

Accessible Accommodation: Do Resorts in Egypt Provide Services and Facilities Required for Guests with Disabilities?

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Abstract

Accommodation is a serious challenge for persons with disabilities (PWD) that determine destination selection. When a disabled guest cannot find suitable accommodation that meets his/her needs, he/she will change his/her destination choice. This is because PWDs need easy access to enjoy their tourism experience in equality and usability standards. This research aimed to explore and evaluate disabled services and facilities provided for persons with disabilities in resorts in Egypt. A quantitative approach was adopted in this study and a questionnaire survey was used to collect primary data. A total of 106 questionnaire forms were conducted among resorts managers. The sample included resorts hotels (three, four and five-star) from major tourist cities in Egypt, including Cairo; Ain- Sukhna; Aswan; Luxor; Hurghada; Sharm El-Sheikh. Descriptive statistics and One-way ANOVA test were used to analyze obtained data. The study revealed that a significant percentages of the approached resorted had provided varied services and facilities for PWD which have resulted in some advantages, such as: improving resort image and enhancing customer satisfaction. The study also showed that there were some challenges that faced investigated resorts of providing services and facilities, limited number of disabled guests. The study added that there are some reasons for decrease in PWD numbers in Egyptian resorts, such as high costs associated with providing disabled facilities. The study provided valuable recommendations to enhance services and facilities for persons with disabilities in resorts.

Keywords: Services and Facilities, Persons with Disabilities (PWD), Resorts, Egypt.

1. Introduction

According to European Network for Accessible Tourism (ENAT) (2015) many administrators in tourism sector are still unaware of the potential of the accessible market and how to meet the needs of tourists with disabilities. European Commission (2017) declared that travelling for PWD can be a real challenge. However, through making basic adjustments to a facility, providing accurate information and understanding the needs of PWD; a hotel can increase visitor number of PWD. Improving the accessibility of tourism services increases quality and the enjoyment of all tourists; it also improves the quality of life in local communities. ENAT (2015) stated that there should be a commitment and cooperation between tourism authorities, destinations and enterprises to provide an excellent service to PWD.

Chen (2005) and Poria, *et al.* (2011) noted that the economic potential of the disabled market which characterized by strong loyalty. It is estimated that PWD segment is a potential market of one million individuals in USA. This group with disabilities is expected to double by the year 2030. It is now widely recognized that PWD along their assistants, family, and friends constitute a large potential consumer market segment. According to Poria, *et al.* (2011) a number of studies focused on PWD considering either on demographic or socioeconomic characteristics, with just a few studies exploring employees with disabilities, overlooking guests with disabilities. In Egypt, there is a limited studies regarding accessible accommodation that provide access services and facilities to disabled guests .So, this research represents an exploratory study that aims to explore and evaluate disabled services and facilities provided for persons with disabilities in resorts in Egypt.

2. Literature Review

2.1. Persons with Disabilities

According to the World Bank (2002, 10) a disabled person is defined as “any person unable to ensure by himself or herself a normal life, as a result of deficiency in his or her physical or mental capabilities”. Disabled persons include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (United States Agency for International Development USAID, 2011). Ministry of Statistics and Programs Implementation in India (MOSPI) (2011) declared that PWD is a person with limitations or absence of ability to perform the human activities. In Egyptian legislation, disabled person is defined as everyone has a total malfunction or partial physical, intellectual or sensory whenever a long-term stable can prevent him from participating fully and effectively with the community on an equal basis with others (Hagrass, 2005). Poria, *et al.*, (2011) and Popiel (2014) explained that disability can be characterized by three main measures as follow:

Physical accessibility: this applies to people with physical disability, frequently requiring the use of wheelchairs or walking aids and often demanding other conveniences, such as: railings, ramps and lifts.

Sensory accessibility: this applies to people with impaired sight or hearing (Auditory Disabilities) or other similar impairments. Such people require special services such as tactile signs, visual signs, labels, audio-visual systems, warning sounds for lifts and crossings, etc.

Communication accessibility: which applies to people with communication impairments such as people having difficulties of read, write, hear or speak as well as people coming from different cultural backgrounds who require some explanation or additional information.

The World Health Organization (2011), in its world report on disability summary, estimated that there is more than one billion (1000 million) people in the world live with some form of disability. This constitutes about 15% of the world’s population (World Tourism Organization and Fundación ACS, 2015).

There are about 650 million people with disabilities in the Middle East, which represent a significant potential market for tourism industry (Popiel, 2014). Darcy and Pegg (2010) noted that during the last decade, PWD made an economic contribution of tourism in Europe, USA, Canada and Australia.

2.2. Disabled Services and Facilities in the Hospitality industry

2.2.1. Disabled Services in Resorts

Bacon and Richard (2011, 3) defined a resort as “a place frequented by people for recreation and relaxation” or “a compound of buildings and facilities located in a scenic area, providing lodgings, entertainment, and a relaxing environment to people on vacation”. Brun (2010) added that resorts provide many services, including: rooms; suites; public dining; banquet; lounges and entertainment facilities, as well a resort in general prepare and serve food and beverages. Traditional resorts provide rooms, banquets and restaurants. Additional resorts get profits from telephone call services, laundry, travel services, internet and recreational, entertainment activities. Ali (2008) stated that resorts provide cleaning and maintaining to the property, moreover heat and light and power. The European Disability Forum (2001) explained that by improving the quality of service for disabled people, the quality of services to those tourists without disability could also be improved.

Breedt (2007) noted that enjoying in destinations is very limited because the lack of facilities provided for travelers with disabilities in Africa and the main reason of this lack of services and facilities and the failure of countries governments and tourism administrations to make transportation and accommodation accessible within these countries. Powell (1995), Bloemer, *et al.* (1998), Ali (2008) and Shahin (2010) noted that quality in service is very important especially for the growth and development of service sector business enterprises. It works as an antecedent of customer satisfaction. According to Nestoroska (2014) the staff must be trained and qualified to recognize and satisfy needs and wants of guests. Peniston (1996) and Russell (1996) noted that training programs can help hotel employees (managers and staff) to understand how to best deal, serve and communicate with PWD.

2.2.2. Disabled Facilities in Resorts

Disabled facilities include the main elements in the architectural design, necessary furniture and equipment required for accessible accommodation for PWD, as discussed in the subsequent paragraphs.

Fixture

The first facility of the fixture is parking space for PWD which is an unobstructed rectangular area exclusive of any lane or path for the temporary parking of a car or vehicle (City of Mississauga, 2015). According to ADA Design Standards (2010), designating accessible parking is considered to be a top priority as it enables PWD to get in the door. Accessible parking spaces should be declared by International Symbol of Accessibility signs. The second element of architectural design is accessible route, Standards New Zealand (2001) and United States Access Board (2002) defined the accessible route as a route that is used by PWD. In other words, it is a permanent route that used by a wheelchair user, walking device or by a person with a guide dog.

Accessible ramp is another important element of fixture. Standards New Zealand (2001) and United Nations (2003) classified the accessible ramps to straight, zigzag and L-shaped. Curved or circular ramp are not required in an accessible route; the minimum width of a ramp should be 91.5 cm, exclusive of flared sides. According to City of Mississauga (2015) landings should have a minimum size not less than 244 x 244 cm if located at the top or bottom of a ramp. Ramp and landing surfaces should be firm, stable, and slip-resistant. Standards New Zealand (2001), United States Access Board (2002) and City of Mississauga (2015) agreed that ramps should be equipped with handrails which are on both sides. It is provide a support to ensure a safe and stable walk before ascending or descending the ramp. The clear width between handrails should be 91.5 cm minimum. Another common element is accessible corridors. according to Standards New Zealand (2001) all corridors on accessible routes within a building shall have a minimum width of 150 cm, this width allows space for using by PWD and the aids they require such as a wheelchair, for a blind or aged person to walk side by side, or for a blind person and guide dog to use. This width is also essential to allow a wheelchair to make a 90° turn into a doorway in one movement. Accessible entrance is also an essential piece of fixture for PWD. United States Access Board (2002) and City of Toronto (2004) declared that the accessible entrance to a facility should have a level threshold or an approach through ramp with an appropriate slope. A level approach space is 120 cm× 120 cm both inside and outside the entrance door. The entrance way should lighted up to be clearly recognizable from the surroundings.

Standards New Zealand (2001) declared that accessible doors should be designed to permit operation by one person in a single motion with little effort. Power-operated doors are the best for PWD. ADA (2010) noted that the activator system should be automatic or placed within easy reach. Another main architecture design includes information, reception and service counter. According to City of Mississauga (2015) information, reception and service counters should be accessible, a choice of counter heights is recommended to provide a range of options for many persons. Lowered sections will serve children, short persons and PWD using mobility devices, such as a wheelchair or scooter. The choice of heights should also extend to speaking ports and writing surfaces. City of Toronto (2003) added that providing a free space of knee under the counters for PWD who using a wheelchair or scooters is very important and these counters must be identified by signage. United Nations (2003), City of Toronto (2004) and City of Mississauga (2015) agreed that the suitable design of toilet facilities (public toilets and in-room toilets) should enable the usability and safety for PWD. United Nations (2003) noted that accessible elevator should serve all floors used by the public. The minimum internal elevator dimensions, appropriate for one PWD with wheelchair, are 1.00 m x 1.30 m. Its door should not be less than 80 cm. The inside of the elevator should have a handrail on three sides mounted at 80 cm to 85 cm from the floor.

For easy access, the control panel should be located 90 cm to 1.20 m from the floor. Control buttons should be in an accessible location, lighted up and their diameter should be no smaller than 0.2 cm. The main and critical area is accessible guest room. Greater London Authority (2010) stated that accessible room is used in preference to wheelchair accessible rooms. It is a room that has adequate circulation space for a wheelchair and is designed to facilitate use by PWD; but it can also be used by all other potential guests. According to United States Access Board (2004), Ministry of Tourism in Egypt (2010) and ADA (2010) about 1% of the total rooms in a hotel with a minimum of 1 room should be accessible rooms. If accessible room is not on the ground floor an elevator must be provided. The room door should be at least 1 m wide. Door handles should be between 90-120 cm from floor level, safety chain and spy-holes in bedroom doors should be positioned “between” 110-120 cm from floor level. Floor should be of hard surface without carpet.

According to City of Toronto (2004) cafeterias, restaurants, cafés, bars, and other areas that providing food and beverage services, should be accessible to PWD. Aisle spaces between furniture, equipment should be wide enough to allow a person using mobility aids to pass (United States Access Board, 2004). United States Access Board (2004) declared that meeting rooms and conferences and theaters (assembly areas) should all be designed to be accessible to PWD, including persons using mobility aids and persons with sensory limitations. Standards New Zealand (2001) stated that recreational facilities providing programs and services to the public or to special groups, and clubs, should be fully accessible to PWD. All areas and amenities should be accessible to persons using mobility aids, persons with visual impairments and persons with hearing impairments.

Indoor swimming pools and related amenities should all be accessible to PWD. All pool area floor surfaces should be easy to clean, non-glare, non-slip and finished with a light color. Signage in pools should be suitable for persons with low vision (United States Access Board, 2002). According to City of Mississauga (2015) emergency exits must include the same accessibility features. The doors and routes must also be marked in a way that is accessible to all individuals, including those who may have difficulty with literacy, such as children or persons speaking a different language. City of Toronto (2004) indicated that persons who use a guide dog require access to an area for their service animal to relieve themselves. Such service animal relief areas need to be in an accessible location, feature good drainage and provide a garbage can for waste disposal.

Furniture

United States Access Board (2004), Ministry of Tourism in Egypt (2010) and ADA (2010) agreed that accessible room furniture must have the following standards; clothes rail to be mounted at maximum height of 1.40 m, tables or desks with clear under space should be at least 65 cm high and 75 cm wide, mirrors at seating level with a bottom edge no higher than 90 cm above floor, firm bed surface should be “between” 45-54 cm heights and at least one chair seat with rigid arms should be available.

According to City of Toronto (2004) cafeterias, restaurants, cafés, bars, and other areas that providing food and beverage services, should be accessible to PWD. Accessible seating locations in restaurants for persons using mobility aids should be available in all areas or levels to provide food or beverage services. Aisle spaces between furniture, equipment should be wide enough to allow a person using mobility aids to pass; these aisles should be a minimum of 106 cm wide. Where counter service is provided, at least one section of the counter should be no higher than 91.5 cm by 76 cm wide, to allow a person using a wheelchair or scooter to approach. Where cafeteria or buffet style food services are provided, displays should be accessible and mounted on surfaces no higher than 91.5 cm from the floor.

Overhead display shelves should be no higher than 122 cm. Where tray rails are provided, they should be as continuous as possible to allow persons using wheelchairs or scooters to slide a tray along easily (ADA, 2010).

United States Access Board (2004) added that accessible seating in meeting rooms and conferences and theaters (assembly areas) should be distributed and integrated throughout seating areas of assembly rooms with different positions available to all PWD. Standards New Zealand (2001) stated that recreational facilities providing programs and services should be fully accessible to PWD. All entertainment and assembly areas should be able to serve persons using various mobility aids and persons who have visual impairments (United States Access Board, 2004).

Equipment

City of Toronto (2003) noted that providing assistive speaking devices in reception area is important for PWD who may have difficulty with hearing thus affecting production of normal audible levels of sound, using of contrast colors, tactile difference or audio landmarks such as receptionist voice or music source can assist PWD with vision loss or no vision to locate service counters or speaking ports. United Nations (2003) discussed that for easy access in elevators, the control panel should be located 90 cm to 1.20 m from the floor. Control buttons should be in an accessible location and lighted up; their diameter should be no smaller than 0.2 cm, the numbers on the floor selector buttons should be embossed to be easily recognizable by touch. Tactile numbers should be located in both sides of the door jambs at an approximate height of 1.50 m to help person with visual impairment to identify the floor reached. Re-opening activators should be provided; the door opening period should be no less than five seconds. Audiovisual signals should be provided; in another meaning the elevator should signal arrival at each floor by means of a bell and a light to alert person with visual impairment and hearing-impaired person's together surface (ADA, 2010 and City of Mississauga, 2015).

According to United States Access Board (2004) main room lights should be controllable from the bed. Electrical equipment e.g. TV and air condition should have remote control. Telephone should have larger buttons and a button to summon assistance in an emergency. According to City of Mississauga (2015) persons with visual impairments will need a means of quickly locating exits – audio or talking signs could assist.

In the event of fire when elevators cannot be used, areas of rescue assistance are an asset to anyone who would have difficulty traversing sets of stairs. Where emergency warning systems are provided, they shall include both audible alarms and visible alarms. United Nations (2003) noted that all toilets should be equipped with an alarm system.

3. Research Methodology

A quantitative approach was adopted in this research. Primary data collection involved using a questionnaire survey that was distributed among resorts managers. The questionnaire was divided into four main parts. Part one was about resort profile (resort region, resort name, tourist grade) in addition to one question about providing services and facilities for PWD, the scale that used for this section was yes/no question (n= 106). Part two was directed to resorts that provide services and facilities for PWD to explore such services and facilities (n= 84) this number has been revealed in Table (2) at results and discussion section; the authors used a three point Likert Scale, dichotomous questions and contingency questions. Part three was dedicated to resorts that did not provide services and facilities for PWD to determine the obstacles of providing such services and facilities in resorts (n= 22), the authors used a three point Likert Scale and dichotomous questions. Part four was about additional comments or suggestion that could help improving services and facilities of PWD (n= 106), the authors used open-ended question. The questionnaire was validated by using peer review technique through discussing and reviewing research method with many peers in the same field. In addition, the questionnaire form was reviewed by a statistics specialist to guarantee its validity.

The population of this study includes resort hotels in Egypt. It can estimated that the number of the resorts were about 420 resorts; based on major tour operators websites, Egyptian Hotel Guide (2016 edition) and personnel communication with governmental officials in the Ministry of tourism. Mainly the common areas of resorts in Egypt are coastal cities, such as Red Sea province and South Sinai province, in addition to some few resorts in other cities including: Cairo; Luxor; Aswan. A random sampling technique was adopted using computer software. The sample comprises 106 resorts was selected and represented about 25% of the research population (See table 1). A total of 106 questionnaire forms were distributed and self-administered among resorts managers to explore disabled services and facilities in resorts.

Table (1): Research sample according to resorts regions and tourist grade

Region	5 star	4 star	3 star	Total	Percent
Hurghada	22	19	6	47	44.3%
Sharm El-Sheikh	19	14	6	39	36.8%
Ain Sukhna	4	2	1	7	6.6%
Cairo	5	-	-	5	4.7%
Luxor	5	-	-	5	4.7%
Aswan	2	1	-	3	2.8%
Total	56	37	13	106	100%
Percent	51.9%	35.8%	12.3%	100%	--

Data analysis was performed using Statistical Package for Social Sciences (SPSS) version 16.1 to generate particular data including descriptive statistics and One-way ANOVA Analysis test. The reliability of the questionnaire was ensured through using Cronbache's Alpha test (score of 0.761).

4. Results and discussion

4.1. Providing services and facilities for PWD

The aim of this question was to identify if the resort provided services and facilities for persons with disabilities or not. The results (Table 2) showed that 84 resorts (79.2%) were providing services and facilities for PWD and only 22 resorts (20.8%) did not provide services and facilities for PWD.

Table (2): Providing services and facilities for persons with disabilities in resort.

Response	Resorts grades	Frequency	Percent
Yes	3 star resorts	3	2.8%
	4 star resorts	27	25.5%
	5 star resorts	54	50.9%
	Subtotal	84	79.2%
No	3 star resorts	10	9.4%
	4 star resorts	11	10.4%
	5 star resorts	1	1%
	Subtotal	22	20.8%
Total		106	100%

Hotel managers were asked about the percentage of PWD form their overall guests. The results (Table 3) showed that the percent of guests with disabilities was less than 25% from all guests in 98.8% of investigated resorts. There were only 1.2% of resorts had guests with disabilities from 25 to 50% of all its guests.

Table (3): The percent of guests with disabilities from total guests in the resort (n=84).

Response	Frequency	Percent
Less than 25%	83	98.8%
From 25 to 50%	1	1.2%
More than 50%	0	0
Total	84	100%

4.2. Services and facilities provided for PWD in resorts

The purpose of this question was to explore services and facilities provided for persons with disabilities in the resort. In this question the managers can be select more than one response. As shown in Table 6, there were seven services and facilities required improvements in the investigated resorts. The first variable was trained staff to deal with guests with disabilities with a mean score of 2.95 and significant variance of standard deviation (2.3). The second variable was special toilets in rooms of guests with disabilities (mean score 2.94) and there was insignificant variance of standard deviation (0.24). The third variable was accessible rooms for guests with disabilities, recording a mean score of 2.93 and in significant variance of standard deviation (0.26).

The fourth variable was special equipment for guests with disabilities such as wheelchairs with a score mean of 2.93 and standard deviation of 0.34. The fifth variable was public toilets for guests with disabilities and recorded a mean score of 2.14 with significant variance of standard deviation (0.97). The sixth variable was reception and reservation area for guests with disabilities (mean was 2.09) and there was no significant variance of standard deviation (0.98). The seventh variable was accessible elevators for guests with disabilities with a score mean of 2.00 and standard deviation was 0.97. Two variables were completely unavailable, the first one was corridors for guests with disabilities (mean was 1.98) and standard deviation was 0.97. The second variable was service animal with a score mean of 1.09 and limited variance in participant's responses.

Table (4): The services and facilities provided for persons with disabilities in the resort (n= 84).

Disabled Services and Facilities	Mean*		S.D.	Rank
Service animal	3 star	1.00	0.001	8
	4 star	1.00	0.001	
	5 star	1.15	0.53	
Overall mean	1.09		0.43	
Trained staff	3 star	2.33	0.57	1
	4 star	2.37	3.96	
	5 star	2.77	0.41	
Overall mean	2.95		2.3	
Corridors for guests with disabilities.	3 star	1.66	1.15	7
	4 star	1.63	0.92	
	5 star	2.17	0.94	
Overall mean	1.98		0.97	
Reception and reservation area for guests with disabilities.	3 star	1.67	1.15	5
	4 star	1.81	1.00	
	5 star	2.26	0.93	
Overall mean	2.09		0.98	
Public toilets for guests with disabilities. 2.14	3 star	1.66	1.15	4
	4 star	2.07	0.99	
	5 star	2.20	0.95	
Overall mean	2.14		0.97	
Accessible elevators for guests with disabilities.	3 star	1.00	0.001	6
	4 star	1.77	0.97	
	5 star	2.16	0.94	
Overall mean	2.00		0.97	
Accessible rooms for guests with disabilities.	3 star	3.00	0.001	3
	4 star	2.88	0.32	
	5 star	2.94	0.23	
Overall mean	2.93		0.26	
Special toilets in rooms of guests with disabilities.	3 star	3.00	0.001	2
	4 star	2.93	0.26	
	5 star	2.95	0.23	
Overall mean	2.94		0.24	
Special equipments for guests with disabilities such as wheelchairs.	3 star	3.00	0.001	3
	4 star	2.89	0.42	
	5 star	2.94	0.30	
Overall mean	2.93		0.34	

*Mean of disabled services and facilities where 1= completely unavailable, 2 = improvements required and 3= completely available.

Table 5 presents the one-way ANOVA to analyze the differences between three-star, four-star and five-star resorts with regard to providing disabled services and facilities. The results showed that there were two statistically significant differences between resorts grades (i.e. corridors and accessible elevators) and providing disabled services and facilities for PWD. The LSD (Least Significant Difference) and Games-Howell post-hoc tests show that the accessible corridors was significantly higher among five star resorts (mean 2.27) than other resorts grades; four star resorts (mean 1.66) and three star resorts (mean 1.63).

The LSD and Games-Howell post-hoc tests also show that the accessible elevators was significantly higher among five star resorts (mean 2.17) than other resorts grades; four star resorts (mean 1.77) and three star resorts (mean 1.00).

The results of the ANOVA test (see Table 5) also revealed that there was a statistically significant difference between resorts regions in regard of disabled services and facilities. The LSD and Games-Howell post-hoc tests also show that the service animal elevators was significantly higher among Cairo and Luxor resorts (mean 1.80) than other resorts regions (mean 1.00).

Table (5): Differences between resorts grades and resorts regions in relation to disabled services and facilities

Disabled Services and Facilities	Resorts grades		Resorts regions	
	F	Sig.	F	Sig.
Service animal	1.157	0.32	9.162	0.00*
Trained staff	0.727	0.486	0.279	0.923
Corridors for guests with disabilities.	3.068	0.05*	0.776	0.57
Reception and reservation area for guests with disabilities.	2.225	0.115	1.065	0.386
Public toilets for guests with disabilities.	0.528	0.592	0.330	0.893
Accessible elevators for guests with disabilities.	3.274	0.043*	1.330	0.26
Accessible rooms for guests with disabilities.	0.526	0.593	0.378	0.862
Special toilets in rooms of guests with disabilities.	0.149	0.862	0.422	0.832
Special equipments for guests with disabilities such as wheelchairs.	0.305	0.738	0.218	0.954

* Statistically significant difference.

4.3. Advantages of providing services and facilities of PWD in resorts

The purpose of this question was to identify the feasibility of providing services and facilities of guests with disabilities from the resorts manager’s opinion.

The results (table 6) showed that the first advantage of providing services and facilities for PWD was improving the perceived image of the resort with a score mean of 2.82 and slight standard deviation (0.38). There were two issues were ranked as the second advantage; the first one was attracting an important segment of Tourists (persons with disabilities) in the resort with a mean score of 2.79 with a standard deviation of (0.40). The second one was Achieving satisfaction of guests with disabilities with a mean score of 2.79 with a standard deviation of (0.40).

The third advantage was increasing of the resort’s profit with a mean score of 2.67 and standard deviation of 0.60. The fourth advantage was increasing loyalty of guests with disabilities towards the resort with a mean score of 2.60 with a standard deviation of (0.65).

Table (6): The advantages of providing services and facilities of guests with disabilities in the resort (n= 84).

Advantages of disables services and facilities		*Mean	S.D.	Rank
Attracting an important segment of Tourists (persons with disabilities) in the resort.	3 star	3.00	0.001	2
	4 star	2.85	0.36	
	5 star	2.75	0.43	
Overall mean		2.79	0.40	
Improving the perceived image of the resort.	3 star	2.66	0.57	1
	4 star	2.81	0.39	
	5 star	2.83	0.37	
Overall mean		2.82	0.38	
Achieving satisfaction of guests with disabilities.	3 star	3.00	0.001	2
	4 star	2.74	0.44	
	5 star	2.81	0.39	
Overall mean		2.79	0.40	
Increasing loyalty of guests with disabilities towards the resort.	3 star	3.00	0.001	4
	4 star	2.55	0.69	
	5 star	2.61	0.65	
Overall mean		2.60	0.65	
Increasing of the resort’s profit.	3 star	3.00	0.001	3
	4 star	2.70	0.54	
	5 star	2.64	0.64	
Overall mean		2.67	0.60	

*Mean of advantages of providing services and facilities of guests with disabilities in the resort where 1= disagree, 2 = neutral and 3= agree.

Table 7 showed the results of a one-way ANOVA test to examine the differences between resorts grades and resorts regions with regard of advantages of providing disabled services and facilities in the resort.

The results revealed that the significance level were more than 0.05 (the significance level were 0.43, 0.76, 0.50, 0.54 and 0.60) that means that there were no statistically significant differences between resorts grades with regard of advantages of providing disabled services and facilities in the resort.

The results of the ANOVA test (table 7) showed that there were some of statistically significant differences between resorts regions with regard of advantages of providing disabled services and facilities in the resort. The LSD (Least Significant Difference) and Games-Howell post-hoc tests show that attracting an important segment of Tourists (persons with disabilities) in the resort was significantly higher among Sharm El-Sheikh resorts (mean 3.00) than other resorts regions; Hurghada resorts (mean 2.75), Aswan resorts (mean 2.66), Luxor and Cairo resorts (2.60) and Sukhna resorts (mean 2.50). The LSD and Games-Howell post-hoc tests also show that improving the perceived image of the resort was significantly higher among Sharm El-Sheikh resorts (mean 3.00) than other resorts regions; Cairo resorts (mean 2.80), Hurghada resorts (mean 2.77), Aswan resorts (mean 2.66), Luxor resorts (2.60) and Sukhna resorts (mean 2.50).

Table (7): Differences between resorts grades and resorts regions with regard of advantages of providing disabled services and facilities in the resort.

Advantages of Disabled Services and Facilities	Resorts grades		Resorts regions	
	F	Sig.	F	Sig.
Attracting an important segment of Tourists (persons with disabilities) in the resort.	0.859	0.43	3.092	0.01*
Improving the perceived image of the resort.	0.267	0.76	2.902	0.02*
Achieving satisfaction of guests with disabilities.	0.687	0.50	3.371	0.008*
Increasing loyalty of guests with disabilities towards the resort.	0.611	0.54	4.739	0.001*
Increasing of the resort's profit.	0.510	0.60	2.228	0.06

* Statistically significant difference.

The LSD and Games-Howell post-hoc tests also show that achieving satisfaction of guests with disabilities was significantly higher among Sharm El-Sheikh resorts (mean 3.00) than other resorts regions; Hurghada resorts (mean 2.77), Aswan and Sukhna resorts (mean 2.66), Luxor resorts (2.60) and Cairo resorts (mean 2.80).

The LSD and Games-Howell post-hoc tests reveal that increasing loyalty of guests with disabilities towards the resort was significantly higher among Sharm El-Sheikh resorts (mean 3.00) than other resorts regions; Aswan (mean 2.66), Hurghada resorts (mean 2.47), Cairo resorts (mean 2.40), Luxor resorts (2.20) and Sukhna resorts (mean 2.00). The results of the ANOVA test (table 9) also showed that that increasing of the resort's profit had significance level more than 0.05 (the significance level was 0.60) that means that there were no statistically significant differences between resorts regions with regard of this issue.

4.4. Challenges of providing services and facilities for PWD in the resort

The aim of this question was to declare the barriers or challenges that face the resorts of providing services and facilities for guests with disabilities. The results (Table 8) indicated that there were three neutral challenges of providing services and facilities for guests with disabilities in resorts. The first challenge was lack of tourists with disabilities (mean score 2.57) and standard deviation of 0.79. The second challenge was lack of information on how to improve services and facilities of persons with disabilities in practical ways (mean score 2.39) and a standard deviation of 0.84. The third challenge is lack of cooperation between the resort and tourism authorities in providing suitable services and facilities for persons with disabilities (mean score of 2.12) and standard deviation of 0.96. There were four disagreeing challenges of providing services and facilities for guests with disabilities in the resort. The first one was lack of appropriate infrastructure and superstructure (Mean score 1.99) and standard deviation 0.87. The second one was high cost of services and facilities for persons with disabilities with a mean score of 1.98 and standard deviation 0.94. The third one was failure to adopt the Egyptian Hotel New Norms for disabilities with a mean score of 1.46 and standard deviation 0.83.

The fourth one was unqualified staff to serve guests with disabilities with a mean score of 1.37 and standard deviation 0.63.

Table (8): Challenges of providing services and facilities for guests with disabilities in the resort (n= 84).

Challenges of providing disabled services and facilities		*Mean	S.D.	Rank
The high cost of services and facilities provided for persons with disabilities. 1.98	3 star	2.66	0.57	5
	4 star	2.33	0.87	
	5 star	1.76	0.93	
Overall mean		1.98	0.94	
Lack of appropriate infrastructure and superstructure for providing services and facilities of persons with disabilities.	3 star	3.00	0.001	4
	4 star	2.26	0.85	
	5 star	1.79	0.83	
Overall mean		1.99	0.87	
Lack of cooperation between the resort and tourism authorities in providing suitable services and facilities for persons with disabilities.	3 star	3.00	0.001	3
	4 star	2.18	0.96	
	5 star	2.03	0.97	
Overall mean		2.12	0.96	
Unqualified staff to serve guests with disabilities.	3 star	2.33	0.57	7
	4 star	1.66	0.83	
	5 star	1.16	0.37	
Overall mean		1.37	0.63	
Lack of information on how to improve services and facilities of persons with disabilities in practical ways.	3 star	3.00	0.001	2
	4 star	2.29	0.91	
	5 star	2.40	0.81	
Overall mean		2.39	0.84	
Limited number of tourists with disabilities.	3 star	3.00	0.001	1
	4 star	2.37	0.92	
	5 star	2.65	0.73	
Overall mean		2.57	0.79	
Failure to adopt the Egyptian Hotel New Norms.	3 star	1.66	1.15	6
	4 star	1.62	0.92	
	5 star	1.37	0.75	
Overall mean		1.46	0.82	

*Mean of challenges of providing services and facilities for guests with disabilities in the resort. Where 1= disagree, 2 = neutral and 3= agree.

Table 9 presents the one-way ANOVA to analyze the differences between resorts grades with respect to the challenges that face the resorts of providing disabled services and facilities. The results showed that there were some of statistically significant differences between resorts grades. The LSD (Least Significant Difference) and Games-Howell post-hoc tests show that the high cost of services and facilities for persons with disabilities was significantly higher among three star resorts (mean 2.66) than other resorts grades; four star resorts (mean 2.33) and five star resorts (mean 1.48).

The LSD and Games-Howell post-hoc tests also show that Lack of appropriate infrastructure and superstructure for providing services and facilities of persons with disabilities was significantly higher among three star resorts (mean 3.00) than other resorts grades; four star resorts (mean 2.25) and five star resorts (mean 1.79).

The LSD and Games-Howell post-hoc tests also show that unqualified staff to serve guests with disabilities was significantly higher among three star resorts (mean 2.33) than other resorts grades; four star resorts (mean 1.66) and five star resorts (mean 1.16).

The results of the ANOVA test (table 9) reveal that the significance levels were more than 0.05 that means that there were no statistically significant differences between resorts regions with respect to the challenges that face the resorts of providing disabled services and facilities.

Table (9): Differences between resorts grades and resorts regions with respect to the challenges that face the resorts of providing services and facilities for guests with disabilities.

Challenges of Providing disabled Services and Facilities	Resorts grades		Resorts Regions	
	F	Sig.	F	Sig.
The high cost of services and facilities for persons with disabilities.	4.514	0.01*	0.600	0.70
Lack of appropriate infrastructure and superstructure for providing services and facilities of persons with disabilities.	5.099	0.00*	0.801	0.55
Lack of cooperation between the resort and tourism authorities in providing suitable services and facilities for persons with disabilities.	1.538	0.22	0.521	0.76
Unqualified staff to serve guests with disabilities.	11.442	0.00*	0.082	0.99
Lack of information on how to improve services and facilities of persons with disabilities in practical ways.	0.978	0.38	1.459	0.21
Limited number of tourists with disabilities.	1.569	0.21	1.011	0.41
Failure to adopt the Egyptian Hotel New Norms.	0.975	0.38	1.829	0.11

* Statistically significant difference.

4.5. Reasons for lack of services and facilities for PWD in resorts in Egypt

This question was directed to the (22) resorts which do not provide disabled services and facilities to focus on the main reasons of lack of services and facilities provided for PWD. The results (table 10) showed that the first reasons of lack of disabled services and facilities was the high cost of services and facilities for persons with disabilities with a mean score of 2.82 and slight standard deviation (0.50). The second reason was the lack of culture of dealing with tourists with disabilities with a mean score of 2.79 with a standard deviation of (0.40). The second one was Achieving satisfaction of guests with disabilities with a mean score of 2.77 with a standard deviation of (0.53).

The third reason was the lack of marketing for persons with disabilities tourism with a mean score of 2.68 and standard deviation of 0.47. The fourth reason was lack of tourists with disabilities (mean 2.59) with a standard deviation of (0.50). The fifth reason was non consideration of services and facilities in the planning of infrastructure and superstructure with a mean score of 2.55 and slight standard deviation (0.74).

The sixth reason was failure in follow of the Egyptian hotel new norms (mean 2.18) and there was no significant variance of standard deviation (1.00).

Table (10): Reasons of lack of services and facilities for persons with disabilities in the Egyptian resorts (n= 22).

Reasons for lack of disabled services and facilities		*Mean	S.D.	Rank
The lack of culture of dealing with tourists with disabilities.	3 star	2.70	0.67	2
	4 star	2.90	0.30	
	5 star	2.00	0.001	
Overall mean		2.77	0.53	
The limited number of tourists with disabilities.	3 star	2.50	0.52	4
	4 star	2.63	0.50	
	5 star	3.00	0.001	
Overall mean		2.59	0.50	
The lack of marketing for persons with disabilities tourism.	3 star	2.70	0.48	3
	4 star	2.72	0.46	
	5 star	2.00	0.001	
Overall mean		2.68	0.47	
Non consideration of services and facilities in the planning of infrastructure and superstructure.	3 star	2.40	0.84	5
	4 star	2.63	0.67	
	5 star	3.00	0.001	
Overall mean		2.55	0.74	
The high cost of services and facilities for persons with disabilities.	3 star	2.70	0.67	1
	4 star	2.90	0.30	
	5 star	3.00	0.001	
Overall mean		2.82	0.50	
Failure to adopt the Egyptian Hotel New Norms.	3 star	2.20	1.03	6
	4 star	2.27	1.00	
	5 star	1.00	0.001	
Overall mean		2.18	1.00	

*Mean of reasons of lack of services and facilities for PWDs where 1= disagree, 2 = neutral and 3= agree.

The results of the ANOVA test (table 11) revealed that the significance levels were more than 0.05 that means that there were no statistically significant differences between resorts regions and resorts grades with respect to the reasons of lack of services and facilities for persons with disabilities in the resort.

Table (11): Differences between resorts grades and resorts regions in regard of reasons of lack of disabled services and facilities in the resort.

Reasons of Lack of disabled Services and Facilities	Resorts grades		Resorts Regions	
	F	Sig.	F	Sig.
The lack of culture of dealing with tourists with disabilities.	1.621	0.22	0.992	0.38
Lack of tourists with disabilities.	0.514	0.60	1.291	0.29
The lack of marketing for persons with disabilities tourism.	1.089	0.35	0.260	0.77
Non consideration of services and facilities in the planning of infrastructure and superstructure.	0.442	0.64	1.084	0.35
The high cost of services and facilities for persons with disabilities.	0.500	0.61	0.500	0.61
Failure in follow of the Egyptian Hotel New Norms.	0.716	0.50	1.527	0.24

12. Suggestions for improving disabled services and facilities

The purpose of this question was to gather any additional suggestions to improve services and facilities provided for persons with disabilities in the Egyptian resorts through an open-ended question. Most of responses could be concluded in the following recommendations:

- The Egyptian Ministry of Tourism is advised to promote for the available hotels and destinations that provide services and facilities for PWD in Egypt.
- The Egyptian Ministry of Tourism is recommended to design data base or website shows the availability of services and facilities that are provided in Egypt to serve PWD sector; this website consists of accessible hotels and destinations that contains accessible facilities and make groups offers in this page to encourage accessible tourism.

5. Conclusions

This research aimed to explore and evaluate services and facilities provided for persons with disabilities in resorts in Egypt. The results revealed that a large proportion of the investigated resorts have provided disabled services and facilities where five-star resorts provided more disabled services and facilities than four and three star resorts. Guests with disabilities represented a significant number of resorts overall guests despite the limited disabled services and facilities available in Egyptian resorts. The study also showed that disabled services and facilities provided in resorts were focused more on tangible facilities (i.e. public toilets, accessible rooms and special equipments for PWD such as wheelchairs) rather than intangible services (such as qualified staff and service animal).

The research also explored management perception of disabled services and facilities in resorts through discussing operational advantages and obstacles of providing such facilities. The findings showed some significant advantages of providing services and facilities for PWD, such as: improving the perceived image of the resort; achieving satisfaction of guests with disabilities. The findings also revealed that there were some challenges that hindered providing disabled services and facilities in the Egyptian resorts, including: lack of tourists with disabilities; lack of established practices and information about operationalizing and improving disabled services and facilities in resorts. The results also explored a number of reasons for providing limited services and facilities for PWDs, such as: high cost of disabled services and facilities; lack of culture of dealing with disabled tourists.

6. Limitation and Recommendations for Further Research

Resorts managers are encouraged to target and attract untraditional market segments, such as accessible market/PWDs through providing appropriate services and facilities that enable a pleasant and comfortable accommodation experience for them. Resorts managers are also advised to explore the needs, wants and preferences of guests with disabilities during their stay in the resort. It is also worth recommending that resort managers should adopt the standards of the Ministry of Tourism which requires providing certain disabled services

and facilities, known as New Norms NN. Qualified staff to deal with PWD is another important aspect that should be considered when it comes to serving PWDs. The Egyptian Ministry of Tourism is advised to promote Egypt as an accessible destination through focusing on hotels and cities that provide services and facilities for PWD in Egypt. The Egyptian Ministry of Tourism is recommended to develop an online database or regular website that shows that promotes disabled services and facilities provided in Egypt to attract and serve PWD segment.

Such website can include accessible hotels, resorts, sightseeing that provide accessible facilities and services; as well as providing promotional offers for PWDs. Last but not least, The Egyptian government is also recommended to make serious improvements on infrastructure and superstructure, especially in the accessible destinations, to fit PWDs' needs.

The first limitation was related to literature review where there was a lack of books and data sources in relation to disabled services and facilities in the hospitality industry. The second limitation was related to use of the quantitative approach although its extensive and effective results but using the qualitative approach would have provided more diverse and enriching results.

Further research could be conducted using qualitative approach to enrich and expand more results. Further research also, could be conducted on handling services and facilities provided for persons with disabilities in hotels comparing between independent and chain hotels. Further research could be conducted to investigate guest satisfaction with provided disabled services and facilities in hotels or resorts. Finally, further research investigated marketing of disabled services and facilities in Egyptian hotels.

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الإقامة الميسرة : هل المنتجعات في مصر تقدم الخدمات والتسهيلات المطلوبة للنزلاء متحدى الإعاقة؟

الملخص العربي

تشكل الإقامة تحدياً خطيراً للأشخاص متحدوا الإعاقة في تحديد المقصد السياحي الخاص بهم. وقد يرجع ذلك إلى أن الأشخاص متحدوا الإعاقة يحتاجون إلى سهولة في التمتع بتجربتهم السياحية. ولذلك يهدف هذا البحث إلى استكشاف وتقييم الخدمات والتسهيلات المقدمة للأشخاص متحدى الإعاقة في المنتجعات المصرية. وقد تم استخدام المنهج الكمي في هذا البحث واستخدمت استمارة الاستقصاء لجمع البيانات الأولية بواقع ١٠٦ استمارة استقصاء تم توزيعها بين مديري المنتجعات. وقد شملت العينة فنادق المنتجعات (٣، ٤، و ٥ نجوم) من المدن السياحية الكبرى في مصر مثل شرم الشيخ، الغردقة، العين السخنة، القاهرة، أسوان والأقصر. وقد تم استخدام برنامج SPSS V. 16.1 لتحليل البيانات. كشفت الدراسة أن نسبة كبيرة من المنتجعات المستهدفة تقدم خدمات وتسهيلات متنوعة للأشخاص متحدوا الإعاقة والتي أدت إلى بعض المزايا مثل: تحسين صورة المنتجع وتعزيز رضا العملاء. وأظهرت الدراسة أيضاً أن هناك بعض التحديات التي تواجه المنتجعات في توفير الخدمات والتسهيلات وهي قلة أعداد السائحين ذوي الإعاقة. وأضافت الدراسة أن هناك بعض الأسباب التي أدت إلى انخفاض أعداد الأشخاص متحدى الإعاقة في المنتجعات المصرية، مثل ارتفاع التكاليف المرتبطة بتوفير المرافق الخاصة بمتحدى الإعاقة.