

Established 2000

**Midlands State
University**



FACULTY OF COMMERCE

DEPARTMENT OF BUSINESS MANAGEMENT

RESEARCH TOPIC

**AN ANALYSIS OF STRATEGIC UNIVERSAL ACCESSIBILITY IMPLEMENTATION
IN ZIMBABWE'S HOTEL SECTOR**

By

R155399J

This dissertation is submitted in partial fulfilment of the requirements for the Master of Strategic Management and Corporate Governance offered by Midlands State University.

Gweru, Zimbabwe

APPROVAL FORM

The undersigned certify that they have supervised the student **R155399J** dissertation entitled, *An analysis of strategic universal accessibility implementation in Zimbabwe’s Hotel sector*, submitted in partial fulfilment of the requirements of the Master of Commerce in Strategic Management and Corporate Governance Degree at Midlands State University.

.....

SUPERVISOR

.....

DATE

.....

CHAIRPERSON

.....

DATE

.....

EXTERNAL EXAMINER

.....

DATE

RELEASE FORM

STUDENT REGISTRATION NO: R155399J

DISSERTATION TITLE: An analysis of strategic universal accessibility implementation in Zimbabwe's hotel sector.

DEGREE TITLE: Master of Commerce in Strategic Management and Corporate Governance

YEAR THIS DEGREE GRANTED: 2017

Permission is hereby granted to the Midlands State University Library to produce single copies of this dissertation and to lend or sell such copies for private, scholarly or scientific research purpose only. The author does not reserve other publication rights and the dissertation nor may extensive extracts from it be printed or otherwise reproduced without the author's written permission.

PERMAMENT ADDRESS: **10477 Kuwadzana 6**
Harare

CONTACT NUMBERS **0773 822 429, 0716 799 020**

SIGNED.....

DATE: **2 May 2017**

DECLARATION

By submitting this dissertation, I, R155399J, declare that the entirety of the work contained therein is my own, original work, that I am the owner of the copyright thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification. As such, no part of this research in any form, electronic or photocopy may be reproduced for any other purposes other than academic without permission from the undersigned. I further declare that this research was approved by the Business School at Midlands State University.

Student Signature _____ Date _____

Supervisor Signature _____ Date _____

DEDICATION

This project is dedicated to my lovely parents who made it possible for me to reach this level of education through their perseverance, faith and commitment towards my studies. To my brothers, Brian, Charles and Dennis whom I love with all my heart unconditionally for your emotional support as well as encouragement.

ABSTRACT

While the topical areas of hospitality service provision have been systematically investigated for the general travelling public, universal accessibility to include people with disabilities has been widely ignored. This descriptive study, attempts to provide some insights into this phenomenon. An analysis of strategic universal accessibility implementation in Zimbabwe' hotel sector was done. Self administered questionnaires and personal interviews were used to gather data from the research subjects. This article investigated how 3-5 star hotels in Harare are faring in terms of ensuring that their tourism product and services are universally accessible. The choice of hotels was based on stratified sampling technique, and simple random sampling was applied to hotels in the same strata which regarded all the graded hotels as advanced enough to respond to the global phenomenon of universal access. The choice of key stakeholders was based on purposive sampling technique as there are only limited numbers of primary data sources who are knowledgeable on universal accessibility issues. The study was approached from a pragmatism research philosophy as the research questions were both qualitative and quantitative in nature. A total of 31 hotel managers, 181 employees, and 3 key informants in the hotel sector participated in the study. Descriptive frequencies and inductive thematic data analysis were selected as the data analysis techniques for quantitative and qualitative data respectively. The research findings point to a glaring picture which calls for government intervention and business mind shift by hotel operators.

ACKNOWLEDGEMENTS

I sincerely appreciate the support and assistance of numerous people whose contributions have been instrumental in the completion of this dissertation. I am humbled and grateful to my supervisor and whose inputs, insights and critiques I value a lot and will always cherish.

My sincere appreciation also goes to the research co-ordinator and to the whole business school at MSU for their unwavering support and guidance whilst undertaking my research project.

Finally, I continue to be supported and inspired by my family, colleagues, and my extended family at Midlands State University. I take comfort in knowing that I can always count and depend on you. I sincerely hope and pray that the Almighty that I serve blesses and also shows you the love and mercy that He has continually showered on me. I thank you all.

TABLE OF CONTENTS

APPROVAL FORM	i
RELEASE FORM.....	ii
DECLARATION	iii
DEDICATION	v
ABSTRACT.....	vi
ACKNOWLEDGEMENTS.....	vii
TABLE OF CONTENTS.....	viii
LIST OF TABLES	xii
LIST OF FIGURES	xiv
LIST OF APPENDICES.....	xv
DEFINITION OF KEY TERMS	xvi
CHAPTER 1	1
GENERAL INTRODUCTION.....	1
1.0 INTRODUCTION	1
1.1 BACKGROUND OF THE STUDY	1
1.2 PROBLEM STATEMENT	7
1.3 RESEARCH OBJECTIVES	8
1.4 RESEARCH QUESTIONS.....	8
To practice	9
To theory.....	9
1.6 DELIMITATION OF THE STUDY.....	9
1.7 LIMITATIONS	9
1.8 RESEARCH ASSUMPTIONS	10
1.9 CHAPTER SUMMARY.....	10
CHAPTER 2	11
LITERATURE REVIEW	11
2.0 INTRODUCTION	11
2.1 CONCEPTUALISING UNIVERSAL ACCESSIBILITY	11
2.1.1 Designs for universal accessibility.....	13

2.1.2 Principles of universal design	14
2.2 UNIVERSAL ACCESSIBILITY STRATEGIES.....	15
2.2.1 Legal framework and universal accessibility	16
2.2.2 Human rights approach	16
2.2.4 Universal design in tourism and tourism marketing	18
2.2.5 A bottom-up, market-led approach	18
2.3 ADEQUACY OF ADOPTED UNIVERSAL ACCESSIBILITY STRATEGIES	19
2.4 SUSTAINABILITY OF ADOPTED UNIVERSAL ACCESSIBILITY STRATEGIES	19
2.4.1 Model for sustainable universal accessibility	21
2.4.2 Importance of implementing universal accessibility strategies in the tourism industry	21
2.4.2 Market size of individuals with disabilities	22
2.5 CHALLENGES FACED IN IMPLEMENTING UNIVERSAL ACCESSIBILITY STRATEGIES IN THE TOURISM SECTOR	23
2.5.1 Low demand of accessible services	23
2.6.2 Human resources problems	24
2.6.3 Heightening of expectations for service quality.....	24
2.6.4 Facility Design	25
2.6.5 Information access	25
2.6.6 Attitudes.....	26
2.7 CRITICAL SUCCESS FACTORS FOR STRATEGIC UNIVERSAL ACCESSIBILITY IMPLEMENTATION.....	26
2.7 CHAPTER SUMMARY.....	28
CHAPTER 3.....	28
RESEARCH METHODOLOGY.....	29
3.0 INTRODUCTION	29
3.1 RESEARCH PHILOSOPHY	29
3.2 RESEARCH DESIGN	30
3.3 SOURCES OF DATA	30
3.3.1 Primary data	31
3.3.2 Secondary data	31
3.4 POPULATION AND SAMPLING	32
3.4.1 Target population.....	32
3.4.2 Sampling procedure	36

3.5 DATA COLLECTION METHODS	37
3.6.1 Self administered questionnaire	37
3.5.2 Personal interviews	38
3.6 DATA PRESENTATION AND ANALYSIS	39
3.6.1 Data Presentation	39
3.7.2 Data Analysis	39
3.7 ETHICAL CONSIDERATIONS	39
3.8 CHAPTER SUMMARY	40
CHAPTER 4.....	41
DATA PRESENTATION, INTERPRETATION AND ANALYSIS	41
4.0 INTRODUCTION	41
4.1 RESPONSE RATE	41
4.2 RESPONDENT’S DEMOGRAPHIC PROFILES	41
4.2.1 Age.....	42
4.2.2 Decision making level.....	42
4.2.3 Length of stay in the organisation.....	43
4.3 THE ADEQUACY OF ADOPTED UNIVERSAL ACCESSIBILITY STRATEGIES IN ZIMBABWE’S HOTEL SECTOR.....	43
4.3.1 The extent to which hotels facilities are universally accessible.....	44
4.3.2The extent to which hotels in Zimbabwe are universally accessible	47
4.3.3 Views on adequacy of universal accessibility strategies.....	48
4.3.4 Universal accessibility policy	51
4.3.5 Legislation and universal accessibility.....	52
4.4 SUSTAINABILITY OF ADOPTED UNIVERSAL ACCESSIBILITY STRATEGIES IN ZIMBABWE’S HOTEL SECTOR.....	54
4.4.1 Demand for universal accessibility	56
4.5 CHALLENGES IN IMPLEMENTING UNIVERSAL ACCESSIBILITY STRATEGIES IN ZIMBABWE’S HOTEL SECTOR.....	57
4.5 CRITICAL SUCCESS FACTORS FOR EFFECTIVE IMPLEMENTATION OF UNIVERSAL ACCESSIBILITY	62
Tax incentives for hotels providing accessible products and services	66
Staff awareness and training	67
4.7 CHAPTER SUMMARY.....	67
CHAPTER 5.....	68

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS	68
5.0 INTRODUCTION	68
5.1 SUMMARY OF FINDINGS	68
5.1.1 Response rate	68
5.1.2 Adequacy of adopted universal accessibility strategies in Zimbabwe’s hotel sector.....	68
5.1.3 Sustainability of adopted universal accessibility practices	69
5.1.4 Challenges faced in implementing universal accessibility strategies in Zimbabwe’s hotel sector.	69
5.1.5 Critical success factors of effectively implementing universal accessibility strategies in Zimbabwe’s hotel sector	69
5.2 CONCLUSIONS	70
5.2.1 The adequacy of adopted universal accessibility strategies in Zimbabwe’s hotel sector.....	70
5.2.2 Sustainability of adopted universal accessibility strategies in Zimbabwe’s hotel sector.	70
5.2.3 Challenges faced in implementing universal accessibility strategies in Zimbabwe’s hotel sector.	70
5.2.4 Critical success factors for effective implementation of universal accessibility.....	70
5.3 RECOMMENDATIONS	70
5.4 RECOMMENDATIONS FOR FUTURE RESEARCH.....	74
REFERENCES.....	75
APPENDICES	84
APPENDIX A.....	84
APPENDIX B	88
APPENDIX C	94
APPENDIX D.....	97
APPENDIX E	99

LIST OF TABLES

PAGE

Table 1.1 Accessible rooms in Harare Hotels.....	3
Table 1.2 Accessible accommodations in Victoria Falls.....	3
Table 1.3 Travel behaviour of people with access needs.....	4
Table 1.4 General economic indicators.....	5
Table 2.1 Difference between a universal design and an accessible design.....	12
Table 3.1 Population for hotels.....	32
Table 3.2 Population for key stakeholders in the hotel sector in Zimbabwe.....	33
Table 3.3 Frame Work by Krejcie.....	34
Table 3.4 Sample size for hotels.....	35
Table 3.5 Sample size for key stakeholders in the hotel sector in Zimbabwe.....	35
Table 4.1 Response rate.....	41
Table 4.2 Age range	42
Table 4.3 Decision making level	42
Table 4.4 Length of stay in the organisation.....	43
Table 4.5 The extent to which hotel facilities are universally	44
Table 4.6 Views on the adequacy of universal accessibility strategies.....	48
Table 4.7 Sustainability of adopted universal accessibility strategies.....	54
Table 4.8 Challenges in implementing universal accessibility strategies.....	57
Table 4.9 Respondent’s actual verbatim on challenges.....	60

Table 4.10 Critical success factors for effective implementation of universal accessibility.....62

Table 4.11 Respondent’s actual verbatim on critical success factors.....64

LIST OF FIGURES

PAGE

Figure 2.1 Model for universal accessibility.....21

Figure 4.1 The extent to which hotels are universally accessible47

Figure 4.2 Universal accessibility policy.....51

Figure 4.3 Legislation and universal accessibility.....52

Figure 4.4 Implementation of legislation on universal accessibility53

Figure 4.5 Demand for universal accessibility.....56

LIST OF APPENDICES

PAGE

Appendix A Questionnaire for hotel managers.....90

Appendix B Questionnaire for hotel employees.....95

Appendix C Interview guide for ZTA and Ministry of Tourism.....98

Appendix D Interview guide for Disability Organisations.....100

Appendix E Summary of reliability analysis.....103

LIST OF ACRONYMS AND ABBREVIATIONS

DDA	Disability Discrimination Act
NDA	National Disability Act
PwDs	People with Disabilities
RTG	Rainbow Tourism Group
SI	Statutory Instrument
UN	United Nations
UNWTO	United Nations World Tourism Organisation
WHO	World Health Organisation
ZCT	Zimbabwe Council of Tourism
ZTA	Zimbabwe Tourism Authority

DEFINITION OF KEY TERMS

Hotel- a commercial establishment providing lodging, meals and other guest services

Hotel service: is concerned about the guest's total experience and the performance of the organisations and its staff according to the set standards.

Sustainable development: sustainable development meets the needs of the present without compromising the well-being of future generations.

Strategy: the art and science of planning and marshalling resources for their most efficient and effective use.

Strategic implementation: is the translation of a chosen strategy into organisational action so as to achieve strategic goals and objectives

Tourism sector: comprises of the public sector and private sector businesses providing services for people on holiday or for business meetings and conferences.

Universal accessibility: refers to broad-spectrum ideas meant to produce buildings, products and environments that are inherently accessible to infants, older people, people without disabilities and people with disabilities.

CHAPTER 1

GENERAL INTRODUCTION

1.0 INTRODUCTION

The tourism industry's attention on universal accessibility has accelerated in the latest years. Stakeholders wrestle with the concepts of accessibility, 'tourism for all', and the way in which these ideas can be integrated into business practices. In fact the World Tourism Organization, amongst others, has enshrined universal design within its overall vision (Japan Tourism Marketing Co., 2009; World Tourism Organization, 2010), but on closer examination they have not operationalised universal design within detailed policy or funding arrangements. Albeit having policies that promote universal accessibility at national level, the hotel sector in Zimbabwe cannot fully satisfy the access market in terms of development and marketing of tourism. The research therefore aims to close the gap between formulation and implementation of universal accessibility strategies in Zimbabwe's hotel sector. Outlined shall be the background of the study, statement of the problem, research objectives and research questions. Furthermore significance of the study, delimitations, and assumptions, the limitations of the study, definitions key terms shall be outlined.

1.1 BACKGROUND OF THE STUDY

Recent debates in the tourism sector have focused on the need to foster inclusive tourism development but certain quarters in the academic community have largely quarantined inclusive tourism to the need to ensure persons living with disabilities participate in the tourism sector (Rains 2009, Cohen 2013). The need to champion rights of the disabled has been accepted as crucial in many jurisdictions, tourism included. Zimbabwe has taken laudable strides to enshrine the rights of the disabled in the supreme law. However, this noble initiative has not been actively followed by mainstreaming of the same to other sectors such as tourism. Therefore access to tourism products and services is a significant constraint to people with disabilities. This paper

places an inquiry on strategic implementation of universal accessibility in Zimbabwe's hotel sector in a bid to unravel policy, legislative and operational gaps that need to be closed.

The hotel sector in Zimbabwe is managed by the Zimbabwe Tourism Authority (ZTA), and through the private sector agency; Zimbabwe Council for Tourism (ZCT). Hotels are mandated by law to provide universally accessible products and services. ZTA is guided by the national tourism policy, Statutory Instrument (SI) 128 of 2005 and SI 106 of 1996 in ensuring universal accessibility in Zimbabwe's hotel sector. According Chikuta (2014) these two statutory instruments seem to be promoting universal accessibility, a closer assessment reveals that SI128 of 2005 is only concerned with people with mobility disabilities, specifically wheelchair users. It is the government's role to ensure that all major tourism destinations products will be provided with facilities that are user friendly (National Tourism Policy 2014). However, the major challenge with policies and procedures, especially in African countries is the lack of an implementation and enforcement framework (Chikuta 2014).

Presently, according to a recent study by European Network for Accessible Tourism (2015) and partners, less than 10 per cent of tourism suppliers in Europe offer "accessible" tourism services, while demand for such services is set to increase due to the ageing population and continuing upward trend in market demand. According to ZTA (2016), only 1.2% of the total rooms as indicated in table 1.1 below are accessible.

Table 1.1: Accessible rooms in Harare

Hotel	Accessible rooms	Total rooms
Monomotapa: Legacy	9	243
Holiday Inn Harare: African Sun	2	201
Jameson : Cresta	0	123
Rainbow Towers: RTG	2	304
Meikles	1	312
Ambassador: RTG	1	72

Source: ZTA (2016)

Table 1.2 Accessible accommodations in Victoria Falls Zimbabwe

Area	Accommodation with	Accommodation without
Accessible parking and entrance	12	5
Accessible reception area	10	7
Accessible bedrooms	5	12
Easy access to bedrooms (elevators or lifts, ramps ,etc.)	4	13
Accessible Restrooms/Toilets	5	12
Accessible showers/bathrooms	1	16
Accessible restaurants	11	6

Source: Chikuta (2015)

In Victoria Falls only 30% of the total hotel facilities have accessible rooms as indicated in the table 2 above. Chikuta (2015) went on to say that, of the hotels that have accessible rooms, access to those rooms is a nightmare and facilities do not have elevators and those with elevators do not have a sound system indicating the level reached in a storey building. This is clear evidence that hotel access is a significant constraint to people with disabilities. The lack of facilities in Zimbabwe for people with disabilities means that the country cannot fully take advantage of tourism for travellers with disabilities a sector that has potential to significantly increase Zimbabwe’s tourism receipts.

In 2012 more than half of the individuals with disabilities in the European Union travelled; a slightly smaller proportion of the elderly people travelled during the same period as shown in table 1.3 below. European Union (2013) estimated that in 2012 accessible tourism contributed 3% of the European Union Gross Domestic Product.

Table 1.3 Travel behaviour of people with access needs

Group	People with Disabilities		The Elderly population	
	Day Trips	Overnight Trips	Day Trips	Overnight Trips
Travel Propensity	51.8%	58.1%	36.4%	47.5%
Travel Frequency	6.7	6.7	6.9	5.5
Of these, spent in				
Domestic (%)	87.1%	60.1%	87.3%	70.0%
EU (%)	10.4%	27.4%	12.1%	22.8%
International (%)	2.5%	12.5%	0.5%	7.2%

Source: EU27 averages, (2012)

The table above indicates a significant contribution of having universally accessible facilities and services, as people with disabilities travel when facilities at a destination are user friendly. Furthermore Dwyer and Darcy (2011) aver that, accessible tourism contributed to around 15% to the overall tourism in 2003-2004 and contributed around \$10 million. In USA disability travel generates 17.3 billion in annual spending (open doors organization 2016). The Zimbabwean tourism has been experiencing positive escalation over the last few years. Tourism receipts as well as arrivals grew as shown in table 1.4 below.

Table 1.4: General economic indicators

	2011	2012	2013	2014	2015
Tourism Direct Contribution to GDP	5.8	5.7	5.5	5.6	5.2
Total Tourism Contribution to GDP	11.3	11.7	11.3	11.4	11.0
Tourism Direct Contribution to Employment	4.1	4	3.6	3.5	3.0
Tourism Total Contribution to Employment	8.7	8.8	8.2	7.8	7.2
Tourism Contribution to Capital Investment	6.2	6.3	5.9	5.5	6.3
Tourism Contribution to Export	8.9	10.7	10	9.5	9.0
Tourism Receipts	662	749	856	827	886
Tourist Arrivals	2 423 280	1 794 230	1 832 570	1 880 028	2 056 588

Source: Zimbabwe Tourism Authority, Tourism Trends and Statistics Report (2015)

Regardless of this good performance by the sector, evidence on the ground does not suggest that Zimbabwe has paid much attention to promoting the rights of people with disabilities as stipulated by the Global Code of Ethics (1999). This is buttressed by Chikuta (2015) who postulate that nothing is known about the number of visitors with disabilities in and out of Zimbabwe, and little is known about their needs and wants. From the table above the growth total tourism contribution slightly declined from 11.3 in 2011 to 11.0 in 2015. However tourism contribution to GDP has improved in destinations with accessible facilities and services as highlighted above. Thus with improvements on universal accessibility, current tourism demand in Zimbabwe will increase. Adopting universal design enlarges the target markets of destinations as well as ensures that more pleasant experiences can be delivered. Therefore it can increase the market base, reduce seasonality and support the competitiveness of destinations (Buhalis, 2000). Thus a research in this area is clearly warranted.

According to the accessibility survey conducted in Harare by ZTA in (2016) most hotels have not fully operationalised universal accessibility. For example despite having ramps and accessible rooms at Rainbow Towers, bathrooms are not spacious to allow free movement for

wheelchair users. In addition Cresta hotels only have in house wheelchairs for the physically challenged and do not have supporting facilities and services to ensure effective service delivery to the disabled tourist. On the other hand Holiday Inn Harare and Monomotapa Hotels have complied with the IHG franchise requirements with regards to universal accessibility in hotels. These hotels have good parking reserved for the disabled, ramps, spacious restrooms; the reach out for elevators is lower for easy access as well as in house wheelchairs to cater for the access market. Why such differences in universally accessible products and services? This indicates challenges in effectively executing universal accessibility strategies in Zimbabwe's hotel sector. Thus the biggest challenge in universal accessibility strategic change is however the phase after planning, the successful implementation of the strategies needed and developed. This is buttressed by Candido and Santos (2015) who postulate that it is often claimed that 50% to 90% of strategic initiatives fail.

Accessibility of information, communication and accessible web sites are critical in ensuring accessibility of a tourist destination. Internet bookings and information on the internet makes a destination more easily accessible (Karambakuwa et al 2011:69). Furthermore, Graham and Bywell (2013), aver that providing accurate information to travellers with disabilities, shaping and marketing tourism destinations in accordance with universal design principles, and offering better access to tourism sites, can make all the difference between gaining and losing visitors. According to the European Commission report (2014) on economic impact and travel patterns of accessible tourism in Europe, almost 70 % of all 66 surveyed websites provide information on accessible offers, but accessible features are almost never used to promote a destination. In Zimbabwe there seems to be lack of a comprehensive marketing plan to promote universal accessibility from ministerial level right down to the private players in the hotel sector. Furthermore some hotel websites are silent on accessibility issues and those which accessible features do not use them to promote a destination. Thus people with disabilities often have difficulty in obtaining reliable information.

The United States of America department of labour (2012) avers that providing training opportunities, including apprenticeship programs, on-the-job training, job shadowing, and tuition reimbursement for current employees with disabilities enhances universal accessibility. Training

employees help them to understand and deal with problem facing disabled guests, and treat these guests appropriately including means of communicating with them. Furthermore it helps eliminate existing physical, attitudinal and informational barriers to universal accessibility in the hotel sector. However due to economic crises prevailing in Zimbabwe, hotel training budgets have been reduced. Not to mention training for disability service provision/ initiatives in Zimbabwean hotels.

According to (UNWTO 2016), public and private partnerships are an option that has successfully developed universal accessibility in Spain. Furthermore, Graham and Bywell (2013) aver that cooperation between the public and private sectors must be at the heart of accessible tourism. However Khupe (2010), avers that the authorities in Zimbabwe have done virtually nothing to alleviate the plight of disabled people. It is clear that the public and private sector is disjointed in as far as universal accessibility is concerned. Chikuta (2015) concurs with Khupe when he asserts that while economic policies are being crafted to bring the country back to its feet, little is being done in providing access to tourism for people with disabilities. Therefore this paper places an inquiry on strategic universal accessibility implementation in a bid to unravel policy, legislative, and operational gaps that need to be closed to guarantee the enjoyment of hotel products and services by people with disabilities in Zimbabwe.

1.2 PROBLEM STATEMENT

Although there is a recent rise in awareness of the importance of universal access, there seem to be a significant gap between policies, standards and the levels of implementation in hotels. Hotel products and services in Zimbabwe seem to be ill prepared to accommodate the disabled market segment hence not universally accessible. This is buttressed by Chikuta (2015) who avers that, of the hotels that have accessible rooms, access to those rooms is a nightmare. Zimbabwe as a tourist destination has therefore failed to effectively implement universal accessibility strategies towards sustainable development in the hotel sector. With effective implementation of universal accessibility the tourism contribution to Gross Domestic Product will increase. This is buttressed by the European Union (2013) which estimated that in 2012 accessible tourism contributed 3% of the European Union Gross Domestic Product. Thus Zimbabwe as a tourist destination cannot

continuously ignore universal accessibility in terms of development and marketing of tourism. It is against this background that an analysis of strategic universal accessibility implementation in Zimbabwe's hotel sector was done.

1.3 RESEARCH OBJECTIVES

- To establish the adequacy of adopted universal accessibility strategies in Zimbabwe's hotel sector.
- To determine the sustainability of adopted universal accessibility strategies in Zimbabwe's hotel sector.
- To ascertain the challenges in implementing universal accessibility strategies in Zimbabwe's hotel sector.
- To find out the critical success factors of effectively implementing universal accessibility in Zimbabwe's hotel sector.

1.4 RESEARCH QUESTIONS

This research seeks to address the following questions:

- How adequate are the adopted universal accessibility strategies in Zimbabwe's hotel sector?
- How sustainable are the adopted universal accessibility strategies in Zimbabwe's hotel sector?
- What are the challenges faced in implementing universal accessibility strategies in Zimbabwe's hotel sector?
- What are the critical success factors of implementing universal accessibility in Zimbabwe's hotel sector?

1.5 SIGNIFICANCE OF THE STUDY

To practice

The study offered valuable insights concerning effective universal accessibility implementation in the hotel industry; and instilled a process and a frame of mind in strategic marketing. From the supply side, there was little understanding of how the tourism industry itself views the provision of goods and services for the access market. Thus the study came up with the critical success factors of fully embracing universal accessibility in Zimbabwe's hotel sector. With the increase in global competition in terms of price and quality of tourism and travel offers, accessible tourism equates to quality tourism business. Hotels in Zimbabwe were better placed concerning access issues leading to better tourist experience and improved the quality of life of the local population and visitors. In a nutshell the study provided useful insights for practitioners to effectively serve the access market segment in Zimbabwean hotels.

To theory

As there is not much literature on the access market in hotels in Zimbabwe, the research played a part in closing this academic gap hence playing a role in providing the basis on which future studies will be laid upon.

1.6 DELIMITATION OF THE STUDY

This research was an analysis of strategic universal accessibility implementation in Zimbabwe's hotel sector. Focus was on 3-5 star hotels in Harare and key stakeholders in the hotel sector namely Zimbabwe Tourism Authority, Ministry of Tourism and Disability Association of Zimbabwe. 3-5 star hotels were used as they were regarded as advanced enough to respond to the global phenomenon of universal access. The study covered the period from the year 2011-2015 for company data.

1.7 LIMITATIONS

Effective implementation of universal accessibility strategies impacts on the overall business performance. Further universal accessibility is a new phenomenon in the hotel sector in Zimbabwe. The researcher faced challenges in getting the specific data from operators as they

resisted in revealing certain information for confidentiality reasons. Thus the researcher conducted personal interviews with key stakeholders so as to bring out relevant data with regards to universal accessibility in Zimbabwe's hotel sector. Furthermore the researcher reviewed literature from other countries with the aim to fill the gap in literature.

1.8 RESEARCH ASSUMPTIONS

The following assumptions were taken into consideration for the study:

- The participants answered all the questions truthfully.
- The sample chosen was a true representative of the population and that results were generalized.
- The research was completed in time.

1.9 CHAPTER SUMMARY

In this chapter the background highlighted that, despite having a policy framework and statutory instruments that promotes universal accessibility, Zimbabwe as a tourist destination cannot fully satisfy the access market in terms of development and marketing of tourism. The problem statement simplified the background of the study and explicitly stated that, there is still a significant gap between universal accessibility policies, standards and the levels of implementation. The main research objective of this chapter was to analyse strategic universal accessibility implementation in Zimbabwe's tourism. Justification of the study indicated that, the study offered valuable insights concerning effective universal accessibility implementation in the hotel industry; and instilled a process and a frame of mind in strategic marketing. The study was delimited by location which is Harare and focus was on the 3-5 star hotels and key stakeholders in Zimbabwe's hotel sector namely Zimbabwe Tourism Authority, Ministry of Tourism and Disability organisations. Finally limitations to the study included challenges in getting the specific data from operators, as well as limited literature on universally accessibility within the confines of Zimbabwe as a tourist destination. The researcher assumed that the sample chosen was a true representative of the population and this marked the end of the chapter. Hence chapter two reviewed the existing literature related to the subject under study.

CHAPTER 2

LITERATURE REVIEW

2.0 INTRODUCTION

Literature review is a significant and an evaluative summary of themes, issues and arguments of a clearly defined research topic obtained from the published and unpublished literature. According to Bourner (2006), literature is important in that it identifies gaps in the literature, it avoids reinventing the wheel, and it increases the breadth of knowledge of the subject area. It provides an insight on different authors' thoughts and views on the problem at hand and its main purpose is to help the researcher to build up a better understanding on strategic universal accessibility implementation in the hotel sector. Therefore it focuses on universal accessibility strategies, the importance of these strategies, how they are formulated and implemented and the extent to which they create an inclusive environment.

2.1 CONCEPTUALISING UNIVERSAL ACCESSIBILITY

The concept of universal accessibility was an answer to the silent call by disadvantaged members of the society, the disabled, whose access issues are not on the global agenda (Chikuta 2014). "The focal point was on the so-called able-bodied, who could easily voice their concerns". A number of scholars have often used the terms accessible tourism and universal accessibility interchangeably. However the work by Buhalis and Darcy (2011) has helped unravel the distinction between the two terms. They argue that universal accessibility focuses on ensuring that tourism products and services are usable by all people without having to resort to special designs, whilst accessibility places focus on adaptation to achieve universal accessibility. Reviewed literature has also shown that authors such as Rocque, Langevin, Chalghoumi and Gorayeb (2001) view accessibility as the nature of a product, process, service, environment or means of access to information which, in an inclusive view, allows all users, including those that may have (or experience) limitations, to obtain by themselves equivalent results in activities. This view is supported by Cohen et al (2013), who argued for the need to create inclusive spaces for people living with disabilities in order to give them a feeling of security, competence and freedom in their mobility and help establish harmonious relations with the external world.

Universal design asks from the start how to make the design work beautifully and seamlessly for as many people as possible. It seeks to consider the breadth of human diversity across the lifespan to create design solutions that work for all users (AEC, 2001). Therefore, it is critical for hotel operators to know the difference between a universal design and an accessible design. A universal design integrates the accommodation of disability with the basic concept of the design, beyond the fact that accessibility is also expressed as an important element in the aesthetics of the product or building, whereas accessible design simply provides a token response to the needs of people with disabilities (Steinfeld, 1994). To avoid any misunderstanding of the above mentioned designs, the differences will be discussed in Table 2.1.

Table 2.1 Difference between a universal design and an accessible design

Accessible Design	Universal Design
<ul style="list-style-type: none"> • Accessible design means products and buildings that are accessible and usable by people with disabilities. 	<ul style="list-style-type: none"> • Universal design means products and buildings that are accessible and usable by everyone, including people with disabilities.
<ul style="list-style-type: none"> • Accessible design has a tendency to lead to separate facilities for people with disabilities, for example, a ramp set off to the side of a stairway at an entrance or a wheelchair accessible toilet stall. 	<ul style="list-style-type: none"> • Universal design, on the other hand, provides one solution that can accommodate people with disabilities as well as children, women and men, left handed persons as well as right handed persons.
	<ul style="list-style-type: none"> • An entrance that is designed to be “universal” would not have stairs at all, instead of one toilet stall designed for people who use wheelchairs, a toilet room with a universal design might include more than one stall with larger space clearances and perhaps additional facilities such as a changing table for babies.
	<ul style="list-style-type: none"> • Universal design also presents an opportunity for economic development. The creation and production of consumer products that are easier to use for everybody can improve competitiveness in the world export market. Moreover, the development of a public infrastructure and cultural and recreational sites that are usable by all can improve tourism and contribute to general economic welfare.

Source: Snyman (2002)

The definition by Rocque, Langevin, Chalghoumi and Gorayeb (2001) on universal accessibility was adopted for the study as it captures critical elements, which influences strategic universal accessibility implementation in hotels.

2.1.1 Designs for universal accessibility

According to Roque et al (2001), to achieve universal accessibility, it is necessary to use particular forms of design that carry several names in the literature: universal design, design for all, inclusive design, barrier free design. Some authors exclude recourse to specific design or rehabilitation design or assistive design (British Standards Institute, (2005) Dickerson, 2008), while others use these particular types of design (Clarkson, and Harrison, 2000; Pattison and Stedmon, 2006 CEBE, 2002), under the pretext that there will always be room for specific design to meet very particular needs of specific users. The three types of design that can contribute to achieving universal accessibility include, “accessible design, usable design and adaptable design” Chikuta (2014) and these concepts are discussed in the sections that follow.

2.1.1.1 Accessible design

According to Chikuta (2014), in tourism, some have defined this as disabled/disability tourism (Buhalis et al., 2005; Burnett and Bender-Baker, 2001; Yau *et al.*, 2004) while others have named it easy access tourism (Cameron, 2000, Tourism New South Wales, 2000). It advocates for a barrier free environment for people with disabilities (PwDs) (Buhalis and Darcy, 2011; Darcy, 2010; Cameron *et al.*, 2003). According to Chikuta (2014) “the 20th General Assembly of the UNWTO reaffirmed the principles of accessibility as agreed in Senegal which mandate all member states to make their tourism sites and establishments accessible to PwDs and to offer them special facilities at no extra cost. It also mandates tourism establishments to offer special training to staff members in order to prepare them to better work with PwDs (UNWTO, 2013)”. It can be noted that accessible design is concerned specifically with PwDs. Thus accessible design is an enabling tool for universal accessibility in hotels.

2.1.1.2 Usable design

According to Mace (1991) as cited in Chikuta (2014) the International Organisation for Standardisation defines usable design as the effectiveness, efficiency and satisfaction with which a specified set of users can achieve a specified set of tasks in a particular environment. In other words, producers test the usability of a particular product or service by the extent of its usefulness when used by a selected group of people to complete a given set of tasks. Pfeffer,

(2001) as cited in Chikuta (2014) aver that PwDs are not used in usability tests since they are not considered normal by some sections of society. It can be noted that this design pose access challenges to people with disabilities in hotels

2.1.1.3 Adaptable design

Propounded by Lasher and Mace in (1989) as cited in Chikuta (2014), the concept of adaptable design offers basic universal features which can be adapted to the needs of a specific user. It is interesting that most of the facilities for PwDs are actually suitable for people in wheel chairs - a small proportion of the disability community (Mace et al., 1991). With this in mind, hotel facilities can be constructed in such a way that they accommodate this segment of the population at a specific point in time and in only certain ways, especially at places that receive only a small number of people with special needs. The concept came into being after some operators realised that after meeting all accessibility requirements, only a few PwDs used the facilities (Chikuta 2014). Furthermore, so-called able bodied people shun these accessible facilities due to their special appearance (Mace et al., 1991). In essence, adaptable design allows for the able bodied using the same facilities as their disabled counterparts without the feeling of being treated as special. With adaptable design, some accessible features are concealed, moved or adjusted when not required so that the facility is easily and comfortably usable by anyone. Again, there is rich evidence that this concept, like the previous ones, focuses on people with known special needs (Chikuta 2014). Therefore it can be noted that the designs of universal accessibility put the needs of people with disabilities at the forefront. As such an understanding of these critical designs is essential if strategic universal accessibility implementation in the hotel sector is to be effective.

2.1.2 Principles of universal design

According to CUD, (1997) as cited in Chikuta (2014) universal design is guided by seven principles that were coined during the Civil Rights era in the United States of America and systematized by the Centre for Universal Design in 1997. These include:

“ Principle 1: Equitable use,

Principle 2: Flexibility in use,

Principle 3: Simple and intuitive use,

Principle 4: Perceptible Information,

Principle 5: Tolerance for error,

Principle 6: Low physical effort and

Principle 7: Size and space for approach and use”

Therefore it can be noted that, the tourism sector needs to take a positive and optimistic approach to the issue if the benefits are to be realised. To have achieved an ongoing state of Universal Management, the hotel industry will need to be able to show where all elements of its decision-making observe the Universal Design principle. Reviewed literature also show that not much inquiry had been done on universal accessibility in the tourism sector in Zimbabwe. However, notable researchers include Chikuta (2014), who investigated universal accessibility in National Parks in South Africa and Zimbabwe. Therefore it is the research’s interest to cover the gap in literature by analysing strategic universal accessibility implementation in the confines of the hotel sector in Zimbabwe.

2.2 UNIVERSAL ACCESSIBILITY STRATEGIES

Scholes et al (2008) defines strategy as the direction and scope of an organisation over the long term, which achieves advantage in a changing environment through its configuration of resources and competences with the aim of fulfilling stakeholder expectations. Moutinho (2010) avers that strategy is about identifying the best products and services to compete in the right market at the right time. Therefore understanding the business environment is pivotal to formulation, development and maintenance of successful management strategy in the tourism sector.

According to the UN Sustainable Development Goals 2030 as cited in Michopoulou, Darcy, Ambrose and Buhalis , (2015), there are various strategies that can be employed towards the development of accessible tourism these include ; policy-making for accessible tourism; embodiment; representation; law and legislation; architecture and universal design; inclusion/exclusion from experiences; markets and needs analysis; accessible transport; accessible events; accessibility and culture/heritage; accessible accommodation; education/training; and technology and applications. Botwell (2013) avers that combination of increased awareness, education; legislation, partnerships and the resolve to invest in universal design will be required in the travel and leisure industry. Furthermore Gillovic and McIntosh (2015) in their study on stakeholder perspectives of future of accessible tourism in New Zealand

came up with strategies to ensure effective universal accessibility implementation in the tourism industry these include; viewing accessibility as a human right, developing a culture of accessibility, accessibility for business, bottom up market led approach, leadership from the top, moving from apathy to action and meeting somewhere in the middle. The sections below outline the key strategies that can be adopted when implementing universal accessibility in hotels.

2.2.1 Legal framework and universal accessibility

At global level the UNWTO Global Code of Ethics (1999), provides that the tourism for people living with disabilities should be encouraged and facilitated. For this to happen the need for strong legislative and policy framework is essential. In Zimbabwe whilst the new constitution advocates for the rights of the disabled, there are apparent weaknesses in the primary and secondary legislation in the tourism sector. Chikuta, (2014) bemoans the fact that the Tourism Act which is the primary legislation in the tourism sector is silent on issues promoting universal accessibility. He also identified hole into Statutory Instrument 128 of 2005 arguing that although it seemingly promote rights of the disabled it is only limited to the construction of ramps which benefits those with mobility disabilities namely wheel chairs only forgetting other dimensions of disabilities. In this regard it is the researcher's interest to question the implementation of the above guidelines in Zimbabwe's hotel sector.

2.2.2 Human rights approach

According to (Lord and Stein, 2013) as cited in Chikuta (2014) People with disabilities share a common history worldwide, a history associated with discrimination, stigma and segregation, among other issues The right to travel, however, is a fundamental human and citizenship right, transcended internationally in the United Nations Convention on the Rights of People with Disabilities (Ateljevic et al., 2012; Darcy and Buhalis, 2011a; Darcy et al., 2010; Darcy and Dickson, 2009; Jaeger and Bowman, 2005; Singleton and Darcy, 2013). Further, assertion of one's quality of life – particularly in commanding independence and self-confidence – is obtained through the activity of travel (Blichfeldt and Nicolaisen, 2010; Reisinger, 2013; Yau et al., 2004). Although ideals of equality, respect, equity and access underpin these rights, they are largely non-existent across the global industry, denying participative opportunities for all those people requiring of access (Gillovic and McIntosh, (2015).

Meaningful inclusion is imperative, and participation in the activity of tourism should not be compromised as a result of inaccessibility (Darcy and Dickson, 2009; Oliver and Barnes, 2010). Arguably, true inclusivity will be achieved only when disabled people have sought their desired community integration; when abilities are recognised and valued; when independence and diversity is celebrated; and, when human rights and citizenship rights are protected and valued (Office for Disability Issues, 2001). Unfortunately, tourism is generally designed with the contention of travellers being able, mobile and seeing, and subsequently, the industry at large, delivers embodied, multisensory experiences directed at the non-disabled majority (Aitchison, 2009; Small et al., 2008). “Inaccessible buildings and public transport, demeaning stereotypes, prejudice and ignorance, and negative social ascriptions, undermine and deny the many capacities of disabled people” (McFarlane and Hansen, 2007). Aitchison (2009) believes the existing, exclusionary practice emulates the omitting nature of society itself, and demands tourism is channeled to break down this negativity, in order to motivate the generation of a just, inclusive and accessible industry. It is no surprise therefore that a review of the tourism literature reveals that “disability remains on the margins of tourism scholarship” (Richards et al., 2010). It can be noted that it is the right of people with disabilities to access hotel facilities and services like any other able bodied human being. Thus hotels must provide user friendly facilities and services to people with disabilities from a human rights perspective.

2.2.3 Universal accessibility and ethics

Accessibility ought to be “an essential facet of ethical tourism practice, and should rightly be seen not as a theoretical choice or a niche topic, but rather as a universal value system to which all tourism development and management needs to be held accountable” (Wantanee, 2014). Legislation needs to extend from simply demanding physical access and rectifying discriminatory practice once it has already occurred. There must be a political mandate for accessible tourism; “policies must strengthen, on the one hand, the rights of disabled citizens to travel and enjoy tourism on an equal basis and, on the other hand, the ability of tourism providers to deliver accessible services and facilities in an effective, profitable and sustainable way” (Ambrose, 2012). To ensure a future “disability-friendly” industry (Lovelock and Lovelock, 2013), the rationale behind accessibility cannot be undermined, and it is imperative the social,

economic, moral and legal vindications supporting accessible tourism are brought to fruition (Foggin, 1999). An accessible environment of the future will therefore exemplify an offering of “an accessible physical environment, as well as assistive technologies and social policy” (Darcy et al., 2010). It will allow “people with access requirements to function independently and with equity and dignity through the delivery of universally designed tourism products, services and environments” (Tourism Victoria, 2010). Therefore it can be noted that hotel ethics must foster inclusion for sustainable development, considering that it is an unethical practice to discriminate people with disabilities in the tourism industry.

2.2.4 Universal design in tourism and tourism marketing

Marketing can be defined as a social process by which individuals and groups obtain what they need and want through creating and exchanging products and value with others (Kotler *et al*, 1996). According to Drucker (quoted by Baker, 2000; Homer and Swarbrooke, 1996; Strydom, 1999), marketing is not only much broader than selling, it is not a specialised activity at all. It encompasses the entire business. It is the whole business seen from the point of view of its final result, that is, from the tourists' point of view. Concerns and responsibilities for marketing, therefore, permeate all areas of the enterprise. The market for tourists with disabilities is one that is undervalued and misunderstood, a boom waiting to happen in a competitive environment (Digh, 1998). Therefore it can be noted that hotel operators need to come up with strategic marketing plans to promote universal accessibility as it has been highlighted in literature that people with disabilities are an overlooked segment.

2.2.5 A bottom-up, market-led approach

According to the study by Gillovic and McIntosh (2015) on accessibility, the participants indicated that, dialogue amongst the lower, operational levels of the industry is opening up, as awareness rises and organisations are increasingly exposed to a population requiring of access. They argued that the power of the accessible voice cannot be underestimated, for there is great potential for mutually beneficial relationships between the access market and tourism industry to exist. Indeed, the importance of the authentic voice of the disabled and (dis) embodiment are key findings of previous findings on accessibility (Aitchison, 2009; Darcy and Dickson, 2009; Daruwalla and Darcy, 2005; Small et al., 2008, 2012; Stumbo and Pegg, 2005). Thus in engaging

with the access customer, hotel operators can receive invaluable feedback, whether it is positive or negative, facilitating robust, constructive discussion and offering opportunities for hotel operators to explore, listen to, and act upon any concerns with regards to universal accessibility.

2.3 ADEQUACY OF ADOPTED UNIVERSAL ACCESSIBILITY STRATEGIES

Botwel (2013), asserts that although disabled tourists are willing to save more for their holiday and spend more whilst on holiday, the options where to spend and comprehensiveness of these choices are severely lacking. From the study it can be noted that the lack of choices amongst people with disabilities is a sign that the adopted universal accessibility strategies are not adequate. Zajadacz, (2015) highlights that, the great diversity of disabilities makes finding a universal solution in the creation of accessible tourism supply a complex task. In a research by Mopecha (2016), on Barriers to people with disabilities in the Tourism Industry in Cameroon, results indicated that the tourism industry of the region is not fully developed to accommodate the niche market, a potential source of profit for tourism investors. It is partially inclusive but not without barriers. Therefore it can be noted that adopted strategies are not robust enough to allow full participation of the disabled in the tourism industry. Considering that the above researches were done outside the Zimbabwean context it is the researcher's interest to analyse strategic universal accessibility implementation in Zimbabwe's Hotel sector with the intention of closing the gap in literature.

2.4 SUSTAINABILITY OF ADOPTED UNIVERSAL ACCESSIBILITY STRATEGIES

Accessibility ought to be an essential facet of ethical tourism practice, and should rightly be seen not as a theoretical choice or a niche topic, but rather as a universal value system to which all tourism development and management needs to be held accountable"(Wantanee, (2014). There must be a political mandate for accessible tourism;"policies must strengthen, on the one hand, the rights of disabled citizens to travel and enjoy tourism on an equal basis and, on the other hand, the ability of tourism providers to deliver accessible services and facilities in an effective, profitable and sustainable way" (Ambrose, (2012). (Viegas, 2015 concurs with Ambrose (2012) and avers that legislations that are older than 5 years must be reviewed and renewed according to new developments under a more responsible society. To ensure a future "disability-friendly" industry (Lovelock and Lovelock, 2013), the rationale behind accessibility cannot be

undermined, and it is imperative the social, economic, moral and legal vindications supporting accessible tourism are brought to fruition. Therefore it can be noted that legislation needs to extend from merely demanding physical access and rectifying discriminatory practice once it has already occurred.

Defined by Darcy and Dickson (2009), as cited in Chikuta (2014), the concept of “accessible tourism” “enables people with access requirements, including mobility, vision, hearing and cognitive dimensions of access to function independently and with equity and dignity through the delivery of universally designed tourism products, services and environments.....Inclusive of all people including those travelling with children in prams, people with disabilities and seniors (p. 34). An accessible environment of the future will therefore exemplify an offering of “an accessible physical environment, as well as assistive technologies and social policy” (Darcy et al. 2010). It will allow “people with access requirements to function independently and with equity and dignity through the delivery of universally designed tourism products, services and environments” (Tourism Victoria, 2010). It can be noted that offering products and services without taking into cognizance various access requirement does not lead to a future accessible environment. Thus hotel facilities and services must be accessible to a wider population to ensure sustainable development in the hotel sector.

Australia, Europe, the UK and the USA are proactively leading the accessible tourism revolution, recognising and understanding what the nexus of ageing, disability and tourism means for both their country and its visitors (Bizjak et al., 2011; Darcy et al., 2010; Darcy and Dickson, 2009). According to the Sustainable Development Goals, it is very important to not only consider the problem to be relevant for developed countries because 80% of the disabled people live in developing or less developed countries(Sachs, 2015). Moreover, certain accessible solutions or programs intended for specific groups in developed countries cannot be a solution for disabled people in less developed countries because the full adaptation of them can sometimes be costly without efficient results and might create disappointment among the target groups (Worldbank, 2013). Accessible tourism can be directed into the wrong direction because of the imbalanced power between developed and less developed countries (Ministero Affari Esteri, 2010). Such an imbalance has prompted the researcher to analyse strategic universal accessibility implementation in Zimbabwe’s tourism sector.

2.4.1 Model for sustainable universal accessibility

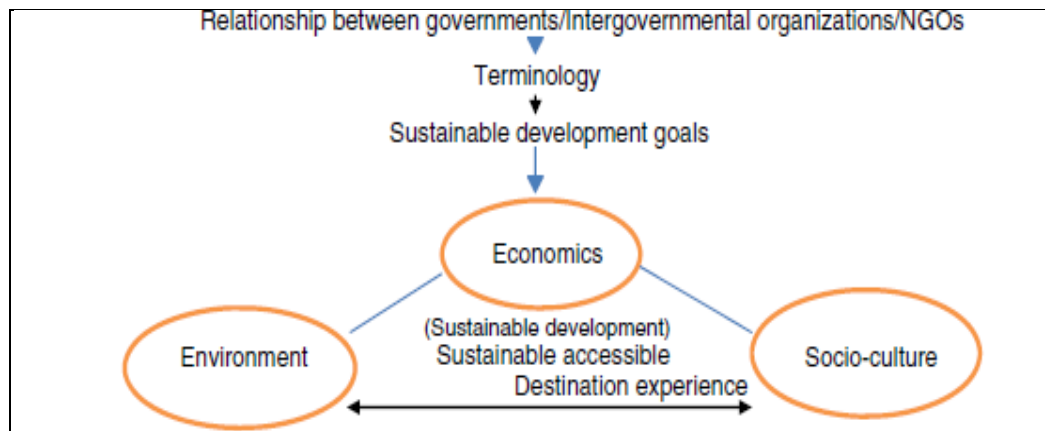


Figure: 2.1 Model for sustainable universal accessibility

Source: Polat and Hermans, (2016)

The model consists of two levels. At macro-level, the relationship between governments, intergovernmental organizations and NGOs is underlined. At micro-level, sustainable accessible destination experience is revealed by sustainable accessibility factors at the destination and travel restrictions/advantages per mode. It offers a sustainable development policy with a sustainable tourism's triple-bottom line approach (Polat, 2010). The government, intergovernmental organizations and NGOs are found at the top of the model and different stakeholders will have new responsibilities in the development of accessible tourism. However However Khupe (2010, avers that the authorities in Zimbabwe have done virtually nothing to alleviate the plight of disabled people, yet universal accessibility requires stakeholder participation for successful implementation. Chikuta (2015) concurs with Khupe when he asserts that while economic policies are being crafted to bring the country back to its feet, little is being done in providing access to tourism for people with disabilities. Thus therefore an interdisciplinary approach especially is needed calling for stakeholder participation to effectively implement strategic universal accessibility in Zimbabwean's hotel sector.

2.4.2 Importance of implementing universal accessibility strategies in the tourism industry

Notably, of case studies documented throughout relevant literature, accessibility provision has chiefly reaped positive benefits namely financial including: enhanced profitability (McCoy, 2013); enhanced flexibility, productivity and operational management (Ambrose et al., 2012);

higher occupancy rates (Darcy et al., 2010); increased market share; greater customer base and loyalty (Ambrose et al., 2012; McCoy, 2013; Robinson et al., 2007; Stumbo and Pegg, 2005); and, exploitation of sustainable competitive advantage (McCoy, 2013; Robinson et al., 2007).

Ray and Ryder (2003) believe disabled people possess higher spending power than often perceived (as cited in Bizjak et al., 2011), and similarly, Yau et al. (2004) confirm, “travellers with disabilities generate billions of dollars” (as cited in Card et al., 2006). Stafford et al. (2001) affirm this spending to be greatly multiplied when you consider the travel accompaniments of disabled travellers (as cited in Robinson et al., 2007).

In fact, a Global Economics of Disability (2013) study contended the global access market to extend to 2.2 billion people when travel accompaniments were accounted for, controlling around \$8 trillion dollars in annual disposable income (as cited in McCoy, 2013). The accessible tourism niche is worthy of much greater acknowledgement, engagement and research (Robinson et al., 2007), and the business rationale must be reiterated should the industry see a real commitment to this market (Ambrose et al., 2012).). Therefore it can be noted that disability-oriented initiatives can be seen as a tool for the tourism industry to achieve the wider social-cultural sustainability in tourism development and help diversify tourism product offerings and provide a unique and authentic tourism experience creating sustainable competitive advantage. The business case and potential size of the market remain important for a strategy to encourage a Universal Management focus in any corporate or business community. The means of delivering a significant and identifiable portion of the market to the businesses concerned will remain a vital element of the strategy. Thus therefore a research in this area is clearly warranted.

2.4.2 Market size of individuals with disabilities

According to the World Health Organization (WHO), 15% of the world’s population (1 billion people) is estimated to live with some form of disability (World Tourism Organization Network, 2015). Mtetwa, (2011) avers that, the statistics are equally contentious in Zimbabwe. Further the worldwide growth rate of persons with disabilities or with special needs is higher than population growth. This is due to population ageing and to the global increase in chronic health conditions linked to disability and also adding to the size of the access market. According to Darcy, Cameron & Pegg, (2010) as cited in Chikuta (2014), it would not be an exaggeration to argue that the disabled population has become a significant consumer market. With increasing

disability rates and an ageing population seeking an active and adventurous post work life, the hotel industry may find their core customer evolve with this demographic change. Therefore it can be noted that there is demand for universally accessible hotel facilities and services and players in the hotel sector cannot afford to ignore such a market. This calls for effective strategic universal accessibility implementation to reap the socio-economic benefits associated with serving the access market.

2.5 CHALLENGES FACED IN IMPLEMENTING UNIVERSAL ACCESSIBILITY STRATEGIES IN THE TOURISM SECTOR

People with disabilities are among the most vulnerable groups in natural disasters and conflicts. They are, paradoxically, also the least considered in emergency and development programmes in the tourism sector. Although there is a recent rise in awareness of the significance of disability inclusion, there is still a considerable gap between policies, standards and the levels of implementation. Several authors came up with various challenges faced by hospitality service providers in meeting the access needs of the disabled guests. Graham and Bywell (2013) postulate that one of the major problems for hotels are that only 28% of disabilities are visible, they often need to be told that by someone. In the existing research, a predominant focus is centered upon barriers to accessibility, including physical access, negative attitudes and lack of adequate information (Eichhorn and Buhalis, 2011). This is buttressed by Botwell (2013), who avers that, there is a current need in the market for modification of destination facilities, reliable online information and relevant policies that allow and encourage the disabled population to travel as an able bodied tourist can. In addition low demand of accessible services, high costs associated with enhancing accessibility of the buildings, human resources challenges, and diverse needs of the disabled guests and heightening of expectations for service quality by the disabled market hinders effective strategic universal accessibility implementation in the hotel sector.

2.5.1 Low demand of accessible services

The main challenge to hotel operators to meet the needs of the disabled guest is more focused on disabled customers, relate to low awareness of the opportunity to boost sales and profits by being more accessible. Closely related to the issue of reward is the issue of costs associated with getting a hotel accessible. “Property developers who control the purse strings call the tune and

sometimes prevent accessible features which cause additional expense”. However, Golden (1997) and Cohen (1997) reported on studies which proved that, when buildings were planned with accessibility in mind from the outset, it would add between one-tenth and one-half of 1 % to the total cost of the building. Alternatively, if an existing building was to be made accessible, it would cost a lot more. Thompson (1996) reported that another 7% had to be added to the cost of the project to make the revamped Conference Centre in Durban accessible.

2.6.2 Human resources problems

Most of the establishments within the hospitality sector have a lot of barriers in terms of service provision for the disabled guests. As a challenge the hospitality service providers they are not able to come up with state of art establishment which will accommodate the needs of the disabled guests. In support Gaunt (2012), stipulates that, a hospitality establishment only provides a self-service buffet at lunchtime for delegates. Some people with mobility impairments or vision impairments may find it difficult or impossible to carry or hold food from a buffet selection and to eat without placing their plate on a table. With the above review we can see that facilities contribute to the human resource challenges faced by hospitality service providers in a bid to meet the needs of the disabled guests through providing individualized attention. Sorensen (2006) purports that the problem is worsened by the fact that many individuals with special needs are dispersed among the general population and their needs not recognized and planned for unless they self-identify and state their requirements. In addition Gaunt (2012) stipulates that, confusion has led to some special needs populations being overlooked because of their invisibility.

2.6.3 Heightening of expectations for service quality

A huge generational shift is taking place in today’s guest community (Asia tech Directions, 2011). More than ever guest are heightening their expectations for service quality anywhere, any time and any location. Disabled guests’ have a desire to be recognized and rewarded. Promotions within the hospitality neglect this market segment. Adapting to the new demanding guest is the primary challenge facing the hospitality service providers.

Delivering quality service to the disabled guests is one of the major problems faced by the hospitality sector (Kapiki; 2012). The hotel is also a service provider and it would be responsible

for ensuring that the hotel rooms and services are accessible for all guests, including guests with disabilities. Most of disabled guests remain quiet, they do not expose their experience in such a way that their satisfactions either bad or good it will be a challenge to know that they are satisfied or not.

2.6.4 Facility Design

Facility design is considered to be the main obstacle preventing disabled tourists from taking holidays. Of all accessibility barriers, the physical environment has arguably been addressed most significantly, namely, through the implementation of statutory initiatives, building codes, convention and legislation (Robinson et al., 2007). In terms of tourism development, the incorporation and application of universal design principles is an effective tool if not a solution to meet physical access requirements of disabled people, seniors and others with access needs, in addition to benefitting business operation and profitability (Darcy et al., 2010). Physical access is one of the most important and influential supply side issues facing the tourism market. An existing problem in facility design is the tendency for accommodation designers to provide the minimum features for an accessible room, instead of designing the best possible disabled room. It is therefore the researcher's interest to analyse strategic universal accessibility implementation in Zimbabwe's hotel sector with the effort to close operational gaps in the sector.

2.6.5 Information access

Many mainstream travel publications, including hotel directories, use the international wheel chair symbol to indicate accommodation that claims to offer facilities for disabled guests, but more specific details of these facilities are rarely stated (European Commission, 1996). The lack of available information has forced disabled tourists to abandon the practice of taking holidays or seek alternative leisure solutions (Waschke, 2004). Informational and communicable access is also essential, with the provision of insufficient, inaccurate and inappropriate information implicating both demand and supply (Darcy and Daruwalla, 1999; Robinson et al, 2007). Largely, tourism marketing is poorly representative of disabled people and seniors; there is an evident lack of media, advertising or promotional material targeting this group and large type print and visuals are lacking for visually impaired travelers (Foggin, 1999). Additionally, accommodation providers often make unrealistic claims as to the suitability of their facilities", which can have incredibly compromising implications (Shaw et al., 2005). Similarly, Ross

(1994) attests “green washing” to be problematic, with some businesses exaggerating or self-assessing their accessibility, when for the large part, their actions and dispositions remain unchanged (as cited in Bizjak et al. 2011). The power of knowledge cannot be denied, particularly when “the logistics of planning, booking, preparing to set out and experience destinations and attractions all require great patience, dedication, and cost, usually more so than those without disabilities” (Robinson et al. , 2007). It can therefore be noted that information access is a challenge to people with disabilities and hence it hinders effective implementation of strategic universal accessibility implementation in the hotel sector.

2.6.6 Attitudes

Although both physical and informational access are undeniably crucial, arguably, the greatest barrier inhibiting accessibility is negative attitudes and interaction be it pronounced or hidden between disabled and non-disabled people (Gladwell and Bedini, 2004; Jaeger and Bowman, 2005; Office for Disability Issues, 2001). Barriers are said to be hierarchical, for even if disabled people were able to surpass their physical access requirements, they would still encounter antagonising societal barriers (Gladwell and Bedini, 2004). Engaging in the tourism industry is no easy feat and marginalisation is commonplace for disabled people, as they encounter emphatically negative social, political, cultural and economic barriers, which oppress, disenfranchise and exclude (Grue, 2011; Milner and Mirfin-Veitch, 2012; Titchkosky, 2003). Such social reactions to disability are generally powerful and varied, inclusive of ignorance, stereotyping, discomfort, prejudice, discrimination and misidentification (Barnes, 1992; Correll et al., 2010; Daruwalla and Darcy, 2005; Dovidio et al, 2010; Jaeger and Bowman, 2005). The above literature indicates that people with disabilities still face challenges with regards to access to hotel facilities and services. However such studies are not within the context of Zimbabwe and hence a research on strategic universal accessibility is clearly warranted.

2.7 CRITICAL SUCCESS FACTORS FOR STRATEGIC UNIVERSAL ACCESSIBILITY IMPLEMENTATION

It is believed industry operators want tangible proof of the benefits accessible tourism can bring before they will commit to creating and providing access (Bizjak et al., 2011; Card et al., 2006). Correspondingly, a seemingly negative perception of accessibility pervades the industry, with

businesses neglecting this group as a weak source of profitability and an unworthy investment of time and effort (Robinson et al., 2007). In fact, it is commonly thought “the comparable dynamics of balancing the compliance costs of exclusion of the currently disabled traveller generates a similar set of tensions that are, due to ever changing market conditions, impossible to ever be amenable to resolution based purely on economic principles” (Shelton and Tucker, 2005, p. 215). A definitive example is the accommodation sector perceiving the supply of rooms for disabled people to be a costly, burdensome liability (Darcy et al., 2010). This being said, lack of access can simply be accidental, as “many tourism-driven agencies often unknowingly create organisational and institutional barriers to engagement through their narrow and outdated policies, practices, facilities and programs, as well as rules and regulations that tend to exclude, restrict or discriminate” (Stumbo and Pegg, 2005, p. 195). The industry’s disengagement with this market is largely psychological (Daruwalla and Darcy, 2005), and those businesses who adapt their current mind sets and open themselves to new possibilities will be the ones who not only relish in the benefits of this lucrative market, but make a genuine difference to those with access requirements (Darcy and Dickson, 2009). According to Dard (2015), making accessibility a cross cutting issue, capacity building and a pragmatic approach to universal accessibility are critical issues in the implementation of universal accessibility concept. Furthermore according to Saayman, (2000) the following steps can be used to develop universal accessible tourism products:

Step 1: Universal access is supported by the following framework:

- Promotion of universal access
- Well established policy
- Legislative framework
- Private sector commitments
- Strategic alliances of various sectors
- Infrastructure development
- Comprehensive training.

Step 2: Universal access requires an integrated delivery:

- Conscious development of a universally accessible product
- Consultation with all users
- Review system procedures, for example arriving at the hotel, getting to a facility
- Develop recognised responses
- Integrate all aspects of your product and business (Thompson, 2002).

Solutions, which result in no additional cost and no noticeable change in appearance, can come about from knowledge about people, simple planning and careful selection of conventional products (Mace et al, 1996). It can be noted that good design has practical benefits for all users. It is also likely to be more economical in the long term.

2.7 CHAPTER SUMMARY

Analysis of literature indicates that disabled service provision in hotels is both an issue and a significant emerging market that the global tourism industry must plan to address sooner rather than later. The literature therefore suggests that the disability/dimensions of access, the support needs and the accessibility of the environment (enablers) are important to understanding the tourism experiences of people with disabilities. To this point in time, little research has been published with regards to universal accessibility in the Zimbabwe's hotel sector. As such, research on universal accessibility in Zimbabwe's hotel sector is clearly warranted.

CHAPTER 3

RESEARCH METHODOLOGY

3.0 INTRODUCTION

This chapter presents the methodology that was used in analysing strategic universal accessibility implementation in Zimbabwe's hotel sector. According to (Cooper and Schindler (2011), research methodology is defined as the systematic, focused and orderly collection of data for the purposes of obtaining information in order to solve the research questions. The chapter focused on the research methodology employed considering the relative merits in the context of the study. It involved an explanation and justification of the, research philosophy, research design, target population, sampling techniques, data collection methods, data analysis and presentation and finally the ethical considerations employed in the study.

3.1 RESEARCH PHILOSOPHY

According to Saunders et al (2009), research philosophy is an over-arching term relating to the development of knowledge. Hence, research philosophy is concerned with the way in which things are viewed in the world (Yin, 2009). The use of mixed approaches to data collection, one being qualitative and the other quantitative puts this research in the pragmatic paradigm and is very useful for triangulation. Pragmatism is a research paradigm that recognises the importance of mixed methods in research methodology (Pansiri, 2005); Tashakkori & Teddlie, 1998; Teddlie & Tashakkori, 2003). Rorty (1991) explains that the beauty of the pragmatic paradigm is that it regards the function of research as improving the condition of humankind. Pansiri (2005) concurs and argues that research should make people happier by enabling them to cope more successfully with their environment and with one another. This fits well with the aims and objectives of this research, which sought to ensure universal accessibility in hotels so that they are accessible to people of all embodiments so that everyone can enjoy the gift of life. Moreover a similar study by Chikuta (2014) on universal accessibility in national parks in Zimbabwe and South Africa used a similar research philosophy and that influenced the adoption of the pragmatism philosophy in this study. The pragmatic research approach is multi-purpose in nature; and therefore, a good tactic that will allow questions to be addressed that do not sit

comfortably within a wholly quantitative or qualitative approach to research design and methodology. Collins et al (2014), avers that research question is the most important determinant of the research philosophy. As such this approach was adopted as the research questions for the study were both qualitative and quantitative in nature.

3.2 RESEARCH DESIGN

A research design is the plan of how to attack the research problem, ‘the strategy, the plan and the structure of conducting a research project’ (Leedy, 1985). Bhattacharjee (2012) concurs with the above authority and avers that, research design is a comprehensive plan for data collection in an empirical research project. Therefore research design is a description of logical pattern which connects assumptions and tentative conclusions through the proposed study order for the research leading to a plan. This study was descriptive in nature in the sense that the researcher wanted gain greater understanding on strategic universal accessibility implementation through taking views of hotel managers, employees and key stakeholders regarding the universal accessibility of hotels in Zimbabwe. This concurs with Cooper and Schindler’s (2002) understanding of descriptive design which seeks to define and understand the attributes or properties of people, events and/or problems. Robinson (2000) reiterated that it is of paramount to use a descriptive research design in a study as it gives a researcher clearer ideas and information of what is needed in a study and at the same time giving solutions to clearly defined questions or problems that has arisen. This is critical if the destination is to effectively implement universal accessibility. Descriptive research does not fit neatly into the definition of either quantitative or qualitative research methodologies, but instead it can utilize elements of both, often within the same study. Considering that the research used the pragmatism approach, it influenced the choice of the descriptive research design.

3.3 SOURCES OF DATA

Kothari (2004) identified two sources of data which are primary and secondary. For a study to achieve its purpose both primary sources and secondary sources of data were employed.

3.3.1 Primary data

Greener (2008), postulates that primary data is data that is collected by the researcher himself for a precise rationale of addressing the dilemma at hand. Primary data sources used by the researcher included stakeholders in the hotel sector namely employees (managerial and non managerial), records of organizations and government agencies in the hotel sector. Primary data was collected using the semi structured questionnaire and personal interviews. The use of primary data increased the chances of probing for answers from respondents by a researcher through personal interviews and open and closed ended questions. The researcher engaged the use of primary data in carrying out the study because of the need to have data that relates to the current phenomenon of universal accessibility implementation in Zimbabwe's hotel sector.

3.3.2 Secondary data

Kothari (2004) defined secondary data as data that are already available, that is, refers to the data which have already been collected and analysed by someone else. Bless (2011) reiterated that secondary is data collected from researches who were initially addressing a different research problem. Thus secondary sources are materials that digest, analyse, evaluate and interpret information contained within primary sources or other secondary sources. Documentary secondary data sources were used. These included written materials such as minutes of meetings, reports to shareholders and administrative and public records. Written documents also included books, journals articles on universal accessibility. Written documents were used to provide qualitative data as they indicated reasons for the current state of universal accessibility implementation in Zimbabwe's hotel sector. The use of these written documents is supported by Saunders et al (2007) who aver that written documents are used to provide qualitative data such as managers espoused reasons for decisions. Furthermore, they could also be used to generate statistical measures such as data on profitability derived from company records. As such the sustainability of universal accessibility strategies was accessed; hence the above data sources were used for the study. Secondary data was used so as to obtain information on critical analysis or general review of various published information from authors and regulations was analyzed so as to establish a gap or disparity between what has since been suggested and what is the current

state and practiced at the targeted research study and the implications of adopting such policies. The researcher assessed the reputation of the sources as highlighted by Docharthigh (2002) leading to the use of 3-5 star hotels as they were regarded as reliable.

3.4 POPULATION AND SAMPLING

3.4.1 Target population

According to Saunders et al (2009), target population refers to the totality of all elements under study, or a complete enumeration of every unit or element in the entire phenomenon under study. The target population constituted 3-5 hotels in Harare and targeted hotel managers and employees. The population totaled to 1100 as illustrated by the table 3.1 below:

Table 3.1 Population for hotels

Hotel name	Number of stars	Managers	Non-managerial employees
Meikles	5	15	215
Rainbow towers	5	15	185
Crown plaza	4	15	185
Holiday Inn Harare	4	15	185
Cresta Oasis	3	8	82
Bronte	3	8	82
New Ambassador	3	8	82
Total		84	1016

Source: Primary data (2017)

In addition to the above population the researcher targeted key stakeholders in Zimbabwe's hotel sector. The population was 8, as the researcher targeted key informants to universal accessibility in these organizations. Table 3.2 indicates the population for key stakeholders in the industry.

Table 3.2 Key stakeholders in the hotel sector in Zimbabwe

Respondents	Target population
Zimbabwe Tourism Authority	2
Ministry of Tourism and Hospitality	2
Disability Association of Zimbabwe	4
Total	8

Source: Primary data (2017)

Hotel managers were chosen as part of the population because they are the drivers of strategy in hotels while employees are the implementers of strategy; hence they directly influence universal accessibility implementation in Zimbabwe’s hotel sector. A similar study by Darcy (2003) and that by Botwell (2013) incorporated the views of hotel management and as such hotel managers were part of the population targeted for this study. The views of other stakeholders like the ZTA and the Ministry of Tourism and Hospitality in Zimbabwe were also critical in assessing the reason why Zimbabwe is an inaccessible destination. A study on stakeholder perspectives of the future of accessible tourism in New Zealand by Gillovic and McIntosh (2015) included these stakeholders, therefore the researcher saw it fit to include the above stakeholders as the study is of a similar nature. Furthermore, Zimbabwe Tourism Authority is the national marketer of Zimbabwe tourism and its views were necessary as to how inaccessibility of facilities and services are hindering tourism recovery in militating against turnaround efforts. Lastly, disability organizations were suggested to provide potential linkage between constructs of disability and universal accessibility in the tourism industry. In a similar study by Chikuta (2015) these organizations were part of the population, as such the researcher also included them. In addition these organizations helped in identifying the factors that exclude people with disabilities from the tourism activities.

3.4.1.2 Sample size

Morgan and Krejcie (1970) developed a model that was used and still being used to select different sample sizes for different types of populations. This model was used to come up with the sample size for the hotels in Harare.

Table 3.3 Frame Work by Krejcie (1970)

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	246
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	351
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	181	1200	291	6000	361
45	40	180	118	400	196	1300	297	7000	364
50	44	190	123	420	201	1400	302	8000	367
55	48	200	127	440	205	1500	306	9000	368
60	52	210	132	460	210	1600	310	10000	373
65	56	220	136	480	214	1700	313	15000	375
70	59	230	140	500	217	1800	317	20000	377
75	63	240	144	550	225	1900	320	30000	379
80	66	250	148	600	234	2000	322	40000	380
85	70	260	152	650	242	2200	327	50000	381
90	73	270	155	700	248	2400	331	75000	382
95	76	270	159	750	256	2600	335	1000000	384

Source: Krejcie et al (1970) cited in Moyo (2012)

Considering that the target population for hotels was 1100, a sample size 285 as used as obtained from Krejcie (1970)'s framework. Table 3.4 shows how the researcher distributed the 247:

Table 3.4 Sample size for hotels

3-5 star hotels	Number of stars	Managers	Non-managerial employees
Meikles	5	15	(215/482*247)=110
Holiday Inn Harare	4	15	(185/482*247)=95
Ambassador	3	8	(82/482*247)=42
Total		38	247

Source: Primary data (2017)

The hotels were selected using stratified sampling, grouping them using the number of stars. The researcher then randomly selected one hotel to represent other hotels with the same star rating, considering that ZTA make use of universal accessible facilities when grading hotels. Thus results of hotels selected were generalized to the other hotels with the same star rating. Furthermore the researcher regarded 3-5 hotels in Zimbabwe's hotel as advanced enough to respond to the global phenomenon of universal access. All the managers in the case hotels were chosen and for the employees the researcher calculated percentages for each hotel to the total of the three hotels and then multiplied by the total sample size for employees to get the sample size per hotel.

For the key stakeholders in the industry the researcher interviewed representatives (director of policy) for the organizations on the population. The researcher used her judgments to come up with the sample size. The distribution of the sample size is shown in table 3.5 below.

Table 3.5: Sample size for key stakeholders in the hotel sector in Zimbabwe

Respondents	Sample size
Zimbabwe Tourism Authority	1
Ministry of Tourism and Hospitality	1
Disability Association of Zimbabwe	2
Total	4

Source: Primary data (2017)

3.4.2 Sampling procedure

Relating to Tavashure (2013) in his study, sampling procedure is a process of selecting a sample from the whole population in such a way that the characteristics of each unit of the sample approximate the characteristics of the total population. Borg (2009) stressed that the main purpose of research is to unearth principles that have universal application but to study a whole population to arrive at generalizations would be impracticable if not impossible. Stratified sampling method was used to group hotels according to star rating and also to come up with the managerial and non-managerial decision levels in the hotels. According to Kothari (2004), stratified sampling is a process whereby the population is divided into several sub-populations, known as strata, which are individually more homogeneous than the total population and where items are then selected from each stratum to constitute a sample. The heterogeneity composition of hotel employees that is managerial and non-managerial necessitates the adoption of stratified sampling so that the heterogeneous members of the board can be subdivided into subgroups of members with homogeneous characteristics. This is because, managerial employees are the responsible for formulation whilst the non-managerial are the implementers, thus the inclusion of both ensures effective implementation of the strategies and policies formulated. Such a diverse approach and view will enable the researcher to capture the diverse perceptions of the members of the board with regards to the operationalisation of the universal accessibility in Zimbabwe's hotel sector. After dividing the sample elements into the two strata, simple random sampling was then employed.

For the other stakeholders purposive or judgmental sampling was used. Purposive sampling was also used in a similar study on universal accessibility by Chikuta (2015). Due to limited time and resources the purposive sampling method was adopted. Furthermore purposive sampling may be the only appropriate method available if there are only limited numbers of primary data sources who can contribute to the study as is the case with universal accessibility in Zimbabwe's hotel sector.

3.5 DATA COLLECTION METHODS

Sirikaya-Turk et al (2011) propound that data collection refers to those activities designed to determine what constitutes data for a particular study, who to gather those data from, and the techniques for gathering such data. Consistent with pragmatism research design, self administered questionnaires that contained both close ended and open ended questions, and personal interviews were used.

3.6.1 Self administered questionnaire

A self-administered questionnaire is a set of questions given to respondents who read the instructions and fill in the answers themselves (Ferrante 2010). The questions require respondents to write out answers (open ended) or to select from a list of responses the one that best reflects their answer (closed). Self administered questionnaires were used because they have a tendency of high response rate Robinson (2000). Furthermore, they minimized the problems such as delays in getting response if questionnaires are sent by post. In that same vein, questionnaires provide a feeling of privacy to the respondent and confidentiality increases the possibility of straightforward response. Moreover, self administered questionnaires were compatible with the descriptive research design used for the purpose of the study and respondents answered questionnaire alone to ensure confidentiality and provision of honest answers. Mitchell and Jolley (2013) posit that self-administered questionnaires can be a cheap and easy way to get usable answers from many people. It is for the above mentioned reasons that a self administered questionnaire was adopted for the study.

In order to ensure the reliability of the instrument used for hotel employees, Cronbach's Alphas was calculated, after a pre-test was done. According to Sekaran (2003), reliabilities with less than 0.60 are deemed poor while those in the range of 0.70 ranges, is acceptable and those above 0.80 is considered as good. The reliability of all the measures was comfortably above 0.70, ranging from 0.744 to 0.810 (Appendix E). Different questionnaires were used for the target population one for the managers and the other for employees. The questionnaire for managers looked at policy issues (qualitatively inclined) while for employees it looked at implementation issues (quantitatively inclined). Before distributing questionnaires to the targeted population, the

researcher had to first seek permission from responsible authorities. When permission was granted, a link was established with the guest relations officer responsible for guest welfare in a hotel. The person was asked to act as the research co-ordinator at a given hotel.

3.5.2 Personal interviews

An interview is defined as, a pre-planned, formal and oral conversation between two or more people where ideas are exchanged about a specific subject (Cohen; 2004), Thus an interview is a structured communication for the purpose of exchanging views or information between individuals (Kumar; 1996) It is conducted when the researcher wants to fully understand a person's impressions or experiences. Interviews were used to supplement the questionnaire method in an attempt to ensure the validity of the findings. In the interview, key informants to strategy were interviewed to get in depth information with regards to the study. In this manner, the faults of the questionnaire were closely monitored in the interview and any vagueness or ambiguities in the questionnaire was addressed during the interviews.

Personal interviews were conducted as they permitted verbal and non verbal facts to be composed simultaneously and are well thought out to be flexible. They presented an opportunity to receive instant feedback from respondents, as well as the opportunity for the interviewer to elucidate and clarify to the interviewee some issues essential to improve quality of information. Personal interviews were used as they provided an opportunity to reflect on proceedings without writing them down. The interviews were semi structured (open and close ended) to allow room for the interviewees to express themselves and bring out imperative information that might not be discussed by the researcher. The researcher used the same interview guide for the ZTA and Ministry of Tourism interviews as all the organizations provided views on the supply side of accessibility whilst a different guide was used for the disability organization because it looked as the demand side that is, the real needs of people with disabilities in as far as universal accessibility is concerned.

Appointments were made with the respect of key stakeholders (ZTA: director of policy, ministry of tourism: director of policy and disability organizations) or their representatives. On average each interview took about 20-30 minutes and all the details were recorded.

3.6 DATA PRESENTATION AND ANALYSIS

3.6.1 Data Presentation

After collection of data the responses were coded and tabulated. Greener (2008) in his study used tables and charts in presentation of data for easy illustration and understanding. Tables for easy illustration were mainly used and data was tabulated.

3.7.2 Data Analysis

Data analysis process can be viewed as a sequence of steps that lead from planning to data collection to making informed conclusions based on the resulting data (Peck et al, 2011). In this study the researcher use both qualitative and quantitative techniques in analysing data both deductive and inductive approach to combined pragmatic approach was implemented. The data that was captured using questionnaires was analysed using tables and descriptive statistics (frequencies) through the use of a Statistical Package for the Social Sciences (SPSS) version 16.

For the study the researcher analysed data using Microsoft Word to write down the interviews. The researcher adopted the data analysis technique used in a similar study by Chikuta (2014). “The open coding technique was then used to analyse the transcriptions while Cresswell’s six steps of analyzing and interpreting data were employed (Cresswell, 2009:185-189)”. “*Step 1* entails organising and preparing the data while *Step 2* is reading through all the data. *Step 3* is the beginning of a detailed analysis with a coding process while *Step 4* involves the use of the coding process to generate a description of the setting or people as well as categories or themes for analysis. In *Step 5*, advances how the description and themes will be presented in the qualitative narrative and *Step 6* involve making meaning out of the data, that is, data interpretation”. As such the inductive thematic analysis was adopted for the study.

3.7 ETHICAL CONSIDERATIONS

For the research, ethics were also taken note of so as to make sure that the data was collected efficiently and effectively. According to Dooley (2003), ethics represent certain standards according to which a particular community agrees to regulate its behaviour. According to European Commission (2013), the basic principle behind research ethics is that the well-being of

the individual research subject must take precedence over all interest. In this regard, data collection was only done after prior consultations with responsible managers at the various organisations so as to establish channels in which it was to be done. Ethical approval was granted prior to the research being undertaken. Lastly, the information gathered from the various organisations was used for academic purposes only as some of it can be used by rivals for competitive reasons.

3.8 CHAPTER SUMMARY

In this chapter the researcher was focusing on the research methodology adopted for the study. The pragmatism research philosophy was used in this study with a combination of a deductive and inductive approach and a descriptive research design was implemented to generalise findings to a larger population. The population for hotels was 1100 respondents, which comprised of 84 hotel managers and 1016 non- managerial employees. A sample size of 285 was then used for hotels. For key stakeholders in Zimbabwe's hotel sector the target population was 8 and a sample size of 4 was used. Interviews were used to collect data from key stakeholders and self administered questionnaires were used to collect data from 3-5 star hotels in Harare. Data was presented using tables and charts and analysed using descriptive statistics (frequencies) as obtained from SPSS statistical package. Stratified sampling was used to group hotels using the star grading system. Furthermore stratified sampling was used to group hotel respondents into managerial and non managerial employees. Simple random sampling was then used to select the hotel employees. Purposive sampling was used for key stakeholders in Zimbabwe's hotel sector. The researcher was satisfied with the data collection methods and design used in the study with internal validity.

CHAPTER 4

DATA PRESENTATION, INTERPRETATION AND ANALYSIS

4.0 INTRODUCTION

The chapter gives an outline of what was found out in line with the research objectives and questions. Findings are presented using tables, interpreted and analysed using descriptive statistics (frequencies) for quantitative data and inductive thematic analysis for qualitative data. The discussion compares the results with the literature review.

4.1 RESPONSE RATE

According to Bryman and Bell (2007), the response rate is the percentage of a sample that does agree to participate in a study. Table 4.1 below illustrates the response rate for the groups that participated in the study.

Table 4.1: Response Rate

	SENT/SCHEDULED	RETURNED/ CONDUCTED	RESPONSE RATE %
Questionnaires	285	212	74.39
Interviews:	4	3	75

Source: Primary data (2017)

Table 4.1 above illustrates the response rate for both questionnaires returned and interviews conducted. Out of the 285 questionnaires that were distributed, 212 were returned giving a 74.4% response rate. Out of the 4 interviews scheduled, only 3 were conducted, giving a 75% response rate. The attained response rates were considered to validate the research in line with what was suggested by Saunders (2006) that a 30% response rate validates a research.

4.2 RESPONDENT'S DEMOGRAPHIC PROFILES

Section one of the questionnaire collected demographic characteristics of the research subjects. 212 respondents participated in the survey and answered the questions relating to sex refer to (Appendix E table 6), age decision making level and length of service.

4.2.1 Age

This section presents the age range for both hotel managers and employees who participated in the study as shown in table 4.2 below.

Table 4.2 Age range

Age range	Frequency	Percentages
18-29years	45	21.2
30-39 years	82	38.7
40-49years	62	29.2
50+ years	23	10.8
Total	212	100

Source: Primary Data (2017)

From table 4.3 above, 45 respondents were 18-29 years (21.2% of the respondents), 82 respondents were 30-39 years (38.7% of the respondents), 62 respondents were 40–49 years (29.2% of the respondents) and 23 respondents were 50 and above years (10.8% of the respondents). Therefore most respondents were 30-39 years old, resembling a young work force in the Zimbabwe’s hotel sector. This implies that they are knowledgeable of the current trends in tourism, that of promoting universal accessibility in the tourism industry.

4.2.2 Decision making level

Table 4.3 presents research findings pertaining to the decision making levels of the respondents.

Table 4.3 decision making level

Number of years	Frequency	Percentages
Non-managerial	181	85.38
Managerial	31	14.62
Total	212	100

Source: Primary Data (2017)

As illustrated by table 4.3 above 85.38% of the respondents are at non- managerial level, 14.62% at managerial level. These findings show that there is high level of involvement in non- managerial level in as far as universal accessibility implementation is concerned.

4.2.3 Length of stay in the organisation

This section presents the length of stay in the organisation for both hotel managers and employees, who participated in the study, refer to table 4.4 below.

Table 4.4: Length of stay in the organisation

Number of years	Frequency	Percentages
0-5 years	63	29.7
6-10 years	79	37.3
11-15years	50	23.6
16+ years	20	9.4
Total	212	100

Table 4.4 above outlines the number of years that the research subjects have had in the organizations. 29.7 % have been with the organization for five years and below, 37, 3% from 6-10years and 23.6% for 11-15years, and lastly 9.4% were with the organization for 16 years going up. This shows that more respondents are knowledgeable about universal accessibility implementation considering that it is a recent phenomenon in Zimbabwe’s hotel sector.

4.3 THE ADEQUACY OF ADOPTED UNIVERSAL ACCESSIBILITY STRATEGIES IN ZIMBABWE’S HOTEL SECTOR.

The following findings were a result of the above distributed questionnaires and personal interviews conducted.

4.3.1 The extent to which hotels facilities are universally accessible

In line with the objective of establishing the adequacy of universal accessibility strategies employed, this section presents findings with regards to the extent to which hotel facilities in Zimbabwe’s hotel sector are universally accessible.

Table 4.5: The extent to which hotels facilities are universally accessible

Question	Disagree		Indifferent		Agree		Total frequency
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	
B-1	45	25%	44	24%	92	51%	181
B-2	19	11%	67	36%	95	53%	181
B-3	49	27%	48	27%	84	46%	181
B-4	29	16%	49	27%	103	57%	181
B-5	28	16%	75	41%	78	43%	181
B-6	9	5%	24	13%	148	82%	181
B-7	107	59%	9	5%	65	36%	181
B-8	30	17%	54	30%	97	54%	181
B-9	181	100.00%	0	0.00%	0	0.00%	181
B-10	71	39%	52	29%	58	32%	181

Source: Primary data

Key

- B-1 Guest rooms are accessible
- B-2 Conference rooms are easily accessible
- B-3 Facilities in rooms are usable and accessible
- B-4 Public areas are accessible and usable by the disabled and children
- B-5 Reception area is accessible
- B-6 Ramps are available
- B-7 Elevators are available and appropriate for universal usage
- B-8 Accessible sign in a parking area
- B-9 Brailed menu cards are available in restaurants

- B-10 Height of furniture in restaurants appropriate for universal usage

Guest rooms and conference rooms

Table 4.5 above illustrates that 25% disagreed, 24 % were indifferent and 51% agreed that hotel guest rooms are accessible. It can be deduced from the findings that some hotels in Harare have paraplegic rooms to cater for the physically challenged. However it can also be noted that not every hotel has accessible guest rooms. 11% of the respondents disagreed, 37% were indifferent whilst 52% agreed that conference rooms in Harare hotels are easily accessible. It can be deduced from the findings that hotel employees view conference rooms as generally accessible.

Usability of facilities in the rooms

27 % of respondents disagreed, 27% were indifferent whilst 46% agreed that facilities in rooms are usable and accessible. It can be deduced from the findings that facilities in hotels cannot be used by people with various kinds of disabilities considering that 27% of the respondents disagreed. Furthermore those who are indifferent show us that there is lack of knowledge pertaining to facilities that are universally accessible a sign that universal accessibility has not been fully operationalised in the hotel sector. These findings concur with what was pointed out by Parks and Benefits (2007) as cited Chikuta (2014) that accommodation facilities have posed one of the greatest challenges to people with disabilities. Thus for effective implementation of universal accessibility, there is therefore a great call for attention to this area.

Public areas

16% of the respondents disagreed, 27% were indifferent and 57% agreed that public areas are accessible and usable by the disabled and children. It can be deduced that public areas in hotels cannot fully address all the needs of people with disabilities and children as evidenced by only 57% agreeing that public areas are accessible. Therefore it can be concluded that the concept of universal accessibility has not been fully operationalised.

Reception entrance and ramps

16% of the hotel employees disagreed, 41% indifferent and 43% agreed that the reception area is accessible. This is an indication that the reception area cannot be accessed by people with

different abilities. According to Parks and Benefits (2007) as cited in Chikuta (2014), the entrance to the main reception area is also very critical to the visitor experience. Therefore the current state of affairs results in poor service delivery as accessibility of the reception is not well addressed. 5% disagreed, 13% were indifferent and 82% agreed that ramps are available in Harare hotels. It can be deduced that most hotels in Harare have ramps as evidenced by a higher percentage of people agreeing. This shows that hotels have complied with Statutory Instrument 128 of 2005 where accessibility is only limited to the construction of ramps which benefits those with mobility disabilities namely wheel chairs only, forgetting other dimensions of disabilities (Chikuta 2014).

Hotel elevators and parking

59% of the hotel employees disagreed, 5% indifferent, 38% agreed that elevators in hotels are appropriate for universal usage. 17% of the employees disagreed, 30% were indifferent and 54% agreed that there is an accessible sign in a parking area in hotels. It can be deduced that hotel elevators are not appropriate for universal usage. Therefore hotel elevators pose access challenges to people with different dimensions of disabilities.

Brailed menus and accessibility in restaurants

100% disagreed that brailled menu cards are available in restaurants. It can be deduced from the research findings that people with disabilities (blind) are not catered for in hotels in Harare. The study findings indicate that all hotels investigated do not have brailled menus. It can be deduced from findings that blind guest in Harare hotels cannot easily access information pertaining to what is available in restaurants. The importance of this factor is emphasized by Snyman (2000) as cited by Chikuta (2014) who argues that access to information has always been a major challenge for people with disabilities. He pointed out that in most cases; important information is not available in Braille and other non-text means of communication. On top of lack of brailled menus, 39% disagreed, 29% were indifferent and 32% agreed that height of furniture in restaurants appropriate for universal usage. Therefore it can be noted that the industry is lagging behind in terms of effectively implementing universal accessibility strategies.

4.3.2 The extent to which hotels in Zimbabwe are universally accessible

This section presents findings on hotel management's views on the extent to which hotels in Zimbabwe are universally accessible.

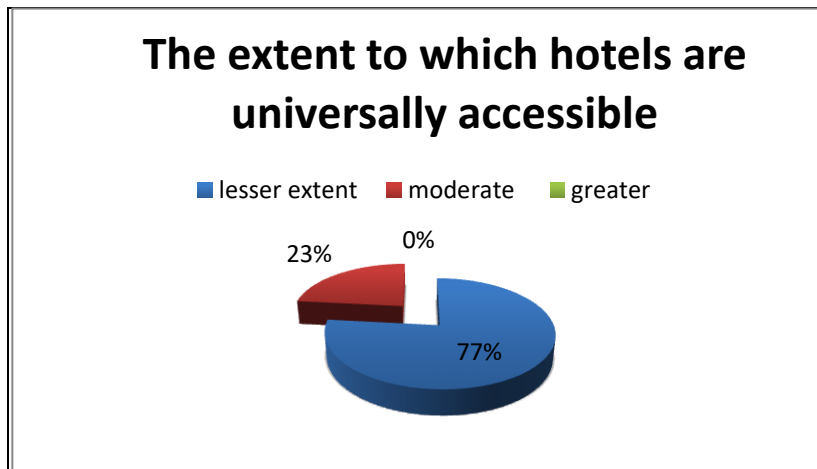


Figure 4.1: The extent to which hotels are universal accessible

Source: Primary data: (2017)

Refer to appendix E (table 4) on the extent to which hotels in Zimbabwe are universally accessible. As illustrated by figure 4.4 above, 23% of the hotel managers highlighted that hotels are moderately accessible and 77% highlighted that to a lesser extent hotels in Zimbabwe are universally accessible. Disability organisations highlighted that access to hotels is a significant constraint to people with disabilities thus implying that hotels have not yet fully embraced universal accessibility in Zimbabwe. Furthermore hotel managers are not pro-active but rather re-active, this is very much in-line with what the disability organization revealed. These findings are supporting with findings by Barnes, et al., (2010); and Swain, et al., (2004), who observed that management, placed this group at a disadvantage by having to ask for "special provisions" each time they want to access an area, which compromised the equality of experience and independence of access. Botwel (2013), pointed out that although disabled tourists are willing to save more for their holiday and spend more whilst on holiday, the options where to spend and comprehensiveness of these choices are severely lacking this in line with what was found out in this study.

4.3.3 Views on adequacy of universal accessibility strategies

This section presents research findings on views of employees, hotel managers and key stakeholders on the adequacy of the adopted universal accessibility strategies in Zimbabwe's hotel sector, refer to table 4.6 below.

Table 4.6: Views on the adequacy of universal accessibility strategies

Question	Disagree		Indifferent		Agree		Total frequency
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	
C-1	98	54%	66	37%	17	9%	181
C-2	27	15%	48	27%	106	59%	181
C-3	89	50%	46	25%	46	25%	181
C-4	57	31%	86	48%	38	21%	181
C-5	141	78%	40	22%	0	0.00%	181
C-6	138	76%	23	13%	20	11%	181

Source: Primary data (2017)

Key

- ❖ C-1 Accessibility as a human right is adequately addressed
- ❖ C-2 Service culture in the hotel inclined towards universal accessibility
- ❖ C-3 Leadership geared towards universal accessibility
- ❖ C-4 Hotel facilities and services are universally accessible
- ❖ C-5 Universal accessibility is adequately marketed and promoted
- ❖ C-6 Staff are adequately trained to provide universal accessible service

Accessibility as a human right

As illustrated by table 4.6 above, 54% of the total respondents disagreed, 37% were indifferent and 9 % agreed that universal accessibility as a human right is adequately addressed. It can be deduced from the findings that people with disabilities are still discriminated as they are deprived their right to travel freely. These findings concur with what was pointed out by McIntosh, (2015) that although ideals of equality, respect, equity and access underpin these rights, they are

largely non-existent across the global industry, denying participative opportunities for all those people requiring of access. Darcy and Buhalis, (2011) also noted that disabled people are representative of one market largely mistaken and unwarranted by the global tourism industry and this is in-line with what was found out in this study.

Service culture and leadership

15% of hotel employees disagreed, 27% were indifferent and 59% agreed that service culture in the hotel is inclined towards universal accessibility. It can be deduced from the findings that service culture in some hotels is inclined towards ensuring accessible services to people with disabilities. However there are other hotels employees who disagreed, a sign that universal accessibility culture is not fully operationalised. 49% of hotel employees disagreed, 26% were indifferent and 25% agreed that leadership is geared towards universal accessibility in hotels. It can be deduced from the findings that universal accessibility implementation in the hotel sector lacks leadership support. Therefore without commitment from the top effective implementation of universal accessibility strategies will not be achieved. One can therefore note that adopted strategies are not adequate in ensuring effective implementation of universal accessibility in hotels.

Accessibility of facilities and services

31% disagreed, 48% were indifferent and 21% agreed that hotel facilities and services are universally accessible. It can be deduced from the findings that the hotel environment is not universally accessible. These findings concur with what was pointed by (Snyman, 2004; Darcy 2008; Rains, 2004; Buhalis & Darcy, 2011) as cited in Chikuta (2014) that accommodation facilities have posed one of the greatest challenges to PwDs. On the other hand (Robinson et al., 2007) pointed that of all accessibility barriers, the physical environment has arguably been addressed most significantly, namely, through the implementation of statutory initiatives, building codes, convention and legislation and this is not in line with the research findings.

Marketing and promotions

78% of the employees disagreed, 22% were indifferent and 0% agreed that universal accessibility is adequately marketed and promoted. It can be deduced that only a few hotels can

cater for people with disabilities. This does not put the destination in good light, and the destination stands to lose a lot of revenue from this market. A further review of hotels websites revealed that there was no mention by hotels on accessibility issue and this disadvantages the destination and the potential traveller. These findings disagree with the European Commission Report (2014) that almost 70% of all the 66 surveyed websites provide information on accessible offers. However study findings concur with what was pointed out by Digh, (1998) that the market for tourists with disabilities is one that is undervalued and misunderstood, a boom waiting to happen in a competitive environment. Foggin, (1999) also noted that tourism marketing is poorly representative of disabled people and seniors; there is an evident lack of media, advertising or promotional material targeting this group and large type print and visuals are lacking for visually impaired travellers and this is in line with what was found in the study.

Training

76% disagreed, 12% were indifferent and 11% agreed that staff is adequately trained to provide universally accessible service. It can be deduced from the findings that the service personnel is not trained for inclusion. These findings concur with what was pointed by McIntosh, (2015) that the tourism industry is often inept to serve this consumer group, and implications are acknowledged by an array of academics who largely maintain the industry gives little respect to training, education, legislation, provision of access or quality service to their access-requiring patrons. However, UNWTO, (2013) as cited in (Chikuta 2014) mandates tourism establishments to offer special training to staff members in order to prepare them to better work with PwDs, and this is not in-line with what was found out in the study.

4.3.4 Universal accessibility policy

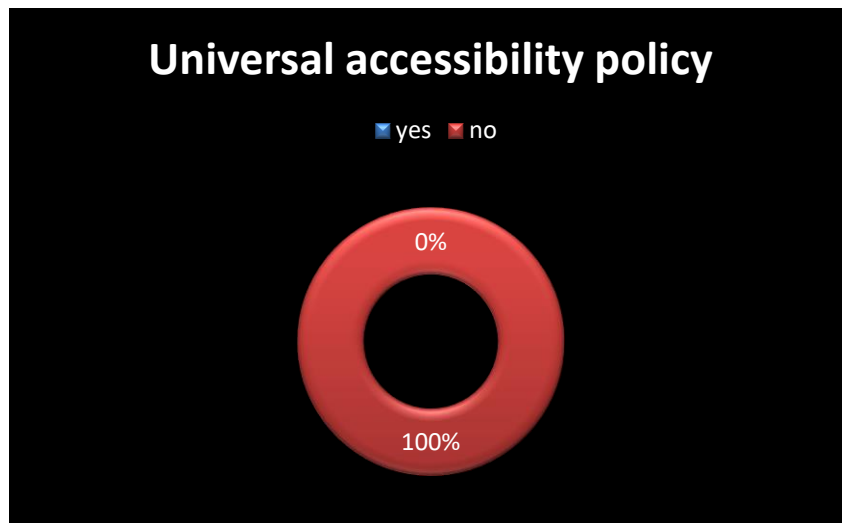


Figure 4.2: universal accessibility policy

Source: Primary Data (2017)

Refer to Appendix E (Table 1) for the table on universal accessibility policy. Figure 4.1 above illustrate that 100% of the hotel managers agreed that hotels do not have universal accessibility policies. From the interview conducted by key informants in the industry indicated that there is the national tourism policy that promote universal accessibility, however they highlighted that it does not give specifications to what constitute an accessible hotel. One respondent said, *“there is a policy that promotes universal accessibility however only two lines cover people with disabilities hence more needs to be done to ensure all the needs of people with disabilities are accommodated”*. Another respondent said, *“ we do not have a policy because it’s not worth investing in such a market”*. The researcher therefore discovered that, such a view was based on the economic status of people with disabilities in Zimbabwe, who according to (Choruma, 2010; Mandipa, 2013; Khupe, 2012) as cited in Chikuta (2014) are mainly poor and relegated to the margins of society. Even though this perspective may appear correct at a local, this is totally different when one views the universal accessibility market at a global level. While people with disabilities in Zimbabwe may not have the resources to travel, this is not the same to the Australian, European, and the USA access market.

Another respondent highlighted that, provision of universally accessible products and services is guided by the Tourism Act of (1996). *“There is no need of a universal accessibility policy we already have the tourism act to guide us”*. It can be deduced from the findings that lack of policies that support universal accessibility implementation in hotels. The study findings concur with what was pointed out by Khupe (2010) that authorities in Zimbabwe have done virtually nothing to alleviate the plight of disabled people. Chikuta (2014) also noted that while economic policies are being crafted to bring the country back to its feet, little is being done in providing access to tourism for people with disabilities.

4.3.5 Legislation and universal accessibility

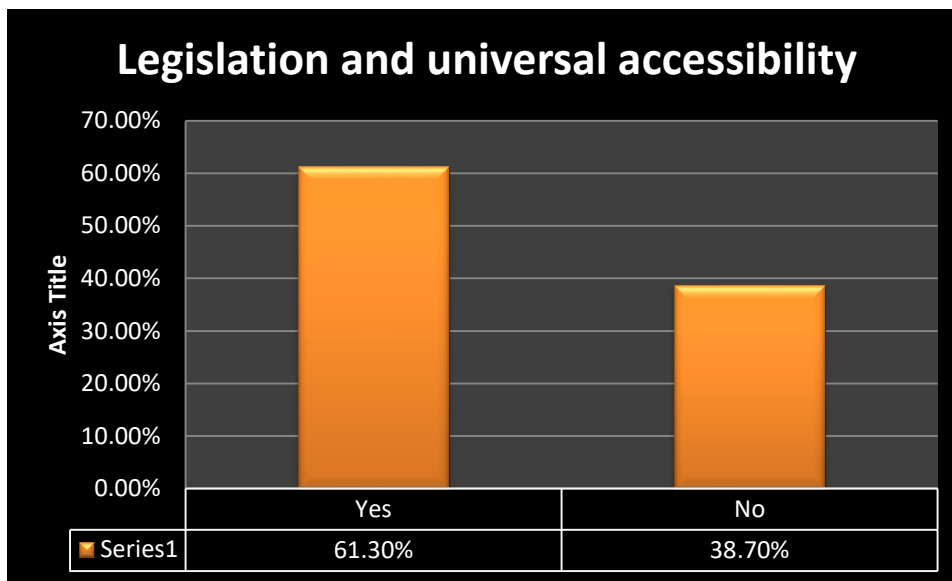


Figure 4.3: Legislation and universal accessibility

Source: Primary data: (2017)

Refer to Appendix E (table 2) for the table on legislation and universal accessibility. As illustrated in figure 4.2 above 61.30% agreed and 38.70% of hotel managers disagreed that universal accessibility is supported by legislation. Key informants highlighted that accessibility in hotels is only limited to the Tourism Act of 1996 and the SI 128 of 2005. This explains why the majority of hotels have ramps to cater for the physically challenged. The study findings are agreeing to what was pointed by (Chikuta 2014) that according to Statutory Instrument 128 of 2005 accessibility is only limited to the construction of ramps which benefits those with mobility

disabilities namely wheel chairs only, forgetting other dimensions of disabilities. However it can be noted that this piece of legislation is not enough to cater for all the access market needs. Furthermore there is lack of an enforcement framework to enough that hotel facilities and services are user friendly, considering that some hotels have not complied with the SI 128 of 2005 provisions. This could be the reason why other hotel managers disagreed that legislation in Zimbabwe adequately promotes universal accessibility in hotels.

4.3.5.1 Implementation of Legislation in promoting universal accessibility in Zimbabwe

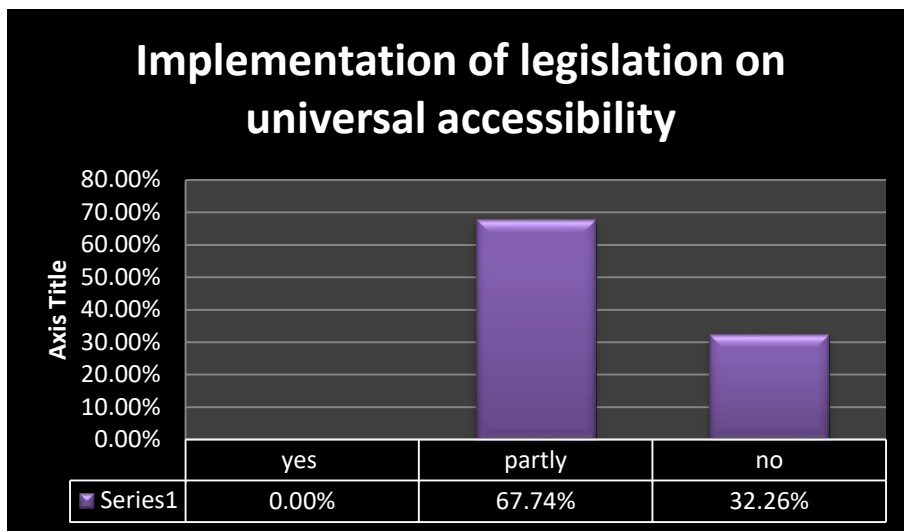


Figure 4.4: implementation of legislation on universal accessibility

Source: Primary data: (2017)

Refer to appendix E (table 3 on implementation of legislation on universal accessibility in Zimbabwean hotels. From figure 4.4 above 67.74% (68%) of the hotel managers indicated that legislation is partly implemented when implementing universal accessibility. This explains why 82% of the employees highlighted that hotels have ramps and this is in accordance with the provisions of the SI 128 of 2005 accessibility is only limited to the construction of ramps a sign the legislation is partly implemented in hotels. 32.26% (32%) highlighted that legislation on accessibility is not implemented in all hotels in Zimbabwe. It can be deduced from the findings that there is lack of policy enforcement in as far as universal accessibility. Study findings concur with what was pointed by Chikuta (2014) that the major challenge with policies and procedures; especially in African countries is the lack of an implementation and enforcement framework.

4.4 SUSTAINABILITY OF ADOPTED UNIVERSAL ACCESSIBILITY STRATEGIES IN ZIMBABWE’S HOTEL SECTOR

This section presents research findings on views of employees, hotel managers and key stakeholders on the sustainability of the adopted universal accessibility strategies in Zimbabwe’s hotel sector, refer to table 4.7 below.

Table 4.7: Sustainability of adopted universal accessibility strategies

Question	Disagree		Indifferent		Agree		Total frequency
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	
E-1	106	59%	64	35%	11	6%	181
E-2	130	72%	46	25%	5	3%	181
E-3	72	40%	63	35%	46	25%	181
E-4	140	77%	35	19%	6	4%	181
E-5	55	30%	104	58%	22	12%	181
E-6	86	48%	55	30%	40	22%	181
E-7	161	89%	20	11%	0	0.00%	181

Source: Primary data (2017)

Key

- ✚ E-1 Demand for universal accessibility services is created
- ✚ E-2 Accessible technical standards for products/services are adequate
- ✚ E-3 Hotel ethics promotes inclusion
- ✚ E-4 Resources to cater for universal accessibility are provided
- ✚ E-5 Training for inclusion
- ✚ E-6 Organizational culture promotes universal accessibility
- ✚ E-7 Facilities/assistive technologies constantly maintained/upgrade

Demand for universal accessibility

Table 4.7 illustrate that 59% of hotel employees disagreed, 35% were indifferent and 6% agreed that demand for universal accessibility is created. Key informants in the industry also highlighted

that there is no demand for universally accessible facilities and services in Zimbabwe. One respondent said “*we do not even have statistics for disabled tourists from hotels in Zimbabwe this is an insignificant market*”. The study findings concur with what was pointed out by Chikuta (2014) that nothing is known about the number of visitors with disabilities in and out of Zimbabwe. On the other hand disability organisations highlighted that there are economic benefits of providing universally accessible facilities as people with disabilities do not travel when facilities are not accessible. These findings concur with what was pointed by Dwyer and Darcy (2011) that, accessible tourism contributed to around 15% to the overall tourism in 2003-2004 and contributed around \$10 million. Therefore it can be noted that the access market is a viable market from a global perspective.

Technical standards for universal accessibility

72% of the employees disagreed, 25% were indifferent and 3% agreed that technical standards for products and services are adequate for effective universal accessibility implementation in hotels. Disability organizations highlighted that there are inadequate technical standards for effective implementation as the industry relies on the inadequate tourism act where accessibility is measured by the availability of wheelchairs and ramps in hotels. “*The industry is operating on a bare minimum being guided by the inadequate Tourism Act of (1996)*”. It can be deduced from the findings that there is lack of adequate technical standards to ensure effective implementation of universal accessibility in hotels. This is not similar to other destinations as there are universal design principles that are followed. For example, according to the Centre for Universal Design (CUD), (1997) as cited in Chikuta (2014) that universal design is guided by seven principles that were coined during the Civil Rights era in the United States of America.

Hotel ethics

40% of employees disagreed, 35% were indifferent and 25% agree that hotel ethics promote inclusion. 48% disagreed, 30% were indifferent and 22% agreed that organizational culture promotes universal accessibility. It can be deduced from the research findings that hotel ethics and culture is not adequate enough to ensure effective implementation of universal accessibility in the hotel sector. These findings are supported with what was pointed by that Mowforth and Munt (2003) the tourism industry is well behind other industries in terms of Corporate Social

Responsibility, and the absence of ethical leadership in the tourism industry has been ‘astounding.

Resources for universal accessibility

77% of hotel employees disagreed, 20% were indifferent and 3% agreed that resources to cater for universal accessibility are provided. 89% disagreed, 11% indifferent and 0% agreed that facilities/ assistive technologies are constantly maintained/ upgraded. It can be deduced that hotels are not constantly moving with technological changes in the business world hence they will be caught in strategic drift.

Training for inclusion

30% of hotel employees disagreed, 58% were indifferent and 12% agreed that training for inclusion is done in hotels. Hotel managers indicated that due to economic hardships training budgets were reduced and also others highlighted that they do not have resources to set aside for disability specific training. It was clear from the study findings that the majority of managers had not previously planned any disability awareness training. Thus the strategies adopted are not sustainable as they do not provide critical resources need for effective service delivery

4.4.1 Demand for universal accessibility

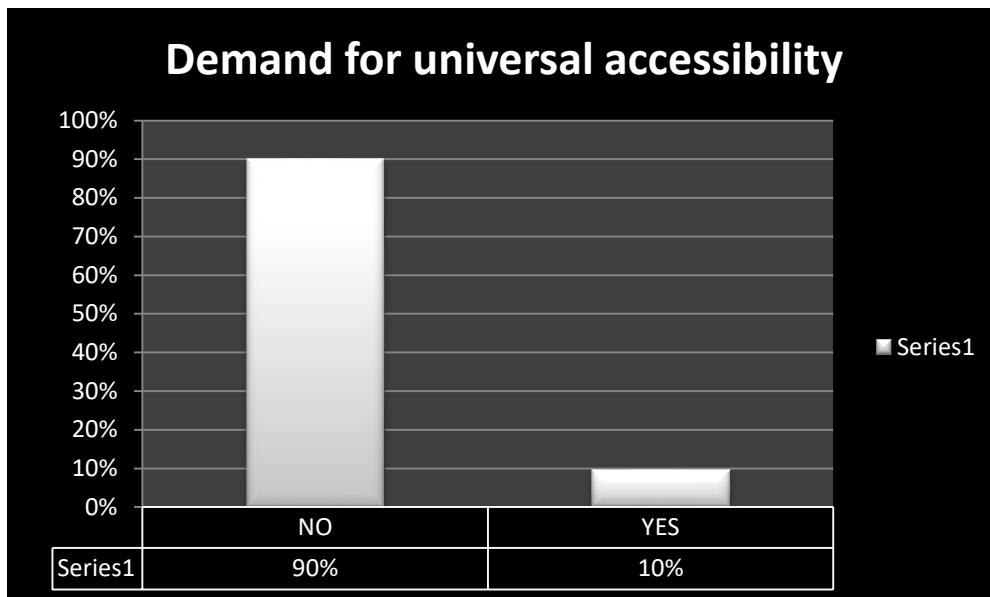


Figure 4.5: Demand for universal accessibility

Source: Primary data

Refer to appendix E (table 5) on demand for universal accessibility. Figure 4.5% above 90% of the hotel managers highlighted that there is no demand for universal accessibility while 10% highlighted that there is demand for universal accessibility. Furthermore key industry informants also pointed out that demand for universally accessible facilities and service is low. It can be deduced from the findings that people with disabilities do not visit hotels in Zimbabwe. These disagree with what was pointed by Ross (1993) that about 8 million disabled persons undertake a holiday outside Europe at least once a year. Chikuta (2014) also noted that people with disabilities stay longer at a destination than their able-bodied counterparts; they spend more money per day and usually demand more services and this is not in-line with what was found in the study. Further, the German Federal Ministry of Economics and Labour Report highlighted that, the disabled tourist spends 1, 16 times more than the able bodied tourist (Bowtell 2015).

4.5 CHALLENGES IN IMPLEMENTING UNIVERSAL ACCESSIBILITY STRATEGIES IN ZIMBABWE’S HOTEL SECTOR

The researcher sought to ascertain the challenges faced in the implementation of universal accessibility in hotels. All the respondents agreed that hotels, Zimbabwe were not universally accessible.

Table 4.8: Challenges in implementing universal accessibility strategies

Question	Disagree		Indifferent		Agree		Total frequency
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	
F-1	59	33%	40	22%	82	45%	181
F-2	0	0.00%	42	23%	139	74%	181
F-3	0	0.00%	38	21%	143	79%	181
F-4	31	18%	23	13%	119	69%	173
F-5	18	11%	56	32%	99	57%	173
F-6	129	75%	14	8%	30	17%	173
F-7	0	0.00%	41	23%	140	77%	181

Source: Primary data (2017)

Key

- F-1 Facilities not flexible enough to be renovated for universal access
- F-2 Demand for universal accessibility service is low
- F-3 Financial constraints in procurement of assistive devices
- F-4 Lack of proper policy enforcement mechanisms
- F-5 Lack of national universal accessibility standards
- F-6 Negative attitudes and stereotypes towards disabled guests
- F-7 Challenges in disseminating information to the access market

Facilities not flexible

From table 4.8 above 33% of the employees disagreed, 22% were indifferent and 45% agreed that facilities are not flexible enough to be renovated for universal access. It can be deduced from the research findings that facilities were erected without taking into account universal design. As a result facilities are ill prepared to accommodate the needs of people with disabilities. Study findings disagree with what was pointed by (Robinson et al., 2007) that of all accessibility barriers, the physical environment has arguably been addressed most significantly, namely, through the implementation of statutory initiatives, building codes, convention and legislation

Low demand

0% of the employees disagreed, 23% were indifferent, and 77% agreed that demand for universal accessibility service is low. Furthermore 80% of hotel managers highlighted that the disabled do not normally visit hotels thus spear heading low return on investment. These findings concur with what was pointed by (Darcy 2010) that accommodation managers' report low occupancy of the accessible rooms and that non-disabled customer do not like using accessible rooms. Thus the market is associated with low rewards.

Financial constraints

0% of the respondents disagreed, 21% were indifferent and 79% agreed that there are financial constraints in procurement of assistive devices. Furthermore key industry informants highlighted that hotel operators lack financial resources to finance the redesigning of hotel facilities to suit the access requirements for the disabled, refer to table 4.9 below for the respondents' actual

verbatim. It can be deduced that financial constraints hinders effective implementation of universal accessibility strategies in hotels in Zimbabwe

Lack of proper policy enforcement mechanisms

18% of the employees disagreed, 13% were indifferent and 69% agreed that there is lack of proper policy enforcement mechanisms with regards to universal accessibility in hotels. 10% disagreed, 33% were indifferent and 57% agreed that there is lack of national universal accessibility standards. It is clear from the findings that there is lack of a framework for universal accessibility in hotels. The industry relied on the Tourism Act where accessibility is measured by the availability of wheelchair and ramps. According to Mace et al (1991) as cited in Chikuta (2014) research findings confirms the thinking that people with mobility challenges have been used as the standard to measure disability in many spheres; no wonder most disability symbols have pictures of people in wheelchairs.

Negative attitudes

75% of the employees disagreed, 8% were indifferent and 17% agreed that there are negative attitudes and stereotypes towards disabled guests. Key informants highlighted that people have negative attitudes towards people with disabilities. It can be deduced from the findings that people with disabilities are still stereotyped despite the fact that the most employees disagreed. These findings concur with what was pointed out by Gladwell and Bedini, (2004) that barriers are said to be hierarchical, for even if disabled people were able to surpass their physical access requirements, they would still encounter antagonising societal barriers. Grue, (2011); Milner and Mirfin-Veitch, (2012) and Titchkosky, (2003) pointed out that engaging in the tourism industry is no easy feat and marginalisation is commonplace for disabled people, as they encounter emphatically negative social, political, cultural and economic barriers, which oppress, disenfranchise and exclude this is in line with what was found out in the study.

Challenges in disseminating information to the access market

0% of the respondents disagreed, 23% were indifferent and 77% agreed that there are challenges in disseminating information to the access market. It can be deduced from the study findings that communication challenges negatively impact on universal accessibility implementation in hotels.

The study findings concur with what was pointed out by (Foggin, 1999), that tourism marketing is poorly representative of disabled people and seniors; there is an evident lack of media, advertising or promotional material targeting this group and large type print and visuals are lacking for visually impaired travelers

Apart from the above discussed challenges, low rewards from the disabled, lack of adequate human resources, lack of knowledge, and staff resentment were the themes identified from qualitative data as shown in table 4.9 below.

Table 4.9: Respondents’ Actual verbatim on challenges

Financial constraints	Lack of adequate human resources
<i>“Liquidity crisis and we do not have resources for implementing universal accessibility”</i>	<i>“People with disabilities need individualized attention based on our service staff numbers it is difficult to effectively service people with disabilities”</i>
<i>“The hotel does not have resources to provide for the needs of the access market”</i>	<i>“We do not have employees that can interpret sign language”</i>
<i>“Hotel budgets are shrinking due to economic hardships”</i>	
<i>“The tourism revolving fund is dwindling”</i>	Low rewards
<i>“Lack of financial resources is a major constraint in meeting accessibility requirements for the disabled, thus we channel resources to productive markets”</i>	<i>“Providing accessible service is a mere wastage of financial resources because disabled guests rarely come to hotels”</i>
<i>“We do not have enough resources to pay our salaries”</i>	<i>“It does not make business sense to have universally accessible facilities and services”</i>
<i>“Economic challenges hinders effective implementation of universal accessibility strategies”</i>	

Source: Survey (2017)

Lack of knowledge

Staff resentment

“I don't know any access guidelines”

“Most of the service personnel do not like to serve guests with disabilities because they are regarded as troublesome people as well as the fact that they lack disposable income to afford to give them tips”

“Disabled guests do not mention whether they have a disability or not which makes it difficult to cater for their needs”

“I don't know anything specific but I know that certainly from a construction point of view there were guidelines that had to be followed”

“Problems created by lack of information/knowledge rather than not wanting to provide for the disabled”

“Disabled guests have a tendency of isolating themselves, making it difficult for service staff to know what they really want as some have diverse and individualised needs which cannot be generalised”

Source: Survey (2017)

Lack of adequate human resources

13.2% respondents highlighted that they face human resources problems, since most of the guests require assistive service, thus staff is not adequate for the individualised service needed by the disabled guests in hotels. This is so because facilities are not designed in such a way that they are accessible to this market, as such they are not adequate to cater for the access market needs.

Lack of knowledge

90% respondents highlighted that they lack knowledge pertaining to the diverse access requirements of disabled guests. These findings concur with what was pointed by Sorensen (2006), who argues that people with special needs are defined as individuals with one or more disabilities, but how a disability is determined is often vague. Graham and Bywell (2013) also noted that one of the major problems for hotels are that only 28% of disabilities are visible, they often need to be told that by someone, and this is in-line with what was found out in this study. .

In addition Gaunt (2012) stipulates that, confusion has led to some special needs populations being overlooked because of their invisibility. By not knowing exactly about the nature of disability the service providers face difficulties in providing services for the disabled.

4.5 CRITICAL SUCCESS FACTORS FOR EFFECTIVE IMPLEMENTATION OF UNIVERSAL ACCESSIBILITY

This section suggested critical success factors that hotel operators can adopt for effective implementation of universal accessibility in the hotel sector.

Table 4.10: Critical success factors for effective implementation of universal accessibility

Question	Least important		Important		Very important		Total frequency
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	
G-1	0	0%	31	17%	150	83%	181
G-2	0	0%	51	28%	130	72%	181
G-3	110	61%	50	28%	21	11%	181
G-4	50	28%	41	22%	90	50%	181
G-5	0	0%	139	77%	42	23%	181
G-6	60	33%	98	54%	23	13%	181
G-7	20	11%	21	12%	140	77%	181
G-8	0	0%	50	28%	131	72%	181

Source: Primary data (2017)

Key

- G-1 Leadership support
- G-2 Funding
- G-3 Innovative facilities designs
- G-4 Culture for inclusion
- G-5 Awareness on universal accessibility
- G-6 Partnerships with disability lobby groups

- G-7 Policy enforcement mechanisms
- G-8 Policy making

As illustrated by table 4.11 above 17% of the employees rated leadership support as important while, 83% rated it as very important. It can be deduced from the findings that leadership is critical for effective implementation of universal accessibility strategies. Furthermore leadership support was rated as the most important factor. 28% of the employees rated funding as important while 72% rated it as very important. 61% of the respondents rated innovative facilities and designs as least important, 28% rated them as important while 11% rated innovative facilities and design as very important. It can be deduced that innovative designs are not that important in address the problem at hand. 28% of the employees rated culture for inclusion as least important, 22% rated it as important and 50% rated culture for inclusion as very important. 77% of the employees rated awareness on universal accessibility as important whilst 23% rated awareness as very important for effective implementation of universal accessibility in the hotel. 33% rated partnerships with disability lobby groups as least important, 54% as important and 13% regarded partnerships as very important. 11% rated policy enforcement mechanisms as least important, 12% as important while 77% regarded it as very important. None rated the policy making as least important, 28% as important and 72% regarded as very important.

It can be deduced from the study findings that leadership support, policy making and an enforcement framework are critical success factors in the implementation of universal accessibility in hotels as they were rated very important by hotel employees. From qualitative data 8 themes emerged, increased promotions and awareness by hoteliers, government legislation, redesigning of hotel facilities, tax incentives, use of assistive equipment, accessible information and staff awareness and training as shown in the table 4.11 below.

Table 4.11: Respondents’ Actual verbatim on success factors

Tax incentives	Legislation
<i>“Reducing tax payable by organisations who are complying with access requirements can lead to many organisations to comply as they will be attracted by the low tax rates”</i>	<i>“I don't know anything specific but I know that certainly from a construction point of view there are guidelines which must be followed”</i> ”
Accessible information	<i>“There is need for the government to regulate the activities in the hospitality industry through the enforcement of laws to do with access requirements for the disabled and with penalties regarding non-compliance”</i>
<i>“Most of the service personnel do not like to serve guests with disabilities because they are regarded as troublesome people as well as the fact that they lack disposable income to afford to give them tips”</i>	Assistive equipment
<i>“Service providers need to provide information regarding accessible service in the language which can be understood by the access market for example, brail printed brochures printed”</i>	<i>“Providing accessible service is a mere wastage of financial resources because disabled guests rarely come to hotels”</i>
	<i>“It does not make business sense to have universally accessible facilities and services”</i>
	<i>“There is need of visual alarm installations in rooms as the hotel lacks such facilities”</i>

Source: Survey (2017)

Redesigning of hotel facilities	Staff awareness and training
<i>“Even the big hotels are not friendly to the disabled,</i>	<i>“Most of the service personnel do not like to</i>

often lacking disabled accessible bathrooms thus the need to redesign to ensure accessibility” *serve guests with disabilities because they are regarded as troublesome people as well as the fact that they lack disposable income to afford to give them tips”*

“Since hotel structures were erected without taking into consideration the needs of the disabled, assistive can enhance accessible service for us” *“There is need to train staff so as to improve service delivery”*

“I don't know anything specific but I know that certainly from a construction point of view there were guidelines that had to be followed” *Service personnel are not knowledgeable with regards to inclusion thus staff training towards inclusion is a critical factor”*

“Problems created by lack of information/knowledge rather than not wanting to provide for the disabled” *“Most employees they do not understand, and know some of disabled needs, most use assumptions hence it is important for the employees to attend disability specific training”*

“Disabled guests have a tendency of isolating themselves, making it difficult for service staff to know what they really want as some have diverse and individualised needs which cannot be generalised” *“Staff training is crucial to the way the disabled guests are treated in hotels”*

Source: Survey (2017)

Accessible information

Disability organizations highlighted the need to ensure the availability of information pertaining to universally accessible products and services in hotels. These finding concur with what was pointed out by Cavinato and Cuckovich (1992) who observed that the nature of the travel decision and travel choice is primarily governed by: the available information specific to accessibility; and the constraints faced by the nature of the disability. “Reliable information regarding accessible destinations is so crucial for the disabled; without it they will be uncertain if their physical needs can be met and may hesitate to travel”. Thus it is important for the hoteliers to eliminate information access challenges not only physical but also information access as lack of information may lead to the disabled being hesitant to travel as highlighted above.

Assistive equipment

90% of Hotel managers indicated that assistive equipment is required in most hotels since they were constructed without taking into account the needs of disabled customers. The equipment includes ramps, stair climbers, inclinators and porch lifts. The research findings concur with findings by Preiser and Ostroff (2001) that assistive procedures were put in place in order to provide PwDs with a comparable level of service to other customers.

Redesigning of hotel facilities

70% of the respondents suggested that there is need to redesign hotel facilities as this market segment was not considered before. The study findings are supporting with (Ozturk et al., 2008) who said that; physical changes to existing hotels should be made to ensure that they become more suitable for use by disabled people.

Government legislation

Key industry informants highlighted that the government needs to put legislation to eliminate human rights violation by service providers as well as discrimination against the differently-abled in public areas. These findings concur with what was pointed by Darnall (2006) who argued that fear of legal sanction is considered a primary reason why organisations adopt proactive quality or environmental strategies. Goodall, (2002) and Goodall et al. (2004) also noted the introduction of human rights legislation as an important event of improving tourism conditions for people with disabilities. As a result of this, hotels will be forced to provide accessible facilities and services complying with legislation as a means of avoiding such penalties

Tax incentives for hotels providing accessible products and services

Key informants in the hotel sector highlighted that tax incentives can help improve accessibility levels in Zimbabwe. The study findings seem to contradict with Darnall (2006) who said that economic incentives has little impact on coercing organisations towards embracing quality programs. From one perspective, the high articulation that tax incentives can be adopted as a strategy for effective implementation of universal accessibility can be linked to the issue of financial constraints highlighted on the supply side. This may be because hoteliers will now be

seeing providing accessible products and services not only as a tool for improving service quality but also as a cost cutting tool as their tax burden will be greatly reduced due to them servicing the needs of this sensitive market segment.

Staff awareness and training

85% of the respondents highlighted the importance staff awareness and training. Having accessible premises is the starting point for providing services for the disabled but if the employees themselves are ill prepared to provide appropriate customer service then a customer's needs cannot be adequately addressed. The study findings concur with what was pointed out by Botwell (2013) that combination of increased awareness, education; legislation, partnerships and the resolve to invest in universal design will be required in the travel and leisure industry.

4.7 CHAPTER SUMMARY

The purpose of this chapter was to present, analyse and discuss research findings linking with findings of other scholars as noted in the literature. The chapter was divided into a number of sections with each section dedicated to each of the four specific objectives. On the first object the adequacy of adopted strategies was highlighted. Research findings showed that hotels have not fully embraced the concept of universal accessibility. The second objective looked at the sustainability of adopted universal accessibility strategies. Hotel employees and managers highlighted that demand for universally accessible facilities and services is low. Hence the adopted universally accessible strategies are not sustainable as they are not yielding return on investment. The third objective looked at challenges faced in the implementation of universal accessibility in hotels. Financial constraints, lack of policy enforcement framework and lack of knowledge were the major challenges being faced by hotel operators in Zimbabwe. The fourth objective looked at critical success factors for effective implementation of universal accessibility in hotels. Leadership support, adequate funding and assistive equipment were among the critical success factors from the research findings. The next chapter will come up with the summary, conclusions, recommendations and areas of further study.

CHAPTER 5

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 INTRODUCTION

The last chapter was dedicated to the presentation, analysis and discussion of the research findings. This chapter presents the summary of findings and conclusions as derived from the previous chapter. It also proffers recommendations to enhance strategic universal accessibility in Zimbabwe's hotel sector and areas of future study.

5.1 SUMMARY OF FINDINGS

5.1.1 Response rate

The response rate from questionnaires was 74.4% and 75% for the interviews conducted

5.1.2 Adequacy of adopted universal accessibility strategies in Zimbabwe's hotel sector.

The research findings reviewed that hotel facilities and services are not universally accessible. 23% of the respondents highlighted that are moderately accessible and 77% highlighted that to a lesser extent hotels in Zimbabwe are universally accessible. From the findings managers are not pro-active but rather re-active, this is very much in-line with what the disability organization revealed. 54% of hotel employees disagreed that universal accessibility as a human right is adequately addressed, 15% disagreed that service culture in hotels is inclined towards ensuring accessible facilities and services, 31% disagreed and 48% were indifferent that hotel facilities and services are universally accessible, 78% disagreed that universal accessibility is adequately marketed and promoted, 76% disagreed that staff is adequately trained to provide universal accessibility, all hotel managers indicated that they do not have universal accessibility policies and 67.74% of hotel managers indicated that legislation is followed when implementing universal accessibility in hotels.

5.1.3 Sustainability of adopted universal accessibility practices

90% of the hotel managers highlighted that there is no demand for universal accessibility while 10% highlighted that there is demand for universal accessibility. Furthermore key industry informants also pointed out that demand for universally accessible facilities and service is low. Therefore it can be noted that adopted strategies are not sustainable as they do not generate return on investment. 72% of the employees disagreed that technical standards are adequate for people with disabilities in hotels, 40% disagreed that hotel ethics promote inclusion, 48% disagreed that organisational culture promotes universal accessibility, 77% disagreed that resources for universal accessibility initiatives are provided, 30% disagreed and 58% were indifferent that training for inclusion is done in hotels.

5.1.4 Challenges faced in implementing universal accessibility strategies in Zimbabwe's hotel sector.

45% of hotel employees agreed that facilities are not flexible, 77% agreed that demand is low, 79% agreed that there are financial constraints in the procurement of assistive devices, 69% agreed that there is lack of policy enforcement mechanisms, 17% agreed that there are negative attitudes and stereotypes towards people with disabilities and 77% agreed that there are challenges in the dissemination of information to the access market. Apart from the above discussed challenges, low rewards from the disabled, lack of adequate human resources, lack of knowledge, and staff resentment were the themes identified from qualitative data.

5.1.5 Critical success factors of effectively implementing universal accessibility strategies in Zimbabwe's hotel sector

83 % of the employees rated leadership support as very important, 72% rated funding as very important, 50% rated culture for inclusion as very important, 77% rated awareness as very important, 13% rated partnerships with disability lobby groups as very important, 77% rated policy enforcement mechanisms as very important and 72% rated policy making as very important. From qualitative data 8 themes emerged, increased promotions and awareness by hoteliers, government legislation, redesigning of hotel facilities, tax incentives, use of assistive equipment, accessible information and staff awareness and training

5.2 CONCLUSIONS

5.2.1 The adequacy of adopted universal accessibility strategies in Zimbabwe's hotel sector.

This study has shown that hotels in Zimbabwe are far from embracing universal accessibility as there is still a series of omissions that maintain a disabling hotel environment. These include lack pro-active approach to developing disability as a market segment, low levels of disability awareness/training within the majority of organisations and an omission of specific marketing and promotion information identified by the disability organisations as central to their accommodation choice decisions.

5.2.2 Sustainability of adopted universal accessibility strategies in Zimbabwe's hotel sector.

This study has shown that the adopted strategies in the Zimbabwe's hotel sector are not sustainable considering that employees, hotel managers and industry key informants highlighted that there is low demand of universally accessible facilities and services.

5.2.3 Challenges faced in implementing universal accessibility strategies in Zimbabwe's hotel sector.

The study findings indicated that the hotel sector is facing challenges in the effort of implementing universal accessibility strategies. These include low demand, financial constraints, lack of policy enforcement mechanisms, negative attitudes and stereotypes, challenges in disseminating information to the access market, lack of adequate human resources, lack of knowledge, and staff resentment.

5.2.4 Critical success factors for effective implementation of universal accessibility

From the study findings that leadership support, policy making and an enforcement framework are critical success factors in the implementation of universal accessibility in hotels as they were rated very important by hotel employees. From qualitative data 8 themes emerged, increased promotions and awareness by hoteliers, government legislation, redesigning of hotel facilities, tax incentives, use of assistive equipment, accessible information and staff awareness and training

5.3 RECOMMENDATIONS

This section gives recommendations based on the research findings and the literature review.

Formulation of universal accessibility policies

The research findings indicated that hotels do not have universal accessibility policies, thus the Hospitality Association of Zimbabwe should come up with a universal accessibility policy and closely monitor its implementation. This will ensure that hotels in Zimbabwe achieve at least the minimum accessibility standards as per universal design specifications. When formulating these policies, consultations should be held with key stakeholders in the tourism industry.

Education and training on the economic significance of the access market

Hotel operators should also be educated on the economic significance of the disability market to tourism and advance this market from a global perspective. This recommendation is based on the research finding that hotel operators do not regard the access market as a viable market.

Training employees for universal accessibility implementation

From the research findings lack of knowledge with regards to servicing people with disabilities is one of the major challenges facing the hotel sector. In relation to meeting the needs of people with disabilities. Sensitive and willing staff with the right attitude and strong interpersonal skills can overcome many of the barriers that people with disabilities face and turn what may be perceived as an inaccessible property into an accessible one. It is essential that the hotel sector strengthen its customer services training in order to serve those with disabilities. Indeed, regardless of how well a hotel has been designed to provide lodgings for people with disabilities or how well policies have been formulated to cater for the needs of disabled travellers, it will be of little value if the hotel personnel are uncomfortable and ill-prepared towards serving guests with disabilities.

Stakeholder collaboration

Stakeholder collaboration is a key factor for developing universally accessible tourism solutions, recognising the access value of the market and capitalising on it. Hence, a collaborative approach is required to recognise the complementary nature of the different paradigms; to restructure and transform the future of the accessible tourism through influencing the tourism industry,

contributing government organisations and the not-for-profit sectors. The strength and depth of stakeholder collaborations will determine alternative future realities; from a future where all cooperate and share benefits for all parties, to a fatalistic picture where each stakeholder is sailing alone because they consider their interests incompatible, and everything in between. Universal service will require an intense collaboration between marketers, managers, product developers and people with disabilities.

Redesigning of the hotel facilities

Most of the structures were erected before hotel operators realised the importance of having universally accessible facilities. Modifying hotel facilities to make them universally accessible should therefore be part of business planning for the hotel industry professionals. To make their facilities accessible, hotels should make modifications that include: Constructing wide doorways and installing ramps for wheel chair users and those who have difficulty using the stairs or carrying heavy baggage. Multiple and spacious elevators, marking hallways with clear maps and signage, limit the use of floor covering like carpeting that can make movement difficult, are critical factors to bear in mind when redesigning hotel facilities, so as to ensure effective delivery to people with disabilities and those with access needs. Hotel rooms should have amenities like roll-in shower, built-in visual alarms, assistive listening systems, reflective captioning, sign language interpretation, text typewriter telephones, handheld captioning, video captioning and written aids (for the hearing impaired), notification devices and telephones with volume control.

Marketing and promotions for universal accessibility in hotels

The research findings indicated that universal accessibility is not well marketed in hotels, therefore a new marketing approach and new way of dividing the market taking the principles of social inclusion in tourism and universal design must be taken into account. Service providers need to come up with specific promotions meant for disabled guests to encourage them to visit hotels. Hotels should ensure that their websites are updated with information on accessibility. The website should also be interactive and offer a forum for people with disabilities enabling them to exchange ideas and share their experiences in different hotels. Incorporating the voices of people with disabilities in hotel policies and frameworks are critical for effective implementation of universal accessibility strategies.

Legislation

From the findings the hotel facilities and services are not universally accessible a sign that disabled guests are highly discriminated. The current Disability Act is not comprehensive and is non-committal. There is need to revise the Act so that it clearly spells out who is responsible for what, especially with regards to building codes as well as access to services. Effective anti-discrimination law does not necessarily require that the disabled perceive themselves as unfairly treated but it certainly helps to identify the important issues and measures required to overcome discrimination. Moreover the government must enact the legislation on accessibility and the service providers to comply with this legislation thus accessibility will be enhanced since companies will be sued if they fail to comply. Legislation on access should also apply to a variety of public areas and services, including information services, such as travel agents, cafes, restaurants, libraries, transport, shops, theatres and other places of entertainment. Accordingly, related information needs to be provided to people with disabilities. Lack of proper physical access to transport, buildings and sites will not only exclude people with disabilities from participating in community life but also affect tourism and leisure providers.

Enforcement framework

Legally the government needs to penalise hotel operators who do not comply with the statutory instruments that promote universal accessibility. Thus this will not affect or spoil the travel experience for the disabled. The government of Zimbabwe through the Zimbabwe Tourism Authority (ZTA) needs to come up with legal requirements for buildings with as many levels of administration as possible and elaborate accessibility holistic plans for destinations, devoting the necessary resources to accelerate the transition towards full accessibility, set a certification system, with the purpose of bringing reliable and consistent accessibility information, regarding universal accessibility in the hotel sector..

Introduction of new law

The government must press the Hotel sector to cater for the needs of people with disabilities. This can be done through the introduction of a piece of law designed to ensure that people living with disabilities have to hotel facilities and services. Furthermore the government through ZTA

can promote universal accessibility through redirecting hotels by renewing their licenses to find ways of opening up their licenses to find ways of opening up their services to people with disabilities.

Rewards and incentives

The government must reward and incentivise incremental steps towards creating a universal and accessible product for the disabled, and old-aged. Furthermore renewal of licenses must be linked with incentives and any hotel asset that comes up for license renewal will have to satisfy the country going forward that they are complying with the vision on universal accessibility. The government must also provide funding for universal accessibility initiatives in hotels.

5.4 RECOMMENDATIONS FOR FUTURE RESEARCH

This study analyse strategic universal accessibility implementation in Zimbabwe's hotel sector paying particular attention to 3-5 star hotels in Harare. While the study resulted in the development and marketing universal accessibility for hotels, the subsequent questions are not answered:

- Apart from 3-5 hotels, how does other hospitality sectors for example fast food outlets, ungraded hotels and lodges fare in terms of universal accessibility?
- What are the levels of universal accessibility implementation in the transport sector?
- What are the specific personal needs of people with disabilities?

The concept of universal accessibility is still new in the tourism industry. This study used a combination of approaches to analyse strategic universal accessibility implementation in Zimbabwe hotels, in order to ensure effective implementation of universal accessibility strategies. The study was confined to 3-5 star hotels only and more work is required to alleviate the plight of the disabled, especially in tourism. The implementation of the proposed factors will improve accessibility levels in hotels which will result in increase in demand for universally accessible facilities and services.

REFERENCES

- Aitchison, C. (2009), “Exclusive discourses: leisure studies and disability”, *Leisure Studies*, Vol. 28 No. 4, pp. 375-86, doi: 10.1080/02614360903125096.
- Ambrose, I. (2012), “European policies for accessible tourism”, in Buhalis, D., Darcy, S. and Ambrose, I. (Eds), *Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism*, Channel View Publications, New York, NY, pp. 19-35.
- Ambrose, I., Darcy, S. and Buhalis, D. (2012), “Introduction”, in Buhalis, D., Darcy, S. and Ambrose, I. (Eds), *Best Practice in Accessible Tourism: Inclusion, Disability, Ageing Population and Tourism*, Channel View Publications, New York, NY, pp. 1-15.
- Ateljevic, I., Morgan, N. and Pritchard, A. (Eds) (2012), *The Critical Turn in Tourism Studies: Creating an Academy of Hope*, Routledge, Milton Park
- Băltărețu, A. (2006), *Evoluții și tendințe în turismul internațional*, Editura Pro Universitaria, București
- Benge, C., Onwuegbuzie, A.J., Mallette, M.H., & Burgess, M.L. (2010). Doctoral students’ perceptions of barriers to reading empirical literature: A mixed analysis. *International Journal of Doctoral Studies*, 5, 55-77
- Bizjak, B., Knežević, M. and Cvetrežnik, S. (2011), “Attitude change towards guests with disabilities: reflections from tourism students”, *Annals of Tourism Research*, Vol. 38 No. 3, pp. 842-57. doi: 10.1016/j.annals.2010.11.017.
- Black, K. (2010) “Business Statistics: Contemporary Decision Making” 6th edition, John Wiley & Sons
- Braun V. and Clarke V. (2006) Using Thematic Analysis in Psychology, *Journal of Qualitative Research In psychology* Vol. 3 pp 77-101

- Buhalis, D., Darcy, S. and Ambrose, I. (Eds) (2012), “Best practice in accessible tourism. Inclusion, disability, ageing population and tourism”, Aspects of Tourism, Channel View Publications, Bristol, CT Tourism. Concepts and Issues. Aspects of Tourism, Channel View Publications, Bristol, CT, pp. 21-45.
- Buhalis, D. (2000), “Marketing the competitive destination of the future”, Tourism Management, Vol. 21 No. 1, pp. 97-116
- Center for Excellence in Universal Design. 1997. The 7 principles. <http://www.universaldesign.ie/exploreampdiscover/the7principles>. Date of access: 01 August 2013.
- Chikuta (2015), Is There Room in the Inn? Towards Incorporating People with Disability, Research gate
- Choruma, T. 2007. The forgotten tribe: people with disability in Zimbabwe. London: Progressio
- Collis, J. & Hussey, R. (2014) “Business Research: A Practical Guide for Undergraduate and Postgraduate Students” 4th edition, Palgrave Macmillan, p.54
- Cooper, D.R and Schindler, P.S (2003). Business Research methods, 8th Edition, Tata McGraw-Hill, New York.
- Creswell, J. W. (2009). Research design: Qualitative and quantitative approaches (3rd ed.). London: SAGE Publication.
- Creswell, J. W., & Plano Clark, V. L. (2011). Designing and conducting mixed methods research (2nd ed.). London: SAGE Publication.

- Darcy, S. and Buhalis, D. (2011), “Conceptualising disability”, in Buhalis, D. and Darcy, S. (Eds), Accessible
- Darcy, S., Camron, B. and Pegg, S. (2010), “Accessible tourism and sustainability: a discussion and case study”, Journal of Sustainable Tourism, Vol. 18 No. 4, pp. 515-37.
- Darcy, S. and Dickson, T. (2009), “A whole-of-life approach to tourism: the case for accessible tourism experiences”, Journal of Hospitality and Tourism Management, Vol. 16 No. 1, pp. 32-44.
- Darcy, S. and Pegg, S. (2011), “Towards strategic intent: perceptions of disability service provision amongst hotel accommodation managers”, International Journal of Hospitality Management, Vol. 30, pp. 468-76.
- Darcy, S. and Buhalis, D. (2011a), “Conceptualising disability”, in Buhalis, D. and Darcy, S. (Eds), Accessible Tourism: Concepts and Issues, Channel View Publications, Bristol, pp. 21-42.
- Eichhorn, V. and Buhalis, D. (2011), “Accessibility: a key objective for the tourism industry”, in Buhalis, D. and Darcy, S. (Eds), Accessible Tourism: Concepts and Issues, Channel View Publications, Bristol, pp. 44-61.
- European Network for Accessible Tourism, Brussels. European Network for Accessible Tourism (2015), “Who we are”, available at: www.accessibletourism.org/?i%4enat.en.who_we_are (accessed 12 November 2015)
- European Commission (2014), Economic Impact and Travel Patterns of Accessible Tourism in Europe, Service Contract SI2.ACPROCE052481700 – European Commission, DG Enterprise and Industry, Belgium

- European Commission (2013) Ethics for researchers: Facilitating research Excellency in KP7, RTD-Publications, Brussels
- Foggin, B. (1999), “Different ways of seeing things: some food for thought CAUTHE 1999: delighting the senses”, Proceedings from the Ninth Australian Tourism and Hospitality Research Conference, Adelaide, 10-13 February.
- Graham I & Bywell D (2013), Accessible Tourism in Europe, Conference on the occasion of the European Day of Persons with Disabilities and European Tourism Day, Brussels
- Greene, J. C., Caracelli, V. J., & Graham, W. F. (1989). Toward a conceptual framework for mixed-method evaluation designs. *Educational Evaluation and Policy Analysis*, *11*, 255-274. doi:10.2307/1163620
- Gillovic B and McIntosh , (2015)," Stakeholder perspectives of the future of accessible tourism in New Zealand ", *Journal of Tourism Futures*, Vol. 1 Iss 3 pp. 223 – 239
- Global Economics of Disability (2013), “Sustainable value creation through disability (The Global Economics of Disability Annual Report)”, Fifth Quadrant Analytics, Rich Donovan, New York, NY, 3 April, available at: www.rod-group.com/content/rod-research/create-research-0
- Haralambos, M. and Holborn, M. (1995) .*Sociology, Themes and Perspectives*, 4th edition London: Collins Education.
- Khupe, W. (2010). Millions of disabled people struggle to survive. Retrieved from <http://www.thezimbabwean.co.uk/news/36210/15-million-disabled-people-struggle-to-survive>.html. Accessed on 23 March 2013.

- Krejcie, R.V. & Morgan, D.W. 1970. Determining sample size for research activities. *Educational and psychological measurement*, 30:607-610
- Leedy P D (1985) *Practical Research: Planning and Design*, 3rd Edition, McGraw – Hill Book Company, New York.
- Lovelock, B. and Lovelock, K.M. (2013), *The Ethics of Tourism: Critical and Applied Perspectives*, Routledge, Oxford.
- Lusher, R.H. & Mace, R.L. 1989. Design for physical and mental disabilities. *Disability studies*, 1(1):16-24.
- Mandipa, E. 2013. New constitution disability friendly. *Chronicle*, 19 June. <http://www.chronicle.co.zw/new-constitution-disability-friendly/> Date of access: 19 July 2013.
- McCoy, C. (2013), “Accessible tourism – unlocking the potential (PowerPoint slides)”, available at: [www.visitscotland.org/pdf/Accessible%20Tourism%20%20July%202013%20\(2\).pdf](http://www.visitscotland.org/pdf/Accessible%20Tourism%20%20July%202013%20(2).pdf) (accessed 20 January 2014).
- McFarlane, H. and Hansen, N. (2007), “Inclusive methodologies: including disabled people in participatory action research in Scotland and Canada”, in Kindon, S., Pain, R. and Kesby, M. (Eds), *Participatory Action Research Approaches and Methods: Connecting People, Participation and Place*, Routledge, Oxford, pp. 88-94.
- Ministero Affari Esteri & World Bank. (2010). *Disability and international cooperation and development: A review of policies and practices*. Retrieved from [http://www.cooperazioneallosviluppo.esteri.it/pdgs/italiano/pubblicazioni/AltrePubblicazioni/Pdf/Vol.1 Disability and Intl Cooperation\(vol1\).pdf](http://www.cooperazioneallosviluppo.esteri.it/pdgs/italiano/pubblicazioni/AltrePubblicazioni/Pdf/Vol.1%20Disability%20and%20Intl%20Cooperation(vol1).pdf)

- Mtetwa, E. (2011). The dilemma of social difference: disability and institutional discrimination in Zimbabwe. *Australian Journal of Human Rights* (18) 1, 169-185
- Office for Disability Issues (2001), *The New Zealand Disability Strategy: Making a World of Difference*, Ministry of Health, Wellington.
- Oliver, M. and Barnes, C. (2010), “Disability studies, disabled people and the struggle for inclusion”, *British Journal of Sociology of Education*, Vol. 31 No. 5, pp. 547-60. doi: 10.1080/01425692.2010.500088.
- Polat, N. (2010). *A qualitative research for sustainability applications in wellness tourism and a model proposal: Afyon Province case study*. (unpublished PhD thesis). Kütahya.
- Polat, N., & Hermans, E. A model proposed for sustainable accessible tourism (SAT). *TÉKHNE - Review of Applied Management Studies* ((2016)), <http://dx.doi.org/10.1016/j.tekhne.2016.11.002>
- Richards, V., Pritchard, A. and Morgan, N. (2010), “(Re)envisioning tourism and visual impairment”, *Annals of Tourism Research*, Vol. 37 No. 4, pp. 1097-1116. doi: 10.1016/j.annals.2010.04.011.
- Robinson, N., Packer, T., Carter, M., Goddard, T. and Muir, T. (2007), “Travellers with disabilities: a substantial and growing niche market”, *CAUTHE 2007: Tourism – Past Achievements, Future Challenges Conference*, RMIT Publishing, Sydney, 11-14 February.
- Sachs, J. D. (2015). *The age of sustainable development*. New York: Columbia University Press.

- Sapsford, R., & Jupp, V. (2006). Data collection and analysis (2nd ed.). London: SAGE Publication.
- Saunders, Lewis and Thornhill (2007) Research methods for business students, 4th Edition, Pearson Education, Delhi
- Saunders, M., Lewis, P., & Thornhill, A. (2009). Research methods for business students (4th ed.). Essex: Person Education Limited.
- Saunders, M., Lewis, P. & Thornhill, A. (2012) “Research Methods for Business Students” 6th edition, Pearson Education Limited
- Singh, Y.K (2006), Fundamentals of research methodology and statistics. New age international, New Dehli.
- Singleton, J. and Darcy, S. (2013), “‘Cultural life’, disability, inclusion and citizenship: moving beyond leisure in isolation”, Annals of Tourism Research, Vol. 16 No. 3, pp. 183-92. doi: 10.1080/ 11745398.2013.826124.
- Small, J., Harris, C. and McIntosh, A. (2008), “Whose body is welcome in paradise?”, CAUTHE 2008 Conference: Where The Bloody Hell Are We? Surfers Paradise, 11-14 February.
- Steinfeld, E. 1994. The concept of universal design. (Proceedings of the Sixth Ibero-American Conference on Accessibility.)
- Snyman, J.A. 2002. Discussion on the barriers and constraints faced by people with disabilities. [Email to:] Woolf.P. (thewoolf@mweb.co.za) July, 22.

- Tashakkori, A., & Teddlie, C. (2003). *Handbook of mixed methods in social and behavioral research*. London: SAGE Publication.
- Tavashure S (2013), *Growth Strategies for state owned enterprises: A case for GMB*, 2013
- Tourism Victoria (2010), “Tourism Victoria’s accessible tourism plan 2010-2013”, State Government of Victoria Australia, Victoria, available at: www.tourism.vic.gov.au/component/edocman/?view=full&id=4221&Itemid=40 (accessed 5 March 2014).
- UNWTO (2015) *Manual on Accessible Tourism for All – Public-Private Partnerships and Good Practices*, Madrid, Spain
- USA Department of labour (2012), *Business strategies that work: A framework for disability inclusion*, Office of Disability employment policy, USA.
- Viegas, J. (2015). *Better transport systems for liveable cities (teleconference)*. Retrieved from <http://www.gait2015.org/seminar-programme/discussion-sessions/b-accessible-and-inclusive-transport/>
- Wantanee, S. (2014), “Best practice in accessible tourism: inclusion, disability, ageing population and tourism”, *Current Issues in Tourism*, Vol. 17 No. 1, pp. 102-4. doi: 10.1080/13683500.2012.754848.
- Wilson, J. (2010) “*Essentials of Business Research: A Guide to Doing Your Research Project*” SAGE Publications
- Worldbank. (2013). *Improving accessibility to transport for people with limited mobility (PLM)*. Retrieved from <http://siteresources.worldbank.org/INTTTSR/Resources/Accessibility-Report-Final.pdf>

- World Health Organization, World Report on Disability 2011 (Geneva, 2011). Available from http://www.who.int/disabilities/world_report/2011/report/en/
- Yin, R. K. (1994). Case study research: Design and methods. London: SAGE Publication.
- Yin, R. K. (2009). Case study research: Design and methods (4th ed.). London: SAGE Publication.
- Yau, M., McKercher, B. and Packer, T. (2004), “Travelling with a disability: more than an access issue”, *Annals of Tourism Research*, Vol. 31 No. 4, pp. 946-60, doi: 10.1016/j.annals.2004.03.007.
- Zajadacz A, (2015), "Evolution of models of disability as a basis for further policy changes in accessible tourism", *Journal of Tourism Futures*, Vol. 1 Iss 3 pp. 189 – 202
- ZTA, (2016) National Tourism Development and Marketing Strategy, ZTA Research and Product Development Division, Harare.

APPENDICIES

APPENDIX A



MIDLANDS STATE UNIVERSITY



FACULTY OF COMMERCE

QUESTIONNAIRE FOR HOTEL MANAGERS

Questionnaire No:

Re: Academic Research Questionnaire

My name is R155399J and I am studying for a Masters in Strategic management and corporate governance at Midlands State University. My research is entitled: “**An analysis of strategic universal accessibility implementation in Zimbabwe’s Hotel Sector**”. The attached questionnaire is an important survey designed to assess your opinions about general issues related to universal accessibility implementation in the hotel sector. I would very much appreciate if you answer all the questions carefully. All information you provide will be strictly confidential.

Please note: Your participation is voluntary and you can withdraw at any time without penalty.

- The answers will only be used for academic research purposes.
- If you have any queries about the survey, please contact any of the undersigned.
- Circle the number for your answer to the questions.
- Thank you for your time and help.

Section 1 – Demographic data

A. This section seeks to collect data on the background of the respondents. Tick in the appropriate box or fill in the spaces provided.

A-1	Sex	Male	Female
		<input type="checkbox"/>	<input type="checkbox"/>

A-2	Age range	18-29	30-39	40-49	50 ⁺
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A-3 Please indicate, your decision making level:

Level	Indicate your level
Non-managerial	<input type="checkbox"/>
Management level	<input type="checkbox"/>

A-4 Length of service in hotel sector

0-5years	6-10years	11-15years	16 ⁺ years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2: The extent to which hotels in Zimbabwe are universally accessible.

B-1 Does your organization have a universal accessibility policy?

If the answer is no, go to question B-4.

B-2 Is universal accessibility supported by legislation?

B-3 Is it being implemented in all hotels countrywide?

Yes Partly No

B-4 Why does your organization not have a policy on universal accessibility?

C. To what extent are hotels in Zimbabwe universally accessible?

Lesser extent Moderate Greater

Section 3: Sustainability of adopted universal accessibility strategies in Zimbabwe's hotel sector

D. In your opinion, is it necessary or worthwhile to make hotels universally accessible? Support your answer.

E. Do you think there is sustainable demand for universally accessible hotels?

F. What strategies are in use to promote universal accessibility at your hotel and are they adequate? Justify

G. How do you evaluate the disabled tourist expectation on the service environment and customer service?

Section 4 – Challenges faced in implementing universal accessibility strategies in Zimbabwe’s hotel sector

H. What challenges are you facing in trying to make your hotel universally accessible?

I. What do you suggest could be done to make the hotels more universally accessible?

*****Thank you for participating in this study*****



MIDLANDS STATE UNIVERSITY



FACULTY OF COMMERCE

QUESTIONNAIRE FOR HOTEL EMPLOYEES

Questionnaire No:

Re: Academic Research Questionnaire

My name is R155399J and I am studying for a Masters in Strategic management and corporate governance at Midlands State University. My research is entitled: **“An analysis of strategic universal accessibility implementation in Zimbabwe’s Hotel Sector”**. The attached questionnaire is an important survey designed to assess your opinions about general issues related to universal accessibility implementation in the hotel sector. I would very much appreciate if you answer all the questions carefully. All information you provide will be strictly confidential.

Please note: Your participation is voluntary and you can withdraw at any time without penalty.

- The answers will only be used for academic research purposes.
- If you have any queries about the survey, please contact any of the undersigned.
- Circle the number for your answer to the questions.
- Thank you for your time and help.

Section 1 – Demographic data

A. This section seeks to collect data on the background of the respondents. Tick in the appropriate box or fill in the spaces provided.

A-1	Sex	Male	Female

A-2	Age range	18-29	30-39	40-49	50 ⁺

A-3 Please indicate, your decision making level:

Level	Indicate your level
Non-managerial	
Management level	

A-4 Length of service in hotel sector

0-5years	6-10years	11-15years	16 ⁺ years

Section 2: The adequacy of universal accessibility strategies Zimbabwe's hotel sector

B. This section seeks to assess the extent to which hotels in Zimbabwe are universally accessible. To what extent do you agree or disagree that the following universal accessibility issues have been addressed in Zimbabwe's Hotel Sector? The scale can be interpreted as follows:

(1) Disagree (2) Indifferent (3) Agree

		1	2	3
B-1	Guest rooms are accessible	1	2	3
B-2	Conference rooms are easily accessible	1	2	3
B-3	Facilities in rooms are usable and accessible	1	2	3
B-4	Public areas are accessible and usable by the disabled and children	1	2	3
B-5	Reception area is accessible	1	2	3
B-6	Ramps are available	1	2	3

B-7	Elevators are available and appropriate for universal usage	1	2	3
B-8	Accessible sign in a parking area	1	2	3
B-9	Brailed menu cards are available in restaurants	1	2	3
B-10	Height of furniture in restaurants appropriate for universal usage	1	2	3

C. This section seeks to assess your views on the adequacy of the adopted universal accessibility strategies in Zimbabwe’s Hotel Sector. To what extent do you agree or disagree that the adopted practices to address universal accessibility in Zimbabwe’s Hotel sector are adequate? The scale can be interpreted as follows:

(1) Disagree (2) Indifferent (3) Agree

		1	2	3
C-1	Accessibility as a human right is adequately addressed	1	2	3
C-2	Service culture in the hotel inclined towards universal accessibility	1	2	3
C-3	Leadership geared towards universal accessibility	1	2	3
C-4	Hotel facilities and services are universally accessible	1	2	3
C-5	Universal accessibility is adequately marketed and promoted	1	2	3
C-6	Staff are adequately trained to provide universal accessible service	1	2	3

D. Are the hotel facilities relevant in accommodating the diverse needs of the access market?
Explain your answer

.....

.....

.....

.....

.....

.....

Section 3: Sustainability of adopted universal accessibility strategies in Zimbabwe’s hotel sector

E. This section seeks to assess your opinions on the sustainability of adopted universal accessibility strategies in Zimbabwe’s hotel sector. To what extent do you agree or disagree that the adopted universal accessibility strategies are sustainable? The scale can be interpreted as follows:

(1) Disagree (2) Indifferent (3) Agree

		1	2	3
E-1	Demand for universal accessibility services is created	1	2	3
E-2	Accessible technical standards for products/services are adequate	1	2	3
E-3	Hotel ethics promotes inclusion	1	2	3
E-4	Resources to cater for universal accessibility are provided	1	2	3
E-5	Training for inclusion	1	2	3
E-6	Organizational culture promotes universal accessibility	1	2	3
E-7	Facilities/assistive technologies constantly maintained/upgrade	1	2	3

Section 4 – Challenges faced in implementing universal accessibility strategies in Zimbabwe’s hotel sector

F. This section seeks to explore challenges faced by hotels in Zimbabwe in implementing universal accessibility strategies. To what extent do you agree or disagree that following are challenges in implementing universal strategies in Zimbabwe’s hotel sector? The scale can be interpreted as follows:

(1) Disagree (2) Indifferent (3) Agree

		1	2	3
F-1	Facilities not flexible enough to be renovated for universal access	1	2	3
F-2	Demand for universal accessibility services is low	1	2	3
F-3	Financial constraints in procurement of assistive devices	1	2	3
F-4	Lack of proper policy enforcement mechanisms	1	2	3
F-5	Lack of national universal accessibility standards	1	2	3
F-6	Negative attitudes and stereotypes towards disabled guests	1	2	3
F-7	Challenges in disseminating information to the access market	1	2	3

Section 5 – Critical success factors for universal accessibility implementation in Zimbabwe’s hotel sector

G. This section seeks to assess your views on the critical success factors for implementing universal accessibility strategies in Zimbabwe’s hotel sector. How do you rate the following factors in the order of their importance for effective implementation of universal accessibility strategies in Zimbabwe’s hotel sector? The scale can be interpreted as follows:

(1) Least important (2) important (3) very important

		1	2	3
G-1	Leadership support	1	2	3
G-2	Funding	1	2	3
G-3	Innovative facilities designs	1	2	3
G-4	Culture for inclusion	1	2	3
G-5	Awareness on universal accessibility	1	2	3
G-6	Partnerships with disability lobby groups	1	2	3
G-7	Policy enforcement mechanisms	1	2	3
G-8	Policy making	1	2	3

H. What factors of the service environment should be offered to disabled tourist by the service provider to increase the length of stay/ travel?

.....
.....
.....

*****Thank you for participating in this study*****



MIDLANDS STATE UNIVERSITY



FACULTY OF COMMERCE

INTERVIEW GUIDE FOR ZTA AND MINISTRY OF TOURISM

Re: Academic interview guide

My name is R1555399J and I am studying for a Masters in Strategic management and corporate governance at Midlands State University. My research is entitled: “**An analysis of strategic universal accessibility implementation in Zimbabwe’s Hotel Sector**”. The attached interview guide is an important instrument designed to assess your opinions about general issues related to universal accessibility implementation in the hotel sector. I would very much appreciate if you answer all the questions carefully. All information you provide will be strictly confidential.

Please note:

- Your participation is voluntary and you can withdraw at any time without penalty.
- The answers will only be used for academic research purposes.

SECTION A: The extent to which hotels in Zimbabwe are universally accessible.

1. Do you have a policy on universal accessibility for hotels?
2. Who is responsible for its enforcement?
3. Is it being fully implemented?
4. What legislation governs hotels terms of universal accessibility?

SECTION B: Sustainability of adopted universal accessibility strategies in Zimbabwe's hotel sector.

5. Is the accessible tourism market as a viable one?
6. What technical standards are available for universal accessibility implementation in Zimbabwe's hotel sector?

SECTION C: Challenges faced by hotel managers in implementing universal accessibility strategies in hotels.

7. What hinders effective implementation of universal accessibility implementation in Zimbabwe's hotel sector?

SECTION D: Critical success factors for effective implementation of universal accessibility in hotels

8. What kind of infrastructure/ services should be added to improve universal accessibility in Zimbabwe's hotel sector?

9. What advice would you give to enhance the implementation of universal accessibility strategies in Zimbabwe's hotel sector?

*****Thank you for participating in this study*****



MIDLANDS STATE UNIVERSITY



FACULTY OF COMMERCE

INTERVIEW GUIDE FOR DISABILITY ORGANISATIONS

Re: Academic interview guide

My name is R155399J and I am studying for a Masters in Strategic management and corporate governance at Midlands State University. My research is entitled: “**An analysis of strategic universal accessibility implementation in Zimbabwe’s Hotel Sector**”. The attached interview guide is an important instrument designed to assess your opinions about general issues related to universal accessibility implementation in the hotel sector. I would very much appreciate if you answer all the questions carefully. All information you provide will be strictly confidential.

Please note:

- Your participation is voluntary and you can withdraw at any time without penalty.
- The answers will only be used for academic research purposes.

SECTION A: The adequacy of adopted universal accessibility strategies in Zimbabwe's hotel sector.

1. What is your understanding of universal accessibility?
2. What are the available universal accessible facilities and services in the hotel sector?
3. To what extent are the hotels in Zimbabwe are universally accessible?

SECTION B: Sustainability of adopted universal accessibility strategies in Zimbabwe's hotel sector.

4. What are the social and economic benefits of implementing universal accessibility in the hotel sector?
5. What technical standards are available for universal accessibility implementation in Zimbabwe's hotel sector?

SECTION C: Challenges faced by people with disabilities when using hotel facilities and services

6. What are the challenges faced by people with disabilities in hotels?
7. Apart from accessibility issues, what other factors are hindering people with disabilities from visiting hotels?

SECTION D: The critical success factors of improving universal accessibility strategies in Zimbabwe's hotel sector.

8. What factors of the service environment should be offered to people with disabilities by service providers to increase accessibility levels in hotels?
9. What kind of infrastructure should be added to improve universal accessibility in Zimbabwe's hotel sector?
10. What advice would you give to improve universal accessibility in Zimbabwe's hotel sector?

*****Thank you for participating in this study*****

APPENDIX E

Summary of Reliability Analysis

Variables	Number of Items	Number of items Discarded	Cronbach's Alpha
Adequacy of universal accessibility	10	0	.810
Sustainability	7	0	.744
Challenges	6	0	.769

SPSS version 16: primary data

Table 1 Universal accessibility policy

Respondents	Yes	Percentage	No	Percentage
Hotel managers	0	0%	31	100%

Source: Primary data (2017)

Table 2 Legislation and universal accessibility

Respondents	Yes	Percentage	No	Percentage
Hotel managers	19	61.3%	12	38.7%

Source: Primary data (2017)

Table 3 Implementation of legislation on universal accessibility

Respondents	Yes	Percentage	Partly	Percentage	No	Percentage
Hotel managers	0	0	21	67.74%	10	32.26%

Source: Primary Data (2017)

Table 4 the extent to which hotels in Zimbabwe is universally accessible

Respondents	Lesser extent	Percentage	Moderate	Percentage	Greater	Percentage
Hotel managers	7	23%	24	77%	0	0%

Source: Primary Data (2017)

Table 5 Demand for universal accessible

Respondents	No	Percentage	Yes	Percentage
Hotel managers	28	90%	3	10%

Source: Primary Data (2017)

Table 6 Sex

Sex	Frequency	Percentages
Male	90	42.5
Female	122	57.5
Total	212	100

Source: Primary data (2017)