

## Title

# Assessing hotel experiences of people with disability: in the case of Bahir Dar City, Ethiopia

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## Abstract

The purpose of this study was to assess hotel experiences of people with disability in the case of Bahir Dar City. The researcher undertook qualitative method of study with a phenomenological study design. Purposive sampling technique was employed to select participants. Participants were wheelchair and crutch users, visual impaired persons, one tourism bureau expert, hotel managers and hotel waiters. The researcher used semi structured interviews and focus group discussion to collect the data. Data was analyzed thematically. The study provided evidence

that the hotel staff, particularly the hotel waiters lacked skills to provide hotel services for people with disability, used very offensive terms to refer to persons with disability, were ill-equipped to communicate with persons with disability and refused to give extra time for people with disability. Based on the results, it was recommended that establishing a council on disability at national and regional level will help with advocacy to address some of the challenges and to improve hotel accessibility, hospitality and hotel management for people with disability.

## Key words

Ethiopia, hotel experience, accessibility, service provision, people with disability

## Introduction

According to the World Health Organization (WHO, 2011), there are approximately one billion people living with a disability in the world, equating to around 15% of the world population having a physical, mental or sensory disability. The United Nation (UN, 2018) report on disability in Africa also shows that approximately 80 million African people are living with disabilities. In the case of Ethiopia, the world report on disability in collaboration issued by the World Bank and World Health Organization in 2011 estimated that 17.6% of the Ethiopian populations have a disability. This estimation indicates that the prevalence of disability from the Ethiopian population is very high. There are considerable number of obstructs for people with disability in tourism activities. This paper reports on the experiences of people with disability in the case of Bahir Dar City, Ethiopia.

## Background

The tourism experience is shaped by many things, such as motive, past experience, knowledge of place, persons with whom the place is shared, patterns of change at the place, the images induced about the place and activities, and personal characteristics (Ryan, 2010). Darcy (2010) review of the demand side accommodation literature recognized that it was a significant constraint to the tourism experiences of people with disabilities. In particular, these constraints included: a lack of accessible accommodation; provision of accessible accommodation that did not comply with the access standards; a lack of importance attributed to the role of accommodation in terms of overall trip satisfaction trip; problems locating accessible accommodation even when it did exist; and the inadequate level, detail and accuracy of information. Most of the time, there has been many myths and misconceptions about people with disabilities and tourism (Darcy, 1998). Communities have to increase their awareness toward the needs and requirements of people with disabilities (Yau *et al.*, 2004). Having better understanding the different needs of people with disabilities is significant to provide proper information and help them to engage in different tourism experiences (Eichhorn *et al.*, 2008).

Marketing literature focused on the needs and experiences of people with disabilities has grown rapidly in recent years (Grady and Ohlin, 2009). Tourism can be used to encourage social inclusions but, persons with disabilities are represented inadequately in Africa's tourism sector as a result of inaccessible tourist sites. Tourism directly brings individuals, families and other members in society together through their participation in tourism sector (Arthur & Mensah, 2006). Participation of persons with disabilities in the tourism sector can make them economically independent and socially acceptable. Tourism has the potential to make sure that persons with disabilities have much more quality of life satisfaction, when they access different tourist services (Card *et al.*, 2006). However, persons with disabilities seem to be underrepresented in tourism

sector. Darcy and Daruwalla (1999) proved that hotels do not have sufficient number of accessible rooms for persons with disabilities. They also mentioned that numerous logistical factors, such as shower seats and adaptable beds that should be in a hotel room specifically for wheelchair users. According to (Darcy, 2010) for persons with disabilities, a suitable accommodation is a prerequisite requirement in any destination. This is because, if persons with disabilities cannot obtain a suitable accommodation that meets their needs, they have to change their destination choice. Darcy and Dickson (2009) proved that accessible tourism should be encouraged to make tourism experience easy and enjoyable to all. They further pointed out that even though a lot of potential exist in the tourism industry to attract people with disabilities, several studies indicated that people with disability still experience physical, customer service and communication barriers.

To achieve the main goals of the study, the researcher set the following objectives.

1. To assess the acquired hotel experiences of people with physical disability and blind persons.
2. To identify ways taken by people with disability to conquer difficulties faced in different hotel services.
3. To generate suggestion and recommendations from the key informants that would improve hotel service provisions and accessibility of hotels for persons with disability.

## Methods

The researcher undertook qualitative method of study with a phenomenological study design. Phenomenological study design examines human experiences through the descriptions provided by the people involved (Donalek, 2004). Van Manen (1990, p. 8) expressed phenomenology as the search for "a deeper understanding of the nature or meaning of our everyday experiences". Following in the tradition of qualitative research, the purpose of this

study was to assess, explicate, and interpret the acquired hotel experiences of people with disability in Bahir Dar city. Bahir Dar is a city where the study was conducted, and which is located in north - western part of Ethiopia. It is administrative seat of the Amhara regional state of government. Bahir Dar is one of the foremost touristy cities in Ethiopia, with a multiplicity of tourist attraction in close Proximity with Lake Tana and the Abay River. Lake Tana is one of the largest Lake in Ethiopia; which is located in Bahir Dar city that creates additional beautifulness feature for the city.

Purposeful sampling is a technique widely used in qualitative research for the identification and selection of information rich cases for the most effective use of limited resources (Patton, 2002). This involves identifying and selecting individuals or groups of individuals that are especially knowledgeable about or experienced with a phenomenon of interest (Cresswell and Plano Clark, 2011). The participants of the study were people with disability, particularly wheelchair and crutch users, blind persons, tourism bureau expert, hotel managers and hotel waiters. Purposive sampling technique was employed to select the key participants of the study. Participants of the study, particularly persons with disability were selected based on the following criteria; persons who use wheelchair or crutch, blind persons; who have high income and those who were frequently visiting hotels in Bahir Dar city. Other participants of the study were selected because of the nature of their work and those who have good awareness about the concept of disability and people with disability. Following this, six persons who use wheelchair or crutch, six persons with blindness, one tourism bureau expert in Amhara regional state, three hotel managers and three hotel waiters were participated in the study. A total of 19 participants were involved in the study. Semi structured interviews were conducted with two wheelchair users and one crutch user, three blind persons, one tourism bureau expert, three hotel managers and three hotel waiters. Focus group discussions sessions were also conducted with three wheelchair users and three blind persons.

### Instruments

The researcher used Semi structured interview guide and focus group discussion to collect the data. The interview sessions lasted between fifty minute and one hour. Interviews provide researchers with rich and detailed qualitative data for understanding participants' experiences, how they describe those experiences, and the meaning they make of those experiences (Rubin & Rubin, 2012). Interviews are flexible and helpful method of data collection and are particularly suitable for collecting participants' experiences, beliefs and behaviors from key participants of the study. Focus group interview

aims at collecting high quality data in a social context (Patton, 2002). During the focus group discussion session, the researcher had the following roles; properly facilitating the focus group discussion, raising questions for the discussion, taking notes and creating friendly relationship with the discussants.

### Data analysis

All the data gathered through Semi structured interviews and focus group discussions were recorded and transcribed. In qualitative research, the collected data aggregated into a small number of themes, something like five to seven themes (Creswell, 2013). According to Braun and Clarke (2006), thematic analysis is a method used for 'identifying, analyzing, and reporting themes within the set of data'. Therefore, the researcher had chosen thematic method of data analysis with qualitative approach. Finally, the data collected through Semi structured interviews and focus group discussion analyzed thematically.

### Validity and reliability

Qualitative validity means that the researcher checks for the accuracy of the findings by employing certain procedures, while qualitative reliability indicates that the researcher's approach is consistent across different researchers and different projects (Gibbs, 2007). Validity is one of the strengths of qualitative research and is based on determining whether the findings are accurate from the standpoint of the researcher, the participant, or the readers of an account (Creswell & Miller, 2000). Terms abound in the qualitative literature that address validity, such as trustworthiness, authenticity, and credibility (Creswell & Miller, 2000). To increase the validity of the findings, the researcher intentionally seeking evidence from a wide variety of sources and comparing findings from the different sources.

## Results

Results of the study were presented in five themes: Services provision by hotel managers, Services provision by hotel Waiters, Services provision and Accessibility in hotel restaurant, Accessibility of hotel rooms and Accessibility of hotel recreational areas.

### Service provision by hotel managers

One of the hotel managers noted that the hotel staffs don't equipped with continuous training how to deliver services to persons with disability. He also reported that the hoteliers don't plan for intended continuous training and improvement program for the hotel staffs to satisfy the needs of persons with

disability. He also added that persons with disability who were frequently visited their hotel faced different difficulties. All the hotel managers reported that the hotel staff members were not responsible to share the burdens of persons with disability. Correspondingly, most of the interviewed participants with disability demonstrated that nearly all of the hotel managers are not responsible to assure the accessibility of hotels for persons with disability, unable to give short term trainings to the hotel staff, recruit unqualified hotel staffs and incapable to monitor the work of the hotel staffs and unable to review positive and negative feedbacks given to the hotel by the customers. However, very few interviewed participants with disability verified that the welcoming attitude of the hotel managers encouraged them to visit hotels in every weekend with their families.

### Service provision by hotel waiters

All of the interviewed participants with disability stated that the hotel waiters were not voluntarily to introduce their names and their functions. They also demonstrated that the waiters had negative attitudes towards persons with disability. In the same way, the hotel manager also reported that most of the hotel waiters were unqualified professionals and had misleading beliefs towards persons with disability due to lack of awareness about the concept of disability. In line with this idea, one blind person confirmed that most of the hotel staffs including the hotel waiters used “very rough languages” to refer persons with disability, lacked skills how to communicate persons with disability, refused to give sufficient time for persons with disability to speak their orders and just rushed from table to table without listening their orders. Likewise, this idea, all of the discussants reported that the hotel waiters lacked ability to indicate the directions; simply they said go in this way or in that way without indicating the specific directions in words where they go. They also affirmed that the hotel waiters failed to tell the key information to persons with disability such as the location of the public toilet rooms, how to use the elevator, read the menu in detail; including listings and prices.

Among the discussants blind participant 2 strengthening the above idea in the following ways;

*When I am going to hotels; the hotel staff give me their first aid by sucking their lips. At that instant I'm highly disturbing by their actions that don't add any value for my life rather it indicates their negative perceptions towards me. Persons who are sucking their lips are simply giving their lip services without any appropriate actions to support me.*

Similarly, the hotel waiters also reported that they lacked experiences on hotel hospitality and hotel

management to deliver appropriate hotel service for people with disability. In addition to this, all of them explained that the hoteliers do not have any plan in the future to improve their salary. In favor of this idea, hotel waiter 13 stated her ideas in the following ways;

*I have been graduated in bachelor of degree in hotel and tourism management from University of Gondar before four years. I'm working here for the last three years with salary of one thousand four hundred Ethiopian birr. I'm highly dissatisfied because of my salary. The hotelier doesn't have any plan to improve my salary. Thus, I am failing to guide my life properly, sometimes I am considering myself “as a magician” imagine it is extremely difficult to have life with this small salary. So, in what way I can address the needs of others. I don't have any curious to know new skills and thoughts about disability issues to satisfy the needs of persons with disabilities or other customers.”*

### Service provision and accessibility in hotel restaurant

Concerning service provision in the hotel restaurant, all of the interviewed participants with disability reported that the hotel waiters were not interested to ensure to have good time on their meals, not capable to process customers payment bills on time, forget food orders very easily, unable to clean tables or flat surfaces after costumers have finish dining, incapable to describe instructions for making food, cooking orderliness and unable to assist customers with disability in seating arrangements. All of the discussants also recognized that the hotel restaurant dining rooms were the foremost areas of inequality for blind persons, wheelchair and crutch users. They also indicated that ordering was very difficult in the dining experiences of persons with disability, particularly for the blind persons when the selection of the dishes served on the buffet. The following speech of blind participant 6 strengthening the above idea;

*Among the hotel staffs no one tries to give me all the necessary information about the dishes serves on the buffet. In order to confront these challenges, I preferred to depend on one or two type of dishes or seek the support of other customers. It is obvious that self-service meal is a major challenge for blind persons as well as wheelchair and crutch users.*

All interviewed participants affirmed that hotel restaurant rooms in Bahir Dar city were inaccessible for blind persons, wheelchair and crutch users. They also noted that the hotel restaurant rooms have no free pathway from the entrance to dining areas; rooms have no enough space for circulation, have no



any accessible seating for wheelchair and scooter users. From the discussants, blind participant 4 explained her hotel experiences in the following ways;

*I have an experience to visit many hotels in Bahir Dar city. I have been never seen any hotel that provides menus for persons with disabilities in interchanging patterns including Braille, large print, and audio recording. In addition to this, I doubt even with the accessibility of hotel restaurant rooms for persons without disabilities.*

The tourism bureau expert stated that absence of any responsible organization at national and regional level that put into effect regulations that states about accessibility of hotels for persons with disability complicated the problem. The tourism bureau expert also confirmed that hotel restaurant rooms were not constructed in the easiest ways for persons with disabilities. He also mentioned that inaccessible structural facilities of the restaurant rooms forced persons with disability to be dependent on other individuals.

### Accessibility of hotel rooms

All interviewed blind people; wheelchair and crutch users expressed that the inside parts of the hotel rooms were inaccessible and limit their free movement. Participants also stated that the hoteliers exceedingly focused on decorating of the hotel rooms rather than making the hotel rooms accessible for persons with disability or other customers. They also noted that most of the hotel corridors or passages inside the buildings were built without clear pathways for free walking for wheelchair users, crutch users and deprived their free movement inside the hotel rooms.

Likewise, the above idea, all the discussants pointed out the toilet rooms have no adequate free floor space for blind persons, wheelchairs users and crutch users. They also confirmed that the toilet room utilities and the toilet sink couldn't allow easy accessibility for persons with blindness, wheelchair users and crutch users. Blind participants from the discussion also stated that most of the hotels in Bahir Dar city have no elevators; even hotels having elevators lacking Braille button; the bed rooms, hotel entrance doors, rest rooms and bath rooms were not easily accessible to the blind persons, wheelchair and crutch users. In supporting this idea, all the hotel managers recognized that the hotels rooms in Bahir Dar city were inaccessible for persons with disability.

### Accessibility of hotel recreational areas

All of the interviewed blind people, wheelchair and crutch users verified that hotel outdoor recreational areas were inaccessible for persons with disability.

All discussants of the study also noted that outdoor recreational areas have no safe route of travel from side to side and inaccessibility of recreational facilities. They also indicated that the floors of hotel are very slippery which cause sliding of persons with disabilities. In line with this idea, wheelchair user participant 8 stated his ideas in the following ways;

*I can say that the issue of accessibility of hotels has received very little attention in Ethiopia. Many people assume that persons with disabilities don't need to participate in any recreational activities like others. As to me I have a strong desire to spend my spare time by involving in different recreational activities that refreshes my mind. I want to explore new places, but I'm easily distracted by the barriers that I faced from the hotels and other recreational areas.*

## Discussion

The results of the study provided evidence that lack of training to the hotel staffs affects hotel service provision for people with disability. Consequently, the hotel staffs lacked skills how to communicate with people with disability, how to deliver hotel services for people with disability and had misleading conceptions towards people with disability. The research findings are consistent with the pervious study of (Darcy, 2000) assures that the hotel managers often do not recognize the needs of person with disabilities; do not promote accessibility of rooms appropriately for persons with disabilities. The findings of the research are also consistent with the studies of (Miller and Kirk, 2002) that assure lack of employee training, lack of communication, lack of knowledge about various disability (McKercher et al., 2003), discrimination, and poor attitude towards persons with disabilities (Daniels et al., 2005) are possible justifications for such a gap in hotel services provisions for persons with disabilities.

The results of the study revealed that the majority of hotel restaurants are inaccessible for people with disability. The research findings are also consistent with the study of (Rosen, 1999) affirmed that even countries that have enacted rules and regulations or codes of practice have difficulty meeting the needs of persons with disabilities. In supporting these research findings, Darcy and Daruwalla (1999) also prove that hotels do not have adequate numbers of rooms suitable for persons with disabilities. The findings of the study are also revealed with studies of (Daruwalla and Darcy, 2005) approve that hotel staff may assume that tourists with disabilities are incapable of participating in any activities. Other research findings, (Burns and Graefe, 2007) also assured that persons with disabilities face more

challenges than the ones without disabilities in regards to tourism and recreation participation.

## Conclusion

The present study shows that hotels in Bahir Dar city are inaccessible for people with disability, especially for wheelchair users, crutch users and for blind people. The hotel owners and hotel managers are not ready to make reasonable modifications of the hotels to improve hospitality and hotel management for people with disability. Unpreparedness of the hoteliers and the hotel managers to give continuous short-term trainings to the hotel staffs to improve hotel services provisions for people with disability complicated the challenges of wheelchair users, crutch users and blind people.

Most of the hotel staffs don't offer all the required services to address the needs of persons with disability. The hotel waiters lacked professional skills how to communicate, incapable to use proper language to mention persons with disability and ill equipped to provide appropriate hotel services for people with disability. In addition to this, a considerable number of hotels in Bahir Dar city have no elevators; even hotels having elevators devoid of Braille button; the bed rooms, hotel entrance doors, rest rooms and bath rooms are not straightforwardly accessible for people with disability. The hotel restaurant rooms and recreational areas are not accessible for people with disability and the hotel waiters unable to provide menus in interchanging ways including Braille, large print and audio recordings.

## Recommendations

Considering the results of the study, the researcher has drawn the following recommendations.

1. The policy makers should revisit the legal legislation and regulation documents that enforce the accessibility of hotels, hospitality and hotel management for people with disability. Establishing a council on disability at national and regional level has a vital role to improve hotel accessibility, hospitality and hotel management for people with disability. In general, organizing a council will serve as a means to resolve difficulties faced by people with disability in hotel tourism.
2. Creating awareness to the hotel staffs including the hotel waiters about the concepts of disability, knowledge, skills and ways of communications required for hotel service provisions for people with disability is very important. This will help the hotel staffs to give appropriate hotel services for people with disability.
3. The hoteliers should focus on reasonable modifications of hotel infrastructure to improve its convenience for people with disability rather than focusing on aesthetic values of the hotels. The hotel managers should hire qualified hotel staff, committed to give continuous short-term training to hotel staff and improve hospitality and hotel management.

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