

INTERCITY TRANSPORTATION PROVIDER VIEWS: ARE WE READY TO PROVIDE SAFE AND DIGNIFIED SERVICES TO ALL?

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SUMMARY

As a component of the National Institute on Disability Rehabilitation and Research (NIDRR)-funded Rehabilitation Engineering Research Center (RERC) on Accessible Public Transportation at the National Center for Accessible Transportation (NCAT), Oregon Health and Science University's Center on Self-Determination (CSD) conducted focus groups with air carriers and subcontracting organizations ("vendors") to investigate: 1) current training that personnel receive in serving passengers with disabilities, 2) level of skill and sensitivity among personnel, 3) the potential need for additional training, and 4) organizational/systems-level commitment to safe, dignified assistance to all passengers. Findings from this study will be combined with results from its affiliated RERC projects including: 1) a qualitative study of the experiences of travelers with disabilities, 2) a review and critique of current industry passenger assistance training practices, 3) two national surveys of travelers with disabilities, and 4) biomechanics research around safe dependent transfer techniques.

All information will be used to create a comprehensive, evidence-based Passenger Assistance Training curriculum for intercity transportation personnel.

Key Words: Training, Transportation, Disability

PURPOSE OF STUDY

Persons with disabilities represent a significant share of the intercity traveler population with nearly a third of adults with disabilities (31%) having traveled by air in the past two years (9.6 million air travelers) [Open Doors, 2005]. For many of these individuals, transportation is more than just a convenience – it is an important quality of life issue [Brooks, 2004; Fresher-Samways et. al, 2003]. While intracity and intercity transportation services for people with disabilities have vastly improved over the past

two decades, significant barriers still exist [Whiteneck et. al, 2004; Wehman et. al, 1999; Allen, 1997]. Experiencing a disability and using intercity air travel services safely and with dignity is still frustrating, and even dangerous, for many people.

In order to board and deboard aircraft or use onboard lavatories, many persons with disabilities must depend on personnel, fully or in part, to assist them with the physical transfer process. This leaves travelers vulnerable to injuries or, at the very least, potentially uncomfortable situations. Despite laws meant to ensure the rights of passengers with disabilities (e.g. United States Air Carriers Access Act – ACAA), in 2005 the United States Department of Transportation (USDOT) received 498 disability-specific complaints (5.7% of total complaints) against air transportation providers [USDOT, 2005; 1].

Transportation personnel also face unique challenges when trying to provide services to passengers with disabilities in a safe and dignified manner [Quilty, 2003]. Assisting passengers with transfers on sloped surfaces and in the confined spaces of vehicle cabins can be extremely difficult due to the physical characteristics of personnel and passengers and severe space limitations. Although precise estimates of assistance-related injuries are not available due to inconsistencies in job classifications among air carriers and, especially, among vendor companies, anecdotal evidence from the focus groups conducted for this project indicates that injuries from lifting in difficult environments are a major concern.

While the ACAA and its accompanying Technical Assistance Manual [USDOT, 2005; 2] clearly outline carriers' legal responsibilities with respect to serving passengers with disabilities, there are no specific requirements related to the quality, quantity, or content of training personnel must receive. Individual carriers are free to train personnel according to individual definitions of "proficiency" – there is no national or industry standard. Moreover, the depth and breadth of current personnel training programs are unclear as many carriers are reluctant to disclose proprietary information to those outside of the organization. Despite whatever training is currently provided to air carrier and vendor personnel, passengers and personnel continue to sustain injuries and disability-related civil rights complaints continue to be filed with the USDOT. More and better personnel training is needed.

As a foundation on which to build this training, the Center on Self-Determination sought to understand how personnel are currently being trained to serve passengers with disabilities. We investigated their current knowledge, sensitivity and skills, in what specific areas additional training is needed, and how personnel perceive their organizations' general commitment to quality services for all passengers including those with disabilities. This report presents an overview of findings.

METHODS

1. Recruitment

Forty-four air carrier and vendor personnel, both persons responsible for directly assisting passengers with physical transfers and supervisors of these persons, were recruited by networking with 6 air carriers and subcontracting organizations in Portland (OR), Phoenix, Minneapolis, and Miami. Sites were selected in order to provide for the greatest geographic representation of airline and vendor personnel.

2. Participants

Twenty-seven participants were persons whose primary role was direct service to passengers and 17 participants were primarily supervisors, although significant overlap in responsibilities was common (i.e. supervisors directly assisting passengers as part of their regular duties). Participants ranged in age from 17 to 72, with a mean age of 44.4 years. Forty-six (46%) percent of participants were female and 77% identified themselves as "Caucasian, non-Hispanic." Length of time in position ranged from 1 to 348 months (29 years) with a mean length of time in position of 69.2 months (\approx 5.8 years). Twenty-one (21%) percent of participants were high-school graduates, 34% had some college but no degree, 32% were college graduates, and 9.1% had graduate degrees. Eighty-nine (89%) percent of participants identified themselves as full-time employees.

3. Procedure

Nine structured focus groups were conducted between July 2005 and April 2006. Each group was audio-recorded, lasted approximately 2 hours, and had 3 to 10 participants. A Moderator Guide was developed by the research team and used to facilitate conversation. Focus groups included discussions of:

1. participants' experiences or incidents around serving passengers with disabilities,
2. how participants are trained to assist with dependent transfers and load/retrieve carry-on items including mobility aids and other assistive devices
3. trainings currently provided (duration, frequency) and current training methods and procedures,
4. participants' views on gaps in current training, preferences for training content, and preferences for training methods/modalities,
5. how trainings are framed by the organization (i.e. mandatory, required, suggested),
6. incentives used to promote/reinforce quality service to customers with disabilities.

A "Position Information Questionnaire" was also used and contained questions about participant demographic information, perceptions around knowledge/experience necessary to perform job functions, and open-ended responses related to perceived impact of the position on passengers with disabilities. Direct service personnel were paid \$30.00 to participate. Consent to participate and consent to audio-record were obtained prior to each group and all activities were conducted under the approval and supervision of the Institutional Review Board at Oregon Health and Science University.

4. Analysis

Audio recordings were professionally transcribed for analysis and review. A coding system was used to evaluate responses provided by participants during focus groups.

This system was created based on a review of a sub-set of focus group transcripts. Two graduate-level research assistants independently reviewed focus group transcripts and independently generated lists of the most frequently occurring topic areas and responses. After this independent generation of potential codes, research assistants met to identify areas of consensus on topics and on codes within each topic area. The most commonly occurring, consensually identified responses were given codes. Once these codes were agreed upon, research assistants met with the principal investigator and project coordinator who conducted the focus groups to confirm the validity of the coded responses and to reach agreement on a final coding system.

Content coding of focus group transcripts was completed by a graduate research assistant. A subset of the focus group transcript pages (14 pages, 6% of total sample) was also coded by the project coordinator to assess inter-rater reliability. In the current study, inter-rater reliability on the coded responses ranged from .69 to .91. Mean reliability on the coding was .82, which is considered to be within the acceptable range. In total, 365 pages of raw data resulted in 1,098 coded participant comments.

RESULTS

A number of positive and negative factors relating to the readiness of the intercity air transportation industry to provide safe and dignified services were uncovered through qualitative analysis. There was considerable variation in participant views about factors related to this issue, depending in part on whether participants were employed directly by air carriers or the vendors contracted to provide specialized services. In general, however, factors mentioned by providers can be grouped broadly into four areas: characteristics of the job or system, characteristics of current training, characteristics of service providers themselves, and characteristics of passengers with disabilities.

1. Characteristics of the Job or System

Of the 1098 coded comments, 37% (406) related to the job or system participants work in. One of the most frequently cited concerns of transportation personnel was the lack of information provided about what to expect when being called to assist a passenger with a disability. For example, one vendor employee related a story about arriving with a colleague to assist a passenger in deboarding the aircraft. "And there was an incident where [Darla] and I went to... one of the gates, and the ticket agent laughed at us because they looked at [Darla] and I... 'There's these two little people, and there's this - ... it was a pretty good-sized person that we were going to take off the plane.'" Personnel also related stories about malfunctioning or faulty communication equipment leading to dangerous situations.

Other participants had general concerns about their status within the structure of their work environment. One vendor employee described how he and his colleagues are viewed by other airport personnel. "We're at the bottom of the totem pole, and its not like we're making any money... If you get hurt on the job you don't get health

insurance... I kind of get the feeling that we're not really that important here at the airport."

Positive factors impacting personnel readiness centered around the stimulating nature of the work environment including interacting with passengers with disabilities and the camaraderie they felt with colleagues. Overall, participants expressed warm feelings for their passengers and coworkers and how these aspects of the work environment encouraged and reinforced the provision of quality services. "One thing that helps us all a lot, we've worked together a lot. We're like family. We really care for each other, and that makes a lot of difference. I think it does. We're a team."

2. Characteristics of Current Training

36% (395) of participant comments related to current training or suggested areas for improvement. There were significant differences in the quality, depth, and breadth of the training participants received depending on whether they were employed by air carriers or vendor organizations and sometimes, depending on the individual trainer. "It would depend on the day, because the trainer will stress certain things on different days. Like I sat through several of these classes and sometimes he'll forget to mention something, or just... stuff he goes over. Its different all the time."

Participants generally viewed current training systems as having room for improvement. Some participants depended almost entirely on "on-the-job" training while others were provided with combinations of video, didactic, experiential, and web-based learning opportunities. Some providers offered employees annual recurrent training while others depended on passenger complaints or personnel/passenger injuries to indicate a need for refresher courses. Concerning the level of detail of the training his company provides, a participant stated, "Well, someone yesterday didn't even know what an aisle chair looked like, so obviously in class they didn't show one and so he had no idea."

There were positive comments in this area related to the compassion exhibited by individual trainers and their ability to convey this to training participants. A supervisor and trainer of vendor personnel described his approach by saying, "the customers are very unique, very special people, very valuable... so that's the way you treat them, and then I show them."

3. Characteristics of the Service Providers Themselves

15% (165) of coded comments related characteristics of the service providers themselves that positively impacted their ability to provide quality services. One participant remarked, "I enjoy helping people, you know? That's kind of like one of the biggest things for me... that's where I get a lot of my satisfaction and comfort level and all that. It just kind of comes natural to me."

Empathy and an awareness of passengers as unique individuals with individual needs were also mentioned frequently as positive factors impacting readiness to provide dignified services. One participant said, "I always feel like when I'm helping someone

that I know needs that assistance, I always like to think of myself being in that situation one day.”

Finally, having previous work experience in serving people with disabilities and/or seniors was cited as beneficial. Prior to entering the transportation field, several participants had worked in human service-related jobs they felt had prepared them well for providing service to travelers with disabilities. One participant stated, “I had twenty-seven years in teaching, so I came into contact with a lot of disabled people.”

Some participants had close friends or family members who, as a result of a disability or old age, needed some degree of assistance. “[My experience] started back when my mother was ill and she had Alzheimer’s and I had to start caring for her... getting her out of bed. I haven’t had any professional training other than going through a class when I started here at the airport... and I went through a couple of classes to help my grandson, how to transport him. He also has a disability so in picking him up, you got to be very careful.” Other participants patterned their service after how they would like family members to be treated. “I treat people the way that I want my grandmother to be treated.” “Put it this way: you wouldn’t want to treat your father and mother like that would you?”

Characteristics of personnel that negatively impacted their ability to provide safe and dignified services primarily involved low confidence in their skills. When participants were questioned about their level of confidence in assisting passengers with physical transfers, one remarked, “It can be nerve-racking the first time you go up to someone... I worry I’m about to snap their legs off.”

4. Characteristics of Passengers Needing Assistance

The least frequently mentioned factors (132 responses, 12%) impacting personnel readiness to provide safe and dignified services were positive and negative characteristics of the passengers needing assistance. Participants appreciated when passengers were polite and expressed gratitude for the assistance they received and when passengers made efforts to make a “human” connection or relate personal stories. “What I enjoy best is just the stories that I hear from the passengers and stuff. I’ve pushed people that have been in World War II, Vietnam. I love that, just to talk with them.” Another participant stated, “Oh, I enjoy the passengers. I get a kick out of a lot of them.”

Participants did express frustration with passengers who are impatient. They also related stories about passengers failing to adequately communicate their needs and preferences, who were physically unpleasant to work with (e.g. hygiene, body fluids), or who were seemingly intoxicated. One participant described a situation involving alcohol. “When my passenger came off the plane she had had something to drink on the plane... she was not really intoxicated but just a little bit. And she asked me to take her to this bar that was down by her plane... so I said O.K. She got really drunk and I didn’t know what to do with her. She was yelling and cursing at me and yelling things. She wouldn’t do anything.” Lastly, participants mentioned specific disability-related

challenges including cognitive, speech, or hearing impairments and general confusion among passengers as impacting their ability to provide quality services.

DISCUSSION

The purpose of this study was to investigate how prepared intercity air travel personnel are to meet the needs of travelers with disabilities by exploring how they are currently being trained and their levels of knowledge and skill in this area. We also attempted to uncover areas where additional training might be valuable and assess general organizational commitment to quality services for all passengers.

The overall impression was one of warmth on the providers part towards their passengers with disabilities and their colleagues. Participants were aware of the importance of treating passengers as individuals and seemed eager to learn about passengers' disability-specific issues. Some participants we spoke with had past professional or personal experience with people with disabilities and were sensitive to their needs. Many, however, lacked confidence in their existing skills and most expressed a need for additional training about the features of different disabling conditions, effective communication, and safe ways to assist with difficult physical transfers.

Current training systems were generally described as inconsistent. Two organizations we encountered devoted significant training resources to preparing personnel to provide disability-specific services. Most organizations we encountered, however, used a patchwork of training materials, an assortment of variously qualified instructors, and little in the way of recurrent training around serving passengers with disabilities. All of the organizations that collaborated with our team on this study, however, should be applauded for their willingness to examine their own training systems and engage with us in a dialogue about how to improve services.

Participants were team-oriented but many felt undervalued in terms of wages, benefits, and general respect among their peers at the airport. We observed considerable polarity between persons employed by airlines directly versus those employed by vendor companies contracted to specifically provide services to passengers with disabilities. In the latter case, participants were generally working at or near minimum wage and were not provided with health insurance benefits from their employer. Our expectation was that these personnel would be largely young, informally or marginally educated, seasonal employees. The sample for this study, however, had a mean age of about 44 years old, were generally well-educated, and were predominantly full-time employees (89%).

Limitations of this study include a relatively small, potentially biased sample because of the organizations we could get to collaborate on the project. It may be that these companies are more attuned to the value of safe and dignified service to passengers with disabilities. The sample was predominantly Caucasian and the high number

participants indicating work status as full-time may have been influenced by the time of year the focus groups were conducted. Holding focus groups during higher travel times may have led to more temporary and part-time workers and, therefore, different views about the topics addressed in the groups. Finally, all focus group attendees were “released” by supervisors to participate in the groups. It may be that participating organizations sought to put their best face forward to the project, thereby skewing the sample towards those who are more sensitive and skilled in disability-related issues.

CONCLUSION

The study presented here was conducted as part of our effort to develop comprehensive, relevant materials to help airline personnel improve services to passengers with disabilities. A more detailed analysis of the present data, combined with findings from our study of the experiences of travelers with disabilities, will give us a deeper understanding of how ready air travel providers are to address this critical quality of life issue for persons with disabilities.

The findings of this study are encouraging in that they demonstrate the high quality of “human capital” presently working for air carriers and vendor organizations in service to passengers with disabilities. Personnel are kind, empathetic, and desire to treat passengers safely and with dignity. They need additional tools, however, to be effective in this. Furthermore, the air transportation industry overall may do well to follow the lead of some select carriers as the population of the United States in general shifts towards needing additional care and accommodations in all aspects of life, including intercity travel.

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