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Compliance of Zimbabwean Hotels in the Provision of Innovative Facilities for Guests with Disabilities

Marvellous Mangwiro¹, Nelson Zengeni¹, Kumbirai Mirimi^{1*},
Gwerena Chamunorwa¹

1. Chinhoyi University of Technology, School of Hospitality and Tourism, Zimbabwe

ABSTRACT

Purpose: *In Zimbabwe, people with disabilities have limited options when looking for hotel accommodation as hotels often lack facilities that cater to their specific needs. This study sought to explore the perceptions of people with disabilities on the compliance of Zimbabwean hotels in the provision of innovative facilities for guests with disabilities.*

Methods: *Data was collected by administering a semi-structured interview guide to 55 respondents. Thematic analysis of the data was carried out.*

Results: *The findings indicate that hotels are not compliant in terms of providing innovative facilities for guests with disabilities. Accessibility of facilities emerged as the most important consideration for guests with disabilities.*

Conclusion: *It is recommended that hotels be more innovative and upgrade their facilities so that they are accessible to people with disabilities. This would not only enhance their guests' hotel experience, but would also expand the hotels' customer base to include this clientele.*

Key words: *Disability, people with disabilities, innovation, innovative facilities, hotel experience.*

INTRODUCTION

People with disabilities are a growing market for suppliers of tourism and hospitality products the world over. Studies on the importance of catering to the needs of people with disabilities in the tourism and hospitality industry are also on the increase (Darcy et al, 2011; Vila et al, 2015; Morris and Kazi, 2016). Israeli (2002) states that people with disabilities are becoming a significant market for

* **Corresponding Author:** Kumbirai Mirimi, Chinhoyi University of Technology, School of Hospitality and Tourism, Zimbabwe. Email:kmirimi@yahoo.com

the tourism and hospitality industry. Chen (2013) acknowledges that people with disabilities and their families spend at least US\$27 billion per year if their accommodation requirements are met. The need to be viewed as equal citizens has pushed them to demand more from suppliers of goods and services. Ratzka (2007) posits that people with disabilities are a growing group of consumers of travel, sports, and other leisure-oriented products and services. Darcy et al (2011) note that people with disabilities represent a distinctly identifiable, sizeable, and growing population that has consistently faced unique barriers to access and participation in their capacity as hotel guests.

While discussing disability, it becomes imperative to include the elderly as there has been a growing number of people with disabilities that are mainly attributed to ageing (Darcy, 2002; Chikuta, 2015). Hussien and Jones (2016) concur that people with disabilities have become an important market for the hotel industry. This growing demand by people with disabilities can be used as evidence to support the potential for hoteliers to benefit from this emerging clientele base. Hotels therefore need to understand their consumers in order to tailor make products and services that satisfy their market (Navarro et al, 2015).

About 15% of the world's population lives with some form of disability (WHO, 2011). Bas (2016) puts the figure of people with disabilities at approximately 1 billion. In USA, 12.6% of the total population in 2015 were people with a disability (Erickson et al, 2016). In Zimbabwe, the Ministry of Health and Child Care (2013) reports that there are over 900,000 people living with a disability, accounting for 7% of the total population. These statistics indicate that people with disabilities comprise quite a significant proportion of the population. This calls for development that is inclusive and accommodates people with disabilities. Ugurlu and Aksut (2016) point out that as the demand for accessible tourism is growing, it is now seen as an opportunity, rather than an obligation. Tourism and hospitality service providers need to tap into this opportunity. People with disabilities are most likely to switch to more accessible competitors, leaving behind inaccessible premises, inflexible, inaccessible telephone systems, and inaccessible printed information (Legacy for Disabled People, 2012).

There is still a misconception in the market today that people with disabilities are economically unproductive and lazy, and therefore should not enjoy the same privileges as those without disabilities (Chikuta, 2015). Some studies have proved this wrong by showing that there are people who are economically active despite their disability (Shakespeare, 2000; Ratzka, 2007; Ugurlu and Aksut, 2016). The

hospitality industry does not discriminate in providing satisfaction to its clientele. People with disabilities would also like to enjoy the same products and services as persons without disabilities. Shakespeare (2000) points out that people with disabilities want their rights as citizens to be recognised as they are often ignored by service providers. Chikuta (2015) notes that people with disabilities are also entitled to enjoy and be satisfied with the tourism and hospitality products and services just like those without disabilities. Ugurlu and Aksut (2016) also argue that the tourism and hospitality industry should recognise that people with disabilities have equal rights to tourism and hospitality services and opportunities.

There is no consensus among scholars as to the precise definition of disability. Erickson et al (2016) argue that the availability of several definitions and disability questions that are asked may identify different populations with disabilities and result in larger or smaller estimates. The United Nations Convention on the Rights of People with Disabilities (2006) defined the term 'people with disability' as those people with physical, cognitive, or sensory injury or damage that can prevent maximum and effective participation in society. Freeman and Selmi (2009) highlight that the term 'disabled' embraces those persons with hearing, visual, mobility, agility, pain, or psychological or psychiatric problems to the point that it can impede their participation in society. The World Health Organisation (2011) notes that there is a relationship between ageing and disability. People start experiencing some disabilities such as mobility, vision, hearing, and cognitive disabilities as they age (WHO, 2011). Zimbabwe's Disabled Persons Act (Chapter 17:01 of 1992) defines a disabled person as, "...a person with a physical, mental or sensory disability, including a visual, hearing or speech functional disability, which gives rise to physical, cultural or social barriers inhibiting him from participating at an equal level with other members of society in activities, undertakings or fields of employment that are open to other members of society." Morris and Kazi (2016) referred to this group of people as people with special needs. For the purpose of this study, the definition by the Zimbabwe Disabled Persons Act has been used as it encompasses all forms of disability.

Several studies on hotel guests with disabilities have emphasised the need for provision of innovative facilities for them (Burnet and Bender-Baker, 2001; Chen, 2005; Poria et al, 2011; Kapiki, 2012; Morris and Kazi, 2016). Burnet and Bender-Baker (2001) found that this special need segment is characterised by a strong brand loyalty. People with disabilities are likely to be more attached to hotels that offer facilities that cater to their unique needs. The unavailability of precise

accessible facilities brings out the picture that most of the hotels are not compliant in providing innovative and quality service to persons with disabilities (Kapiki, 2012). People with disabilities are either forced to use whatever is available or they are not expected to visit at all. Udusei et al (2015) noted that innovative facilities and accessibility of hotels enhance social inclusion of persons with disabilities. Chen (2005) argued that in order for hospitality and leisure professionals to attract customers with disabilities, they must align their services with the needs of those individuals with disabilities. Thus, hotels that are able to provide innovative facilities for people with disabilities are likely to enjoy repeat business from this market segment in particular.

Otterbacher (2008) defines innovation as putting a new idea or approach into action that leads to value addition in an organisation. Innovation can also be used to mean putting new opportunities for value addition (Martínez-Ros and Labeaga, 2009). Gyuracz-Nemeth et al (2013) refer to innovation as the application of new ideas to the products, processes, or other aspects of the activities of a firm that lead to increased value. Innovation, when applied to hospitality business is very diverse and is often driven by external forces such as changing customer needs, demographics, technology, government policy and environmental conditions (Martínez-Ros and Orfila-Sintes, 2009). Gaunt (2012) suggests that provision of accessible facilities is by far the most important area of concern for achieving barrier-free tourism for people with disabilities. Intarapasa and Thongpan (2012) contend that innovations in hotels facilitate convenience for guests with disabilities. Thus innovative facilities in hotels refer to those amenities and services that are tailor-made to serve a particular purpose.

Pagan (2012) notes that people with disabilities would travel more regularly if they feel more welcome in accommodation establishments. This welcome relates to the facilities that are available and whether people with disabilities can use them freely and conveniently. Poria et al (2011) concur that the people with disabilities need spacious hotel rooms with less furniture, with ramps, Braille-written menus for those who are visually impaired, and staff who understand their situation.

Hotels should invest in upgrading their facilities, especially in accessible rooms since their efforts also result in improvements in service provision for people with disabilities (Intarapasa and Thongpan, 2012). Concerns have been raised that even if a hotel, or any establishment, advertises facilities for people with disabilities, it should not be taken at face-value (Yau et al, 2004). Thompson

(1998) observes that many of the facilities for people with disabilities in hotels are inadequate for some levels of disability; for example, some elevators have room enough for a standard wheelchair, but not for a reclining wheelchair which has to be used for a severe disability. Developing innovative facilities that are friendly to guests with disabilities helps improve their hotel experience and can also build a good image for the hotel (Graham and Roberts, 2000).

In Zimbabwe, there is limited research on the level of compliance of the supply side with regards to provision of innovative facilities for people with disabilities (Choruma, 2007; Mugumbate, 2014; Chikuta, 2014, 2015). Chikuta (2015) found that the sector is not adequately prepared and facilities are not developed enough to cater to the diverse needs of people with disabilities. Choruma (2007) concurs that lack of facilities is the key factor in the low satisfaction level amongst persons with disabilities. There is now much focus on the importance of ensuring accessible tourism.

Although the number of guests who would benefit from accessible facilities is on the rise, most hotels in Zimbabwe are yet to recognise the need for improving their facilities to enhance the hotel experience for people with disabilities. Most hotels are not physically accessible for people with disabilities (Chikuta, 2015). This is particularly attributed to the lack of clear government policies (Mugumbate, 2014), inadequate staff training and lack of improvement and upgrading of hotel facilities in meeting the access needs of the people with disabilities. Hussien and Jones (2016) argue that there is a gap between what hotels are providing and what is needed by people with disabilities. Grady and Ohlin (2009) note the need to speak with guests with disabilities to get their views on hotel needs in order to incorporate these views in future developments.

Failure by hotels in providing innovative facilities for guests with disabilities is affecting their experience, safety and accessibility of the products (Darcy et al, 2011). Guests with disabilities are left with limited choice when looking for accommodation in local hotels (Guvamombe, 2014), as there are no innovative facilities that cater to their individual needs. Chikuta (2015) concurs that people with disabilities are discouraged from travelling by the nature and state of tourism and hospitality facilities in Zimbabwe. For instance, only 30% of registered hotels in Victoria Falls have accessible accommodation (Chikuta, 2015). If this problem is not addressed, hotels in Zimbabwe will lose out on potential business from people with disabilities and the organisations that represent them.

Aim

The main focus of this study is to explore the perceptions of people with disabilities regarding the compliance of Zimbabwean hotels in the provision of innovative facilities for guests with disabilities.

METHOD

Setting

This study was carried out in 2016 in Harare which is the capital city of Zimbabwe. The city is the hub of hotel business and several organisations for people with disabilities are also located here, such as the Jairosi Jiri Foundation and Danhiko Trust, among others.

Sample

A total of 55 respondents took part in the study. Participants were recruited based on availability, with the help of organisations for people with disabilities and community centres serving this population.

Data Collection

This was an exploratory study and therefore qualitative methodologies were employed to elicit the opinions of people with disabilities. Convenience sampling, a non-probability sampling technique, was used to select respondents for the study. Some of them were interviewed by the researcher, using a semi-structured interview guide. Informed consent was obtained from the participants after the purpose of the study was explained, and they were told that they were free to withdraw from the study at any point.

Data Analysis

Collected data was analysed qualitatively using thematic analysis. According to Braun and Clarke (2006), data analysis is basically the process of simplifying the data collected in the field into a form that people really understand. Using thematic analysis provides flexible and useful research findings which can potentially provide a rich and detailed account of data. The analysis of data for the current study involved deducting themes from detailed description in response to the open-ended questions that were used.

RESULTS and DISCUSSION

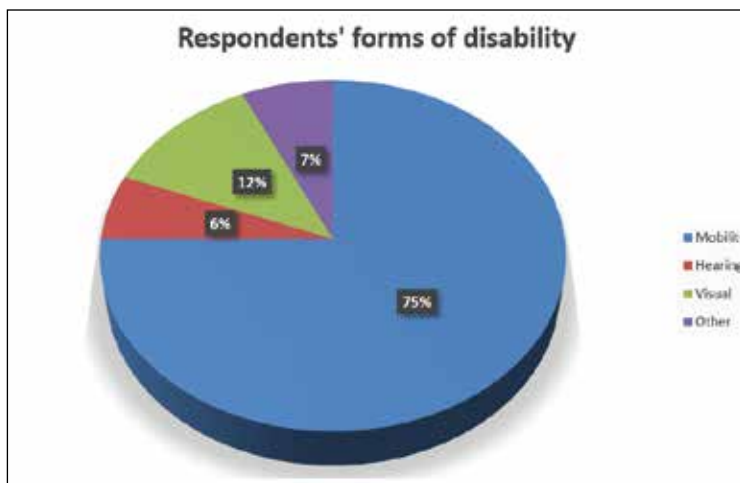
Demographic Profile of Participants

Among the respondents, 73% were females while 27% were males. The statistics of respondents are not evenly distributed between males and females. Based on the responses, the assumption is that males with disabilities are not willing to come out and voice their concerns. Society also has its own ways of stigmatising, which is especially embedded in cultural practices. On the other hand, women are now more empowered through various support groups and they believe they also need to stand out and be heard.

Forms of Disability among Participants

Four themes emerged regarding the forms of disability that the respondents had, namely mobility, visual, hearing and a category for other disabilities. The aim of establishing these forms of disabilities was to understand the specific innovative requirements with regard to hotel products and services. Figure 1 shows the various forms of disabilities among the respondents.

Fig 1: Forms of Disability



The chart shows that mobility was the dominant form of disability among the respondents, and the least prevalent form of disability was hearing. Despite their various disabilities, respondents said that they had experienced hotel visits and

services. However, the lack of facilities that cater to their needs in most hotels was a deterrent.

In terms of compliance by hoteliers in the provision of innovative facilities for guests with disabilities, the two themes that emerged were availability and accessibility of facilities. The most important point was that some hotels do have innovative facilities but they are inaccessible, while other hotels do not have the facilities at all or they are available to a limited number of people. The findings with regard to availability and accessibility of these hotel facilities for people with disabilities are presented below.

Accessibility of Facilities

The study found that a majority of people with disabilities expect innovative facilities so as to better or improve their access and experience as a whole in hotels. This was highlighted by a few of the respondents.

“...they (hotels) have to meet and exceed my expectations” (Respondent no. 4).

“...facilities should be user-friendly and accessible to anyone, be it disabled or non-disabled” (Respondent no.1).

“...they (hotels) must be of best and advanced but simple to use” (Respondent no. 3).

These findings concur with Kim and Sungsoo (2004) who posit that improving accessibility for people with disabilities in hotels has been identified as a major contributor to guest satisfaction.

The findings also suggest that a majority of people with disabilities are negatively affected by the inadequate adoption of technology by Zimbabwean hotels.

“...sometimes I feel so inferior or out of place because I will be limited to a few accessible facilities” (Respondent no. 4).

Israeli (2002) notes that seven of the most significant accessibility attributes are staircases, elevators, parking, accessible sidewalks, access ramps, paths, and restrooms. Pilling (2003) suggests that universal design technologies should give universal access to the people with disabilities, be it in transport or tourism industries. People with disabilities also noted the following as critical in catering to their satisfaction with hotel facilities: accessibility of hotel public areas, signage and hotel accessories, and accessibility of facilities in the rooms such as laundry facilities, tea-making facilities and entertainment.

In terms of accessibility of public areas in hotels, respondents were concerned about parking spaces, lobbies, and elevator use. They noted that although most hotels have accessible parking near the entrance, there is often no ramp between the road and the sidewalk.

"...some hotels do not have provisions for wheelchairs to move from the car park" (Respondent no. 4).

"...there is need for good paving to support those with mobility disabilities" (Respondent no. 51).

"...provision of ramps would make mobility easier with hotel premises" (Respondent no. 10).

"...parking spaces should be wider than normal, enabling us to open the car door and remove the wheelchair" (Respondent no. 43).

Other respondents mentioned that elevator buttons are too high for them to reach when they are in wheelchairs.

"...and they have elevators, yes, but the buttons are too high for someone like me who uses a wheelchair" (Respondent no. 4).

"...they do not realise that even a single staircase is a key problem for us. It is not something that you can jump on. They think that a wheelchair is a bicycle" (Respondent no. 34).

Turco et al (1998) believes that once the wheelchair-users have found a hotel that they like and which caters for their specific needs, they will usually return several times because they know that they will be comfortable there. Vitterso et al (2000) argue that the satisfaction of people with disabilities depends on a diverse range of factors, from the site of interest and the quality of services provided to the facilities available and indeed the number of visitors.

In terms of signage and other hotel accessories, respondents mentioned that their hotel experience was often affected by the lack of signage to indicate the location of facilities meant for people with disabilities.

"...to access the hotel we rely on the assistance we get from the hotel staff and the ones accompanying us" (Respondent no. 44).

"...there is need to have signs for facilities for the disabled clearly marked... signs such as parking spots and toilets" (Respondent no. 5).

“...signage must be clearly visible so that I do not embarrass myself asking for directions to the ramp” (Respondent no. 2).

Another respondent said,

“...it is embarrassing to ask someone to read out the menu for you. They should consider also having menus printed using Braille.”

Some respondents found it irritating that they always had to ask for help from hotel staff.

“...we are not luggage. They do not need to take us. They need to know how to put on signals and how to position the wheelchair next to the restaurant chair.”

Choruma (2006) noted that in Zimbabwe buildings lack signs pointing towards facilities which people with disabilities would be able to access. Barnes et al (2010) argued that managements constantly placed this group at a disadvantage by asking them whether they require any special provisions every time they need to access an area, which compromised the guests’ experience and freedom of access. Hotel service should consider using Braille print on their signage to cater to the needs of visually impaired guests and provide them with directions to various places in the hotel. Pagan (2012) suggests that Braille written products probably can assist people with disabilities with their dining and travel experiences.

In terms of accessibility of the rooms, respondents’ views were that their hotel experience was negatively affected by facilities provided.

“...there is not much space to manoeuvre in the room, especially when you are using a wheelchair” (Respondent no. 4).

“...the bathrooms in guest bedrooms do not support easy movement” (Respondent no. 16).

“...I always throw towels on the floor to avoid falling” (Respondent no.15).

Darcy (2010) states that lack of accessible accommodation, and provision of accessible accommodation that does not comply with the access standards, a lack of importance attributed to the standard of accommodation in terms of shiny floors and slippery surfaces, are the major factors that cause overall trip satisfaction to be poor. Edusei et al (2015) suggest that hotels must provide accessible facilities such as canopy walks, accessible banquets, vehicles, and sign language interpreters in order to cater to people with disabilities. The Northwest ADA Centre (2014) also suggests some measures to ensure that hotel rooms and facilities are accessible to

people with disabilities. These measures include placing room amenities within reach of people with disabilities, offering room service menu, hotel directory and TV channel guide in accessible formats, and training staff to know the location of accessible room kits and how to operate the devices.

Availability of Facilities in Hotels

Respondents stated that Zimbabwean hotels continued to lag behind in terms of providing specific facilities for guests with disabilities. Majority of the respondents felt that the facilities available were way behind their expectations.

“...most hotels only have one room designated for persons with disabilities and they have problems when trying to accommodate groups” (Respondent no. 20).

“...hotels concentrate on providing facilities for people with mobility challenges, how about us with visual impairment?” (Respondent no.16).

“...I can say only 4- and 5- star hotels are trying their best” (Respondent no.3).

“...only city hotels are trying to curb the problem we face but, overall, hotels are far behind in upgrading their facilities” (Respondent no. 4).

The sentiments expressed by respondents indicate that there is a mismatch in terms of what the people with disabilities expect and what is being offered by the hotels. Gyuracz-Nmeth (2013) argues that innovation in hotels is not popular because of its capital intensive nature and the return is only realised after about 25 years. Upchurch and Seo (1996) urged hotel operators to properly refurbish their structures and facilities if they were to provide proper service to people with disabilities. Turco et al (1998) stated that guests with disabilities consider the hotel room design, suggesting difficulties in fixture and appliance use for them due to the location and layout of certain room features, for example, appliances that are located relatively high up. Showers and bathtubs comprise a major problem for people with disabilities (Turco et al, 1998). Hotel operators need to be aware that they have a social responsibility to meet the unique needs of different market segments. The Northwest ADA Centre (2014) recommends that hotels must provide a range of options to people with disabilities equivalent to the options available to other guests. These options include provision of an accessible room within each category, for example, Executive suite, Deluxe, Standard king and double, instead of limiting them to just one category.

CONCLUSION

The study found that hotels in Zimbabwe still lag behind in terms of accepting the need to introduce innovative facilities for the growing market of people with disabilities. Unavailability of innovative facilities that cater to the specific needs of people with disabilities represents an obstacle that will continue to pose socio-economic problems for both hotels and guests in this category. Literature posits that guests with disabilities are willing to pay as much as possible to get the services that they desire. Basic innovative facilities such as electric ramps, Braille written menus, good signage and many standard paraplegic rooms have to be provided in hotels, in order to meet and satisfy the wide diversity of their customers. In order to cater to people with disabilities and benefit financially from them, the facilities available must be able to support their individual needs.

Recommendations

Hotels and other hospitality facilities require a more inclusive approach to the development of innovative facilities for people with disabilities in order to cater to this group of guests. They must continuously invest in innovative products that can distinguish their offerings from those of their competitors. Zimbabwe Tourism Authority, which is responsible for setting standards and grading facilities, needs to put in place mechanisms that ensure that hospitality operators also have facilities for people with disabilities.

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