of this study was not about the legal requirements of the ADA, further research about this aspect of accessibility and service provision would be an area to probe the senior management about their motivations toward complying with the ADA.

**Research Question 3: Changes by service provider to enhance experience**

In addressing Research Question 3 (If a need is not being met, what could be done differently by the service provider in order to meet the need or enhance the experience?), the informants cited increased staff training, changes to the facility itself, as well as changes to facility operations as being critical to improving the service experience. Several informants cited improving the route from the accessible parking to the closest accessible entrance. Jack noted that

> if the handicapped spots were moved from the end [where they] generally are now to the other the other end of the parking lot, [this] would make it closer to the entrance, [and] would make it easier for people to go into the … the main lobby and the main entrance….

Meanwhile, Don suggested moving some of the disabled seating closer to the field or court.

> There needs to be some more accessible seats that are closer to the field level instead of sticking the handicapped people in the upper deck. Also, at the Colonial Center I think that you can maybe find a space or two to fit a couple wheelchairs in the lower level so people can see, because you know when you go to games you always want to be courtside….

Jack expressed the opinion that increased staff training would improve the service experience with his comment, “…they're not geared or trained I should say, but it appears to me, to be aware of people that come in who have special needs and are going to need a little bit of attention…” Increased staff training could produce several positive effects to improve the service experience for patrons with disabilities, including making the facility staff more knowledgeable about the stadium’s accessibility features and policies for people with disabilities, more aware of what the needs of people with disabilities attending stadiums are and how to interact with people with disabilities to meet those needs, as well as more empathetic to the needs of people with disabilities. All of these
issues were cited throughout all of the interviews as problems encountered during the service experience. Mark’s assessment of the staff at the Charlotte Bobcats arena as being more knowledgeable because “It was like a pre-set form for them” indicates that with proper training, a facility staff can learn the skills and obtain the knowledge necessary to meet the needs of people with disabilities.

In comparing his recent positive experience at the Charlotte Bobcats arena with his prior experiences at the Colonial Center, Mark believed that increased staff training at the Colonial Center “would help a whole lot.” Probed for further detail, I asked Mark whether he attributed the lower levels of staff knowledge he perceived to the fact that the facility staff does not understand what his needs are. He responded, “Right… you have to put yourselves in somebody else’s shoes…. Just have them experience the wheelchair itself for just a few minutes so they know what I’m going through or somebody else is going through.” The suggestion of having the staff get in a wheelchair to experience “what I’m going through or somebody else is going through” again confirms the theme of a perceived lack of empathy which was cited by most informants. The interpretation further suggests that, for Mark, he believes that the facility staff cannot truly understand what his needs are until they experience what it is like to navigate in a wheelchair.

During the follow up interview with Larry, he also cited increased staff training as essential for improving the service experience for patrons with disabilities. He suggested “greater sensitivity” toward people with disabilities would help make customers with disabilities “more comfortable and happy and [let them know that we] want them to come back.” According to Larry, with increased training, helping patrons with disabilities would become second nature to the staff members. Like Mark, Larry also cited the need for the staff members to experience what it is like to be in a wheelchair so that they can understand and become empathetic to the needs of people with disabilities. He noted, “Everyone needs to spend one day in a wheelchair.”

A change suggested by Don is that the accessibility policies and procedures be more universally understood by the facility staff and, in turn, more uniformly applied so that the facility staff and the patrons with disabilities are “on the same page.” Don’s comment, “The rules and regulations need to be laid out more plainly to us and to everybody. Everybody needs to be on the same page” and his reference to “playing
musical chairs” suggests that there is confusion and chaos with regard to seating that the
ushers do not know how to properly resolve if two patrons arrive trying to sit in the same
seat or space in the disabled seating section. While not explicitly stated in those terms,
Mark also raised this concern in telling his story about how his companions had to stand
during the event and were not permitted to sit in the companion seats while little girls
who were able-bodied were able to sit in the disabled section without being bothered.
This demonstrates that the companion seat policies were not being uniformly enforced by
the staff member.

From the facility manager’s perspective, Stan noted that at the football stadium,
the management designated a “disabled advocate” on the staff so that if patrons had
special needs, the disabled advocate on the facility staff could try to accommodate their
needs. In further elaborating on this training provided to all staff as well as to the
disabled advocate at the football stadium, Stan noted,

[ADA training is] typically [provided] for all staff a certain amount, but
[the disabled advocate] gets more of it. … Typically … most of the people
that deal with the public are part time employees. Just like any facility, the
front line people are usually your lowest paid and don’t usually get
extensive training. They get certain training and then we have certain full
time staff people that serve as that coordinator for all that. What we did at
the Coliseum [is that] everybody had some major training and then we had
typically three or four people on duty for each event that had more specific
training and they would be referred, we would refer all these special cases
to them and they would deal with it.

Asked whether the content of the staff training that is provided is more focused on
disability awareness (i.e. sensitivity training) or more on what the ADA requires, Stan
stated that is a combination of both aspects.

…[P]robably for the part-time, front line staff, it is more of a customer
service thing. … [T]he physical, the access stuff, is dealt with on a higher
level and … depending on … the age of the facility, there are obviously
some restrictions. There’re some limits to what you can do, especially on
short notice.

He went on to state, “Probably the biggest difficulty we have not only at Williams-Brice
but at the Coliseum or anywhere else I’ve been is when people just show up unannounced
that you don’t know have a concern.” Stan also noted that at the senior management
level, the training is usually done through industry education programs but he also noted, “I think I’ve gained as much or more perspective from dealing with [disabled] groups and trying to identify just a core group of people that can give you feedback.” He also noted the positive impact that staff training has had on his staff.

…[T]ypically it carries over longer … I think it definitely helps and we’ve had a lot of the same staff at the Coliseum for quite a while and I think a lot of those folks are fairly adept at dealing with those situations.

**Improving accessibility at older venues.** Asked about what older facilities could do to emulate the experience provided to patrons with disabilities at new stadiums, Mark offered several suggestions. The first was to “make new designated areas for wheelchair seats or make one elevator for people with disabilities.” This change would improve the problems with seating cited above and would assist in making it easier for the patron with a disability to navigate in the facility as well as be able to evacuate using the elevators in an emergency. Calling his recent experience at the Charlotte Bobcats arena for the Rolling Stones concert “the best arena I’ve been in so far,” Mark cited the fact that a police man was present to keep other patrons from standing behind him. He noted that this is not the case at the Colonial Center and said if they could make only one improvement, “a guard or someone to make sure that nobody is standing behind me or keeps walking behind me” would be the one improvement he would want to see made. Probed for further detail on why having people crowd behind him is such an issue for him, Mark responded,

…it’s just they get to one part of the show where everybody is standing behind me. There’s not supposed to be anybody behind wheelchairs. They’re telling me I can’t back up, that I have to keep the area clear. But the next thing you know they have all their friends or whoever standing back there. It’s people who come down or would rather stand than go to their seats.

Note again that Mark reiterates the notion that he perceives that he is being treated differently than his able-bodied counterparts.

The facility manager’s perspective was perhaps the most useful in understanding this topic. As the manager of two older facilities, the Coliseum and Williams-Brice football stadium, I asked him given an older facility, what can be done to improve access. He responded, “You have to be very flexible and very willing to try to make it work.
…We’ve found is that most people, if they know you are going to an effort to try to accommodate them …[they are satisfied]”. He stated that one way they accommodate patrons with disabilities is to hold a certain amount of “trouble seats” that require no walking up or down stairs which can be used if a patron shows up with a ticket for a seat that they are not able to access. However, Stan noted that holding back these seats is a “delicate balance” especially when it is a commercial venture given the loss of revenue from the “trouble seats” going unsold.

…[E]specially in a commercial venture, you’ll have some promoters that don’t want you to hold anything out for trouble. They want you to sell every possible seat and a lot of times these seats are … pretty … easily accessible, but we always hold out [some seats] to deal with these issues that come up unannounced.

**Summary of Findings.** My findings indicate that the physical needs of people with mobility impairments are primarily centered around aspects of the built structure and include seating for people with disabilities as well as their companions, restrooms, elevators, ramps, signage, line of sight issues, and parking. The service needs centered around the person’s interaction with a facility staff member in terms of knowledge, awareness, and responsiveness. The informants also cited the need for a better way to navigate through crowds, the need to be able to evacuate in an emergency, the need for accessible policies, and the role of others in the service experience. In discussing their perceptions and expectations of the service experience, the informants identified issues related to old and new facilities, staff expectations and perceptions, and expectations and perceptions of fair treatment. Through the discussions during the in-depth focus group, and follow-up interviews, several themes emerged. The first theme identified is that the person with a disability perceives the facility staff as lacking empathy to their needs. A second theme is that the facility staff is not cognizant of the needs of people with disabilities when they attend a sporting event. A third key theme is that while the physical needs may clearly be more salient for the person with a disability while they are attending a sporting event, it is the interaction of being able to satisfy both the physical and service needs that combine to produce a positive service experience. An expanded discussion of these themes and their relationship to the existing literature will be presented in the next chapter. A summary table listing the key findings of this study and
the sources of data which supported these findings is provided in Table 4.3. The following codes are used in the table to represent the data sources: Focus group (FG), In-depth interview (IV), Observation (O), and Facility managers’ interviews (FM).

Table 4.3 Key Findings

<table>
<thead>
<tr>
<th>Findings</th>
<th>Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical needs of people with mobility impairments include seating for</td>
<td>FG, ID, FM</td>
</tr>
<tr>
<td>people with disabilities as well as their companions, restrooms,</td>
<td></td>
</tr>
<tr>
<td>elevators, ramps, signage, line of sight issues, and parking</td>
<td></td>
</tr>
<tr>
<td>Service needs of people with mobility impairments include the person’s</td>
<td>FG, ID, FM</td>
</tr>
<tr>
<td>interaction with a facility staff member in terms of knowledge,</td>
<td></td>
</tr>
<tr>
<td>awareness, and responsiveness.</td>
<td></td>
</tr>
<tr>
<td>Needs with both a physical and service component include the need for</td>
<td>FG, ID, FM</td>
</tr>
<tr>
<td>a better way to navigate through crowds, the need to be able to</td>
<td></td>
</tr>
<tr>
<td>evacuate in an emergency, the need for policies that accommodate</td>
<td></td>
</tr>
<tr>
<td>guests with disabilities, and the need for companions to participate in</td>
<td></td>
</tr>
<tr>
<td>the service experience</td>
<td></td>
</tr>
<tr>
<td>With regard to perceptions and expectations of the service experience,</td>
<td>FG, ID</td>
</tr>
<tr>
<td>issues related to old and new facilities, staff expectations and</td>
<td></td>
</tr>
<tr>
<td>perceptions, and expectations and perceptions of fair treatment were of</td>
<td></td>
</tr>
<tr>
<td>concern for the informants</td>
<td></td>
</tr>
<tr>
<td>A person with a disability perceives the facility staff as lacking</td>
<td>FG, ID</td>
</tr>
<tr>
<td>empathy to their needs</td>
<td></td>
</tr>
<tr>
<td>The facility staff is not cognizant of the needs of people with</td>
<td>FG, ID</td>
</tr>
<tr>
<td>disabilities when they attend a sporting event</td>
<td></td>
</tr>
<tr>
<td>While the physical needs may clearly be more salient for the person</td>
<td>FG, ID</td>
</tr>
<tr>
<td>with a disability while they are attending a sporting event, it is the</td>
<td></td>
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<tr>
<td>interaction of being able to satisfy both the physical and service needs</td>
<td></td>
</tr>
<tr>
<td>that combine to produce a positive service experience</td>
<td></td>
</tr>
<tr>
<td>The physical and service needs are salient at different stages of the</td>
<td>FG, ID, O</td>
</tr>
<tr>
<td>service experience</td>
<td></td>
</tr>
<tr>
<td>Some needs do not become salient unless and until more critical needs</td>
<td>FG, ID</td>
</tr>
<tr>
<td>are met</td>
<td></td>
</tr>
<tr>
<td>A need may become salient when it is not met</td>
<td>FG, ID</td>
</tr>
</tbody>
</table>

Note: Focus group (FG)  
In-depth interview (IV)  
Observation (O)  
Facility managers’ interviews (FM).
CHAPTER FIVE
DISCUSSION

The purpose of this chapter is to provide a discussion of the findings. The chapter includes the following sections: overview of the study, triangulation of consumers’ and managers’ perspectives, discussion of the hierarchy of needs, discussion of the stages of service delivery, discussion of the relationship between the current study and the existing literature, limitations of the study, future research implications, managerial implications, and conclusion.

Overview of the study

The purpose of this study was to identify the needs of a specific subset of sport consumers, spectators with mobility impairments, while attending a live sporting event. The study identified several physical and service needs of the spectator with a mobility impairment. The study also assessed whether the sport facility was able to meet the patron’s needs and if not, examined what could be done differently to improve the service experience. Through the use of in-depth and focus group interviews as well as observations of sport facilities, the researcher was able to obtain an in-depth understanding of the experience of a patron with a mobility impairment attending a live sporting event.

When I undertook this study, I thought I had a basic understanding of the needs faced by people with disabilities attending live sporting events. However, I did not grasp the complexity of how these needs relate and interact to impact the overall service experience. Initially, in framing my research questions, I believed that the physical needs of a patron with a mobility impairment would be a priority since certain of these needs determined, to a large extent, whether the patron was able to enter the facility as well as access certain levels of the sport facility. These needs included ramps, elevators, parking, and accessible seating, for example. I also believed that if the facility did not provide accessible parking close to the facility, the patron would likely not be able to access the facility independently. Similarly, I believed that if a ramp or elevator was not provided at the entrance to the facility, the patron would not be able to enter the facility. Once inside, I envisioned the patron needing an elevator or ramp to access different levels of the
stadium or arena. My conceptualization of certain needs as a “priority,” however, was too simplistic a way to view the set of needs. Based upon the findings of the study, it is more appropriate to conceptualize the interaction of both the patrons’ physical and service needs as a hierarchy where some needs do not become salient unless and until more critical needs are met. This conceptualization is explored in greater detail below.

In addition to the conceptualization of the physical and service needs as a hierarchy, I also had the preconception that there were three critical “stages” of the service experience: before the event, during the event, and after the event. The “before the event” stage included any actions taken by the patron prior to the beginning of the sporting event itself. This included ordering tickets, arriving at the stadium, locating accessible parking, entering the stadium, and locating the seats. The “during the event” stage included the time during which event was occurring as well as any breaks in the action (i.e. half time). The “after the event stage” included leaving the seating area, navigating through the corridors to the parking lot, leaving the stadium, as well providing the team or facility with any post-event feedback about the experience. Prior to the study, I believed that these three stages would be significant in determining the needs that surfaced during different stages. I envisioned the person with a disability as having a set of physical and service needs at all stages of the service experience but did not believe that the physical or service needs would predominate at certain stages of the service experience.

In the early stages of coding and data analysis, I believed that while the informants discussed critical events that occurred during the different stages of the service delivery, the particular “stage” did not have any bearing upon what needs were salient during that specific stage of service delivery. However, upon further analysis of the data, the significance of the three stages came back in focus, so to speak, to show that certain needs are salient at different stages of the service experience. For example, the informants identified the need for ramps and elevators prior to and at the end of the sporting event indicating that these needs are salient at these two stages of the service experience. The significance of the three stages of service delivery is explored in greater detail below.
Triangulation of consumers’ and managers’ perspectives

Just as the higher level coding was used to better understand how to integrate the existing themes, triangulation was used to strengthen the data analysis procedures. The triangulation involved using multiple sources of data collection (in-depth interviews, focus group, observation at sports facilities) as well as multiple perspectives (patrons with disabilities, facility managers). The use of triangulation allowed for a more comprehensive understanding of the set of needs of patrons with mobility impairments to be developed from the perspectives of both the patron and the service provider.

Furthermore, the observations conducted at the sports facilities provided the researcher with another source of data to interpret the needs and understand the problems identified by the informants. By observing many of the barriers that had been discussed during the interviews by both the informants and the facility personnel, the problems faced by the patrons became more realistic for the researcher and provided a deeper understanding of how a patron with a mobility impairment experiences a sporting event.

The interviews with the consumers and the facility managers provided views about service provision for patrons with disabilities from the perspectives of both the consumer and the facility manager. A discussion of areas where these perspectives converged and diverged is provided below to expand upon the themes identified in Chapter Four.

In triangulating the consumers’ and managers’ perspectives with regard to seating, Don suggested that he preferred a stadium where disabled seating is placed in clusters all around the top of the lower bowl, as is done at the Colonial Center. Stan, the facility manager, meanwhile, discussed how he tried to place comparable seating in all locations of the stadium. This indicated that the perspectives of the consumer and the manager converged. However, not all consumers saw the situation the same way. Bob said that he has found that disabled seating is often placed in less desirable areas of the stadium. This contradicts Don’s views of the seating at the Colonial Center. The difference identified between Don’s and Bob’s experiences is beneficial because it demonstrates that at different venues, the location of disabled seating can be perceived by one patron as in the best interest of patrons with disabilities while another patron perceives the management decision on seating location as catering to an able-bodied
majority by placing the disabled seating in a less desirable location. The facility manager’s comment that at the football stadium, for example, everyone wants seats close to the field demonstrated that he was using his best efforts to allocate a proportion of the close seats for patrons with disabilities in an equitable way in order to accommodate the needs of both patrons with disabilities and able-bodied patrons.

Another example where patrons perceived the same issue differently was in discussing the seating location adjacent to the football field. While several informants criticized the disabled seating section as providing poor sight lines and being overcrowded, Stan, the facility manager, noted that he had received positive feedback from patrons about that section. “We had some people in wheelchairs and they said they thought it was the best thing in the world,” he noted.

Another topic where there was a convergence of the perspectives of the consumers and facility managers was seating location. Don identified the seating location at the top of the lower bowl at the Colonial Center as a contributing factor to his positive experience while Larry, a customer service staff member at this facility, agreed that the location of the disabled seating is desirable from the patron’s perspective because it provides unobstructed sight lines and is close to concessions and restrooms. Don and Larry also both agreed that the alternate location of disabled seating at the Colonial Center at the very top of the upper level was less desirable given that the patron is so far removed from the action on the basketball court.

A topic where there was an obvious divergence in perspectives between consumers and managers was with regard to the availability of a sufficient number of companion seats so the entire party could sit together. While several informants reported experiences where their party had to be split up during the sporting event, the facility personnel expressed the opinion that this rarely occurs unless the event is sold out. Given this inconsistency, the researcher can conclude that either the informants chose to highlight those rare times when they were separated from their guests or that this is a far more common occurrence than the facility staff is aware. Table 5.1 provides additional examples of convergence and divergence between the consumers’ and manager’s perspectives for the topic of seating.
Table 5.1 Findings related to Seating

<table>
<thead>
<tr>
<th>Consumer’s Response</th>
<th>Facility Manager’s Response</th>
<th>Convergence or Divergence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disabled seating is placed all around top of lower bowl in desirable location</td>
<td>Comparable seating provided in locations all around stadium</td>
<td>Convergence</td>
</tr>
<tr>
<td>Disabled seating often placed in less desirable location in the stadium</td>
<td>Allocate a certain proportion of the best seating locations and try to accommodate as many people as possible</td>
<td>Divergence</td>
</tr>
<tr>
<td>Seating adjacent to football field is in poor location</td>
<td>Seating adjacent to football field is in great location</td>
<td>Divergence</td>
</tr>
<tr>
<td>Provide an adequate number of disabled seats all around the seating bowl</td>
<td>Provide the number of disabled seat as required by ADA</td>
<td>Divergence</td>
</tr>
<tr>
<td>Prefer disabled seating located on same level as main concourse</td>
<td>Provide disabled seating dispersed throughout all seating areas as required by ADA</td>
<td>Divergence</td>
</tr>
<tr>
<td>Clusters of disabled seats and companion seats</td>
<td>Clusters of disabled seats or open spaces for wheelchairs and companion seats</td>
<td>Convergence</td>
</tr>
<tr>
<td>Patron may encounter physical barriers when trying to access seats</td>
<td>Stressed the importance of an accessible route</td>
<td>Convergence</td>
</tr>
<tr>
<td>Provide a sufficient number of companion seats to allow the entire party to sit together</td>
<td>Venue is able to accommodate more than one companion unless the event is sold out.</td>
<td>Convergence</td>
</tr>
</tbody>
</table>

Another topic where the perspectives of the consumers and managers converged and diverged was parking. One area of convergence was with regard to the proximity of the disabled parking to the nearest accessible entrance. The consumers expressed the desire to park as close to an accessible entrance and Stan acknowledged that the facility staff members try to encourage and educate the patrons about the closest disabled parking spaces to the entrances. In discussing a related issue about parking, several informants noted that they desire a sufficient number of accessible parking spaces located in close proximity to the stadium. However, from the facility manager’s perspective, having a sufficient number of disabled parking spaces that are close to the stadium is not always
feasible given the parking situation at the specific stadium. Therefore, Stan discussed how he designated a percentage of total parking spaces in the alumni donor parking lots near the football stadium as disabled parking and provided additional disabled parking across the street. However, these efforts did not appease Jack who found the parking situation for people with disabilities at the football stadium unacceptable. Therefore, for issue of the adequacy of the number of disabled parking spaces provided, there was a divergence in what the customer desires in terms of parking and what is feasible for the facility to provide. At the Colonial Center, on the other hand, the parking situation is less chaotic than at the football stadium given the smaller size venue but yet still has problems in accommodating all patrons who need disabled parking spaces, such as the problems with people using van accessible spaces noted by Mark.

Another area of divergence was that the patrons desire a safe and accessible route to the stadium. From the manager’s perspective, the divergence in perspectives is not because the managers do not want to provide a safe and accessible route but rather is because of the fact that once the disabled parking spaces closest to the stadium are taken, additional patrons needing disabled parking spaces may have to park father away in adjacent lots. This is why the facility often provides a drop off zone for patrons with disabilities, as is done at the Colonial Center and Coliseum. Once the closest disabled parking spaces are taken, the facility does not have any other options than to offer drop off zones to assist patrons. A table listing the areas of convergence and divergence related to parking is provided in Table 5.2.

Table 5.2 Findings related to Parking

<table>
<thead>
<tr>
<th>Consumer’s Response</th>
<th>Facility Manager’s Response</th>
<th>Convergence or Divergence</th>
</tr>
</thead>
<tbody>
<tr>
<td>A sufficient number of accessible parking spaces are available</td>
<td>Designating a percentage of total parking spaces near the stadium as disabled parking</td>
<td>Divergence</td>
</tr>
<tr>
<td>Disabled parking is in close proximity to an accessible entrance to the stadium</td>
<td>Staff encourage patrons to park in lots that are closest to accessible entrances</td>
<td>Convergence</td>
</tr>
<tr>
<td>Safe and accessible route from the parking lot to the entrance of the stadium is provided</td>
<td>Drop off zones are provided for patrons with disabilities</td>
<td>Divergence</td>
</tr>
</tbody>
</table>
With regard to line of sight, there were several points of convergence between the consumers’ and managers’ perspectives. The consumers and managers both expressed the desire for patrons with mobility impairments to have an unobstructed line of sight of the sporting event from the disabled seating area. Both consumers and managers acknowledged that the location of the seating in relation to the field or court can contribute to poor lines of sight. Both consumers and managers also acknowledged that architectural barriers at the specific stadium are often be responsible for creating line of sight problems.

One point of divergence was the consumers recounting of experiences where fans stand in front of the patrons in wheelchairs. From the manager’s perspective, Stan claimed that the disabled seating, such as at the Coliseum, is located far enough above the rows below so that even if people did stand during the event, they would not block the line of sight of those patrons in wheelchairs. Stan did note, however, that on occasion, the companion of a patron with a disability will stand up and block the view of other people in the disabled seating section. A table listing the areas of convergence and divergence related to parking is provided in Table 5.3.

Table 5.3 Findings related to Line of Sight

<table>
<thead>
<tr>
<th>Consumer’s Response</th>
<th>Facility Manager’s Response</th>
<th>Convergence or Divergence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desire unobstructed lines of sight</td>
<td>Want to provide unobstructed lines of sight</td>
<td>Convergence</td>
</tr>
<tr>
<td>Location of seating can contribute to poor sight lines</td>
<td>Patrons requesting seats close to field could have poor sight lines</td>
<td>Convergence</td>
</tr>
<tr>
<td>Physical barriers block line of sight of field of play</td>
<td>Architectural design can contribute to poor sight lines</td>
<td>Convergence</td>
</tr>
<tr>
<td>Fans stand in front of the patrons in wheelchairs</td>
<td>Seating area is high enough above other rows so people standing do not block line of sight</td>
<td>Divergence</td>
</tr>
</tbody>
</table>

The discussion about restrooms also raised points of convergence about whether specific sport facilities provide accessible restrooms. Both consumers and managers agreed that the restrooms at the Colonial Center are accessible and that an adequate
number of accessible restroom stalls is provided. Both also agreed that the bathrooms at the Coliseum are generally not accessible given the size of the stalls. A table listing the areas of convergence and divergence related to restrooms is provided in Table 5.4.

Table 5.4 Findings related to Restrooms

<table>
<thead>
<tr>
<th>Consumer’s Response</th>
<th>Facility Manager’s Response</th>
<th>Convergence or Divergence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate number of handicapped stalls provided at Colonial Center</td>
<td>Adequate number of handicapped stalls provided at Colonial Center</td>
<td>Convergence</td>
</tr>
<tr>
<td>Majority of restrooms at Coliseum are inaccessible</td>
<td>Majority of restrooms at Coliseum are inaccessible</td>
<td>Convergence</td>
</tr>
<tr>
<td>Size of restroom stall is adequate at Colonial Center</td>
<td>Size of restroom stall is adequate at Colonial Center</td>
<td>Convergence</td>
</tr>
<tr>
<td>Size of restroom stall is not adequate at Coliseum</td>
<td>Size of restroom stall is not adequate at Coliseum</td>
<td>Convergence</td>
</tr>
</tbody>
</table>

One of the most fascinating areas of convergence and divergence among perspectives was with regard to staff responsiveness. One area of convergence was by those consumers who felt the staff “bent over backwards” to ensure that their needs were met during the sporting event. This sort of treatment echoed the sentiment of the facility managers who talked about trying to accommodate patrons with disabilities as best as possible. For example, Stan, the facility manager stated he believes the facility staff makes an effort to provide the best experience possible for guests with disabilities. He noted, “We tried to make sure we had comparable areas that were acceptable all throughout the stadium.” Stan’s comment can be interpreted as a “good faith effort” on the part of the service provider to accommodate patrons with disabilities.

Jack had a very different feeling about whether the facility was making an effort to meet his needs, indicating a point of divergence between perspectives. In discussing emergency evacuation, Jack noted, “I’m guessing that there isn’t that much thought given to the folks with special needs.” This comment indicated that Jack perceives the staff as lacking empathy toward his needs. Mark also expressed skepticism about the facility staff’s empathy towards him with his comment, “…Why are they harassing me?” The divergence in perspectives was useful in my analysis because it brought to light areas where the facility manager thinks he/she is effectively accommodating the patron’s needs.
but the patron has a different perception about their efforts or motivations toward assisting patrons with disabilities. A table listing the areas of convergence and divergence related to staff responsiveness is provided in Table 5.5.

Table 5.5 Findings related to Staff Responsiveness

<table>
<thead>
<tr>
<th>Consumer’s Response</th>
<th>Facility Manager’s Response</th>
<th>Convergence or Divergence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff “bent over backwards”</td>
<td>Try to accommodate patrons with disabilities as best as possible</td>
<td>Convergence</td>
</tr>
<tr>
<td>Had primarily positive experiences</td>
<td>Receives primarily complaints</td>
<td>Divergence</td>
</tr>
<tr>
<td>Had negative experiences</td>
<td>Receives primarily complaints</td>
<td>Convergence</td>
</tr>
</tbody>
</table>

With regard to the topic of staff awareness, there was a clear divergence in the perspectives of the patron and manager. The patrons, for the most part, expressed the feeling that the facility staff lacks training in how to interact with a person with a disability. Furthermore, this lack of training becomes apparent in the staff’s inability to fully meet the needs of the person with a disability during the sporting event. The facility manager’s response was that “sensitivity training” is provided to all staff members at varying degrees (i.e. length of time of the training session) depending on the person’s position in the organization. Similar to the consumers’ perspective, Stan did acknowledge that the reason for the lack of awareness of the needs of people with disabilities in stadia can be attributed to an overall lack of a familiarity with people with disabilities generally. Therefore, it is not unexpected that if a staff member has not been around a person with a disability before, the staff member may require training in disability awareness. A table listing the areas of convergence and divergence for staff awareness is provided in Table 5.6
Table 5.6 Findings related to Staff Awareness

<table>
<thead>
<tr>
<th>Consumer’s Response</th>
<th>Facility Manager’s Response</th>
<th>Convergence or Divergence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of familiarity with people with disabilities</td>
<td>Lack of familiarity with people with disabilities</td>
<td>Convergence</td>
</tr>
<tr>
<td>Perceived lack of staff training in disability awareness</td>
<td>Provide “sensitivity training” in how to interact with a person with a disability</td>
<td>Divergence</td>
</tr>
</tbody>
</table>

With regard to the topic of staff knowledge, there was a divergence among the perspectives of the different informants. Some felt that the staff members typically could answer their questions. This view converged with that of the facility manager who talked about providing training in the venue’s policies and procedures so that the staff members are knowledgeable about the facility and can answer questions about accessibility. Jack, on the other hand, expressed frustration with the fact that staff members were unable to answer his questions about the Colonial Center when it first opened, specifically the closest parking lots to the accessible entrance. This indicated a divergence of perspective among those informants who generally feel that the venue staff is knowledgeable and those who feel that the staff members do not have answers to their questions related to accessibility. A table listing the areas of convergence and divergence related to staff knowledge is provided in Table 5.7

Table 5.7 Findings related to Staff Knowledge

<table>
<thead>
<tr>
<th>Consumer’s Response</th>
<th>Facility Manager's Response</th>
<th>Convergence or Divergence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff member usually had an answer to questions</td>
<td>Provide training in venue policies and procedures for accommodating patrons with disabilities</td>
<td>Convergence</td>
</tr>
<tr>
<td>“No one had the entire knowledge of that place”</td>
<td>Provide training in venue policies and procedures for accommodating patrons with disabilities</td>
<td>Divergence</td>
</tr>
</tbody>
</table>
Exploring the reasons for the divergence between consumer and manager perspectives on issues such as responsiveness, knowledge, and awareness can be beneficial for the venue’s management team as they revise operations and policies at their facilities. For example, if one customer uses a feedback mechanism, such as a comment card, to tell the facility that the staff met his needs, the facility may take that comment as an indication that they are doing a good job for all patrons, including patrons with disabilities. However, if the sport organization is presented with divergent view, this should prompt the management at this facility to gather more data in order to seek confirmation about which is the more accurate account. Therefore, the divergence causes the management to confirm or disconfirm what has been reported. Further exploration of the divergence in perspectives between the consumer and the service provider can also result in positive outcomes since making enhancing accessible at the facility should have a positive effect on improving the overall experience for guests with disabilities.

The divergence in perspectives established in this study can also be used by the researcher to further explore the motivations behind the patron’s perceptions of the service experience. Consider, for example, if the patron with a disability had a string of negative (or positive) experiences at related service firms, such as hotels or restaurants, which were attributed to the physical accessibility of the facility. The patron may perceive the quality of the current service experience negatively no matter how much effort the service provider expends to provide a high quality event.

Hierarchy of needs

After triangulating the perspectives of both patrons with mobility impairments and sport facility managers as well as conducting observations at the sports facilities, I now have a fuller understanding of the experience of a person with a mobility impairment when attending a sporting event. One finding from the focus group and in-depth interviews is that there is a hierarchy of needs for a person with a mobility impairment pertaining to attending a live sporting event. Consistent with the work of Maslow, it seems that some needs do not become salient unless and until more critical needs are met. For example, given Ryan’s concerns about not being able to navigate in the restroom, he may choose not to repatronize the facility. Therefore, for Ryan, an accessible bathroom stall is a critical need. The service provider could provide otherwise excellent customer
service but as long as the facility can not meet Ryan’s physical need, the service provision may be largely irrelevant to him. Jack’s comment provided additional support for the interpretation of the needs as a hierarchy. Jack noted that since he has difficulty navigating steps, he has a need for a ramp or elevator to access certain levels of the arena. Therefore, for Jack, the physical need for a ramp or elevator is a critical need and other service needs do not become salient until Jack’s physical need is met.

Acknowledging the hierarchy of needs is not to say, however, that the service needs are not important. This became clear in the follow up interviews with Don and Mark, who both recently attended events at the brand new Charlotte Bobcats Arena. Given that the Bobcats Arena is fully accessible under the ADA’s requirements for new buildings, the patron likely faces fewer obstacles related to physical accessibility and can therefore focus on evaluating whether the facility is meeting his or her service needs. The follow up interviews discussing the Bobcats arena contained several descriptions of positive interaction with knowledgeable and responsive staff members which ultimately contributed to satisfactory experiences for both Mark and Don. These two examples were illustrative of the “ideal” experience that a spectator with a disability could encounter. In interpreting the informants’ comments, it is clear that physical accessibility of the stadium plays a critical role in determining whether the facility staff is able to meet the patron’s needs.

Another point to consider is that a particular need may become salient when it is not met. For example, at the Bobcats Arena there were few physical barriers, which meant that the physical needs were not salient because those needs were being met. However, that experience can be contrasted with sporting events at the Coliseum and Williams-Brice Stadium where the needs related to physical accessibility became particularly salient because they were not being met. Analysis of the comments indicated that as long as a need was being met, that need was no longer salient, or a top-of-mind issue, for the patron with a mobility impairment. However, in cases where the physical or service need was not being met, the salience of that issue was elaborated in greater detail. For example, Ryan discussed the cleanliness of sports facility as being salient to him because he uses his hands to operate his wheelchair where the wheels come in contact with the restroom floors. Cleanliness was a salient need for Ryan because it was
not being provided in a way he felt was acceptable. There were also instances where the informant focused solely on the deficiencies in terms of accessibility of the built structure. It was in these instances where the service needs were barely emphasized in the informant’s discussion. For example, several informants cited the lack of accessibility of the restrooms as one of the numerous problems with the built structure at the Coliseum. Therefore, this top-of-mind issue was discussed by all of the informants’ which did not allow for many of the service needs to be reached since so much of the informants’ emphasis centered around the physical needs.

**Salience of certain needs at different stages of service delivery**

In addition to the recognition of the physical and service needs as a hierarchy of needs, the researcher wanted to determine which needs were salient at different stages of the service delivery. Identifying these needs would be helpful in evaluating whether the service provider was able to meet their physical and service needs. The findings suggest that during the sporting event, certain physical and/or service needs are salient at different stages of the service experience. For the most part, the informants discussed the physical needs as being salient during the period of time up to when the patron reached his/her seat. After that point in the service experience, the patron’s emphasis shifted to evaluating the knowledge or responsiveness of the staff member assigned to that seating area as well as the ability of the staff member to resolve any problems that might arise. At the conclusion of the event, the patron’s emphasis shifted back to the physical needs, such as the need for a ramp or elevator to exit the facility. Thus, the physical needs are salient during two critical stages of the service experience, from the period of time prior to the event until the patron gets in his/her seat and the period after the event is over until the patron exits the facility. For example, most informants cited the period of time from arriving at the stadium until the time when they get into their seat as a stage of service delivery when the patron has several physical needs. These may include the need for a disabled or van accessible parking space, a ramp outside the facility, adequate directional signage, and a ramp or elevator inside the facility, which are all considered physical needs. Therefore, the service provider must be able to address and meet particular needs during different stages of the service delivery because the particular needs become salient.
at different stages of the service delivery. A table listing the particular needs that arise during each stage is provided in Table 5.8.

Table 5.8 Particular needs during different stages of service delivery

<table>
<thead>
<tr>
<th><strong>Pre-event</strong></th>
<th><strong>During event</strong></th>
<th><strong>Post-event</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of disabled parking space</td>
<td>Staff responsiveness of ushers in seating sections</td>
<td>Ramp or elevator inside facility</td>
</tr>
<tr>
<td>Accessible route from parking lot to stadium</td>
<td>Staff awareness of ushers in seating sections</td>
<td>Directional signage</td>
</tr>
<tr>
<td>Ramp outside venue</td>
<td>Staff knowledge of ushers in seating sections</td>
<td>Restroom</td>
</tr>
<tr>
<td>Ramp or elevator inside venue</td>
<td>Restroom</td>
<td>Navigating through crowd</td>
</tr>
<tr>
<td>Directional signage</td>
<td>Navigating through crowd at half time</td>
<td>Ramp outside venue</td>
</tr>
<tr>
<td>Restroom</td>
<td></td>
<td>Accessible route from stadium to parking lot</td>
</tr>
<tr>
<td>Navigating through crowd</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff knowledge (parking staff, ticket takers, ushers, customer service staff)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Responsiveness (ticket takers, ushers, customer service staff)</td>
<td></td>
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</tbody>
</table>

In interpreting the how the patron perceives the service experience, the data supports the conclusion that the physical or service needs become top-of-mind issues at different stages of the service delivery. Support for this interpretation was found in the informants’ discussion of their ideal service experience. Ryan cited “plenty of spots, wheelchair spots in particular” as an important aspect of the ideal service experience which demonstrated the importance of an adequate number of disabled seats being provided prior to the start of the event. Meanwhile, Don emphasized the need for a safe and accessible route to the entrance of the stadium, citing the time prior to the start of the event as when this need becomes salient. The interpretation about the physical needs being salient during these two stages of the service experience (pre and post event) suggests that the physical needs are top-of mind concerns for the patron during these two stages.
However, the patron’s emphasis was not solely focused on the physical needs throughout the entire service experience. The service needs became top-of-mind issues during the sporting event itself (i.e. during the actual game) when the patron was less concerned about aspects of the built structure and more concerned about watching the action on the court or field. It was during this stage of service delivery that the patrons emphasized meeting the service needs, such as evaluating the knowledge or responsiveness of the staff member as well as the ability of the staff member to resolve problems that might arise. Therefore, during this event, the service needs were cited as salient.

**Incorporating themes into emerging theory**

The researcher was able to incorporate the key themes related into an emerging theory of service provision for patrons with mobility impairments in stadia. The emerging theory is “built” around the following ideas: the importance of the interaction of both the physical and service aspects, the salience of a particular need when that need is not met, the salience of the physical needs before and after the event, and the salience of the service needs during the event. In using these themes as building blocks for an emerging theory, the researcher used Mark’s experience at the Bobcats arena for the Rolling Stones concert as a way to illustrate the theory. Mark discussed how the brand new facility was not only physically accessible to him but also how the staff was very responsive to his needs from the time he entered the arena to the time he reached his seats. This demonstrates that both the physical and service aspects interact to produce a positive experience. Mark’s experience also demonstrated his need for the venue’s physical accessibility features, such as an elevator before and after the event as well as a responsive staff member during the event, specifically the staff member who made sure that other patrons did not crowd around the backs of his wheelchair. For Mark, the facility was able to fully meet his needs which resulted in a positive experience for him and his companions.

By incorporating these themes into an emerging theory, the researcher is able to conceptualize service provision for people with mobility impairments in a way that is uniquely different than service provision for able-bodied guests. This refers to the fact that a person with a mobility impairment experiences the sporting event in a way that
focuses or emphasizes more of the aspects of facility itself and the facility staff members’
ability to meet their needs rather than focusing on the event itself. Many of the
informants discussed in depth the barriers to accessibility they faced and how this
impacted their perceptions of the service experience but very few discussed the sporting
event itself. This suggests to the researcher that the service provider’s ability to meet the
patrons’ needs becomes the paramount concern rather than the quality of the event itself
(i.e. football game, concert, etc.) Therefore, for this particular subset of sport consumers
(i.e. consumers with mobility impairments), the facility’s senior management should
concentrate their efforts on meeting the patrons’ physical and service needs. Support for
this conclusion is found in the themes mentioned above. For the patron with a mobility
impairment, meeting both the physical and service needs is important, the physical and
service needs become top-of-mind issues at different stages of the service experience,
attention should be focused on meeting certain salient needs at key stages of the service
experience, and a particular need may become salient when it is not met.

In further developing this emerging theory, future research should seek to
precisely identify the salience or importance of the different needs at the different stages
of service delivery and to better understand how the consumer perceives the service
experience when the service provider is unable to meet the patron’s need. Future
research must also address how consumers evaluate pre-event processes, such as ordering
tickets over the phone, in their overall evaluation of the service experience. For a patron
with a disability, these pre-event transactions can be used to greatly improve the
perceptions of the service experience on the day of the event. This can occur because
pre-event transactions are an opportunity to provide the customer with information on
accessible features of the venue, such as parking or location of accessible seating in
relation to restrooms, so the patron does not have difficulty locating such areas on the day
of the event.

“Old” versus “new” facilities

In further considering the informants’ comments in this study about the salience
of needs, it appears that there is still a disparity in terms of the facility’s ability to meet
the patrons needs at a new facility compared to an older facility, especially where the
venue has not been retrofitted to improve accessibility. While the patron may have the
same set of needs (i.e. the need for an elevator), in certain new facilities, an elevator would be provided as a matter of routine whereas in older facilities, no elevator may be provided, despite being needed by patrons with disabilities. Therefore, one can infer from the findings that it is in the older facilities where the physical needs are most likely not being met given the lack of accessibility of the built structure. Due to the inability (or lack of resources) to renovate the existing structure, it is in these older facilities where enhanced customer service efforts could have the greatest impact on the customer’s perception of the service experience. For example, at Williams-Brice Stadium, there is arguably little that can be done in terms of retrofitting the existing structure unless substantial renovations were undertaken. It is in these instances where the service provider’s ability (or inability) to meet the patron’s physical and service needs is evaluated by the patron in formulating his/her perceptions of service quality of the sporting event. These perceptions of service quality as recounted by the informants included several of the service quality dimensions cited in the services marketing literature and discussed in greater detail below.

**Relationship to Service Quality**

Through analysis of the findings, it became evident that the physical and service needs are reflective of the salience of several of the dimensions that are part of the SERVQUAL instrument. However, given the lack of discrimination among the dimensions in the SERVQUAL instrument, the researcher feels it is best to discuss the ideas upon which the SERVQUAL dimensions were formulated but not necessarily restrict the discussion to how the findings would “fit” into the SERVQUAL framework. While the informants’ emphasized several of the tangible aspects of the service experience, the findings confirm that both the tangible and intangible dimensions of the service experience influence the spectator with a disability’s perceptions of service quality. The findings indicated that similar to the physical and service needs, certain dimensions of service quality are salient at different stages of the service experience for the patron with a mobility impairment. Upon arrival at the stadium, the importance of the tangibles dimension for the patron was evident as there were several aspects of the built structure which enabled the patron to find parking and enter the stadium. This included signage related to parking, for example. The intangible dimensions were also salient as
several informants cited interaction with staff members, such as asking a parking staff member about the closest accessible entrance from the disabled parking area. In particular, the parking staff member’s knowledge of where to direct the patron was cited as important during this stage of the experience. Once inside, the informants cited several additional tangible aspects, such as ramps, elevators, and restrooms. The informants also cited interaction with ticket takers or customer service staff members if they needed to check on the location of their seats or to exchange their tickets for seats in the disabled seating section. Upon reaching the seating area, additional tangible aspects of the service experience were cited as important, including seating arrangement, seating location, and the adequacy of marking on the seats or spaces for wheelchairs. During this stage of the service experience, the informants also cited intangible aspects, such as whether the staff members were knowledgeable and responsive to a patron’s request for information or in resolving any problems that the patron encountered. At the end of the sporting event, the importance of the tangible dimension predominated, with informants citing aspects of the built structure that enabled them to leave the seating arena and exit the facility. Ramps, elevators, and signage were all cited as important tangibles aspects during this stage of the service experience. Thus, it is clear that both the tangible and intangible dimensions are important as consumers with disabilities evaluate the service experience. A table showing the relationship between the needs at the particular stages of service delivery and the service quality dimensions is provided in Table 5.9.
Table 5.9 Relationship between the needs during different stages of service delivery and dimensions of service quality

<table>
<thead>
<tr>
<th>Period from arrival at stadium to reaching seat</th>
<th>Period during sporting event</th>
<th>Period from conclusion of event to leaving stadium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of disabled parking space (Tangibles)</td>
<td>Staff responsiveness of ushers in seating sections (Responsiveness)</td>
<td>Ramp or elevator inside facility (Tangibles)</td>
</tr>
<tr>
<td>Accessible route from parking lot to stadium (Tangibles)</td>
<td>Staff awareness of the needs of people with disabilities by ushers in seating sections (Empathy)</td>
<td>Directional signage (Tangibles)</td>
</tr>
<tr>
<td>Ramp outside venue (Tangibles)</td>
<td>Staff knowledge of ushers in seating sections (Assurance)</td>
<td>Restroom (Tangibles)</td>
</tr>
<tr>
<td>Ramp or elevator inside venue (Tangibles)</td>
<td>Restroom (Tangibles)</td>
<td>Navigating through crowd (Tangibles)</td>
</tr>
<tr>
<td>Directional signage (Tangibles)</td>
<td>Navigating through crowd at half time (Tangibles)</td>
<td>Ramp outside venue (Tangibles)</td>
</tr>
<tr>
<td>Restroom (Tangibles)</td>
<td></td>
<td>Accessible route from stadium to parking lot (Tangibles)</td>
</tr>
<tr>
<td>Seating (Tangibles)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Navigating through crowd (Tangibles)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff knowledge (parking staff, ticket takers, ushers, customer service staff) (Assurance)</td>
<td></td>
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<tr>
<td>Staff Responsiveness (ticket takers, ushers, customer service staff) (Responsiveness)</td>
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</table>

**Dimensionality of service quality construct**

The dimensionality of service quality discussed by the patrons with disabilities is consistent with the conceptualization of service quality as a hierarchy (See Brady & Cronin, 2001). Current views on the dimensionality of the service quality construct have been shaped by the SERVQUAL model (Parasuraman, et. al, 1988), the Multilevel Model (Dabholkar, Thorpe, & Rentz, 1996), the Three Component Model (Rust & Oliver, 1994), the Servicescape Model (Bitner, 1992) and the “Sportscape” model (Wakefield,
Blodgett, & Sloan, 1996). The hierarchical nature of the tangibles and intangible dimensions was represented in Dabholkar et al.’s (1996) Multilevel Model. The three levels of this model are customers overall perceptions of service quality, primary dimensions, and subdimensions (Dabholkar, Thorpe, & Rentz 1996). Brady and Cronin (2001) noted that the Multilevel Model “recognizes the many facets and dimensions of service quality perceptions” (p. 35). There is also support in the literature for Rust and Oliver’s (1994) three “components” of service quality (the customer-employee interaction, the service environment, and the service outcome) as well as an increasing awareness of the influence of the service environment (i.e. the “servicescape”) on service quality perceptions (Baker, 1986; Bitner, 1990, 1992; Spangenberg, Crowley, &Henderson, 1996; Wakefield, Blodgett, and Sloan, 1996). Wakefield and Sloan (1995) applied Bitner’s (1992) servicescape model to the sport service experience, referring to the physical surroundings of a sporting event as the “sportscape.” A subsequent study by Wakefield and Blodgett (1996) found that the perceived quality of the servicescape is especially influential in leisure settings, such as at sporting events, where consumers spend extended periods of time in the service environment.

Given the existing body of knowledge about the structure of the service quality construct, Brady and Cronin (2001, p. 36) concluded that there is “theoretical support for a multidimensional and multilevel model” of service quality (See Carman, 1990; Czepiel, Solomon, and Surprenant, 1985; Dabholkar et al., 1996; McDougall & Levesque, 1994; Mohr & Bitner, 1995). Their model proposes that “each of the three primary dimensions of service quality (interaction, environment, and outcome) has three subdimensions” (Brady & Cronin, 2001, p. 37). For interaction quality, the three subdimensions are attitude, behavior, and expertise (Brady & Cronin, 2001). For physical environment quality, the subdimensions are ambient conditions, design, and social factors (Brady & Cronin, 2001). For outcome quality, the subdimensions are waiting time, tangibles, and valence (Brady & Cronin, 2001). Customers, therefore, form their perceptions of service quality by evaluating the service firm’s performance at the subdimension level and then “aggregate their evaluation of the subdimensions to form their perceptions of an organization’s performance on each of the three primary dimensions [that] lead to an overall service quality perception” (Brady & Cronin, 2001, p. 37).
In addition to Brady and Cronin’s (2001) work which contributed to a better understanding of the conceptualization of service quality, Abubakar and Mavondo (n.d.) also sought to fill a perceived gap in the service quality literature. They noted that while the existing literature had identified the dimensions used by customers to evaluate the quality of services, there is “little clarity on how these dimensions are held as mental structures in long term memory” (Abubakar & Mavondo, n.d., p. 3). Abubakar and Mavondo (n.d.) noted that Dabholkar’s Multilevel Model with its three factor structure “implies that customers elicit additional dimensions of service quality as higher order dimensions become salient (p. 3). The customer, therefore, “may value events differently within a service encounter” (Abubakar & Mavondo, n.d., p. 3).

Abubakar and Mavondo’s (n.d., p. 3) rationale is consistent with the findings in the current study. When a patron attended a sporting event or concert at the new Bobcats arena, his/her emphasis in discussing perceptions of the service quality focused less on evaluating the physical aspects of the facility and more on the nuances of the service provision provided by the staff members, such as Knowledge and Responsiveness. At the Bobcats Arena, Don and Mark discussed the tangible aspects related to entering the facility, such as ramps, elevators, and signage. Mark, for example, also discussed how the staff members were very responsive to his needs and escorted him to his seat. The staff member also pointed out the location of restrooms and concessions which demonstrated the knowledge of the staff member. Therefore, Mark elicited additional dimensions of the intangible aspects of service quality as they became salient to him. At the Coliseum, however, the patron’s emphasis in evaluating the level of service quality focused on the numerous deficiencies in the built structure, such as the lack of an accessible restroom, seating location issues, and the inadequacy of disabled parking and less about the intangibles. In this situation, as well, the informants elicited additional dimensions of the tangibles dimension as those dimensions became important.

The informants stressed the responsiveness, empathy, and knowledge of staff members as instrumental to the formulation of their service quality perceptions. For example, many informants spoke about whether the staff member was knowledgeable about the accessibility features of the facility. The informants’ also discussed instances when the staff person was able (or unable) to help the patron if there was a question or a
problem which is indicative of the responsiveness of the staff member. The informants also cited instances where the facility staff displayed a perceived lack of empathy toward the patron as well as instances where the patron received individualized attention from the staff member.

While the informants did discuss the intangible aspects of the service experience, much of the discussion focused on the built structure. In fact, at several times during the interviews, I had to probe the informants to discuss something other than the tangible aspects of the facility. The importance of the tangibles aspects of the service experience in customer’s evaluation of service quality established in the current study is consistent with current research in the services marketing literature which recognizes the growing importance of the tangibles dimension, also referred to as the servicescape (Bitner, 1992). The servicescape refers to the physical surroundings of the service firm and includes three primary dimensions: ambient conditions (i.e. temperature, noise), spatial layout and functionality (i.e. “the ways in which machinery, equipment, and furnishings are arranged”), and signs, symbols, and artifacts (i.e. directional signage) (Bitner, 1992, p. 66).

**Effect of servicescape on service quality perceptions**

In discussing the implications of the servicescape model for the service firm, Bitner (1992) noted that “the physical setting can aid or hinder the accomplishment of both internal organizational goals and internal marketing goals” (p. 58). While grasping the complexity of the servicescape is particularly important, it is difficult. Understanding the role of the tangibles dimension for a service product is complex when compared to a tangible product because “while for tangible products, many cues are usually available, [whereas] the service customer is limited to a small number of cues because of the intangible nature of services” (Reimer & Kuehn, p. 786). The servicescape, in effect, serves as a surrogate indicator of quality (Ward et al., 1992; Baker, et al., 1994; Baker, 1998; Aubert-Garnet & Cova, 1999; Baker et al., 2002). Abubakar and Mavondo (n.d.) also noted the servicescape “performs many functions such as communication of setting, communication of quality, communicates expectations and is an embodiment of the tangibility of the otherwise intangible” (p. 1).
Wakefield and Blodgett (1996; 1999) examined the effect of the servicescape on perceived service quality in the context of three leisure settings, major college football games, minor league baseball, and casinos. Focusing on five servicescape factors (layout accessibility, facility aesthetics, seating comfort, facility cleanliness, and electronic equipment and displays), the researchers hypothesized that each factor would have a positive effect on the perceived quality of the servicescape. They (1996) found that “layout accessibility and facility aesthetics [had] positive effects on perceived quality across the three leisure settings” (Wakefield & Blodgett, p. 51). Seating comfort had a positive effect on perceived quality in the football and baseball samples while the electronic equipment and displays had a positive effect in the football and casino examples (Wakefield & Blodgett, 1996). Cleanliness was found to have a positive effect in all the three service settings (Wakefield & Blodgett, 1996). The researchers further determined that “perceived quality [of the servicescape] had a positive effect on satisfaction across all three leisure settings” which “in turn, had a positive effect on the length of time customers desire to stay in the leisure setting and on their repatronage intentions” (Wakefield & Blodgett, 1996, p. 52).

The researchers were also able to conclude that “the servicescape is an important determinant of customer’s behavioral intentions when the service experience is consumed for hedonic purposes and customers spend moderate to long periods of time in the servicescape” (Wakefield & Blodgett, 1996, p. 52). Reimer & Kuehn’s (2005) recent study confirmed Wakefield and Blodgett’s (1996) conclusions, finding that “the servicescape is of greater importance in determining customers’ evaluations of the expected service quality in a hedonic service compared to a utilitarian service” (Reimer & Kuehn, 2005, p. 785).

Abubakar and Mavondo (n.d.) suggested that the service environment is becoming increasingly important given increasing competition among service firms and a desire to “better understand customers’ needs in the marketplace” (p. 1). The servicescape “communicates quality, expectations and is the locus of customer-provider interactions” (Abubakar & Mavondo, n.d., p. 5). While previous studies found that the tangibles have a “limited effect” on overall service quality perceptions compared to the other four intangible dimensions, current research suggests that the “meaning of tangibles
was insufficiently captured” in previous studies (Reimer & Kuehn, 2005, p. 787). “The servicescape has been inadequately captured because several dimensions of the physical surroundings have not been integrated” (Reimer & Kuehn, 2005, p. 787). In proposing a new model to assess the true effect of the servicescape on service quality perceptions, Reimer & Kuehn (2005) cited “specific theoretical evidence for an interrelationship between the tangibles and the four other factors” (i.e. reliability, responsiveness, assurance, and empathy) but note that because the intangible factors are not observable factors, the “tangibles, as the only directly observable variable, have an influence on the other four” (Reimer & Kuehn, 2005, p. 788). Therefore, “the tangible aspects act as search qualities, while the other four dimensions represent experience or credence qualities” (p. 788).

Through empirical testing of their model in the retail banking and restaurant industries, Reimer and Kuehn (2005) suggest, therefore, that the servicescape plays a greater role than was assumed in previous studies because the servicescape acts not only as a cue for expected service quality, but also influences evaluation of the other intangible factors which determine perceived service quality.” Their model, therefore, “captures [both] direct and indirect influences of the servicescape” which “leads the servicescape to have a high overall effect” (p. 785). Therefore, for service firms, managing the servicescape has taken on added significance.

The effects of the servicescape on the customer’s behavioral intentions in the current study was also noted. In discussing whether a lack of accessibility had effected their decision to repatronize the sport facility, several informants noted that it had. Many discussed that their choice not to attend USC sporting events was motivated by not wanting to face accessibility problems. The findings suggested that for a patron with a mobility impairment, the perceived quality of the servicescape had a great influence on their perceptions of overall service quality. The perception of overall service quality also had an impact on the patron’s level of satisfaction which ultimately had an effect on repatronage. This was particularly true for Don and Mark who discussed recent positive experiences at the new Bobcats Arena and their desire to attend future events at this arena. Further empirical testing of these relationships is necessary, however.
Linkage between the current study and existing literature

There is a connection between my study and two of the conceptualizations presented in the literature, Bitner’s (1992) servicescape model and Reimer and Kuehn’s (2005) recent findings of high overall effect of the servicescape. Further development of the relationship between my study and the servicescape model (Bitner, 1992) is warranted given that the patrons cited numerous elements of the built structure as critical to meeting their needs during a sporting event. The integration of the present study focusing on spectators with disabilities into the existing line of research examining the servicescape is a natural progression in this line of inquiry. The spectators with mobility impairments discussed how several of the servicescape dimensions proposed by Bitner (1992) facilitated or inhibited their ability to enjoy the event. These dimensions included ambient conditions (i.e. exposure to heat at outdoor stadiums), spatial layout and functionality (i.e. the ability of the accessibility features to facilitate consumer’s enjoyment and meet the consumer’s needs) and signage (i.e. the presence of directional signage related to accessibility). The dimensions of the servicescape identified in the present study were also influenced by the type of sports facility (i.e indoor vs. outdoor, stadium vs. arena). For example, Don noted that, at Williams-Brice Stadium, he suffered discomfort from exposure to the heat at the outdoor stadium. Similarly, most informants cited that crowd management problems were particularly acute at the football stadium, given its capacity in excess of 80,000.

The current study identified aspects of the built structure, such as ramps, elevators, and larger restroom stalls, which allowed the service provider to meet the physical needs of spectators with mobility impairments. However, given that the purpose of the current study was not to focus on the servicescape, future research must identify the elements of the servicescape that are salient for a patron with a mobility impairment. This research should begin with the dimensions that have already been identified in the literature and then determine whether there are additional dimensions that are important for a spectator with a disability.

In addition to the application and extension of the servicescape model for sport consumers with disabilities which was initially explored in the current study, the qualitative findings are consistent with conclusions drawn by Reimer and Kuehn (2005).
Through analysis of data from the current study, it can be concluded that when a patron with a mobility impairment evaluates the servicescape during a sporting event, accessibility of the facility plays a far greater role in the consumer’s formulation of their perceptions about the servicescape and also influences their overall perceptions of service quality of the event than would be the case for able-bodied people or people with other types of disabilities. This is because the patron with a mobility impairment has a set of specific physical needs when they are attending a sporting event that an able-bodied patron does not have. Depending on the level of impairment, these needs may include a larger restroom stall, ramps, elevators, or lower concession counters. Therefore, the facility’s inability to meet the physical needs related to the built structure would be far more detrimental than it would be for an able-bodied patron. Consider, for example, if the restroom was not wide enough to navigate in. This would mean that the patron in the wheelchair has no place to use the bathroom. Compare this to a situation where one regular size stall out of several is out of order. The able-bodied patron has the option of just going into the next stall whereas the patron with a disability has no such choice. Therefore, it can be argued that the built structure, and in particular the ability of the built structure to meet the needs of the patron, would be far more important to a patron with a mobility impairment given his/her individual needs. The importance of the servicescape for people with disabilities as well as establishing whether there is any relationship between the type of disability (mobility, visual, hearing impairment) and what factors the consumer uses to evaluate the service experience should be investigated through future research.

The researcher can also infer from the current findings that a lack of facility accessibility may result in low service quality perceptions on the tangible dimension (i.e. low perceptions of the servicescape) which could also lead to low service quality perceptions of the sporting event itself. Therefore, the effect of the servicescape for a person with a mobility impairment may be much greater than for other patrons (i.e. able-bodied patrons, patrons with hearing or visual impairments) given the person with a mobility impairment’s unique set of needs related to the physical accessibility of the facility. While the effect of facility accessibility on perceptions of the servicescape or overall service quality would need to be established through further empirical testing, the
current findings suggest that the senior management of inaccessible sports facilities face a continuous problem in terms of service provision because, according to the perception of patrons with disabilities, the facility is unable to provide a high quality experience. This is even more difficult to remedy because the lack of accessibility of the built structure is beyond the control of the venue’s management once the facility is built.

In acknowledging areas of improvement that are within or beyond the control of the venue’s management team, a comparison can be made to the research of Rimmer et al. (2004) which examined barriers and facilitators to physical activity participation by people with disabilities. Similar to the findings of the current study, Rimmer and his colleagues (2004) found that the built environment served as a barrier to participation. Rimmer et al. (2004) also found that providing an accessible environment can best be achieved when several stakeholders (i.e. people with disabilities, advocacy groups, senior management of the venue) work together to provide the most accommodating venue possible, both in terms of physical access and service provision. Like Rimmer et al. (2004), the current study also found that including people with disabilities in the planning stages is one of the best ways to ensure that the event or facility will be “disabled-friendly,” as one of the informants put it. An area identified by Rimmer et al. (2004) was the “emotional and psychological” barriers to participation. This is an area that was touched upon in discussing whether the staff is aware of and empathetic to the needs of patrons with disabilities. It would be useful to further investigate these ideas to identify the attitudinal barriers toward serving guests with disabilities that may exist among a primarily able-bodied venue staff.

**Limitations of the study**

This study was focused solely on patrons with mobility impairments. The intent was not to assess the needs of people with a range of disabilities but instead to focus on people with a specific type of disability, people with mobility impairments, in their role as a spectator at a sporting event. Limiting the study in such a way was rational in that this subset of consumers has a specific set of needs that exist when attending a sporting event.

A second limitation of the study was that it focused on the experiences of a group of spectators who had attending sporting events at USC and other nearby venues.
Therefore, these spectators were all pretty familiar with the venues and most had attended events on multiple occasions. Given that all of the informants were experienced consumers, these spectators did not have the need to seek out information through telephone inquiries with staff members or through other information outlets, such as the venue’s website. This limited the study’s ability to capture the perceptions of consumers with no prior experiences at the specific sports facilities being studied and biased the patron’s ability to evaluate whether their perceptions of the experience met their expectations. Future research should attempt to recruit consumers with disabilities who have had no prior experience attending sporting events in order to better understand how the patron formulates their expectations of the service experience. However, it must still be acknowledged that this patron would most likely have formed expectations based on experiences in previous service settings, such as hotels or restaurants. Therefore, it would be difficult, if not impossible, to separate the patron’s current set of expectations and perceptions from those based on prior service experiences.

A third limitation is the limited generalizability of the findings. The purpose of this exploratory study was to gain an in-depth understanding of the needs of a small group of consumers with mobility impairments. The focus was to understand what it is like to attend a sporting event and experience barriers to accessibility, in some cases, for people with mobility impairments. The goal was not to be able to generalize the findings to all people with disabilities much less all people with mobility impairments. Therefore, the findings should be interpreted as the analysis of the reflections of their experiences primarily at USC sports facilities as well as nearby venues. It should also be noted that, with the exception of the Bobcats Arena, all venues discussed in this case were venues that primarily host collegiate sporting events. Therefore, the results should not be interpreted as being applicable to other types of venues (i.e. professional sport, recreational sport) or for sport-specific venues, such as a hockey arena.

A fourth limitation of this study is the methodology used. Given the use of six informants which provided detailed accounts of their experiences, it can be said that the data was contextualized in the reality of being a sport spectator with a mobility impairment. Therefore, while this study begins to shed light on an emerging theory of service provision for sport spectators with disabilities, there is a need to further develop
the ideas generated here before a larger theory can be forwarded. Further empirical testing is also necessary to supplement any further qualitative research in this area.

**Areas for Future Research**

The purpose of the current study was to gain a better understanding of the needs and perceptions of a particular segment of sport consumers, spectators with mobility impairments. This study lays the foundation for further exploration of the needs and perceptions of spectators with other types of disabilities through qualitative and quantitative methods. A strength of using qualitative inquiry in the current study was the ability to gain rich, thick descriptions of the experiences of spectators with disabilities. The informants vivid descriptions allowed the researcher to gain a deeper understanding of how the ability (or inability) of the facility’s management to meet their needs impacted their perceptions of the service experience.

While in the current study, the facility manager’s perspective was used in triangulating the data, there is an opportunity to expand the scope of inquiry beyond the patron’s perspective to focus in greater depth on the facility manager’s perspective. Expanding this perspective would allow for a better understanding of how providing quality service to guests with disabilities can best be achieved. This could be accomplished by interviewing stadium and arena managers of sport venues as well as managers of other spectator-based venues, such as performing arts centers. Future research should also assess, through a benchmarking study, what is being done in related industries, such as hospitality, leisure, tourism, and retail, to accommodate guests with disabilities and provide a high quality service experience to these guests. For example, at the Mirage Resorts in Las Vegas, resort guests with disabilities are provided a map that contains a drawing of the floor plan of the hotel and casino with all accessible bathrooms, phones, and elevators identified on the map. This piece of literature provided by the hotel helps to meet the patron’s needs for information related to the accessibility of the hotel and casino during their stay.

There is also an opportunity for further theoretical development of the service quality construct and servicescape model (Bitner, 1992) for consumers with disabilities. The existing literature on service quality and servicescape has focused on the perceptions of able-bodied consumers. This has resulted in an overall lack of research examining the
needs and perceptions of consumers with disabilities. Given the informants’ heavy emphasis on the tangible aspects of the service experience, application and extension of the servicescape concept to sport spectators with disabilities is needed in order to better understand how consumers with disabilities evaluate the servicescape. This research must explore whether patrons perceive stadium accessibility as an element of the servicescape. There is also a need for comparison studies which would analyze how patrons with mobility impairments and people with other types of disabilities evaluate the servicescape. Similarly, a comparison of consumers with disabilities and able-bodied consumers is necessary to see if there are additional or different service quality dimensions that are salient to this particular segment of sport consumers.

While relatively few studies with application to sport management have focused on sport consumers with disabilities in their role as a sport (or fitness) participant (See Cardinal & Spaziani, 2003; Figoni, et al., 1998; Nary, et al., 2000), there has been no research analyzing the sport consumer with a disability in their role as spectator. The current study lays the foundation for further analysis of the relationship between stadium accessibility and consumer perceptions of service quality. Specifically, a future study should explore what role, if any, stadium accessibility for people with disabilities plays in how consumers with disabilities perceive the quality of the service experience.

Another area of future research could examine in further detail the conceptualization of the physical and service needs as a hierarchy. This would be useful because the researcher concluded from this study that it was not easy to separate the physical and service needs into discrete categories but instead was more logical to consider the physical and service needs as interacting during the service experience. Therefore, it made more sense to consider how the physical and service needs combine and in turn, how the patron perceives the combined needs. For example, recall that several informants, in discussing emergency evacuation, noted the need for a sign directing them how to exit as well a person trained in assisting them during an evacuation. Therefore, it did not make sense to try to “dissect” the need for emergency evacuation into a physical need and a service need but instead it was more logical to consider the need as being salient in a stadium where the patron perceived that
emergency evacuation would be problematic. Therefore, the salience of the need played a key role in the conceptualization of the needs as a hierarchy.

There is also a need to further study how the needs become salient at different stages of the service experience. If a researcher could determine, through empirical testing, whether the physical needs are most prevalent as the patron enters the facility, then the senior management at the facility can target areas of the facility that are used by patrons to enter the facility (i.e. concourses, ramps, portals, etc.). Furthermore, if it could be determined that the service needs take precedence once the patron is seated prior to and during the event, additional staff members could be assigned to the disabled seating section so that a higher level of responsiveness could be provided. Once these changes were implemented, a longitudinal study could be conducted to determine whether the change achieved its objective.

Given that the current study began to explore consumers with disabilities’ perceptions of service quality, there is a need for the development of a scale to measure perceptions of service quality. While there are several instruments that have been forwarded to measure perceptions of service quality, most notably the SERVQUAL instrument (Parasuraman, et al., 1988), there is still a gap in what is known about consumers with disabilities. The existing scales currently suggested in the literature do not close this gap given that they have all been designed with able-bodied consumers in mind. Furthermore, while few are designed specifically for the context of sport, none consider the spectator with a disability. Therefore, there is a need to develop a scale which specifically considers the needs of people with disabilities in service settings generally. Once a valid scale has been forwarded, the scale can then be adapted for use in sport settings, such as stadiums and arenas.

Using the data from the qualitative interviews as a guide, the suggested scale development could analyze what service quality dimensions are salient to spectators with disabilities. Using the SERVQUAL dimensions as a frame of reference, the researcher could determine whether patrons with disabilities have different or additional dimensions that they consider in evaluating the level of service quality provided by the service firm. The development of a scale to measure service quality for individuals with disabilities in sport venues would not only fill a gap in the literature, given to the lack of studies
focused on consumers with disabilities, but also would provide venue managers with an instrument which could be administered to patrons with disabilities to assess the level of service quality and indirectly, their perceived level of compliance with the ADA. While the patron’s perceived level of compliance with the ADA may seem irrelevant, it appears from the results of the current study that consumers weight a lack of accessibility quite negatively in evaluating their service experience, irrespective of whether the facility is technically in compliance with the ADA.

Managerial implications

The implications of this study for stadium and arena managers are numerous. This study demonstrates that until the service provider understands the needs of this particular segment of sport consumers, the service provider remains “in the dark” in terms of how to provide high quality service that also accommodates the consumer’s needs. As a result, understanding how and when the physical and service needs become salient for the patron with mobility impairment during different stages of the sporting event is useful for two reasons. First, it helps to identify functional areas where the facility is deficient in meeting a physical or service need. Second, it provides an opportunity for the senior management of the facility to devote both human and capital resources to remedy the problem. For example, Mark identified a problem with people with disabilities occupying van-accessible parking spaces when they do not have a need for a van space. This problem could be resolved by clarifying or changing the policy with regard to van accessible spaces to only permit vans to park in the van-accessible spaces. This policy change could then be enforced by the parking staff members who could verbally warn patrons that those spaces are designated as van-accessible parking only. Furthermore, additional signage could be provided to differentiate between handicapped parking spaces for cars and for vans so that patrons are made aware of the distinction.

While some stadium or arena managers, especially at older facilities, may feel resigned to the lack of accessibility at their facilities, this should not be perceived as a situation that can not be improved. For example, for issues such as over-crowding, Wakefield and Blodgett (1996) suggest that “problems with layout accessibility may be remedied by reallocating some space (perhaps by reducing the number of seats) to enlarge service areas or thoroughfares, or by improving the signage to distribute the flow
of customers to available service areas” (p. 53). Such improvements would “better facilitate the flow of customers before, during, and after” the sporting event (Wakefield & Blodgett, 1996, p. 53). In the current study, several informants mentioned crowd-related problems during their interaction with the other able-bodied patrons in crowded concourses or crowded elevators. This could be remedied by designating elevators for use only by patrons with disabilities or by designating certain exit routes with less crowding as the preferred accessible routes for patrons in wheelchairs.

While it is acknowledged that the service provider may have a limited number of ways to improve the built structure, as discussed above, there is no excuse for poor customer service at these facilities. A person with a mobility impairment is a patron who comes to the sports facility with a unique set of both physical and service needs that must be met in order for the patron to perceive the experience as a positive one. Therefore, the senior management of the facility and staff members must work toward improving and enhancing their ability to serve this segment of consumers. This improvement could be in the form of increased staff training, as noted by Stan, which would educate employees about how to serve guests with disabilities. Any staff member that has contact with a patron should receive some level of training in ADA awareness and how to accommodate patrons with disabilities. There also should be a more concerted effort to reach out to current customers of the facility to gain feedback about their experiences. This feedback is invaluable for serving patrons with disabilities since ADA compliance is an area that may be unfamiliar to most staff members. There also should be an increased effort to use incident reports to report deficiencies or problems that occur during the sporting event. Part of this responsibility also falls back on the patron to report, through the use of comment cards, instances where the service provider met or failed to meet their needs. This feedback is crucial to facility’s efforts in improving their operations.

Conclusion

This study was a first step toward gaining a more holistic understanding of the needs of spectators with disabilities attending a sporting event. Through the informants’ vivid descriptions, what became clear is that this segment of consumers does not have “special needs” but rather has a unique set of physical and service needs which can be attributed to the presence of their disability. Therefore, it is the senior managements’
responsibility at these sports facilities to become aware of the patrons’ needs and, in turn, to make a concerted effort to meet the needs. It is evident that the patron with a disability wants to enjoy the sporting event just as any other fan would. Given their needs related to accessibility, the patron has a unique set of criteria on which he/she will judge the service quality of an event. From the service provider’s perspective, it is therefore necessary to identify these criteria and to provide service in such a way that the consumer perceives it favorably. This will require the senior management of the facility to open a dialogue or continue an existing dialogue between the patrons and the service provider so that improvements can be made to the facility which facilitate sport participation by and inclusion of spectators with disabilities. Only then will the ADA’s mandate of full and equal enjoyment of services be realized.
APPENDIX A

Interview guide for pilot interview

When was the last sporting event you attended?

Can you describe your experience?

What aspects made it a positive (negative) experience, specific to your needs?

What makes the seating at that stadium better (worse) than other stadiums you have been to?

What makes that stadium generally better in terms of your needs than other stadiums?

Tell me about your first experience attending a sporting event at USC. How was it?

Did the experience meet your needs?

Were you able to get into the facility by yourself or did you need assistance?

What physical aspects of the facility did you need to get into the facility?

Was any physical feature not provided that could have made it easier for you to access the facility?

Did you have any interaction with the staff members?

What was the nature of that interaction?

Did you try to call the venue to ask about accessibility?

If so, were the staff members able to provide you with the information you needed?

Describe your experiences at other stadiums.

Were they positive or negative experiences?

Describe your needs at these facilities.

Discuss your needs prior to the event, during the event, and after the event.

Talk about what you see when you first arrive at the facility.

Are you able to find parking close to the stadium?
Describe the route from the parking to the entrance of the stadium?

Do you use a ramp to enter the facility?

Once you are inside the venue, describe what you see.

Are there ramps or elevators for your use?

Are you able to use the ramp or elevator independently?

Are there staff members at the entrance to greet you?

If you have questions about the facility or the event, is the staff member able to answer your question?

Describe the disabled seating section.

Where was it located in the stadium?

How was the seating arranged?

What aspects of the service of these stadiums typically enhance your experience?

Did your interaction with the venue’s staff members add to your experience?

Were the staff members responsive to your needs?

Were the staff members knowledgeable about the venues accessibility features and policies?

How do you navigate through the crowd?

Could you navigate through the crowd if you were by yourself?

In an emergency, do you feel that you could evacuate safely?

Discuss your expectations during the sporting event.

Did the experience meet your expectations?

Do your expectations differ at new compared to older sports facilities?

What could be done to make the experience better?
APPENDIX B

Interview guide for focus group interview

What was the last sporting event you attended?

What was the experience like?

What was your overall impression of the experience? Would you consider this a positive or negative experience?

(Probe for more detail on any negative feelings)

What physical features of the stadium assisted you in accessing the various areas in the stadium desired?

What aspects of the service enhanced your experience?

What aspects of the service negatively impacted your experience?

Would you attend another event at this facility? Why or why not?

What other facilities do you regularly attend sporting events at?

Can you describe whether your experience at certain facilities was better (or worse) than others?

How or why was it better (or worse)?

Did you contact the facility staff (phone, in person, email) with questions about features of the stadium or details about the sporting event?

If so, was the staff representative able to provide you with the information you requested?

How did you purchase your tickets? (in person, over the phone, online)

Were you asked by the customer service staff member if you required any special accommodations?

Did you make a request for any special accommodations when purchasing your tickets?

How did the staff member respond to the request?

Did you have any difficulty in finding a parking space for a person with a disability?

Do you think there were enough spaces designated for people with disabilities?
Did you hear anyone comment or complain about finding parking spaces?

Were you able to find parking near an accessible entrance?

Did you see any signs directing you to an accessible entrance?

Do you think the signage was adequate?

Were you able to enter the facility with ease?

Were there any accessibility features of the entrance which assisted you (ramps, elevators)?

If not, what could have been provided to improve your ability to enter the facility?

Were you treated courteously and promptly by the facility staff/ticket takers?

Can you discuss any specific (good or bad) encounters

Did you visit the customer service center with any questions prior to the start of the game? Discuss any specific encounters.

Was the customer service staff knowledgeable about features of the facility for people with disabilities?

Did you notice if the facility had an ADA coordinator? Did you have any interaction with this staff member?

Were you treated courteously and promptly by the customer service center or ADA coordinator?

Can you discuss any specific (good or bad) encounters

Did you use the restrooms prior to the event? Discuss any specific encounters.

Did you see any signs directing you to an accessible restroom?

Was the signage adequate in your opinion?

Did you visit the concession areas prior to the event? Discuss any specific encounters.

Were the concession counters at an appropriate height to meet your needs?

Were you treated courteously and promptly by the concession counter staff?

Can you discuss any specific (good or bad) encounters.
Did you purchase any souvenirs or merchandise prior to the event?
Were you treated courteously and promptly by the staff selling souvenirs or merchandise?

Was there adequate signage directing you to your seats?

Did you make use of an elevator, escalator, or ramp in order to reach your seats?

Did you have any interaction with any facility staff when you were locating your seats?
What was the nature of the interaction?

Did you use the restrooms during the event? Was the accessible stall available to you?

Did you have any difficulty in navigating in the restroom if it was crowded? (i.e. during half time)

Were your seats comfortable? Were they located in a convenient place?

Did the seats meet your expectations?

Did you have an unobstructed view of the action?

Discuss any specific issues that enhanced your experience or which negatively impacted your experience

How many people were in your party?

How many of those people were permitted to sit with you?

When you were leaving your seats, were you able to easily navigate through the concourse to get to an accessible exit?

Was there adequate signage directing you to an accessible exit?

Did you make use of an elevator, escalator, or ramp in order to leave the facility?

If you used the restroom after the game, did you find it accessible?

If you used the concession stands after the game, did you find them accessible?

If you visited any souvenir shops after the game, did you find them accessible?

Discuss any specific encounters.

Did you have any interaction with facility staff when leaving the facility?
What was the nature of the conversation?
Did you provide the facility with any feedback on your experience? Discuss any specific issues that you raised.

Were you contacted (in person, by phone, email, snail mail) about remedying any issues you raised?

Were you pleased with how this instance was resolved?

Discuss any specific encounters.

Did you feel that you would be able to depart safely from the stadium in a timely manner in the event of a fire, bomb scare, illegal low flying aircraft over the stadium, or any other panic situation?

Overall, would you consider your experience a positive or negative one?

What aspects of the experience made it positive or negative?

Would you patronize the facility again based on this experience?

What improvements could be made to enhance your experience?
APPENDIX C

In depth Interview Guide

How have you found the seating location at USC sports venues?

Is seating provided in a number of different seating locations provided?

How is the seating typically arranged?

Does this seating arrangement meet your needs?

How is the line of sight from the seating area in the sports venues you have visited?

What are your needs related to getting from the concourse area to the seats?

What other features do you need to assist you in getting to your seat?

Are you able to navigate through or interact with the crowds at the event?

How do you factor in crowding when evaluating the service experience?

Have you found the signage to be adequate?

Discuss your service needs during the sporting event?

Are the staff members able to answer your questions?

Do the staff members make an effort to help you?

Do you think given your needs that if there was an emergency you could get out?

What do you think from the management side could be done differently to meet your service needs?

How could the policies be different to improve the experience?

Would increased staff training have an impact on your experience?

Has the accessibility of a sports facility affected your decision to attend another event there?

If the facility is inaccessible, how does that impact your decision to attend future sporting events the facility?
When you attend a sporting event at a new sports facility, do you focus more on evaluating the service aspects?

Discuss your expectations when you attend a sporting event at USC.

Did the event meet your expectations? Why or why not?

Discuss your perceptions of the service experience?

What could be done differently by the service provider to enhance the experience?
APPENDIX D

Interview guide for interviews with facility personnel

What influences the facility’s service provision for people with disabilities?

Are there any specific efforts made to improve the service experience for people with disabilities?

Do you train staff members in disability awareness or how to meet the needs of guests with disabilities?

Discuss the content of this training as much as possible.

Have you found this training has a positive effect in improving the service experience for guests with disabilities?

What do you use to guide your efforts in improving services for guests with disabilities (training sessions, industry materials)?

Have you had any training in disability awareness yourself? Describe your training.

Do guests with disabilities provide feedback on their experiences? Discuss any specific encounters.

What is the topic of the feedback received?

How much, if any, of the feedback deals with issues related to the service aspects of the event (staff interaction) rather than just the physical aspects of the facility (accessibility issues)?

How do you use this feedback to make changes to your policies or procedures?

How does the facility/event make individuals aware of the services and features provided?

What have you found be an effective way to communicate with the consumer?

Do you have an ADA coordinator or someone designated to address issues from customers with disabilities?

If you do not employ an ADA coordinator, can you discuss your rationale for not having one (i.e. cost, already provide training to all staff members)?
If you do not have an ADA coordinator, where do you go, whom do you contact, what resources do you use to find information that you need on making your facility accessible?

Are there other elements of the service provision that you want to improve/change for patrons with disabilities.

Generally speaking, what is the venue management industry doing in this area? In your opinion, is the emphasis primarily on facility accessibility issues or service issues?

Discuss any challenges related to serving guests with disabilities at your facility. How have you addressed these challenges?

Overall, do you feel that your facility provides guests with disabilities with the same level of service quality as is provided to able-bodied guests. Discuss any instances or areas where this is not the case.

Do you see similarities in the needs of people with disabilities and the needs of elderly patrons attending sporting events? Has this prompted any changes in your policies or procedures based on the demographics of your patrons?

Do you have any policies and procedures regarding parents who bring their children to the games, very pregnant women who attend the games, temporarily disabled persons (e.g., broken leg in cast)
REFERENCES


Nondiscrimination on the basis of disability by public accommodations and in commercial facilities, 28 C.F.R. 36 *et seq.* (2000).


requirements. *Marketing Intelligence & Planning, 17*(1), 21-32.


BIOGRAPHICAL SKETCH

John Grady received his Bachelor of Science in Management with Honors in Finance from the Pennsylvania State University in 1999. In 2002, he received his Juris Doctor from the Florida State University College of Law. He then entered the doctoral program in Sport Administration at Florida State University where he taught undergraduate courses in Sport Law, Sport Finance, and Sport Governance as well as the graduate Sport Law course. He is currently an Assistant Professor in the Department of Sport and Entertainment Management at the University of South Carolina.