Choice of Hotel Facilities by Guests with Physical Disabilities in Nairobi, Kenya

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Abstract

As efforts is made to boost tourism in the country, hotels and tourism planners must identify areas with growth potential or identify markets as a potential new source of tourist both locally and internationally. Persons with disabilities comprise one such market. This study sought to find out priority consideration in the choice or preference of hotel facilities by PWPDs in Nairobi and in the process identify the unfulfilled gaps in product and service delivery so as to make hotels friendlier and more sensitive to guests with disabilities. Specifically, the study was to determine experiences, attitudes and challenges of guests with physical disabilities. A cross sectional survey design was adopted for this study. The population under study covered persons with physical disabilities. A total of 356 usable participant’s surveys out of the targeted 361 were analyzed yielding a response rate of 98.6%. The study utilized semi-structural questionnaires and personal interviews to obtain data. Data analysis involved quantitative techniques for data analysis which was a combination of various descriptive and inferential statistical techniques. Pearson product-moment correlation coefficient was used to measure the strength of linear dependence between each variable used in the study and the choice or preference of dependence between each variable used in the study and the choice or preference of hotel. It was found that majority of the survey respondents had positive experiences while visiting hotels in the country and that many of them did not feel discriminated against by hotels. It was also found that persons with physical disabilities in Kenyan hotels were still not in a position to fully participate in leisure activities when visiting hotels due to lack of upgraded sports equipment. Variables that that influenced the choice or preference of hotel facilities by persons with physical disabilities included: challenges faced by persons with disabilities and interventions by the government and hoteliers pertaining matters with a bearing on PWDs.

Key Words: Hotel facilities, disability, choice of facilities
1. Introduction

Guests with disabilities represent a large growing market for the hospitality and tourism industry (Shakiry, 2008; Hoon, 2009). Due to the close relationship between ageing and disability, this number is expected to rise in the future as the average age of the population increases (Bloch, 2000; OECD, 2005; Gerlin, 2005). According to the Kenya National Survey for persons with Disabilities (KNSPWD) Preliminary Report (2008), 4.6% of Kenyans (approximately 1.6 million people) have some form of disability.

Guests with disabilities encompass a diversity of individuals with different levels of ability and different requirements both for travelling and accommodation. Many persons with disabilities are keen to travel and use hotel facilities, but wide variations in the level of access within destinations, combined with poor information and negative experiences, discourage potential customers (Wescot, 2004; Shaw, Veitch & Coles, 2005; Stumbo & Pegg 2005). According to Horner and Swarbrook; (2004), there are millions of people with disabilities around the world who take vacations in spite of all the challenges placed in their way.

2. Literature Review

Kenya’s vision 2030 is the country’s development blueprint covering the period 2008 to 2030. Vision 2030, targets six (6) priority sectors which have been identified to have the greatest potential to raise the national GDP growth rate to 10% by 2012, and the hospitality and tourism industry has been listed as the leading player of the six (6) sectors. takes into account the Ministry’s commitment to achieve the tourism sector goals as spelt out in Vision 2030. The Ministry of Tourism acknowledges that in order to achieve these goals, they have to develop new products and diversify source markets and strategies identifies to achieve these objectives include developing and diversifying tourism products and; secondly broadening source markets ( Republic of Kenya, 2009). One way to achieve this is undoubtedly focusing on accessible tourism as research shows that travelers with accessibility needs make up one of the fastest growing markets (Ipsos, 2010).

According to ESCAP, (2003), strategies to attract more tourists from the main tourist generating and spending countries, areas and regions are being continuously planned or implemented by many tourism destinations. This has made planners to identify areas with growth potential or identify niche markets as a potential new source of tourist arrivals. People who seek barrier-free tourism comprise one such market and one related issue that must also be considered is the extent to which domestic tourism is barrier-free for people with disabilities in their home country.

Improving accessibility for persons with disabilities (PWDs) will not only result in economic benefits for the hospitality and tourism industry, but will also assist in socially integrating PWDs in the hospitality and tourism industry (Nina & Ryder, 2003; ESCAP 2003;
Shaw, Veitch & Coles, 2005; Shakiry, 2008). It has been noted that, awareness of, and concern for, the need of travellers with disabilities varies dramatically between countries. It is very high in the USA, reasonably high in Northern Europe, Canada, Japan and Australia, but very low in developing countries (Horner & Swarbrook, 2004). An effort was made to determine the choice of hotels by PWDs with the view of determining their needs so as to make the hotel product friendlier and more sensitive to PWDs (ESCAP, 2003).

3. Methodology

3.1 Research Objectives

1. To determine experiences of guests with physical disabilities in Nairobi when using hotel products and services.

2. To establish attitudes and perceptions held by guests with physical disabilities in Nairobi towards hotels, their products and services.

3. To categorize challenges faced by persons with physical disabilities while using hotel products and services.

4. To determine best predictor variables for choice or preferences of hotel facilities by persons with physical disabilities in Nairobi.

3.2 Research Design

The study utilized across sectional survey design carried out over a period of one (1) year to collect data on a sample of persons with physical disabilities so as to make general inferences about their priority considerations in the choice or preference of hotel facilities in Nairobi. This research design was considered adequate as it provided a reasonable assessment of the respondents’ attitudes and behavior at a particular period of time (Fink, 2003).

The cross sectional survey design also facilitated the exploration of relationships between the independent and dependent variables that had been identifies for the study. The direction of causal relationships, items on retrospective (past behavior) and prospective propensities (future behavior) were included in the research instruments. In order to ensure that the questionnaire yielded consistent and reliable results, main factors were subjected to a Cronbach Alfa Test Statistic to assess their suitability in addressing the questions during the pre-test phase and also during the data analysis phase of the survey. Sub factors that scored a Square Mean Correlation (SMC) of less than 0.5 were dropped.

3.3 Data Analysis

Data analysis involved quantitative techniques. Descriptive statistics were analyzed using calculations based on means, frequencies and percentages of the responses given from each item. Correlation between choice or preferences of a hotel facility by persons with physical disabilities in Nairobi (dependent variable) and the predictor variables was undertaken using
Pearson Product-Moment Correlation Coefficient to measure the strength of linear dependence between each variable used in the study and the choice or preference of hotel facilities.

4. Results and Discussion

4.1 Socio-Demographic Variables

Respondents’ demographic characteristics were based on three (3) key demographic variables of gender, age and marital status that were used for all respondents. Majority of the respondents in the study were female at n-205 (58%)-(52%-63%) while male respondents were n-151 (42%)-(37%-48%). This represented a ratio of female to male respondent at 1.4:1.

According to the population and housing census carried out in 2009 by the Kenya bureau of Statistics (KNBS, 2010), disability specific figures indicated that females do indeed outnumber males a finding that was reflected in the survey. A two (2) sample proportion test was carried out to test whether the proportion of male to female respondents were significantly different, yielding a resulting Z-value of 4.05 and a p-value of <0.001. This therefore shows that female respondents in the study were significantly higher than the male respondents (p<0.001). This finding would imply that, in coming up with products and services for persons with disabilities, hoteliers should endeavor to come up with products and services that are friendlier to the female gender including greater personal security and comfort, lifts that are operable only by a key given to registered quests, rooms with full-length mirrors, skirt hangers in wardrobes, permanently lit corridors among other considerations as suggested by Peter Jones who summarized hoteliers responses to meeting special needs of female clients (Jones, 2002).

The findings on gender distribution in this survey were consistent with the Kenya National Survey of Persons with Disabilities (NCAPD, March 2008) and the State of disabled Peoples’ Rights in Kenya 2007 Report (A.F.U.B., 2007) where female respondents were higher than male respondents. Several other researchers also had a significantly higher number of female as compared to male respondents (Darcy, 2009; Buj, 2010 Chang, Wang, & Shen, 2012); but inconsistent with other studies which had a higher proportion of male as compared to female respondents. (Bi, Card, & Cole, 2007; Tsai, 2010; Guerra, 2003).

Fifty four percent (54%, n 191) of the survey respondents were not registered members of National Council of Person with Disabilities (NCPWDs) as compared to 46% (n-165) who were registered. Out of registered members, female respondents registered with NCPWDs were higher at 59% (n-98) as compared to male at 41% (n-67). Interestingly, the percentage of non-registered female respondents as compared to male was still higher at 56% (n-107) as compared to male at 44% (n-84).

These results indicate that persons with disabilities in Nairobi are not sufficiently versed about the functions and benefits of NCPWDs missing out notably on tax exemptions which would result in higher disposable incomes for persons with physical disabilities which in turn...
would significantly affect the amount of discretionary income which they could use in purchasing hotel products and services (Reid & Bojanic, 2006). These findings were consistent with a survey by the Indian institute of Tourism and Travel Management, an organization of the Ministry of Tourism, which claims that membership patterns of respondents to disability specifics organizations is usually low and not encouraging (Gol, 2010). Figure 4.1 shows survey respondents registered with NCPWDs cross tabulated by gender.

**Figure 4.1: Respondents by Gender**

![Chart Title](chart.png)

### 4.2 Experiences Encountered by Persons with Disabilities

Experience is a major internal influence on consumer behavior particularly in marketing. As individuals encounter new situations, they integrated their perceptions into an experience framework that influences future decisions. If consumers dislike their experiences, they are unlikely to return to that hotel or restaurant. Hospitality managers must remember that people (consumers) are products of their environments. Each new experience is integrated into a frame of reference against which new situations are evaluated. This frame of reference includes each individual’s beliefs, values, norms, and assumptions (Reid & Bojanic, 2006).

Survey respondents were requested to rank their opinions on eleven (11) questions related to their experiences while using hotel in Kenya on a Likert scale ranging from 1 representing strongly agree to 5 representing strongly disagree and the results were summarized in table 4.1.
Table 4.1: Survey Respondents’ Experiences while using Hotel Facilities in Kenya (n=356)

<table>
<thead>
<tr>
<th>Main Factor</th>
<th>Sub-Factors</th>
<th>Strongly Agree</th>
<th>agree</th>
<th>Undecided</th>
<th>disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>experience</td>
<td>Denies accommodation on basis of physical impairment</td>
<td>32 (9%)</td>
<td>62 (17.4%)</td>
<td>47 (13.2%)</td>
<td>173 (48.6%)</td>
<td>42 (11.8%)</td>
</tr>
<tr>
<td></td>
<td>Charged extra due to disability</td>
<td>35 (10.1%)</td>
<td>79 (22.2%)</td>
<td>43 (12.1%)</td>
<td>155 (43.5%)</td>
<td>43 (12.1%)</td>
</tr>
<tr>
<td></td>
<td>Hotel had disabled access rooms</td>
<td>51 (14.3%)</td>
<td>75 (21.1%)</td>
<td>57 (16.1%)</td>
<td>129 (36.2%)</td>
<td>43 (12.1%)</td>
</tr>
<tr>
<td></td>
<td>Carried assistive device because hotel didn’t provide</td>
<td>106 (29.8%)</td>
<td>136 (38.2%)</td>
<td>40 (11.2%)</td>
<td>63 (17.7%)</td>
<td>11 (13.1%)</td>
</tr>
<tr>
<td></td>
<td>Wheel chair or motorized vans offered at no charged</td>
<td>61 (17.1%)</td>
<td>77 (21.6%)</td>
<td>63 (17.7%)</td>
<td>103 (28.9%)</td>
<td>52 (14.6%)</td>
</tr>
<tr>
<td></td>
<td>Emergence evacuation procedures explained on arrival</td>
<td>52 (14.6%)</td>
<td>75 (21.6%)</td>
<td>59 (16.6%)</td>
<td>122 (34.3%)</td>
<td>48 (13.5%)</td>
</tr>
<tr>
<td></td>
<td>Was able to fully participate in leisure activities at the hotel</td>
<td>42 (11.8%)</td>
<td>78 (21.9%)</td>
<td>57 (16.0%)</td>
<td>129 (36.2%)</td>
<td>50 (14.0%)</td>
</tr>
<tr>
<td></td>
<td>Accorded equal treatment as persons without disabilities</td>
<td>54 (15.2%)</td>
<td>103 (28.9%)</td>
<td>54 (15.2%)</td>
<td>123 (34.6%)</td>
<td>22 (6.2%)</td>
</tr>
<tr>
<td></td>
<td>Given false or misleading information about facilities for the disabled by hotel</td>
<td>40 (11.8%)</td>
<td>87 (24.4%)</td>
<td>58 (16.3%)</td>
<td>138 (38.8%)</td>
<td>33 (9.3%)</td>
</tr>
<tr>
<td></td>
<td>Hotel staff overestimated the amount of help needed by a PWPD</td>
<td>67 (18.8%)</td>
<td>95 (26.7%)</td>
<td>57 (16.0%)</td>
<td>120 (33.7%)</td>
<td>17 (4.8%)</td>
</tr>
<tr>
<td></td>
<td>Hotel concentrated on configuring rooms for PWPDs but not on other aspects such the reception, bar etc</td>
<td>59 (16.7%)</td>
<td>78 (20.85)</td>
<td>74 (20.8%)</td>
<td>120 (33.7%)</td>
<td>25 (7.0%)</td>
</tr>
</tbody>
</table>

This finding suggests two things, first majority of persons with disabilities in Nairobi feels that hotels in Kenya are taking a holistic approach to incorporating disability access across their whole property and not just focusing on rooms,. Secondly, it shows that persons with disabilities might be so concerned with general accessibility in other areas of hotel infrastructure. The assertion that hotels might be incorporating disability access in sleeping rooms only rather than across the whole property was based on the researcher’s hunch and there was no evidence in literature accessed that proved or disapproved the assertion. However, the
second implication concurred with a survey by the Federal Ministry of Economics and Technology (2004) to study economic impulses of accessible tourism for all in Germany in which they found that there were hardly any fully accessible dining establishments in German Destinations. They noted that despite the presence of many barriers with regard to catering; only 24% of travelers with disabilities acknowledged encountering difficulties while accessing them. This might suggest that despite the existence of accessibility barriers in catering establishments, persons with disabilities might not view them as such a constraining factor finding which Kenyan Survey respondents might have mirrored.

Survey responses on experience were subjected to a Cronbach’s a Test Statistic to ensure the internal validity and consistency of the items used for each variable in order to assess their suitability in addressing experience. In the first run, factors that scored a Square Mean Correlation (SMC) of less than 0.5 were removed and reliability re-ran as shown in Appendix 6.6.1-6.6.3. After dropping the factors which had scored a Square Mean Correlation (SMC) of less than 0.5, the Cronbach’s a –Statistics improved to 0.65 which was a much better estimation of experiences of persons with disabilities while using hotel products and service as shown in Appendix 6.6.2. A further test for reliability for the measurement of experience was ran for two(2) factors namely, ‘being denied or refused accommodation on the basis that one had a physical impairment’ and ‘being charged extra or forced to accept a more expensive arrangement based on one’s disability’. The Cronbach’s a –Statistic was significant at 985 (>60%) as shown in Appendix 6.6.3. Hair, Anderson, Tatham and Black. (1998) recommended that Cronbach Alpha values above 0.6 are deemed the lower limit of acceptability.

A two sample t–test was carried out to determine whether there was a significant association between experience scores and socio demographic factors assessed for the study as shown in Table 4.2. It was noted that there was no significant statistical difference between the socio-demographic factors (gender, age and marital status) and experience that the respondents had while using hotel products and services (p-values.0.05)

Table 4.2: Association between Experience Score and Socio-Demographic

<table>
<thead>
<tr>
<th>Demographic factor</th>
<th>Level</th>
<th>N</th>
<th>Mean Score</th>
<th>Stddev.</th>
<th>t-statistic</th>
<th>95% CI (Difference)</th>
<th>CI</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male</td>
<td>151</td>
<td>33.6</td>
<td>6.3</td>
<td>1.7</td>
<td>-0.2 to 2.4</td>
<td></td>
<td>0.084</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>205</td>
<td>32.5</td>
<td>5.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>18 -46</td>
<td>322</td>
<td>32.8</td>
<td>5.9</td>
<td>-1.9</td>
<td>-4.1 to 0.10</td>
<td></td>
<td>0.062</td>
</tr>
<tr>
<td></td>
<td>46+</td>
<td>34</td>
<td>34.8</td>
<td>6.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital status</td>
<td>Married</td>
<td>182</td>
<td>32.4</td>
<td>6.3</td>
<td>-1.9n</td>
<td>-2.4 to 0.04</td>
<td></td>
<td>0.057</td>
</tr>
<tr>
<td></td>
<td>Unmarried</td>
<td>174</td>
<td>33.6</td>
<td>5.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4.3 Attitudes and Perceptions

Attitudes and perceptions occupy a very prominent role particularly in marking theory since they are considered as internal factors influencing consumer behavior. Each day, consumers are exposed to thousands of stimuli. Some of these stimuli are consciously received, resulting in a thought process, while others are simply ignored. Perception is the process by which stimuli are recognized, received, and interpreted. Each individual consumer perceives the world differently. Perceptions are manifested in attitudes. Attitudes on the other hand, are learned predispositions to act in a consistently favorable or unfavorable manner (Reid & Bojanic, 2006).

Survey respondents were asked to rank their opinions on sixteen (16) questions related to their attitudes and perceptions towards hotel products and services on a Likert scale ranging from 1 representing strongly agree to 5 representing strongly disagree. Table 4.4 shows a summary of survey respondents’ attitudes and perceptions towards hotels products and services with eight of the 16 sub factors scoring a p-value of <0.05 being discussed.

In regards to attitudes and perceptions towards hotel services and products and based on factors that scored a p-value of<0.05, the respondents found the following items significant. Majority of the survey respondents (mean 2.44; p-value <0.001), were also of the opinion that hotel staff underestimate what a person with physical disability can do.

Table 4.3: Survey Respondents’ Attitudes and Perceptions towards Hotel Products and Services (n = 356)

<table>
<thead>
<tr>
<th>Main Factor</th>
<th>Sub-Factors</th>
<th>Mean Rank</th>
<th>se (mean)</th>
<th>(Z)</th>
<th>P value</th>
<th>95% CI Lower</th>
<th>95% CI Upper</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude and Perceptions</td>
<td>Hotels ignorant in terms of arrangements needed for PWDs</td>
<td>2.41</td>
<td>0.06</td>
<td>5.1</td>
<td>&lt;0.0001</td>
<td>2.28</td>
<td>2.54</td>
</tr>
<tr>
<td></td>
<td>Hotels staff underestimate what a PWPD can do</td>
<td>2.44</td>
<td>0.06</td>
<td>6.6</td>
<td>&lt;0.0001</td>
<td>2.31</td>
<td>2.56</td>
</tr>
<tr>
<td></td>
<td>Kenyan Hotel sector is too profit oriented to cater for needs of PWDs</td>
<td>2.56</td>
<td>0.06</td>
<td>1.1</td>
<td>0.294</td>
<td>2.43</td>
<td>2.68</td>
</tr>
<tr>
<td></td>
<td>PWD’s trust in travel agents who claim to organize travel for PWD’s</td>
<td>3.24</td>
<td>0.14</td>
<td>9.0</td>
<td>&lt;0.001</td>
<td>2.95</td>
<td>3.52</td>
</tr>
<tr>
<td></td>
<td>PWDs confidence in information provided concerning facilities for PWD’s</td>
<td>3.03</td>
<td>0.06</td>
<td>8.7</td>
<td>&lt;0.001</td>
<td>2.91</td>
<td>3.17</td>
</tr>
<tr>
<td></td>
<td>Difference in PWDs experiences if there was an association for PWD’s rating hotels</td>
<td>2.42</td>
<td>0.06</td>
<td>4.1</td>
<td>&lt;0.001</td>
<td>2.3</td>
<td>2.54</td>
</tr>
<tr>
<td></td>
<td>PWDs who would feel more drawn or attracted towards a hotel the used as a model in the advert</td>
<td>2.41</td>
<td>0.06</td>
<td>5.4</td>
<td>&lt;0.001</td>
<td>2.29</td>
<td>2.53</td>
</tr>
</tbody>
</table>
Hotels perceive PWD Market as too insignificant to invest in

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>T</th>
<th>p</th>
<th>Lower</th>
<th>Upper</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hotels have invested in disabled access rooms to score a higher (HRA) rating</td>
<td>2.39</td>
<td>0.06</td>
<td>4.5</td>
<td>&lt;0.0001</td>
<td>2.28</td>
<td>2.5</td>
</tr>
<tr>
<td>Hotels have invested in disabled access rooms due to demand from overseas travel agents and tour operators</td>
<td>2.63</td>
<td>0.07</td>
<td>0.6</td>
<td>0.549</td>
<td>2.51</td>
<td>2.76</td>
</tr>
<tr>
<td>Hotels have invested in disabled access rooms for positioning/marketing reasons</td>
<td>2.75</td>
<td>0.06</td>
<td>1.4</td>
<td>0.134</td>
<td>2.62</td>
<td>2.87</td>
</tr>
<tr>
<td>Hotels have invested in disabled access rooms as part of its efforts to show concern for the disabled guests</td>
<td>2.74</td>
<td>0.06</td>
<td>2.1</td>
<td>0.034</td>
<td>2.61</td>
<td>2.86</td>
</tr>
<tr>
<td>Hotels have due to lobbying by special interest groups to cater for the needs of the disabled</td>
<td>2.92</td>
<td>0.06</td>
<td>6.3</td>
<td>&lt;0.001</td>
<td>2.8</td>
<td>3.05</td>
</tr>
<tr>
<td>Hotels have invested in disabled access rooms to comply with international expectations</td>
<td>2.61</td>
<td>0.06</td>
<td>0.9</td>
<td>0.368</td>
<td>2.48</td>
<td>2.73</td>
</tr>
<tr>
<td>Hotels staff are sufficiently trained to handle unique needs of persons with physical disabilities (disability awareness training)</td>
<td>3.05</td>
<td>0.07</td>
<td>0.3</td>
<td>0.753</td>
<td>2.92</td>
<td>3.19</td>
</tr>
</tbody>
</table>

These findings implied that Kenyan hotel staff is not versed with sufficient experience, nor requisite skills and knowledge of how to handle guests with disabilities. Research on disability studies have revealed that lack of adequate training of tourism professionals (disability awareness training) is a major issue of contention when it comes to serving decided on whether they trust travel agents who claim to specialize in organizing travel for PWDs (mean 3.24; p-value <0.001). This finding implies that majority of survey respondents either have not used the services for travel agents in making their travel arrangements or respondents were not versed with the critical role that travel agents play in the travel facilitation process. It is plausible that Kenyan travel agents have either not given a thought to this make as a source of revenue or they have poor an insight on how to meet their needs and have hence ignored them. This finding suggests that travel agents need to take time to seriously study the needs of persons with disabilities so as to custom their products and services to meet the unique needs of this market. This concurred with research findings by Callan and Bowman, (2000) who found out that mature British traveler, (also aggregated as part of the special needs market) considered travel
agents as the least important source of information whenever they considered making travel arrangements.

Respondents were also undecided whether hotels they had visited had invested in disabled access rooms out of their efforts to show concern for persons with disabilities (mean 2.92; p-value <0.001). This findings implies that hotels in the country have not come out strongly on their care and concern for persons with disabilities hence the feeling by persons with physical disabilities as to whether the hotels are doing the conges in the rooms out of genuine care and concern or they purely motive by profit. This finding agrees with research findings by the Economic Impulses of Accessible Tourism for All, which found out that hospitality and tourism service providers will only invest in accessible facilities if they can expect these facilities to generate turnover that, as results of new customer groups, is significantly higher than the investment costs themselves (Federal Ministry of Economics and Technology, March 2004).

4.4 Priority Considerations Influencing Choice or Preference of Hotel Facilities by Persons with Physical Disabilities

Survey respondents ranked availability of information regarding disabled access facilities as most important at (61.8%, n-220), followed by recommendations from friends at 57.9%, n-206). Ranked third was choice and variety or disabled facilities (49.7%, n-177). Accessible leisure and entertainment facilities (47.5, n-169) and accessible restaurant facilities (46.9%, n-167) were ranked fourth and fifth respectively.

Sensitivity of staff of guests with disabilities and special needs (39.9%, n-142) was ranked as the sixth most important consideration by persons with physical disabilities while booking a hotel. The expectation that a certain class of hotel would have the facilities to cater important considerations in making a hotel booking by persons with physical disabilities were:- recommendation from a disability organization which was ranked 8th (39%, n-139); transport accessibility by public means (9th), (35.7%, n-127) and in 10th place was recommendation from a tour operator (28.9%, n-103).

4.5 Priority Considerations by Persons with Physical Disabilities when Making a Hotel Booking

These findings have the following implications: - when a person with a physical disability wants to go on holiday, the first most critical element they look at is the availability of information about the hotels and destinations they wish to visit. This survey has already established that though majority of hotels in the county do indeed give accurate information concerning facilities for persons with disabilities, it was also worrying to see that a number of hotels in the country still give false and misleading information to persons with disabilities in order to secure business. Even among those respondents who had positive experiences with receiving accurate information they still attested that getting accurate information about
hospitality and tourism facilities in the Country was still a big challenge to them. This means that if hotels are so secure business of persons with disabilities, hotelier and tourism services providers should first try to understand what accessible or barrier-free accommodation entails at least from the viewpoint of persons with disabilities so that they may stop representing their rooms as accessible or barrier-free, then people with disabilities find that the rooms are not suitable.

Secondly, hospitality and tourism enterprises should provide detailed, accurate and truthful information as travel planning of people with disabilities is normally characterized by a more detailed information enquiry than by people without disabilities so as to enable them make informed choices and avoid disappointment as a result of misrepresentation of information about hospitality and tourism facilities. Thirdly, efforts should be made to include persons with disabilities and disability organizations in the process of vetting hotels and tourism enterprises so that their approval may add credibility to information that ends up in promotional material. The findings on availability of information were consistent with findings from other researchers who suggest that access to information prior to travel is one of the greatest challenges faced by persons with disabilities (Ringaert & Horgan, 2001; Burnett & Baker, 2001; McKercer, Packer, Yau, & Lam, 2003; NOP Consumer, 2003; Nina & Ryder, 2003).

The survey also established that the second most important consideration that persons with disabilities make when choosing hotel facilities to patronize in the country is recommendation from friends particularly those with similar disabilities. This implies that hotels should do everything possible to ensure that they make experiences of persons with disabilities staying with them memorable so that they benefit from referrals to others with disabilities. Hotels should also try seeking referrals from influential persons with disabilities (reference groups) and disability organizations by extending special rates to disability organization members and persons with disabilities in addition to organizing familiarization trips for members of disability organizations and individuals with disabilities so as to benefit from their recommendations.

The survey established that the third most important consideration for persons with disabilities when choosing hotels in the country is the choice and variety of disabled access or special guest rooms. This has a significant implication to hotels since it means that persons with disabilities just like everyone else do appreciate choice and variety. Hotels should therefore endeavour to have various categories of rooms so as to give persons with disabilities a choice when booking hotel rooms by offering them deluxe rooms, suites, presidential suites, superior rooms among other types of rooms. The UN identifies this item as one of the main items where equality of services provision is needed (ESCAP, 2003). Research shows that in many instances, PWDs often have to make do with the same type of accommodation as persons without disabilities, essentially denying them a choice (Buj, 2010).
Even though the aspect of choice and variety of hotel rooms didn’t rank high as a priority item, it took a more central role in the choice of hotel facilities in the following section. Previous research by Darcy suggested that people with disabilities vary from the general population in that they are far more instrumental about having an accessible room to stay in and this prioritized over the other features the hotel (Darcy, 2008). Darcy (2008) reports that study participants were willing to stay at an accommodation if the room was functional for their needs, even if they could not use all other facilities. Specifically focusing on rooms. This finding however did not concur with a survey by Schitko (2009), who’s survey respondents found hotel operators complying with access to the building but they had ignored making other areas such as restaurants accessible to the persons with disabilities.

The sixth consideration in choosing hotel facilities by persons with physical disabilities was sensitivity of staff to guests with disabilities and special guests. Findings from this survey indicated that Kenyan hotel staff are not sufficiently versed with sufficient experience, nor the requisite skills and knowledge of how to handle guests with disabilities. This calls for hotel and tourism service providers to institute hotel disability training for their employees to mitigate against this identified weakness.

Educational institutions in the field of hospitality and tourism also have a key role to play by preparing students pursuing hospitality and tourism programs adequately to handle persons with disabilities at the place of work by introducing aspects of disability awareness training in their curriculum. The finding that hotel staff are not usually sufficiently trained to handle persons with disabilities has been supported by many disability researchers who have also recommended that hotels institute disability awareness training so as to make hospitality and tourism more accessible towards persons with disabilities (Federal Ministry of Economics and Technology, March 2004; London Development Agency, 2004; Gol, 2010; Stonesifer 111 & Kim, 2010).

The seventh important consideration by persons with physical disabilities when choosing a hotel property in the country was the expectation that a certain class of hotel would have requisite facilities of persons with disabilities. This implies that the Government the ninth most important consideration by persons with physical disabilities in choosing hotel facilities was accessibility of transport by public means to hotel and tourism attractions. Research has shown that public transport is a major facilitator of social participation and leisure experience and in many instances; public transport options are not available for easy use by people with disabilities. The lack of accessible public transport has been identified as an inherent weakness of tourism for people with disabilities since once a person with disability has reached the destination, day-to-day transport options must then be established. In many instances, if this linkages are unavailable then the individual’s tourism experience will be restricted (Downie,
Though the issue of provision of public transportation is largely out of the influence of hotel and tourism practitioners, this finding implies that the Government in collaboration with stakeholders in the transport sector should urgently embark on setting standards and policies governing public transportation that are friendly to persons with disabilities.

Other disabilities have also added their voices to the debate on accessible transportation for persons with disabilities which they have identified as a major limiting factor to travel experiences of PWDs (Gol, 2010; Handicap International, 2006). It is such a major problem in the world that some governments have proposed the adoption of Uniform National Standards on Accessibility to be framed for tourist destinations, transport and hospitality infrastructure and other relevant stakeholders (Gol, 2010). An almost similar percentage of respondents to this survey (39%) in a survey of ageing pilgrimage tourists by (Jinh, Shen, & Chun, 2012) were of the opinion that a passenger-friendly mass transit system would attract them to travel and in their recommendations they suggested that the sector might improve public transport accessibility for persons with limited mobility, (in this case elderly tourists) with low floor buses, accessible trains, and train platforms so as to enable them use public transportation to access areas of interest. They also suggested the increasing of the frequency of public transport services to tourist sites, and providing for concessionary fares for elderly passengers.

Hotelier and tourism service providers need to take this issue very seriously since the hospitality and tourism industry is a system phenomenon whose offering is a complex product that interacts with other sectors transportation being component and this would influence the uptake of hospitality and tourism services particularly for persons with limited mobility (EU (European Commission), 2006).

The tenth consideration for persons with disabilities when choosing hotel facilities was recommendation from travel agents and tour operators. Findings from this survey indicated the majority of survey respondents either had not used the services of travel agents and tour operators in making their travel arrangements or that the respondents were not versed with the critical role that travel agents and tour operators play in the travel facilitation process. This was not surprising as literature shows that a lot of questions abound about the quality and accuracy of the advice they provide for needs of special populations such as persons with disabilities (McKercher et al, 2003, Darchy, 2006). This is not good news for travel agents and tour operators who need to redeem their image particularly when it comes to serving the market of persons with disabilities if they are to make any in roads in servicing this market. This implies that travel agents and tour operators need to prioritize studying needs of persons with disabilities so as to custom their products and services to meet the unique needs of this market.
in order to regain their critical role of travel facilitation, a recommendation echoed by McKercher et al (2003).

4.6 Overall Satisfaction of Kenyan Hotel Products and Services by PWPDs

Survey respondents were asked to state their overall perception towards the standard of hotel products and services to guests with physical disabilities. Results as shown in figure 4.2 were as follows

Figure 4.2: Overall Perception of PWPDs towards Hotel Products and Services in Kenya

Majority of the respondents (n=192, 54%) rated hotel products as fair, followed by (n=78, 22%) who thought hotel products and services for persons with disabilities to be good. Only 6% of the respondents (n=22), thought hotel products were very good 3% (n=12) of the respondents thought hotel services and products for persons with disabilities were very poor. These findings imply that majority of persons with disabilities in this country are just merely satisfied with hotel facilities in the county and much more needs to be done by hoteliers and tourism service providers in their product offering for persons with physical disabilities in Nairobi so as to improve the overall rating of their products and services.

4.7 Correlation between Choice or Preference of Hotel Facilities by PWPDs and Study Predictor Variables

Correlation between choice or preference of a hotel facility by persons with (dependent variable) and the predictor variables was undertaken using Pearson’s Product-Moment Correlation Coefficient to measure the strength of the linear dependence between each variable used in the study (independent Variables) and the choice or preference of hotel facilities (Dependent Variable).

There was a significant correlation ‘priority items for the Government and hoteliers’, ‘recommendations of persons with physical disabilities to hoteliers’, social motivation of
persons with physical disabilities, ‘information sources used by persons with physical disabilities and ‘attitudes and perception of persons with physical disabilities towards hotel products and services’ at a p-value of <0.05. ‘Experiences of persons with physical disabilities when using hotel products and services’ was however not correlated with the choice or preference of hotels facilities by persons with physical disabilities in the study (at a p-value of 0.874).

This finding implied that experiences of persons with physical disabilities while using hotel products and services do not in any way deter them from choosing hotel facilities. This means that persons with physical disabilities in the country exhibit remarkable resilience to challenges placed in their way and they struggle for their rights in spite of adversity, bad experiences and hostility. Though contrary to what the researcher expected when setting out to conduct the survey, the finding agreed with previous research by Horner & Swarbrook, (2004), who found out that in spite of challenges placed in their way, there are still millions of persons with disabilities around the world who still take vacations. The second hypothesis states that:-

5. Conclusions and Recommendations

5.1 Conclusions

In the light of the research findings, the following conclusions were drawn: it can be concluded that majority of persons with physical disabilities have had positive experiences. However, there were several things that got in the way of their positive experiences such as not being briefed on emergency and evacuation procedures, not being able to fully participate in leisure activities due to lack of hotel investment in upgraded sports equipment, and lack of disability awareness training in hotels.

Pertaining attitudes and perceptions, it can be concluded that persons with physical disabilities in Nairobi feel that hotel staff are not sufficiently trained to handle the unique needs of persons with disabilities; they are also of the opinion that organizations dealing with disabilities should collaborate with hotels particularly in the area of rating hotel and acting in their interests specifically by verifying accuracy and truthfulness of information but accessibility of hotel properties. In reference to potential discrimination in hotels, the researcher concluded that majority of persons with physical disabilities had not experienced discriminative attitudes while using hotel products and services in the country.

5.2 Recommendations

Based on the study findings, this study suggests the following recommendations:

1. Whenever targeting the segment of persons with physical disabilities, hotels should consider coming up with products and services that attract females and the youths as they comprised majority of respondents for the survey.
2. For female gender, they should come up with products that afford them greater personal security and comfort, lifts that are operable only by a key given to registered guests, rooms with full length mirrors, skirt hangers in wardrobes, permanently lit corridors among others and for the youth they should focus on developing products and services that appeal to persons within the 18-30 year old category such as inexpensive, no frills (budget or economy) hotels and casual dining concepts.

3. Kenyan hotels should endeavor to invest in technology that makes upgraded sports equipment available so that persons with physical disabilities can participate in leisure activities.

4. Hotel marketers should reach out to persons with disability by including a person in a wheelchair or a deaf person signing (as well as those with other disabilities) in their mainstream advertising.

5. Hospitality and Tourism should consider hiring persons with disabilities in the industry to provide motivation for guests with disabilities.

6. The government authorities in conjunction with hotels should prioritize the provision of sufficient bus and car parking spaces for older and disabled guests as a priority item in their minimum criteria of accessible holidays for all in the country.

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