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Drivers of physical accessibility among hotels

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ABSTRACT

Using the concept of Universal Design, this study examines the state of physical accessibility and its drivers among hotels in the Accra Metropolis of Ghana through physical accessibility audit and in-depth interviews. The findings reveal that there is poor compliance with physical accessibility though four and five-star hotels have better compliance than lower rated hotels. Also, non-compliance among lower rated, local hotel brands is driven by commercial interest, and lack of clarity and enforcement of disability legislation while compliance among higher rated, multinational brands is driven by the desire to comply with disability legislation, remain competitive, and adhere to the standards of parent companies. The implications of these findings in the context of hotel design and management are discussed.

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Accessible accommodation; disability; people with disabilities; universal design; Ghana

Introduction

Given the special access needs of people with disabilities, the provision of physically accessible accommodation defines their ability to engage in tourism (Daniels, Rodgers, & Wiggins, 2005). The choice of a destination by people with disabilities is determined by their ability to find accommodation facilities that meet their physical accessibility needs (Daniels et al., 2005). In cases where such accommodation facilities cannot be found, the trip is either cancelled or the destination substituted (Adam, 2019).

Even though physical accessibility is the foremost step towards the inclusion of people with disabilities in the hotel industry, it has gained little research attention within the tourism literature. Much of the work on accessible accommodation services (e.g. Bi, Card, & Cole, 2007; Buhalis & Darcy, 2010; Darcy, 2010; Ozturk, Yayli, & Yesiltas, 2008) have focused on demand side issues with limited supply-side analysis. Further, compliance with physical accessibility among hotels in developing countries is reported to be poor due to the negative stereotypes on people with disabilities and their inability to partake in tourism activities (Aggrey Mensah, 2015). Therefore, there appears to be little research on the state of physical accessibility of hotels as well as the drivers of physical accessibility. This paper seeks to examine the state of physical accessibility among hotels in the Accra Metropolis of Ghana and the reasons underlying their physical accessibility drive.

This paper stands to contribute to both literature and practice. It is a departure from previous studies that are largely focused on the experiences of travellers with disabilities (Blichfeldt & Nicolaisen, 2011; Buhalis & Darcy, 2010). Further, the study is situated in the context of a developing country and thus adds to the literature by highlighting the nuances of physical accessibility in that context but also the in the broader tourism literature. The fluidity of the concept of disability and its influence on disability-related policies and programmes (Darcy, 2017;

Tutuncu, 2017) suggest that the findings of this study will enrich the literature. About practice, the findings would be useful to destination management organisations by highlighting how physical accessibility can be enhanced in the hotel industry.

Literature review

Accessible tourism

The root of accessible tourism can be traced to the Manila Declaration in 1980 in which the United Nations World Tourism Organisation (UNWTO) set out the duty of providing the best practical and non-discriminatory access to tourism services (Bowtell, 2015). Consequently, the General Assembly of the UNWTO approved some resolutions to give clarity to accessible tourism including *Creating Tourism Opportunities for Handicapped People* in 1991 (Buhalis & Darcy, 2010). This was later updated to the “*Accessible Tourism for All*” in 2005. The latter included specific recommendations on physical accessibility, tourist information and publicity, preparation of staff, common requirements and specific accessibility guidelines for hospitality and tourism businesses (Gillovic & McIntosh, 2015).

Accessible tourism can be described as an approach to tourism development and management that makes provisions to cater for the needs of all people with access needs so that they can independently experience tourism on equal basis as those without access needs (Buhalis & Darcy, 2010). Dimensions such as physical accessibility, emotional accessibility, information accessibility, financial accessibility and positive service culture are all key to ensuring the successful implementation of accessible tourism (Buhalis & Darcy, 2010). There are varying successes in the implementation of accessible tourism policies/programmes between developed and developing countries. Tourism businesses have been receptive of the idea of accessible tourism in developed countries than developing countries (Aggrey Mensah, 2015) because of strict law enforcement. In most developing countries, the adoption of accessible tourism principles is left to the discretion of operators who are often prejudiced by the negative socio-cultural connotations of disability into neglecting the needs of people with disabilities (Kassah, Kassah, & Agbota, 2012).

Physical accessibility

Physical accessibility relates to making the physical environment easily navigable by all persons irrespective of their access needs (Imrie, 2012; Lid, 2014). Physical accessibility has long been one of the main dimensions of accessibility advocated for by various disability movements. In the context of a hotel, the existence and adherence to other dimensions of accessibility without recourse to physical accessibility renders the hotel’s effort on accessible tourism insufficient (Blichfeldt & Nicolaisen, 2011; Tutuncu, 2017; Tutuncu & Lieberman, 2016).

Specific physical access indicators include accessible parking, clear signage, tactile markings, accessible entrance, reasonable counter heights for wheelchair users, unimpeded lobby, and specially designed toilets and baths with grab rails (Darcy, 2017; Tutuncu, 2017; Tutuncu & Lieberman, 2016). Other expected physical accessibility requirement pertains to the provision of specially designed and configured rooms to meet the needs of people with disabilities (Darcy, 2017; Foxlin, 2014; Tutuncu, 2017; Tutuncu & Lieberman, 2016). Based on the UNWTO’s “*Accessible Tourism for All*” policy, it is expected that for every 20 rooms, a hotel must reserve one specially configured room (accessible room) for people with disabilities. Physical accessibility compliance in hotels further requires the availability of braille and audio directions for the blind and deaf respectively, properly configured elevators with grab rails and control button fitted at reasonable height as well as use of slip-resistant floor coverings (Tutuncu & Lieberman, 2016).

Analytical framework

One of the most widely known approaches used to expound the idea of physical accessibility is the universal design (Clarkson, Coleman, Keates, & Lebbon, 2013). Universal design encapsulates the idea of designing every product and environment to be easily usable by all persons regardless of their access needs (Clarkson et al., 2013; Zając, 2016). There are seven principles of universal design including the need for equitable use (the design of an environment that allows for impartial use), flexible use (emphasises a design that accommodates wide range of abilities), simple and intuitive use (relates to the fact that the design of an environment should easily be understood and used regardless of the limitation of the user), perceptible information (design must communicate the required information to the user regardless of the user's sensory abilities), tolerance for error (the design should minimise hazards and negative consequences of accidents), low physical effort and size (the design should allow for easy and effective use with little effort), and size and space for approach and use (appropriate allowance is made for manoeuvre and use regardless of user's size or mobility inadequacies). In the context of this study, the seven principles provide broad guidelines for evaluating the individual accessibility indicators and serve as the basis for understanding the extent to which hotels are easily accessible by people with disabilities (Zając, 2016).

Methodology

Study setting

The study setting is the Accra Metropolis of Ghana. The metropolis is not only the largest in Ghana but also the nation's capital. The metropolis has the largest number of all hotel categories in the country and receives about half of all inbound tourists in Ghana (GTA, 2015).

Data collection methods

Disability studies is a specialised discipline that focuses on scholarship related to the meaning, and nature of disability, disabling processes, consequences of disability and the inclusion of people with disabilities (Buhalis & Darcy, 2010). In line with methodological traditions of this discipline, the sequential explanatory mixed methods approach was employed in this study. While the issue of physical accessibility is not new, there is little knowledge on the subject in the context of hotels. The quantitative dimension sought to establish the pattern while the qualitative aspect provided explanations to the observed pattern.

Two sets of data collection instruments were used, namely, a physical accessibility audit checklist and in-depth interview guide. The checklist used was adapted from AS1428.1 used by the Australian Tourism Commission for physical accessibility audit (Darcy, 2017). The checklist is a standard physical accessibility tool developed through wider consultations with architects, tourism service providers and people with disabilities (Darcy, 2017). The checklist was structured into two sections. The first section captured information on hotel characteristics while the second section contained the specific physical accessibility indicators. A list of the hotels in the Metropolis was obtained from the GTA and used as a guide for planning field visits. However, the study was limited to the 462 hotels that were willing to participate in the study. Upon arriving at the hotel, data on the hotel characteristics was obtained from the general manager after which a physical accessibility audit of the facility was undertaken. In conducting the physical audit, the researcher was taken round the facility by the general manager to specific locations as requested by the researcher. The physical accessibility audit lasted from May to December 2017.

Based on the results of the physical accessibility audit, in-depth interviews were conducted with 28 purposively selected general managers to solicit data on the drivers of the hotels' physical accessibility practices. Purposively, hotels that have poor physical accessibility, and somewhat encouraging physical accessibility measures were selected from the various categories. Whiles the

unit of analysis remained the hotel, the general managers of the selected hotels served as the units of data collection. Accordingly, eight managers were interviewed from budget, six from 1-star, five from 2-star, four from 3-star and three from 4-star hotels while two managers were interviewed from the 5-star category. Data saturation was reached with the 28 hotel managers (O'reilly & Parker, 2013). Data saturation normatively mean that data should continue to be collected until no new issues emerge (O'reilly & Parker, 2013). Each interview lasted an average of 60 minutes and was audio-recorded. The interviews were conducted between February to April 2018 in English language.

Data analyses

The data from the physical accessibility audit were presented with descriptive statistics. Afterward, a cross tabulation of the physical accessibility indicators and hotel characteristics was undertaken. The interview data were transcribed verbatim. To ensure the validity of the transcribed data, the transcription process for each audio-recorded interview was repeated once. A content analysis of the transcripts was done using the analytic deductive technique (Patton, 2002). Content analysis describes a family of analytic approaches used for analysing text, verbal or visual data (Hsieh & Shannon, 2005). It allows a researcher to distil words into fewer content related classifications for meaningful understanding (Cavanagh, 1997).

The non-directed content analysis was used because it helps to attain a condensed and focused description of a phenomenon. It involved immersion into the data and allowing the themes to emerge from the data without any prejudice to theory (Hsieh & Shannon, 2005). This was necessary in order not to restrict the domain of explanation underlying the reasons for compliance/non-compliance with physical accessibility. To check the consistency and validity of the themes/codes, an inter-coding technique was used to test the codes. The iterative coding process resulted in a coding scheme with two main categories on reasons/drivers of physical accessibility. The first category, reasons for non-compliance with physical accessibility had two sub-categories namely commercial interest and lack of clarity/enforcement of disability legislation. The second category, reasons for compliance with physical accessibility had three sub-categories including adherence to legislation, competition and reputation, and adherence to the standards of parent companies.

To ensure trustworthiness (credibility, dependability, transferability and confirmability) a number of techniques were used. First, two hotel managers and two university lecturers in disability studies reviewed the interview guide. Next, the iterative questioning technique was used, and respondents were asked repetitive questions framed in different ways to test the consistency of their responses (Shenton, 2004). Member checking was also used by returning to two hotel managers to clarify and confirm the findings. Peer debriefing was also used by giving the codes to two experts (university lecturers) in hotel management and two experts (university lecturers) in disability studies to review them (Shenton, 2004).

Another important dimension of the validity of qualitative findings pertains to reflexivity (Barusch, Gringeri, & George, 2011). A reflexive account of a researcher helps to improve on the rigour, credibility and reliability of the findings (Jootun, McGhee, & Marland, 2009). The author is a non-disabled person who has catered for his physically impaired relative for 5 years. Through this, he gained first-hand insight into the intersection between physical accessibility and disability. This influenced his view that physical environments must be designed to suit the needs of people with disabilities. Also, his research and teaching experience exposed him to how tourism service providers perceive the accessible tourism segment and hence the need to accurately present the views captured in order to foster the inclusion of people with disabilities.

Table 1. Hotel characteristics (462).

Hotel characteristics	Frequency	Percent
Age of hotel (Years)		
1–10	176	38.1
11–20	126	27.3
21–30	71	15.4
31–40	48	10.4
41+	41	8.9
Number of Rooms		
1–20	151	32.6
21–40	148	32.0
41–60	66	14.0
61–80	62	13.4
81+	37	8.1
Hotel category		
Budget	276	59.7
1-Star	101	21.9
2-Star	66	14.3
3-Star	9	1.9
4-Star	7	1.5
5-Star	3	0.7
Physical design		
Single storey	61	13.2
2 or more storey	401	86.8

Table 2. Physical accessibility indicators of hotels in the Accra Metropolis (N = 462).

Access indicator	Availability (%)	
	Yes	No
Availability of clearly marked accessible entrance to lobby	9.3	90.7
Access ramp at entrance to lobby	31.1	58.9
Acceptable gradient of ramp for entrance to lobby	24.7	75.3
Availability of landing at the bottom of the ramp	24.7	75.3
Availability of landing at the top of the ramp	24.7	74.5
Availability of handrails on the ramps	13.4	86.6
Availability of tactile markings at the top and bottom of the ramps	1.5	98.5
Availability of properly installed doors (swinging/automatic)	13.6	86.2
Availability of wide vestibules/corridors (at least 120 cm)	53.2	46.8
Availability of obstacle free vestibules/corridors	88.1	11.9
Availability of slip-resistant floor coverings	41.1	58.9
Presence of functioning elevator/lift for storey building (401)	2.4	97.6
Availability of handrails on three sides of the elevator (N = 11)	45.5	54.5
Availability of tactile and braille information next to elevator button (N = 11)	0.0	100.0
Availability of elevator button at a reasonable height (N = 11)	63.6	36.4
Meet accessible room requirements (every 20 rooms = 1 accessible room)	1.5	98.5
Availability of accessible toilets (grab rails, folding seats)	2.4	97.6
Availability of bath fitted with hand shower	44.2	55.8
Properly designed and labelled signage for wheelchair users	1.5	98.5
Availability of hotel access guide in braille/audio	0.0	100.0
Availability of sign language interpreter for the deaf/dumb	0.0	100.0
Low information/front desk counter for contact by wheel chair users	2.4	97.6
Availability of accessible parking spaces	10.6	89.4

Results and discussion

Physical accessibility indicators

Table 1 depicts the characteristics of the hotels involved in the survey. The results of the physical accessibility audit (Table 2) depicts a picture of non-conformance among hotels. Notably, less than 10 percent of the hotels (9.3%) have clearly marked accessible entrance to their lobby. Also, only 31.1 percent of the hotels have access ramps at their entrances. Further, only 13.4% of the

ramps have handrails while only a fraction (1.5%) have tactile markings at the base and top of ramps.

In relation to accessibility within buildings, conformity was equally low. At the entrances to lobbies, only a little over one-tenth (13.6%) of the hotels have installed automatic/swinging doors. A little over half of the hotels (53.2%) have their vestibules/corridors meeting the minimum acceptable width of 120 cm. However, most of the hotels (88.1%) have obstacle free vestibules/corridors with 41.1 percent having slip-resistant floor coverings. Only 2.4% (11) of the hotels whose physical structures are two-storey or more have elevators. For those with elevators, 45.5% (5) have their elevators fixed with handrails on three sides while none of the elevators had tactile braille information next to the control button, though over half (63.6%) have the control button fixed at a reasonable height that can be accessed by wheel chairs users. A handful of the hotels (1.5%) meet the physical accessibility requirement of one accessible room for every 20 rooms.

Most of the hotels are not designed to cater for the access needs of people with disabilities as advocated under the principles of universal design (Clarkson et al., 2013; Lid, 2014; Zając, 2016). Wazzan (2015) earlier found that even when hotels claim they are accessible, most of their accessibility features do not conform to the required standards to enable independent use of hotel rooms by people with disabilities. This finding was supported by Tutuncu and Lieberman (2016) regarding people with visual impairment. However, Tutuncu (2017) observed that though hotels are generally not accessible to people with physical disabilities, there is a gradual improvement in the accessibility of hotels, but such a development has been slow to offset the demand for inclusive hotel services.

Hotel characteristics by physical accessibility indicators

The results in Table 3 suggest that three, four and five-star hotels are somewhat compliant with physical accessibility than one, two-star and budget hotels. For instance, while 40% of the hotels in the three to five-star categories have clearly marked entrances to their lobby, only 15.6% of the one and two-star hotels have this feature with none of the budget hotels having it. Similarly, there were more three to five-star hotels with access ramps (50.6%), landing at the top and bottom of ramps (39.8%) and handrails on ramps (22.2%) than hotels rated two-star and below.

Regarding accessibility within buildings, conformity was equally somewhat better among three to five-star hotels than lower rated hotels though it is generally poor for all hotel categories. The few available accessible rooms were limited to the 5-star hotels. Further, the results in Table 3 show that hotels which started operations in the last 10 years have higher proportion of physical accessibility features than hotels that have been operating longer than 10 years. All the accessible rooms (2.8%) are found in hotels that started operating in the last 10 years. On the other hand, there are more hotels with over 80 rooms that comply with physical accessibility measures than those with less than 80 rooms. This revelation can be linked to the fact that most of the hotels with more than 80 rooms are four and five-star hotels and largely multinational brands (Aggrey Mensah, 2015).

Drivers of physical accessibility

The interviews revealed deeper and contextual understandings on the drivers of physical accessibility among hotels. The analysis revealed two sets of reasons driving physical accessibility initiatives, namely non-compliance and compliance. Non-compliance explains the reasons why some hotels do not adhere to physical accessibility measures while compliance elucidates why some hotels have somewhat appreciable level of physical accessibility measures.

Drivers of non-compliance with physical accessibility

Hotels of two-star ratings and below have poor compliance with physical accessibility. The in-depth interviews revealed that they have no immediate or long-term plan to adhere to physical accessibility measures. For this category of hotels, the drivers of non-compliance with physical accessibility hinges on their commercial interest and lack of clarity and enforcement of disability legislation in Ghana.

Commercial interest

The commercial value of guests with disabilities was revealed as one of the underlying reasons for non-compliance among lower rated hotels. There are two perspectives to this reason, namely market value of guests with disabilities and the market value of non-disabled guests. Regarding the market value of guests with disabilities, it was revealed that the hotels did not attract guests with disabilities and hence did not find it worth investing in physical accessibility. Similarly, the hotels did not perceive any future value of the accessible tourism market further reinforcing their lack of desire to invest in physical accessibility. In terms of the market value of non-disabled guests, the hotels indicated that non-disabled guests constitute the base of their business and would rather invest in meeting their needs since they stand to reap from such investment. An owner of a 15-room bed and breakfast budget hotel who doubles as its manager intimated that:

For now, we're concerned with meeting the needs of our existing clients than doing something that will not benefit them. You see, we do not attract guests with disabilities because people with disabilities will not ordinarily have the ability or money to travel and for that matter lodge in hotels. On this basis, there is no need to waste our money and put in all those things that will make the hotel physically accessible just for them.

Even though commercial interests seem to guide the physical accessibility drive of the hotels, one critical issue at the heart of the conception of such view among the hotels is the negative socio-cultural conception of disability in Ghana. As revealed in the above quote, the lower rated hotels perceive people with disabilities as lacking the physical ability and economic potency to demand hotel services hence their view that the accessible tourism market is without potential. Leisure/tourism is considered a luxury and a preserve of the affluent class in Ghana (Adam, 2019). For this reason, people with disabilities are unable to participate in tourism and hence the idea that accessible tourism does not present commercial opportunities.

Though Ghanaians with disabilities remain one of the poorest segments of society, their counterparts in the developed world are relatively wealthy and travel for tourism purposes. For instance, Darcy et al. (2008) suggests that Australian outbound tourists with disabilities spent AUS \$222.92 million while the country made AUS\$1.394 billion from inbound tourists with disabilities in 2003. Equally, Americans with disabilities together with their family and friends who accompany them on their tourism trips spent US\$34.6 billion in 2015 (Open Doors Organization [ODO], 2015). The accessible tourism segment includes the aged, pregnant women, and all others with one form of access need or another, which the hotels in Ghana can strategically position themselves to tap.

Lack of clarity and enforcement of legislation

The interviews revealed that lower rated hotels use the laws in Ghana as a refuge for not ensuring physical accessibility. The law is exploited in two ways. First, they rely on the vagueness of the law and second, the inability and unwillingness of authorities to enforce the provisions of the law. On the former, the Disability Law (Act 715) lacks in clarity in relation to almost all dimensions of accessibility including physical accessibility. While the law provides for making public places physically accessible, there is no clarity on the facilities and businesses that are captured as well as guidelines and benchmarks on the specific accessibility

measures that should be incorporated. In terms of the latter, since its passage and expiration of the moratorium, there is an apparent lack of interest in its enforcement by authorities. In a similar vein, and partly due to lack of clarity of the law, there are no specific guidelines on how state agencies should incorporate the provisions of the law into actionable policies. As a result, the GTA does not mandate hotels and other tourism facilities to be physically accessible. Compliance with physical accessibility measures is not one of the requirements of the GTA for licensing of hotels and other tourism facilities. This view is echoed by a general manager of a two-star hotel who remarked:

Hotels are not mandated to make their premises physically accessible to people with disabilities. As a hotel, we choose the type of market we want to serve and people with disabilities are not part of our target. Since we are not required by the Ghana Tourism Authority to do so for licensing then it is not a big issue for us. In fact, there are a lot of businesses in Ghana that do not bother about catering to people with disabilities and so why should it be an issue for us.

Drivers of compliance with physical accessibility

Higher rated hotels (three, four and five-star) have somewhat better compliance albeit not up to the required standards. Nonetheless, there is evidence of commitment and action to prioritise physical accessibility and ensure adherence to accessible tourism in general. In this regard, three main reasons emerged from the in-depth interviews including adherence to disability legislation, competition and reputation, and compliance with the standards of parent brands.

Adherence to legislation

Disability laws are meant to foster the inclusion of people with disabilities including making hotels accessible to them. It emerged from the interviews that higher rated hotels especially the multinational brands were interested in complying with both the Disability Law (Act 715) in Ghana and other international laws and regulations and thus led to some level of compliance with physical accessibility measures. For the multinational brands, compliance with the operating country's laws and regulations as well as that of their home countries and international regulations is a requirement that defines their brand (Botti, Bric, & Cliquet, 2009). These standards are automatically transferred to their branches in Ghana and hence the compliance with such laws. This is captured in one of the accounts given by a general manager of a five-star multinational brand:

Another issue is that as a multinational brand, we don't want to be seen to flout the laws and regulations in the country we operate. In fact, considering that physical accessibility is a basic requirement of the laws in our home country, there is the need to abide by such laws since they are nothing new.

Competition and reputation

Competition drives industry trends and with it comes the reputation for which a particular hotel is known. It was revealed that competition and the need to maintain their reputation is one of the reasons driving their physical accessibility initiatives. It was noted that the desire to outwit other hotels of similar stature led to adherence to physical accessibility. Also, it was acknowledged that once some multinational brands are physically accessible, failure to comply could lead to loss of clients with disabilities and those without disabilities to such competitors. For reputation, multinational brands are mostly franchises and have their brand image as one of the measures of their success (Botti et al., 2009). The brand image does not only help them to attract potential franchisees but also help in widening their customer base (Cho, 2005). In this regard, brand image is important for multinational hotels who consider themselves as market leaders and thus must always strive to provide excellent customer care regardless of where they are located in the

world. This view is captured by one of the general managers of a four-star multinational hotel brand:

... we're serious about physical accessibility. We have sliding doors, elevators and a number of special facilities for them. Our competitors, and I mean hotels of similar grade are doing it and so if you don't do it your facility will not be considered as belonging to that class. Once we are a luxury hotel targeting international clients, we can't be left out because it will affect our reputation.

Adherence to the standards of parent companies

Another reason driving the physical accessibility initiatives of the hotels was the requirement by multinational brands to adhere to the standards of their parent companies. Owing to the tenets guiding their operational procedures, multinational brands especially those operating under franchise are expected to have similar facility and service design as those of their parent companies in Europe and North America (Cho, 2005). A general manager of a four-star multinational brand observed that:

As a multinational brand, accessibility and issues of inclusiveness are part of our brand and so physical accessibility is an aspect of that practice. So right from the inception of the idea to locate here in Ghana, we knew we have to make our facility physically accessible so that it will be of the same standard as other branches in other parts of the world.

Inherent in this finding is the fear on the part of the multinational brands that failure to be compliant with physical accessibility will result in losing their clients since it will culminate in service disparity between the various branches. Regardless of the location of a multinational brand, clients expect to receive the same services including standards on physical accessibility (Botti et al., 2009). Failure to comply with such standards in terms of physical accessibility could result in clients being sceptical about consistency of services of the brand and hence may switch to other competing alternatives that would provide them with consistent design and services.

Conclusion and implications

Based on the findings, the following conclusions and implications are discussed. First, the study concludes that hotels in Ghana are largely not physically accessible. The results of the physical accessibility audit indicate that most of the basic physical accessibility features are lacking in majority of the hotels and thus inconsistent with the principles of universal design (Lid, 2014). It is further concluded that physical accessibility compliance, though poor, appears somehow better among three, four and five-star hotels, especially among multinational brands. To tap into the accessible tourism segment, the hotels have to first embrace the concepts of accessible tourism and universal design as this will make their facilities accessible to tourists with disabilities. Accordingly, there is the need for the Land Use and Spatial Planning Authority in Ghana to make it a requirement for the design of new hotel properties to conform to the principles of universal design before issuing them with building permits. Meanwhile, existing hotel properties should be given a moratorium within which they should re-design their properties to comply with the principles of universal design.

Another conclusion pertains to the fact the reasons underlying the implementation of physical accessibility is sharply divided between lower rated and higher rated hotels. Non-compliance among the lower rated hotels is driven by commercial interests and non-enforcement of the Disability Law (Act715) while compliance among the higher rated hotels is driven by the desire to adhere to legislation, remain competitive, and follow the standards of their parent companies. Subsequently, it is recommended that lower rated hotels should be oriented by the GTA to understand that they can attract guests with disabilities by making their facilities physically accessible. This can be achieved through workshops and seminars for the owners and managers of such hotels. Also, the study concludes that the Disability Law (Act 715) is poorly enforced and

hence accounts for the non-compliance of the lower rated hotels with physical accessibility. In this regard, the GTA should incorporate physical accessibility into its hotel regulatory and licensing framework. Hotels that do not comply can be sanctioned by not renewing their licenses.

Limitations and future research

Despite the scientific approach employed in carrying out the present study, there are some notable limitations which provide opportunity for further research. The audit checklist may not be comprehensive enough to reflect all physical accessibility dimensions. Future studies can expand on the accessibility checklist. Also, the study assumed that once the hotels do not have accessible rooms, it is not likely that they may have accessible windows since windows are features of rooms. Nonetheless, it is possible that some hotel rooms may have individual features such as windows being accessible even though the entire room may not qualify as being accessible. Consequently, it is proposed that future studies should examine the accessibility of individual features of hotel rooms even if such rooms do not meet the standard of accessible rooms.

Further, there are different types of impairments with each having unique access needs. Nonetheless, the present study did not examine physical accessibility relative to specific types of impairment. Future researches can focus on studying physical accessibility relative to specific segments of impairments. Additionally, beyond the description of the existence or otherwise of the physical accessibility indicators, it was not comprehensively examined whether the available indicators meet the standard requirements for easy and independent use by people with disabilities. Future researchers can examine the details of the physical accessibility indicators to establish whether they meet the required standards or not.

Disclosure statement

No potential conflict of interest was reported by the author.

Notes on contributor

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