

Full Length Research Paper

The need for disabled friendly accommodation in South Africa

C. A. Bisschoff* and T. F. Breedt

Potchefstroom Business School, North-West University, Potchefstroom 2520, South Africa.

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The article reports on a consumer service index (CSI) model that was developed for the accommodation industry in South Africa to assist the disabled and elderly traveller when using accommodation facilities in South Africa. The CSI model was adapted from current models used to form the disability index (DI) by using the results obtained through a structured questionnaire sent to hotels in South Africa. The DI forms part of the marketing tools of hotels in South Africa for improved communication and information to physically disabled and elderly travellers when selecting accommodation. Qualitative research was done in this research study and focused on key areas within the hotels that provide problems to disabled and elderly travellers. Key areas in the hotels with problems were the reception, bathrooms, bar area and swimming pool. The problems with the areas were identified using the DI and recommendations were made to improve the accessibility to these areas for travellers. The response of the questionnaire was sufficient to develop the DI and to make recommendations for change to the guidelines used by the Tourism Grading Council to establish the disabled friendly status.

Key words: Disabled friendly accommodation, disability index (DI), consumer service index (CSI), South Africa.

INTRODUCTION

There is a need for the development of a marketing tool for hotels that would benefit the disabled and elderly traveller that require accessible accommodation when travelling. This marketing tool/consumer service index (CSI) would improve the image of the hospitality industry in South Africa that has been lacking behind the rest of the world. According to the Society for Accessible Hospitality (SATH), there are an estimated 859 million persons worldwide with disabilities (APEC, 2003).

The opportunity to relive history by visiting the sights that have had an influence on mankind generally poses no problem. However, for persons with a disability, the chances to enjoy these same pleasures are very limited. This limitation is not only because of their disability, but also because of the failure of many governments and tourism industries to address the problem of making all forms of transportation and accommodation accessible within their own country. Even when a country adopts

laws that mandate that transportation be accessible to all, there are no universality to these rules and regulations (Rosen, 2001).

The lack of facilities in South Africa for people with disabilities means that the country cannot take full advantage of tourism for travellers with disabilities, a sector that has the potential to significantly increase South Africa's tourism receipts. Due to the increased awareness by society at large of people with disabilities and the less than user-friendly amenities available to them, it is now the opportune time to examine the constraints and to develop opportunities for travel and tourism for people with disabilities in South Africa (Snyman, 2000).

Like the general population, the term 'disabled people' encompasses a diversity of individuals with different levels of ability and different requirements for travelling. There is a wide range of impairments, including those to do with mobility, sight, or hearing, as well as learning difficulties and allergies. Many disabled people are keen to travel, but wide variation in the level of access within destinations and across the European Union generally,

*Corresponding author. E-mail: Christo.Bisschoff@nwu.ac.za.

combined with poor information and negative experiences, discourages potential customers. Improved accessibility will not only result in economic benefits to the tourism industry but will also assist the move towards full social integration (Disability, 2005).

Problem statement

People with disabilities have a significantly different tourism experience. For many travellers with disabilities, a travel experience includes difficulties with public transportation and often with accommodation; hotel rooms do not always meet accessibility codes. Many constraints and barriers exist, and general physical access is still the major constraint encountered by people with disabilities (Darcy and Daruwalla, 1999).

Research has indicated that interest in South Africa as a destination is high, but the hurdles in the path of a comfortable travel experience are keeping foreign tourists with disabilities away from the starting line. Hotel owners typically do not understand the vast range of challenges faced by people with disabilities when visiting hotels and as a result lose out on this significant market opportunity (Anon, 2004).

South Africa's inbound travel market for people with disabilities is generally regarded as one that is currently untapped, a "fledgling market with huge potential", according to Eugene Armer of Wilro Tours (Sheridan, 2001). The tourism industry is not in a position to fulfil the needs of people with disabilities in South Africa. The problem could stem from a total unawareness, a lack of interest, or even ignorance with regard to the needs of tourists with disabilities, and thereby disregarding the economic contribution that tourists with disabilities can make to the industry itself. If one takes into consideration how many people with disabilities there are in South Africa, then an effort should be made by government and the tourism industry to take cognizance of the problem and to put in a concerted effort to acknowledge that people with disabilities have similar needs when it comes to recreation and travel, and to provide for these needs (Snyman, 2000).

Objectives

The research project has set three objectives. These objectives are:

1. Determine the accessibility of hotels in South Africa for the physically disabled tourist and elderly traveller.
2. Review the guidelines used by the Tourism Grading Council to grade hotels in South Africa as disabled friendly.
3. Create a model to be used by hotels to determine their disabled friendly status.

RESEARCH METHODOLOGY

The empirical research was conducted in South Africa during the third quarter of 2007. Questionnaires were sent via e-mail to General Managers (GM) in hotels in South Africa to obtain information regarding the disabled friendly structure of the hotels. Quantitative research was used and the aim was to generalise about a specific population based on the results of a representative sample of that population (Martins et al., 1999). The convenience sampling method was used (selecting potential respondents on the basis of convenience or availability) to target 200 managers.

The structured questionnaire (compiled from robust research and similar international instruments) collected information regarding the following aspects:

1. Demographic information of the various hotel accommodation;
2. Accessibility of the hotel;
3. Transport;
4. Parking;
5. Reception;
6. Elevator;
7. Hallway;
8. Room;
9. Bathroom;
10. Bar;
11. Restaurant; and
12. Swimming pool/ Recreation area.

The results were compiled from the responses received by 91 responding hotels. This signifies an acceptable response rate of 46%. In total, the research encompasses 12 387 hotel rooms, 121 restaurants, 111 bars, 104 elevators, 195 disabled friendly rooms, 95 disabled public bathrooms, 162 parking bays, and 116 swimming pools.

The research also calculated the mean value of each statement, computed the mean of the category hotels had to decide on the statement presented (1= strongly agree; 2=agree; 3= neither; 4=disagree; 5 strongly disagree). The average for each category was then computed. Ultimately, similar to the well-known customer service index (CSI), the disability index (DI) was developed. Interpretation of the DI is done according to the model developed by Bisschoff and Hough (1995) on CSI interpretation. Therefore:

1. Under 0.60 – Unacceptable;
2. 0.60 and < 0.75 – Acceptable; and
3. 0.75 up to 1.00 – Excellent.

RESULTS

The indices shown reflect satisfaction/performance between 0 and 1 where an index of 1 would represent a perfect positive score. Most hotels that participated in this research were found to be disabled friendly. The disability index indicates that the hotels are acceptable, but barely, as 0.602 is on the limit between acceptable and unacceptable (Table 1).

The transportation system in the hotels varies depending on the grading of the hotel to the location of the hotel. Most hotels in South Africa only provide a transfer service from the airport or allow taxi's to carry the hotel guests from the airport. In the statements asked answered by the hotels, the disability index reflects an unacceptable rating on all three statements. That the

Table 1. Disabled friendly.

Disabled friendly	Index
We cater for disabled tourists/travellers	0.602
The facilities are disabled friendly	0.602
Disability index	0.602

Table 2. Transportation.

Transport	Index
The hotel transport vehicle is able to transfer disabled tourists	0.591
The transport vehicle has a hand rail for use by disabled persons	0.505
A portable staircase is available for use by disabled tourists	0.543
Disability index	0.546

Table 3. Parking.

Parking	Index
Parking is provided for disabled tourists	0.686
The parking is available close to reception	0.688
The parking is clearly marked for disabled tourists	0.615
The parking space is larger than normal parking spaces	0.662
Disabled parking is provided for every 50 rooms in the facilities	0.435
Disability index	0.617

Table 4. Reception.

Reception	Index
The reception has an accessible ramp for access by disabled persons	0.664
The door at reception is opened easily	0.710
The reception counter is accessible at wheelchair level	0.336
The staff is trained to handle disabled tourists	0.598
There are accessible handrails at the ramp to reception	0.398
The floor surface is non slip material at reception	0.508
The movement from tile floor to covered floor is smooth	0.662
Disability index	0.554

hotel vehicle is able to transfer disabled tourists is almost acceptable with a 0.591 rating. Almost a third (30%) of the hotels in this study does not have or provide a transport vehicle for tourists (Table 2).

In the assessment of parking for the disabled tourist, four of the five statements provided to the hotels reflect a level of acceptability 0.615 to 0.688. Disabled parking provided for every 50 rooms in the facilities was unacceptable with 0.435, with some hotels having less

than two disabled parking spaces for the whole hotel. The disability index for parking is an acceptable 0.617 (Table 3).

The reception area in the hotels scored an unacceptable 0.554 on the disability index. This is due to three problem "areas", namely the level of the reception counter is not at wheelchair level, no accessible hand railings at the reception desk, and the floor surface is not covered with non-slip material (Table 4).

Table 5. Elevator.

Elevator	Index
The hotel has an accessible elevator	0.908
The elevator has been equipped to be used by disabled tourists	0.831
An accessible handrail is in the elevator	0.800
The timing on the elevator doors has been adjusted	0.820
There is adequate room for movement in the elevator	0.886
Disability index	0.849

Table 6. Hallway.

Hallway	Index
The hallway is large enough to accommodate a wheelchair	0.736
There is adequate room in the hallway	0.738
A handrail is available around corners and declines in the floor	0.409
The floor is covered with a manageable rug	0.622
The floor surface is non slip material	0.659
Disability index	0.632

Table 7. Room.

Room	Index
The door is easy to open	0.673
There is room to allow a wheelchair to move through the door	0.681
The closets are accessible for the tourist	0.642
The beds are arranged to allow access for an wheelchair	0.657
The furniture is accessible for the tourist	0.653
The floor is covered with a manageable rug	0.651
The room has an accessible balcony/veranda	0.576
The balcony/veranda is accessible by wheelchair	0.591
Disability index	0.641

Elevator

The elevator Disability Index reflects an amazing 0.849, which is excellent. However, 63% of the hotels in the research have no elevator. This raises some questions regarding accessibility to other areas in the hotel, including parking and access to recreation areas (Table 5).

The Hallway disability index is an acceptable 0.632, with four of the five statements being acceptable. The only problem area indicated is: handrails available around corners and declines in the floor, with an unacceptable 0.409. Some of the hotels, 15 (16%), do not have a hallway linking the main building to the rooms (Table 6).

The room component of this study does differ, as the grading of the hotels influences the requirements in a room. These statements are based on the disabled

rooms in the hotels and the rooms differ from the other rooms in the hotel. The disability index is an acceptable 0.641, with six of the eight statements being acceptable, the two statements that was unacceptable has to do with the access to a balcony/veranda. The room has an accessible balcony/veranda has a Disability Index of 0.576, 23 hotels (25%) do not have access to a balcony/veranda. The balcony/veranda is accessible by wheelchair has an almost acceptable 0.591 index, 27 hotels (30%) do not have an accessible balcony/veranda by wheelchair (Table 7).

The bathroom component in the research study provides some interesting feedback. Disabled bathrooms are still being defined as some of the “accessories” that are helpful to a disabled traveller that are not always found in hotel bathrooms or public “disabled bathrooms”. The disability index for bathrooms is an acceptable 0.609,

Table 8. Bathroom.

Bathroom	Index
The door is able to close with a wheelchair inside	0.640
Handle bars are available for access to the toilet	0.591
The wash basin is at the correct level for a wheelchair	0.613
The wash basin water taps are easy to operate	0.670
The bath/shower is designed to be disabled friendly	0.587
Transfer from the wheelchair to the bath/shower is possible	0.596
The towels are at the right level for access from a wheelchair	0.635
A shower chair is available by request	0.560
Handle bars are available for access to the bath tub	0.591
Disability index	0.609

Table 9. Bar area.

Bar area	Index
The door to the area is easy to open	0.719
A ramp is accessible by wheelchair to the bar	0.681
There is room to move the wheelchair in the area	0.688
A bathroom is available in the area	0.622
The bathroom is accessible by wheelchair	0.596
The bar counter is accessible to serve a wheelchair	0.413
Stairs to the area have an accessible handrail	0.624
Disability index	0.620

Table 10. Restaurant.

Restaurant	Index
The door to the area is easy to open	0.719
A ramp is accessible by wheelchair to the area	0.699
There is room to move a wheelchair in between the tables and chairs	0.690
A bathroom is available in the area	0.618
The bathroom is accessible by wheelchair	0.593
The buffet area is accessible by wheelchair	0.611
Stairs to the area are accessible with a handrail	0.613
Disability index	0.649

which is on the limit due to five of the nine statements being below the acceptable level. The biggest problem areas being: shower chair available on request with an unacceptable 0.56 rating, and handle bars are available for access to the bathtub with an unacceptable 0.591 rating. A total of 16 hotels (18%) do not have handle bars available for access (Table 8).

The bar area was found to have an acceptable 0.620 disability index, with only two of the seven statements being unacceptable, namely that of the bar counter's accessibility to serve a person in a wheelchair (0.413) and the fact that the bathroom is inaccessible by

wheelchair (0.596). A total of 20 hotels (22%) do not have a ramp available, and stairs to the area have no accessible handrail. As much as 30 hotels (33%) do not have handrails available for the stairs (Table 9).

The restaurant disability index is an acceptable 0.649, with only one statement being unacceptable. Problem areas in the restaurant research component include: a ramp is accessible by wheelchair to the area, 18 hotels (20%) have no ramp available, and stairs to the area are accessible with a handrail. A total of 26 hotels (29%) have to use handrails to make the stairs accessible (Table 10).

Table 11. Swimming pool/recreation area.

Swimming pool/recreation area	Index
Access to the area is available to disabled tourists	0.585
Stairs to the area has accessible hand railings	0.484
The swimming pool is equipped with hand railings	0.391
A bathroom is available in the area	0.490
The bathroom is accessible by wheelchair	0.459
An accessible ramp is available to the area	0.490
Shelter from the elements is accessible	0.536
Disability index	0.490

Table 12. Grand disability index.

Grand disability	Index
Disabled friendly	0.602
Transport	0.546
Parking	0.617
Reception	0.554
Elevator	0.849
Hallway	0.632
Room	0.641
Bathroom	0.609
Bar area	0.620
Restaurant	0.649
Swimming pool/recreation area	0.490
Grand disability index	0.619

The swimming pool/recreation area is an unacceptable 0.490 on the disability index, making this area inaccessible for disabled travellers. All seven statements are unacceptable on the ratings, with much room for improvements. Problem areas include, the swimming pool is equipped with handrails 0.391 rating, accessible ramp is available to the area 0.49 rating; [14 hotels (15%) have no ramp available], a bathroom is available in the area 0.49 rating, the bathroom is accessible by wheelchair 0.459 rating, and stairs to the area have accessible hand railings 0.484 rating; [18 hotels (20%) have no hand railings] (Table 11).

Grand disability index

The Grand disability index (GDI) is a summary index of the hotel. It provides an overall view of the hotel's disability inclination and serves as an indicator of the disability orientation thereof. The GDI is an acceptable 0.619 (Table 12).

Table 12 is displayed visually in Figure 1. Take note of the borders (0.60 – unacceptable and 0.75 – excellent) in the figure and also the fact that just one index is regarded

as excellent while quite a number are below the unacceptable margin.

CONCLUSIONS AND RECOMMENDATIONS

The conclusions and recommendations are structured according to the research results, and are presented within its areas of application. It also aims to support the guidelines used in the Tourism Grading Council, and to highlight problem areas that need managerial inputs and implementation of changes.

Reception

Here, the following conclusions were made:

1. Few of the hotels need extensive revamping of the reception area.
2. There is a clear misunderstanding regarding the needs of disabled travellers.

However, the following recommendations were made:

1. Evaluation of the current reception area is done using the DI.
2. Staff training is important on the assistance and handling of disabled travellers.

Rooms and bathrooms

Here, the following conclusions were made:

1. The hotels have no accessible balcony/veranda.
2. There is a shortage of hand rails in key areas in the bathroom to provide assistance.

However, the following recommendations were made:

1. Review of problems and solutions with the balcony/veranda.

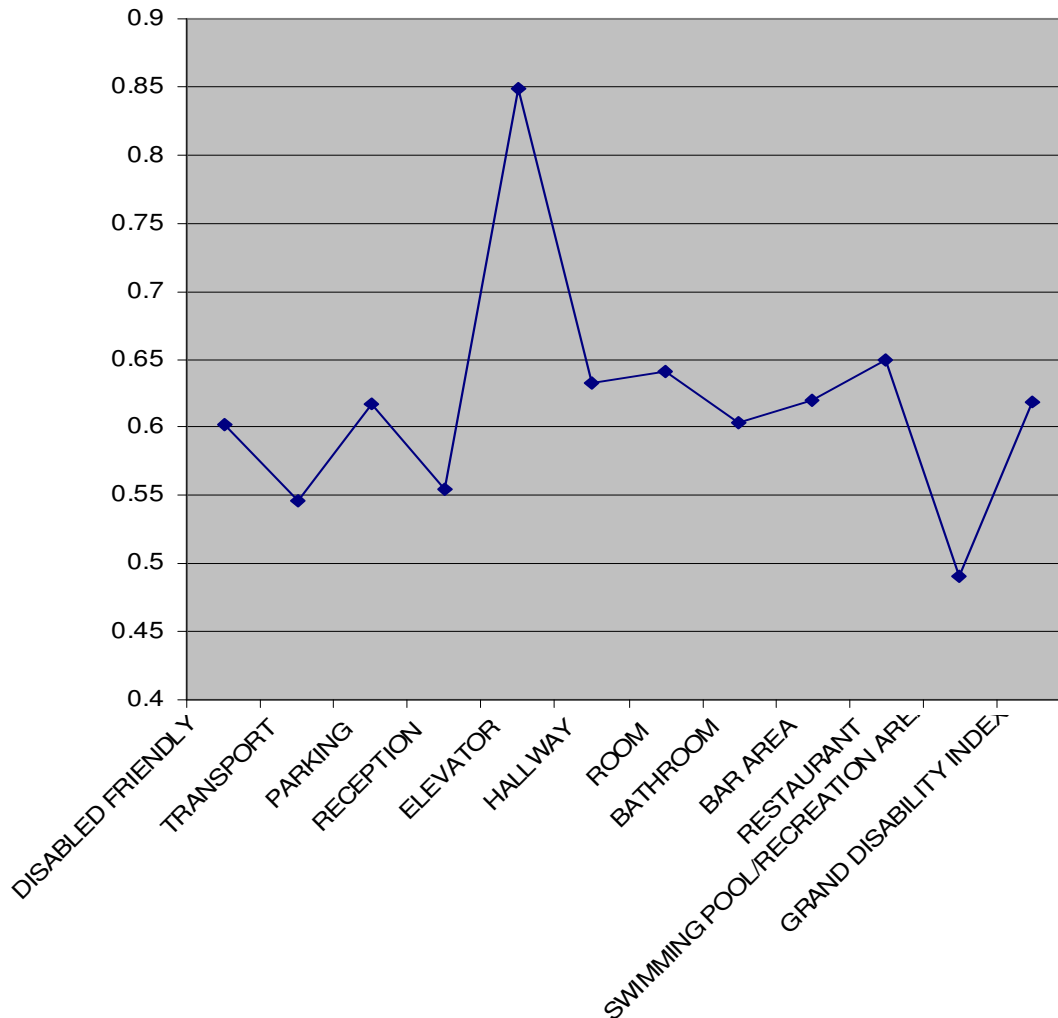


Figure 1. Grand disability index.

2. Evaluation of the bathroom is done, using the DI to provide assistance to disabled travellers.

Bar and restaurant

Here, the following conclusions were made:

1. Most hotels do not need extensive revamping of the Bar and Restaurants area.
2. Staff is not trained to understand the needs of a disabled traveller in the restaurant.
3. The accessibility of wheelchairs is limited to some areas in the bar and restaurant.

However, the following recommendations were made:

1. Evaluation of the bar and restaurant area is done using the DI to determine problems and solutions.

2. Staff training is needed on the needs of disabled travellers in the Restaurant area.

Swimming pool/recreation area

Here, the conclusion is that most hotels need to revamp the swimming pool/recreation area.

However, the following recommendations were made:

1. Use the DI to determine problems and solutions.
2. Determine the needs of the individual hotels guests using the area.

SUMMARY

Disability affects 15 to 20% of every country's population:

There are at least 610 million people with disabilities worldwide. Conflict and poverty continue to cause high rates of disability in the less developed world. The incidence of disability is increasing in the industrialised world as populations age (Elwan, 1999).

Provision of accessible facilities is by far the most important area of concern for achieving a barrier-free tourism experience for people with disabilities. Taking into consideration that it is highly unrealistic to presume that the situation would change overnight, owing to cost and time limitations, what is required in the short-term is that the tourism sector strives to achieve a reasonable level of accessibility, which balances disabled users' needs, the constraints of existing conditions and the resources available for such adjustments (Vignuda, 2001).

The hospitality industry, especially the accommodation side, only caters for a limited number of disabled travellers. The research shows that only 1.57% of the total rooms are disabled friendly, thus, of the total number of tourists arriving in South Africa the industry can only assist 1.57% of these travellers if they have disabilities.

In the development of the disability index (DI) through the research into accessible accommodation in South Africa, it was found that there is a need for change to provide barrier-free or accessible accommodation for travellers. The DI forms the first step in this process, as problem areas are identified within the hotel using the DI, the problem areas are then rectified with the guidelines used by the Tourism Grading Council and the refinement as the research study has indicated. The final product is an accessible establishment providing accommodation to the physical disabled and elderly travellers.

The research study has also identified shortcomings in the guidelines used by the Tourism Grading Council; these problems areas have been explained and need to be included in new guidelines for accessible accommodation. Through continued evaluation of the guidelines

and the situation in the industry, progress can be made in the development of a barrier-free/accessible industry for disabled travellers and elderly persons in South Africa. The South African government needs to develop laws regarding accessibility as the USA and the EU have done in the last couple of years to assist and develop tourism in their countries and for the large untapped market of disabled travellers.

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