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ABSTRACT

Participating in tourism can be a challenge for tourists with disabilities (TWDs) due to various barriers they encounter while traveling. Among these physical, social, and attitudinal barriers, the biased attitudes of service providers are the most significant constraint for TWDs. This study assumed that Filipino hospitality and tourism employees' attitudes toward TWDs would improve through disability awareness training, familiarity with disability law, and prior contacts with persons with disabilities. A total of 503 responses were analyzed using descriptive analysis, exploratory factor analysis, confirmatory factor analysis, and multivariate analysis. The findings differ from those in studies done in developed countries.

KEYWORDS

Accessible tourism; the Philippines; hospitality and tourism employees; tourists with disabilities; structural constraints; cultural contexts; implicit attitudes; disability awareness training; familiarity with disability law; prior contacts

Introduction

Tourism is designed to be enjoyed by everyone. It has become an important part of human lives, a fundamental human right that should be enjoyed by both the abled and disabled (Loi & Kong, 2014). However, traveling is still challenging for individuals with disabilities because they face many barriers (Daruwalla & Darcy, 2005; Loi & Kong, 2014). The global tourism industry attempts to address the core needs of individuals with disabilities through accessible tourism, which seeks to eliminate attitudinal and institutional barriers and promote accessibility in physical environments (Popiel, 2016). The World Health Organization (2011) has indicated that individuals with a disability comprise approximately 15% of the world population (1.1 billion individuals), a 10% increase over the proportion during the 1970s. The accessible tourism market is expected to increase both economically and socially (Bowtell, 2015; Loi & Kong, 2014; Popiel, 2016; Toal & Holden, 2016). Amid the increasing number of individuals with disabilities and their social and economic impacts, the Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol was adopted by the United Nations in 2006 as the first comprehensive human rights treaty designed to protect the rights of

persons with disabilities (PWDs; CRPD, 2006). The treaty focuses on the prevention of discrimination and the right to accessibility (CRPD, 2006). The Philippines, a party to the Convention, has been pushing for barrier-free tourism for both the disabled and non-disabled (Dandee, 2016). The nation's Department of Tourism (DOT) aims for the full integration of PWDs in the tourism and hospitality industry ("DOT vows integration of PWDs in tourism," 2011). Nevertheless, PWDs are still often excluded from tourism experiences. TWDs still face physical, social, and attitudinal constraints that prevent them from enjoying vacations (Burns, Paterson, & Watson, 2009; Yau, Mc Kercher, & Packer, 2004). Among these constraints, the biased attitudes of service providers are deemed to be the greatest (Kastenholz, Eusebio, & Figueiredo, 2015).

The issues affecting TWDs, particularly hospitality and tourism employees' attitudes toward them, have received little attention in hospitality and tourism research (Bizjak, Knezevic, & Cvetreznik, 2011). Several studies have been done on professionals' attitudes toward individuals with disabilities in the health-care, education, and psychology fields but not in the tourism field as well as in developed countries such as France, the United States, Germany, Spain, and Australia (Goreczny, Bender, Caruso, & Feinstein, 2011).

Therefore, this study examines hospitality and tourism employees' attitudes toward TWDs in the Philippines. The study seeks to contribute to an in-depth knowledge of tourism employees' attitudes toward TWDs in the Philippines and offer practical implications for employee management and training.

Literature review

Philippines

Cultural and economic background and disability law

Located in Southeast Asia, the Philippines is the only Christian nation in Asia and is a prominent democracy (L.de Guzman, 2011). Since Filipinos are of mixed heritage (including Malay, Chinese, American, Spanish, and Arab), they have a unique blend of both East and West in terms of culture, appearance, and character (Department of Tourism, n.d.). Unlike Westerners, who value individualism, Filipinos are usually collectivists, as they identify with their families, regional affiliations, and peer groups (Shapiro, 2014). What makes Filipino culture unique is hospitality (Department of Tourism, n.d.). While the country is abundant in natural resources, environmental assets remain unavailable to the poor because of exclusion, unsecure land tenure, and lack of access to technology or because the resources are degraded (UNDP Philippines, n.d.). More than 26 million Filipinos remain poor, with almost half living in extreme poverty and lacking the means to feed themselves, according to official government statistics for the first semester of 2015 (Yap, 2016). Self-rated poverty among Filipinos rose to 46% in 2017 from 44% in 2016 (Leonen & Tubeza, 2018).

In the Philippines, the national law established to protect the rights of PWDs is the 1992 Republic Act 7277 (or RA 7277; Santos, 2014). Republic Act 7277, known as the "Magna Carta for Disabled Persons," aims to provide PWDs with rehabilitation, development, and self-reliance and to promote their integration into mainstream society (Republic Act 7277, 1992). Republic Act 7277 (1992) also grants equal rights to PWDs in terms of accessibility, education, health, auxiliary social services, telecommunications, and political and civil rights. In 2007, the act was amended under Republic Act 9442. Under RA 9442, additional privileges for PWDs were added, such as a minimum 20% discount on all services in hotels and similar lodging establishments, restaurants, and

recreation centers; admission fees in theaters, cinema houses, concert halls, circuses, carnivals and other similar places of culture, leisure and amusement; and fare for domestic air and sea travel, public railways, skyways, and bus fare (Damasco, 2011). In 2010, it was estimated that 1,443,000 Filipinos were PWDs (Philippine Statistics Authority, 2013). With the latest amendment, PWDs are now entitled to a minimum 20% discount and an exemption from the value-added tax (VAT), including on goods and services in the tourism and hospitality industry (e.g. restaurants, hotels, and accommodations; recreation centers; transportations; "Benefits, privileges of PWD expanded," 2016).

Structural and intra/inter constraints for PWDs

The constraints TWDs encounter are categorized into three main domains: intrapersonal, interpersonal, and structural (Burns et al., 2009; Crawford, Jackson & Godbey, 1991; Kastenholz et al., 2015; Smith, 1987): Intrapersonal constraints include tourists' physical and psychological barriers such as fear, lack of knowledge, health problems, and social ineffectiveness at an individual level; interpersonal constraints relate to communication and attitudinal barriers among people at a social level; and structural constraints comprise external barriers such as inaccessible facilities/transportation and lack of affordability at a structural level. Few areas have audio traffic signals and tactile marks in walkways. Places of recreation and commercial establishments such as malls also have few accessibility-related facilities. For instance, not all department stores have wheelchair ramps and restrooms designated for persons with disabilities. Elevators in many train stations do not operate properly. Buses are not disabled-friendly because of insufficient wheelchair lifts. Only a very small number of sidewalks have wheelchair ramps. ("Disability access in Philippines," n.d.).

To overcome their intra- and interpersonal constraints, most PWDs receive the help of their families and friends and resort to spirituality, as most Filipinos are devout Catholics (Tabuga, 2013). Many Filipinos believe that PWDs are blessings from God or the bearers of luck, especially in business; on the other hand, some families may consider a disabled member as a punishment (Neri, 2007). Historically, PWDs have been largely invisible because of discrimination (Neri, 2007; Tabuga, 2013). Negative attitudes against TWDs are pervasive across the Philippines, particularly in the tourism and hospitality industries

(Santos, 2014). For example, despite being hired by the airline companies, wheelchair pushers allegedly ask passengers with disabilities for money in exchange for their service (Castiglioni, 2014). On one occasion, a customer in a wheelchair was prevented from entering a bar by an employee, who told the customer that the establishment does not allow people in wheelchairs to enter (S. S. de Guzman, 2011). These cases show that TWDs experience serious constraints when they travel, particularly interpersonal constraints such as attitudinal discrimination.

Attitudes toward PWDs

Negative attitudes such as misconceptions and the stereotyping of coworkers, employees, and peers constitute a major barrier to PWDs' full social integration, as disability is often seen as a weakness (Artale, 2003; National Disability Authority, 2016). Many studies conducted in developed countries suggest that, among the structural, intra- and interpersonal constraints, interpersonal constraints such as attitudes toward TWDs are perceived by TWDs as the most negative (Kastenholz et al., 2015; Loi & Kong, 2014). Tourists, both disabled and abled, often encounter and interact with tourism service providers and frontline employees, whose attitudes are likely to motivate or discourage participation in tourism activities (Loi & Kong, 2014). Daruwalla and Darcy (2005) found that hospitality and tourism industry employees tended to have more negative attitudes toward PWDs than workers in other vocational fields, such as judicial system employees, nurses, and rehabilitation professionals. Interestingly, however, after hospitality and tourism employees took a disability awareness training program, they showed attitudes more positive than those shown by workers in other industries.

Allport (1935) defines attitude as a mental state of readiness organized through experience that influences an individual's behavior regarding an object or situation (as cited in Getachew [2011] and Artale [2003]). In line with Allport's theory, Fishbein and Ajzen (1972) state that attitude predisposes an individual's action toward a person, object, or situation (as cited in Artale [2003]). In addition, Hunt and Hunt (2000) suggest that attitudes reflect a tendency to behave stereotypically and predicatively toward a certain group of individuals, which can impact the ability of PWDs to be fully accepted and integrated into the community (Antonak & Livneh, 2000). Scholars suggest that attitude has three elements: affect,

behavior, and cognition. This is sometimes referred to as the "ABC" or "CAB" model of attitude (Findler, Vilchinsky & Werner, 2007). The affective component denotes the individual's feelings about an attitude object. For example, *"a person might feel nervous when meeting with a disabled person."* Nervousness, in this example, is an affective component. The cognitive component refers to an individual's belief or thought process about an attitude object. For example, a person might think that *"he or she may get along well with a disabled person."* The behavioral component denotes the individual's intent or willingness to behave in a certain manner toward the attitude object. For instance, a person might *"find an excuse to leave whenever asked to interact with a non-abled individual."*

To measure attitudes to PWDs, Findler et al. (2007) developed the Multidimensional Attitudes Scale (MAS), which aims at measure both explicit and implicit attitudes toward PWDs by asking participants to react to a social scenario. MAS comprises 16 affective items, 10 cognitive items, and eight behavioral items. Many studies conducted in nations such as the United States, the Netherlands, France, and Israel have adapted the MAS. For example, Laat, Freriksen, and Vervloed (2012) translated the MAS into Dutch and modified it by using deaf, blind, paralyzed, and intellectually disabled person instead of someone in a wheelchair to better suit the object of their study. In addition, instead of using "Joseph/Michelle" as characters in the scenario, Ryan (2013) used a "mother and son" entering a coffee shop and "joining friends for lunch" in a study concerning attitudes toward persons with autism spectrum disorder (ASD). Since Dachez, Ndobbo and Ameline (2015) sought to measure attitudes toward persons with ASD, they modified the vignette and used a "person with autism" instead of a "person in a wheelchair." Tast (2017) changed "Joseph/Michelle" to "Jordan" and used "they" instead of "him/her" to make the scenario gender neutral.

Disability awareness training, familiarity with disability law, prior contacts with disability, gender, and age

Regarding disability awareness, Baker, Holland, and Kaufman-Scarborough (2007) pointed out that store employees fail to notice TWDs as customers when they enter a store. Studies have shown that tourism and hospitality employees do not know how to

handle TWDs effectively (Richards, Pritchard, & Morgan, 2010; Wan, 2013). This lack of knowledge and awareness of disability may reduce the number of TWD customers, as they encounter discrimination in the market and see traveling as unenjoyable (Garcia-Caro, de Waal, & Buhalis, 2012). Wan (2013) investigated if TWDs face constraints when visiting and using casinos and indicated that one of the major obstacles for guests with disabilities was poor staff service. Many researchers have tested whether attitudes toward disability are changed through disability awareness training (Cervasio & Fatata-Hall, 2013; Daruwalla & Darcy, 2005; Moore & Nettelbeck, 2013; Tolu, 2012). In the tourism field, Daruwalla and Darcy (2005) explored disability awareness training targeted to state-based tourism organization and government employees in Australia. The participants were asked to complete the survey before and after they were trained in order to measure non-disabled individuals' personal discomfort regarding interactions with PWDs (Daruwalla & Darcy, 2005; Palad et al., 2016). Attitudes were found to be significantly better after the participants took the disability awareness training program.

Some studies have found that knowledge of disability law has a significant relationship with employees' attitudes to PWDs (Hernandez, Keys, & Balcazar, 2004; Mamboleo, 2009). Hernandez et al. (2004) examined attitudes toward disability rights among an ethnically diverse group of private and public sector representatives (e.g. Filipino, Greek, Asian Indian, Latin, Lithuanian). They used a diverse sample consisting of business owners, managers, educators, and social service providers. The results revealed that individuals who exhibited more knowledge about the American Disabilities Act (ADA) possessed more favorable attitudes toward disability rights. In a study that examined if Kenyan university students' attitudes toward PWDs were influenced by knowledge of disability law in a developing country, Mamboleo (2009) asked participants to rate their knowledge of the disability law in their country. In contrast to Hernandez et al.'s (2004) findings, the result showed that self-knowledge had no relationship with attitudes.

Several researchers have suggested that having contact with PWDs plays an important role in reducing negative attitudes toward them (Antonak & Livneh, 2000; Yucker, 1994). Unger (2002) found that employers who had had some contacts with PWDs showed more favorable attitudes toward hiring applicants with disabilities. Hunt and Hunt (2000) compared students majoring in rehabilitation services ($n = 152$) with

those majoring in business ($n = 122$) to examine whether their prior contacts with PWDs influenced their positive attitudes toward them. The findings revealed that students majoring in rehabilitation services tended to have greater contact with PWDs and thus more favorable attitudes toward them than business majors had. However, Mamboleo (2009) found no significant relationship between prior contact with PWDs and attitudes toward disability.

Artale (2003) investigated the effect of gender on attitudes and found that attitudes toward PWDs were more positive among female students than male students. The author suggested that the result could be explained by personality, as females tend to have better social relationships and be better communicators than males. Findler et al. (2007) also examined the relationship between gender and attitudes to PWDs and found that females showed more favorable behavioral attitudes than males. Contrariwise, Paez and Arendt (2014) found no significant difference in attitudes toward employees with disabilities between female and male managers and supervisors in the hotel and restaurant industries. Regarding age, Akhidenor (2007) found that respondents aged 46 or older held a less-favorable attitudes toward PWDs than respondents aged 36–46 or 35 or younger. Goreczny et al. (2011) found that respondents aged 45.87 on average had generally positive attitudes toward PWDs, but younger adults had even more positive attitudes. Goreczny et al. (2011) suggested that younger individuals might be more open-minded and better educated about disability. Parasuram (2006) also demonstrated that younger participants held more positive attitudes toward disability than did older participants. He explained this finding by suggesting that youth are more exposed to change such as through globalization, technology, as well as the internet and media, making them more accepting and understanding of PWDs than older people. However, Paez and Arendt (2014) found no statistically significant difference between attitude and age among hotel and restaurant managers in the U.S. Based on the foregoing, the following hypotheses are generated:

H₁: Attitudes toward TWDs are statistically significantly different between Filipino hospitality and tourism employees who undergo a disability awareness training program and those who do not.

H₂: Attitudes toward TWDs are statistically significantly different between Filipino hospitality and tourism

employees who are familiar with disability law and those who are not.

H₃: Attitudes toward TWDs are statistically significantly different between Filipino hospitality and tourism employees who have had prior contact with persons with disabilities and those who have not.

H₄: Attitudes toward TWDs are statistically significantly different between female and male Filipino hospitality and tourism employees.

H₅: Attitudes toward TWDs are statistically significantly different according to Filipino hospitality and tourism employees' age group.

3. Method

Operationalization and instrumentation

- *Attitude toward tourists with disabilities (TWDs)*. TWDs comprise those suffering from restrictions or different abilities as a result of a mental, physical, or sensory impairment that prevents them from performing an activity in the manner or within the range considered normal (Republic Act 7277, 1992) and who are away from home to visit a particular place for leisure or business purposes (Goeldner & Ritchie, 2007). *Attitude toward tourists with disabilities (TWDs)* is operationalized as a psychological tendency consisting of affects, cognitions, and behaviors toward disabled people who travel away from home (Albarracin, Johnson, & Zanna, 2005; Findler et al. 2007; Goeldner & Ritchie, 2007). Items regarding attitudes toward TWDs were adapted from Findler et al.'s (2007) MAS and are measured on a five-point scale (1 = "not at all" to 5 = "very much"). The MAS' "coffee shop" scenario was modified to "coffee shop in a destination," and "PWDs" was changed to "TWDs" to suit hospitality and tourism employees. Three items in the affect factor (*relaxation, serenity, and calmness*), all 10 items in the cognition factor, and two items in the behavior factor (*Why not get to know him/her better?* and *He/she will appreciate it if I start a conversation*) were reverse-coded so that high scores indicate negative attitudes toward PWDs while lower scores indicate positive attitudes.
- *Disability awareness training* refers to programs such as orientations, lectures, disability simulation or role-play scenarios, or video tutorials intended to educate hospitality and tourism employees

about disability and how to treat TWDs in a way that makes them feel comfortable (Daruwalla & Darcy, 2005; Garcia-Caro et al., 2012; Tolu, 2012). This variable is measured dichotomously:

Have you taken part in the disability awareness training program? (Disability awareness training includes a variety of programs such as orientation, lecture, disability simulation or role-play, or video tutorials to educate hospitality and tourism employees about disability as well as how to treat TWDs in a proper manner in which disabled tourists feel comfortable) (1 = Yes, 0 = No)

- *Familiarity with disability law* is operationalized in terms of whether employees are familiar with the Republic Act 7277 (Mamboleo, 2009). This variable is measured on a five-point Likert-type scale (1 = "strongly disagree" to 5 = "strongly agree"), which is used to form several groups:

Republic Act 7277 is the national disability law in the Philippines, which ensures that persons with disabilities receive equal rights in all areas of life, including culture and tourism. Please rate how much you agree or disagree with the following statement: I am familiar with the Republic Act 7277, known as the Magna Carta for Persons with Disabilities

- *Prior contacts with persons with disabilities (PWDs)* refers to previous experiences, including dealing, engaging, interacting, or communicating with individuals with disabilities (Getachew, 2011; Mamboleo, 2009). This variable is also measured dichotomously: "Have you had prior contacts (i.e. experience including dealing, engaging, interacting, communicating with) with people with disabilities?" (1 = Yes, 0 = No)
- *Demographics* includes gender and age. Gender is measured as nominal (1 = Female, 2 = Male). Age is operationalized as the length of time a person has existed since birth. The respondent is asked in what year he or she was born; the results are used to form age groups.

Data collection and analysis

Data were collected from Filipino hospitality and tourism employees aged 19 years and over using convenience sampling with an online survey. A customized e-mail message containing a cover letter with information about the study, requesting voluntary participation, and instructions on how to answer the web survey was sent to hospitality and tourism establishments. The descriptive statistics, exploratory factor analysis (EFA), confirmatory factor analysis (CFA), and multivariate analysis of variance (MANOVA) were

used to analyze the data. To determine whether the MAS attitudinal items and factors suggested by Findler et al. (2007) are fitted to this study data, CFA is conducted (Kline, 2005). If the same items and factors used by a previous study have poor indices in this study, EFA is run to generate factors for relevant items. When the factors generated from the EFA are the same as those of the previous study but have fewer items per factor or if the factors are correlated and belong to a larger theoretical latent domain, such as an attitudinal domain, CFA is further conducted on the basis of the EFA outcome in order to confirm the theoretical factors belonging to the latent variable (Kline, 2005). This study used Stevens' (1992) suggestion of factor loadings' 0.40 cut-off regardless of the sample size. For a model fit to be considered very good, the reference values of the normal fit index (NFI), non-normed fit index (NNFI), Tucker-Lewis Index (TLI), comparative fit index (CFI), and goodness of fit index (GFI) should be greater than .90 or greater than .80, while the root mean square error of approximation (RMSEA) should have a reference value of less than .05 for the model to be considered a very good fit or less than .08 to be considered as an acceptable model fit (Bentler & Bonett, 1980; Joreskog & Sorbom, 1984). MANOVA is used to detect any significant differences in the correlated dependent variables between two or more groups and to examine the effect of the independent variables on the dependent variables. When the equality of covariance matrices is satisfied with a large sample size, Wilk's lambda is appropriate to use, but Pillai's trace is the best criterion to use since it is the most powerful and the most robust when the MANOVA assumption of homogeneity of variance-covariance is violated. Post-hoc tests (e.g. Tukey, Bonferroni, LSD) are used to identify specific differences among more than two independent groups. Tukey is used when each cell size (i.e. group size) is equal, while Bonferroni is used with different cell sizes, and LSD is utilized when there are statistically significant differences among groups with different sizes (Hair, Anderson, Tatham, & Black, 1998).

4. Results

Participants

Out of 645 respondents, 60% ($n=301$) are female. More than half of the participants ($n=279$, 55.5%) are in their 20s, 30.4% ($n=153$) are in their 30s, and

9.7% ($n=49$) are in their 40s. More specific information is presented in Table 1.

EFA and CFA of attitudes

To confirm the original MAS attitudinal items and factors (Findler et al., 2007), CFA was conducted but it did not have good indices. EFA is run to see whether the factors are the same as those of the previous study, even though the number of items was reduced, with good indices (Kline, 2005). The EFA results show six items per factor (affective, cognitive, and behavioral): (1) Affect (*tension* [A1, .79], *stress* [A2, .82], *helplessness* [A3, .71], *nervousness* [A4, .80], *shame* [A5, .72] and *fear* [A10, .74]); (2) cognition (*He/she seems to be an interesting guy/girl*. [C1, .80], *He/she looks like an OK person*. [C2, .85], *We may get along really well*. [C3, .80], *He/she looks friendly*. [C4, .76], *I enjoy meeting new people*. [C5, .72], *He/she will enjoy getting to know me*. [C6, .60]); and (3) behavior (*Move away*. [B1, .86], *Get up and leave* [B2, .85], *Read the newspaper or talk on a cellphone* [B3, .81], *Continue what she was doing*. [B4, .74], *Find an excuse to leave*. [B5, .83], *Move to another table*. [B6, .83]). Items with positive directions under the cognition subscale are reverse-coded, with higher score reflecting negative attitudes toward TWDs. Each factor also reports high internal reliability: affect $\alpha=.87$, cognition $\alpha=.88$, and behavior $\alpha=.93$. Pearson correlations results

Table 1. Participants.

Variable		Frequency	Percent
Gender	Female	301	59.8
	Male	202	40.2
	Total	503	100.0
Age	20s	279	55.5
	30s	153	30.4
	40s	49	9.7
	50s	21	4.2
	60s	1	0.2
	Total	503	100.0
Disability Awareness Training	Yes	150	29.8
	No	353	70.2
	Total	503	100.0
Familiarity with Disability Law	Strongly disagree	70	13.9
	Disagree	107	21.3
	Neutral	166	33
	Agree	38	7.6
	Strongly agree	122	24.3
	Total	503	100.0
Prior contacts with persons with disabilities	Yes	215	42.7
	No	288	57.3
	Total	503	100.0

Table 2. Correlations among MAS subscales.

Factor	Affect	Cognition	Behavior
Correlations			
Affect	1		
Cognition	0.262**	1	
Behavior	0.357**	0.481**	1

**Correlation is significant at the 0.01 level (2-tailed).

show that there were significant relationships among three factors, as indicated in Table 2.

The CFA mode fits are acceptable (NFI = .920, TLI = .927, CFI = .939, GFI = .896, SRMR = .058, RMSEA = .078; see Table 3). The CR values of the affect factor, cognition factor, and behavior factor are .987, .982, and .993, respectively. All the AVE values of the factors are good, at .929, .904, and .962, respectively.

Hypothesis tests

Hypothesis 1 is rejected (see Table 4). Disability awareness training produces no difference in attitude toward disability (Pillai's Trace = .009, $F [3,499] = 1.55$; $p = .202$, partial $\eta^2 = .009$). Despite the rejection of the overall model, a univariate analysis result showed a significant difference in behavioral attitudes due to disability awareness training. Specifically, those who claimed to have undergone training ($M = 2.256$) have less-positive behavioral attitudes toward TWDs compared to those who stated that they have no disability awareness training ($M = 2.090$).

Hypothesis 2 is supported. The results show significant differences in attitudes according to familiarity

with disability law ($p = .026$; see Table 5). Based on a 33% percentile grouping (Zaichkowsky, 1985), familiarity with disability law was grouped into three groups: disagree ($n = 177$, 35.2%), neutral ($n = 166$, $n = 33.0\%$), and agree ($n = 160$, 31.9%). Behavioral attitudes show significant differences ($p = .015$). Post hoc comparisons indicate that respondents who answered "agree" ($M = 2.219$) are significantly different from the group that answered "neutral" ($M = 1.983$), with a p value of .037.

Hypothesis 3 is supported. The results show that Pillai's trace was significant ($p = .008$; see Table 6). There was a significant difference in cognitive attitude ($p = .001$) according to prior contact with PWDs. Interestingly, the results illustrate that employees who have reported to not have had prior contact with individuals with disabilities have more positive cognitive attitudes toward TWDs ($M = 2.314$) compared to those who claimed to have had prior contact with them ($M = 2.531$).

Hypothesis 4 is not supported ($p = .661$; see Table 7).

Hypothesis 5 is supported ($p = .000$; see Table 8). Age is categorized based on the life span theory of Newman and Newman (1975), wherein participants aged 18–25 years old are classified as "young adults," those 26–40 years old are classified as "adults," and those from 41 to 60 years old are "middle aged." Bonferroni post hoc test results show that the differences in cognitive attitude lie between young adults (18–25 y/o, $M = 2.144$) and adults

Table 3. CFA factor loadings, reliability and validity.

Factor	Item	Sd. Estimate	S.E.	C.R.	<i>P</i>	Cronbach's Alpha	CR	AVE
AFF	A1	.824				.873	.987	.929
	A2	.885	.047	23.142	0.000***			
	A3	.537	.054	12.309	0.000***			
	A4	.775	.049	19.449	0.000***			
	A5	.713	.048	17.406	0.000***			
COG	A10	.629	.050	14.861	0.000***	.878	.982	.904
	C1(R)	.720						
	C2(R)	.671	.057	17.677	0.000***			
	C3(R)	.667	.066	13.766	0.000***			
	C4(R)	.859	.071	16.939	0.000***			
	C5(R)	.743	.069	15.229	0.000***			
BEH	C6(R)	.592	.062	12.133	0.000***	.928	.993	.962
	B1	.937						
	B2	.927	.025	38.387	0.000***			
	B3	.684	.039	19.278	0.000***			
	B4	.570	.040	14.663	0.000***			
	B5	.879	.030	32.668	0.000***			
B6	.877	.028	32.446	0.000***				

* $p < 0.0001$.

Model fit Chi-square = 518.761 $df = 128$ $p = .000$ GFI = .896 AGFI = .861 NFI = .920 TLI = .927 CFI = .939 RMSEA = .078 SRMR = 0.58.

Table 4. Differences in attitudes by disability awareness training.

MAS factors and items ⁽²⁾	Disability Awareness Training ⁽¹⁾		F	P
	(Mean ± S.D.)			
	Yes	No		
Affect (Total)	2.021 ± .776	1.964 ± .775	.568	.451 ^{ns}
Cognition (Total)	2.420 ± .677	2.401 ± .720	.073	.787 ^{ns}
Behavior (Total)	2.256 ± .815	2.090 ± .864	4.008	.046*
Pillai's Trace = .009, F(3,499) = 1.545; p = .202 ^{ns} , partial η^2 = .009				

*p < 0.05, **p < 0.01, ***p < 0.001.

ns: not significant.

⁽¹⁾Yes (n = 150, 29.8%); No (n = 353, 70.2%); ⁽²⁾MAS Likert scale: 1 = Not at all to 5 = Very much.

Table 5. Differences in attitudes by familiarity with disability law.

MAS factors and items ⁽²⁾	Familiarity with disability law ⁽¹⁾			F	P
	(Mean ± S.D.)				
	Disagree	Neutral	Agree		
Affect (Total)	2.018 ± .790	1.996 ± .821	1.925 ± .709	.647	.524 ^{ns}
Cognition (Total)	2.446 ± .725	2.399 ± .730	2.372 ± .707	.483	.618 ^{ns}
Behavior (Total)	2.214 ± .845 ^b	1.983 ± .919 ^a	2.218 ± .768 ^b	4.216	.015*
Pillai's Trace = .028, F(6,998) = 2.403, p = .026*, partial η^2 = .014					

*p < 0.05, **p < 0.01, ***p < 0.001.

ns: not significant (Bonferroni procedure was used to correct for multiple comparisons at a = 0.05/3).

a < b Significant difference using Bonferroni procedure.

⁽¹⁾ Disagree (n = 177, 35.2%); Neutral (n = 166, 33.0%); Agree (n = 160, 32.8%).

⁽²⁾ MAS Likert scale: 1 = Not at all to 5 = Very much.

Table 6. Differences in attitudes by prior contact with PWDs.

MAS factors and items ⁽²⁾	Prior contacts ⁽¹⁾		F	P
	(Mean ± S.D.)			
	Yes	No		
Affect	2.035 ± .815	1.941 ± .743	1.808	.179 ^{ns}
Cognition	2.531 ± .630	2.314 ± .747	11.834	.001**
Behavior	2.216 ± .857	2.082 ± .846	3.023	.083 ^{ns}
Pillai's Trace = .024, F(3,499) = 4.005, p = .008**, partial η^2 = .024				

*p < 0.05, **p < 0.01, ***p < 0.001.

ns: not significant.

⁽¹⁾ Yes (n = 215, 42.7%); No (n = 288, 57.3%).

⁽²⁾ MAS Likert scale: 1 = Not at all to 5 = Very much.

Table 7. Differences in attitudes by gender.

MAS factors and items ⁽²⁾	Gender ⁽¹⁾		F	P
	(Mean ± S.D.)			
	Female	Male		
Affect (Total)	1.977 ± .771	1.987 ± .784	.018	.893 ^{ns}
Cognition (Total)	2.408 ± .735	2.405 ± .664	.002	.963 ^{ns}
Behavior (Total)	2.172 ± .882	2.091 ± .807	1.089	.297 ^{ns}
Wilk's Lambda = .997, F(3,499) = 0.531, p = .661 ^{ns} , partial η^2 = .003				

*p < 0.05, **p < 0.01, ***p < 0.001.

ns: not significant.

⁽¹⁾ Female (n = 301, 59.8%); Male (n = 202, 40.2%).

⁽²⁾ MAS Likert scale: 1 = Not at all to 5 = Very much.

Table 8. Differences in attitudes by age.

MAS factors and items ⁽²⁾	Age			F	P
	(Mean ± S.D.)				
	Young adults	Adults	Middle aged		
Affect (Total)	2.167 ± .813	1.950 ± .755	1.935 ± .837	2.704	.068 ^{ns}
Cognition (Total)	2.144 ± .644 ^a	2.451 ± .702 ^b	2.526 ± .699 ^b	7.209	.001 ^{**}
Behavior (Total)	2.065 ± 1.023	2.171 ± .825	2.049 ± .744	.844	.430 ^{ns}
Pillai's Trace = 0.055, F(6,996) = 4.723, <i>p</i> = .000 ^{***} , partial η^2 = .028					

p* < 0.05, *p* < 0.01, ****p* < 0.001.

ns: not significant (Bonferroni procedure was used to correct for multiple comparisons at $\alpha = 0.05/3$).

a < b Significant difference using Bonferroni procedure.

⁽¹⁾18–25 years old (*n* = 80, 15.9%); 26–40 years old (*n* = 371, 73.9%), 41–60 years old (*n* = 51, 10.2%).

⁽²⁾MAS Likert scale: 1 = Not at all to 5 = Very much.

(26–40 y/o, *M* = 2.451) at *p* = .001, and between young adults (18–25 y/o) and middle aged participants (41–60 y/o, *M* = 2.526) at *p* = .007.

Discussion

Over the years, much research regarding attitudes toward PWDs has been conducted in developed countries. It has detected some improvement in negative attitudes toward PWDs through education, regulation, and more contacts with PWDs. However, this study, conducted in the Philippines (a developing country), shows different results. They indicate that Filipino tourism and hospitality employees already had positive attitudes toward TWDs before training, familiarity with disability law, or prior contact with PWDs. In addition, the respondents who have no disability awareness training hold more positive behavioral attitudes toward TWDs than employees who have received training. The respondents who are neither familiar nor unfamiliar with the disability law indicated more positive behavioral attitudes toward TWDs than did those who are either familiar or unfamiliar with the country's disability law. Moreover, the respondents who had prior contact with PWDs showed less positive cognitive attitudes toward TWDs than did those who had no prior contact with PWDs.

The reasons behind the different results might be explained by cultural and economic aspects, particularly those driven by psychological conflicts between religious beliefs and structural constraints in developing countries (Neri, 2007; Santos, 2014; Tabuga, 2013). Filipino respondents may show favorable attitudes toward TWDs in general because of their religious beliefs and the view that disability is God's will ("Beliefs, Disability and Causation of the Filipinos," n.d.) and because of their collectivistic culture

whereby Filipinos tend to maintain harmonious interpersonal relationships and take responsibility for their fellow members (Shapiro, 2014). Filipinos may commit to serving and considering the needs of others rather than meeting self-centered needs, as in an individualistic culture. Ironically, education, regulations, or personal experiences do not seem to work effectively as ways to overcome interpersonal constraints prior to the mitigation of structural constraints, as is supported by the hierarchical theory of needs (Maslow, 1970) whereby basic needs (e.g. safety and security needs) precede psychological needs (e.g. love, belongingness, or social interaction). Thus, although employees are trained, are familiar with disability law, and have prior contacts with PWDs, they may be limited in helping and providing services to TWDs, and do so only on an individual level such as being amiable and showing helpful behavioral attitudes if structural support such as facilities and government budgets are lacking (Crawford et al., 1991; Kastenholz et al., 2015). Employees who are trained and familiar with disability law may be more aware of the need for government support to reduce structural constraints and have higher expectations about the role of government than those who are not trained or familiar with disability law (Albarracin et al., 2005).

Moreover, from a cognitive dissonance perspective (Aronson, 1969), those who are trained and familiar with disability law may show less favorable behavioral attitudes when their expectations are not reflected in the structural reality in developing countries. Employees may show favorable behavioral attitudes during the initial one to two hours of dealing with TWDs but may become exhausted if they need to help TWDs by themselves, relying on favorable behavioral attitudes and lacking facilities or budgets for PWDs (Crawford et al., 1991; Maslow, 1970). Therefore,

employees who are trained and familiar with disability law may have favorable affective and cognitive attitudes toward TWDs but, as favorable behavioral attitudes may be more associated with providing direct and physical assistance, still show no differences in mental attitudes. Likewise, people with prior contact with PWDs may be used to helping PWDs and have favorable behavioral attitudes but could feel cognitive pressures against enjoying meeting PWDs (as seen in the overall description of cognitive attitude items) because they have experienced the difficulty of dealing with PWDs without assistance from structural support in developing countries (Neri, 2007; Santos, 2014; Tabuga, 2013).

Regarding the disability awareness training-related results, those who took part in training programs had the highest mean scores for behavioral attitudes, including escape items (*Move away; Get up and leave; Find an excuse to leave; Move to another table*) and avoidant items (*Read the newspaper or talk to the cellphone; Continue what he/she was doing*). This result may be explained by the risk avoidance-related psychology and behavior seen in collectivistic cultures in contrast to individualistic cultures promoting risk (Ng & Lee, 2015). Filipino employees who know how hard it is to handle TWDs may perceive more risks than would those in an individualistic culture and may thus tend to avoid taking action, which is related to the lack of structural support. Moreover, employees dealing with TWDs may be required to have a great deal of patience and make significant effort, particularly in developing countries, given their lack of structural and systematic support (Crawford et al., 1991; Kastenholz et al., 2015). Even employees who are trained to assist PWDs (e.g. physiotherapists, occupational therapists, social workers) in developed countries claim that they are put under stress when they offer behavioral help to PWDs (Au & Man, 2006). Another factor may be due to educational program in the Philippines that may differ from developed countries, where the quality and duration of training programs provided to employees are greater. Disability awareness training programs in the Philippines may not be as effective as those in developed countries, which invest in building accessible environments and also ensure that their disability training programs are competitive (United Nations, 2015). Given that the Philippines is a developing country, disability awareness training resources may be limited relative to those in developed

countries (e.g. United States of America) (“Leading Practices on Disability Inclusion,” n.d.).

Regarding familiarity with disability law, Filipinos familiar with the national disability law may be more aware of the rights and issues surrounding disabilities (Hernandez et al., 2004). Since Filipino tourism and hospitality employees who are familiar with the law are more educated regarding disability issues, they may feel more obligated to conform to the law and provide better services to TWDs, which might not be fully realized because the nation’s poor structural accessibility makes it difficult for the employees to assist TWDs (Crawford et al., 1991; Maslow, 1970). Another possibility has cultural and social dimensions. Participants who are neither familiar nor unfamiliar may be unaware of the importance of the law, or the law may not affect the respondents’ day-to-day lives. Filipinos may exhibit little interest in the laws that protect and promote the welfare of people with disabilities (Tabuga, 2013). Even simple rules governing the workplace and roads are ignored (benign0, 2013), such as when people do not follow road signs or push their way ahead of others in a queue. In the Philippines, even the most basic guidelines are not followed (benign0, 2013).

Regarding prior contact with PWDs, those without prior contact with PWDs indicated more positive cognitive attitudes than those who had previous contact. Those with experience of PWDs may have become used to approaching them, as is supported by Triandis’ (1977) past-current behavior consistency theory. Triandis’ (1977) theory is slightly different from social adaptation theory (Beatty & Kahle, 1988) or self-perception theory (Bem, 1972) in positing that past behavior influences current and future behaviors, mediated by cognitive consistency. Thus, despite the lack of cognitive consistency, such as cognitive pressures against approaching PWDs among employees who know how hard it is to deal with them due to the lack of structural support in developing countries (Neri, 2007; Santos, 2014; Tabuga, 2013), employees may still show affective sympathy or approachable attitudes toward PWDs. Another component may be ascribed to the cultural aspect of the study participants. Prior contact with disabilities may be considered a significant variable in one culture but not in another (Zaromatidis, Papadaki, & Gilde, 1999). Studies conducted in other countries (e.g. the United States, Australia) found that previous interactions with PWDs correlated with positive attitudes toward disabilities. Surprisingly, Filipino participants with

prior contact demonstrated less favorable cognitive attitudes toward TWDs. Intergroup contact theory (Amir, 1969) states that contact may also result in negative attitudes since unfavorable conditions tend to strengthen prejudices, such as when majority and minority groups are in contact and the minority members have lower status. Filipino employees with previous interactions with PWDs may have positive affective and behavioral attitudes toward PWDs because of their affectionate and friendly nature (Dixon, 2015), but their cognitive attitudes may be less favorable due to their cognitive prejudices toward PWDs, who are socially marginalized (Sison, 2013).

The effect of gender on attitudes toward disabilities is decreasing (Yuker, 1994). This is demonstrated in the Philippines, as both females and males exhibited positive affective, cognitive, and behavioral attitude, toward TWDs. The Philippines is one of the most gender-equal countries in the world (Tubeza, 2017). Thus, there is little to no gender disparity in the country in terms of health, education, economic opportunity, or politics, which weakens gender role socialization in the country. Exposure to gender equality may have had an effect on the participants' emotional reactions, cognition, and behavioral attitudes toward PWDs, as both genders exhibited positive attitudes toward TWDs. Regarding age, the findings may be influenced by the social structure, participation, and engagement of young adult participants relative to the older participants. Youth is a transition period during which individuals experience changes in their thoughts, feelings, and interactions with other people (Puyat, 2005). People aged 18–25 years value diversity in people and perspectives (Simpson, 2008). Puyat (2005) claimed that most Filipino youths differ from their parents and other adults in that they have to deal with physical and emotional changes in the context of a changing social environment heavily influenced by globalization and rapid technological progress. Young adult Filipino employees (18–25 years old) have more positive cognitive attitudes toward TWDs because they are more aware of social issues impacting disability, as they grew up with access to digital communications technology (Meyer, 2016) and are more exposed to globalization (Parasuram, 2006) than older generations. Older Filipinos, especially those in rural areas, have misconceptions of and cognitive prejudices against PWDs due to their lack of knowledge of the causes and origins of

disabilities (South Eastern Region Migrant Resource Center, 2010).

The findings of this study suggests that strategies and policies for alleviating structural constraints should be a precondition of employee educating in order to mitigate intra- and interpersonal constraints and improve employee attitudes in developing countries. Ironically, since the developed countries examined by those studies have well-structured and accessible TWD resources, providing educational programs to employees as well as opportunities to have direct contact with disabled persons improved employee attitudes and made them aware of disability issues and laws. The government should overcome the weaknesses caused by the lack of structural support in the Philippines by enhancing social capital through the establishment of social networking groups and communities who could help TWDs at the public and private levels; this could be effective in a collectivistic nation like the Philippines.

In addition, as the Philippines' risk-avoidance/collectivistic culture and Catholic beliefs (such as resigning oneself to one's fate rather than fighting against it) seem to have influenced the results of this study, employees should be trained to separate their personal thoughts and behaviors from those required in TWD-related matters. Risk-promotion behaviors should be encouraged through educational programs to motivate employees to actively approach TWDs. Employees should also be encouraged to share opinions on how to improve accessibility in terms of structural support rather than to just adapt themselves to the existing environment. The educational programs should include detailed sections on such topics as the different types of disabilities, field experiments and observations, how to interact with TWDs, and ethics. Successful completion of such programs should be rewarded by governments, organizations, and companies.

Since studies on attitudes toward disabilities in the Philippines are few, this work relies heavily on literature from developed countries, which may influence some of its results. A method based on suggestions from previous studies might produce biased results that differ from the hypothesized expectations. For future research, in-depth interviews and experiments should also be used to gain a more in-depth understanding of hospitality and tourism employees' attitudes toward TWDs, focusing on the mitigation of structural constraints. As attitudes are strongly

influenced by cultural and structural factors, a more discriminative instrument should be created and applied to contexts similar to that examined in this study.

Disclosure statement

No potential conflict of interest was reported by the authors.

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