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Embodied Experiences of Tourists with Disability: Implications for Inclusive and Resilient Destination Management

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Abstract

Though numerous studies have assessed the experiences of specific segments of tourists, there is little empirical insights into understanding the travel experiences of tourists with disability and its implications for inclusive and resilient destination management. Using the Critical Disability Theory, this paper assessed the travel motivations and experiences of tourists with disability based on interviews conducted with 15 tourists with disability. The findings show that the travel motivations and experiences of the tourists with disability are unique and nested within the societal marginalisation and exclusionary construction of disability. Their motivations reflect their desire to experience less marginalised and constraining home environments as reflected in their desire to experience other cultures, meet and interact with other people, challenge themselves and experience joy. Their experiences reflect how tourism is an agent of positive and negative constructionism with them experiencing four positive experiences namely feeling of independence, self-discovery, socialisation and a sense of self-worth and three negative experiences including poor service attitude, doubt about their abilities and limited inclusive facilities. The implications of these findings for inclusive and resilient destination management are discussed.

Keywords: Accessible tourism; equity; inclusion; motivation; social sustainability

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Introduction

The accessible tourism segment is one of the fastest-growing segments of tourism (Darcy et al., 2020). The significance of the accessible tourism segment is underscored by the growing size of the population of people with disability due to the global aging population (Darcy et al., 2020; Gillovic et al., 2018; Vila et al., 2015). Globally, life expectancy has increased and as such old age is associated with one or more impairments (Leiras & Caamaño-Franco, 2024). Nonetheless, the supply of accessible tourism products and services has not witnessed much growth to meet the growing needs of tourists with disability (Gillovic et al., 2018; Sisto et al., 2022). Despite the recent improvements and advances in the provision of accessible tourism products and services, the accessible tourism landscape is still lagging in its ability to provide for the traveling needs of tourists with disability (Leiras & Caamaño-Franco, 2024; Sisto et al., 2022). Tourists with disability are more likely to be treated disrespectfully, and as second-class clients by tourism service providers (Domínguez Vila et al., 2019; Portales, 2015). The lack of specialised facilities and services that are responsive to the needs of tourists with disability make the travel experiences of tourists with disability distinct (Gillovic et al., 2018; Leiras & Caamaño-Franco, 2024). To provide specialised products and services that meet the needs of tourists with disability and thereby diversify into the accessible tourism segment, reduce reliance on traditional market segments and improve resilience, there is the need to understand the entire spectrum of their travel encounters including their travel motivations and experiences (Rubio-Escuderos et al., 2024). Nonetheless, there has been little research interests on this subject especially from the perspective of developing destinations. Research on the interface between tourism, inclusion and resilience has largely ignored the lived experiences of tourists with disability in the context of developing destinations in Africa (Chikuta et al., 2019; Singh et al., 2023). Consequently, this study examines the motivations and experiences of tourists with disability in Ghana.

The present knowledge on the subject is western centric even though disability is socio-culturally constructed and thus the experiences of tourists with disability in African destinations would significantly differ from those in western destinations. Africa countries have different socio-cultural contexts with regards to disability coupled with resource constraints that further limit their ability to adequately provide for the travel needs of people with disability compared to most western countries. Hence, this study provides different perspective from an under-researched region of Africa in relation to the travel experiences of tourists with disability. On its contribution to practice, the findings of this study will inform tourism service providers on the key products, services and facilities that shape the experiences of tourists with disability positively. Consequently, tourism service providers will be able to use such knowledge and insights to design specific products, services and facilities to provide for the special needs of tourists with disability and thereby enhance the inclusiveness and resilience of their facilities and services and the destination. The accessible tourism segment is less volatile and seasonal given its heterogeneity and less reliance on the established travel seasons. Hence, it presents one tourism segment is that is resilient. Also, by positioning themselves to appeal to tourists with disability, tourism service providers and destinations will be diversifying their markets and hence enhance their resilience by reducing reliance on limited traditional markets.

Open Rubric

Literature

Motivations for travel amongst tourists with disability

The travel motivations of tourists with disability are varied but related to their peculiar situation and needs as people with disability. Some tourists with disability are motivated to undertake tourism trips by their desire for personal challenge and growth. Based on the impairments of people with disability, they mostly rely on non-disabled family members, friends and caregivers for daily functioning. Therefore, the people with disability perceive tourism as a space and opportunity to challenge themselves where they can have the freedom to try activities, demonstrate their capabilities, and develop new skills (Csapó & Gonda, 2025). Another travel motivation in relation to tourists with disability is their desire to build social connections (Chikuta et al., 2017). Tourists with disability seek to connect and interact with others from other backgrounds. They are mostly restricted to their home environments which in turn limit their social connections and interactions hence their desire to interact with other people (Chikuta et al., 2017). Further, the desire for cultural and educational experiences is one of the travel motivations of tourists with disability (Ho & Peng, 2017; Moura et al., 2023). Tourists with disability are motivated by the desire to experience different cultures, learn about history, and engage with local communities. As a result of the limited mobility of people with disability, they are unable to freely traverse and engage other people and cultures (Csapó & Gonda, 2025; Eusébio et al., 2024). This leads to an innate desire amongst them to want to travel in order to experience and learn about other cultures (Cole et al., 2019; Figueiredo et al., 2012). Also, the desire to benefit from the therapeutic efficacies of tourism is another travel motivation amongst tourists with disability (Chikuta et al., 2017; Ohe et al., 2017). Tourism provides the avenue for tourists to experience serenity, engage in activities that refreshens the mind and help to improve the overall wellbeing (Chikuta et al., 2019). Also, the activities and social interactions that occur through tourism help to improve other aspects of their wellbeing.

Experiences of tourists with disability

The experiences of tourists with disability mirror their unique needs and society's conception and perception of disability resulting in both positive and negative experiences. In terms of positive experiences, tourists with disability have reported experiencing a sense of freedom through their tourism trips (Blichfeldt & Nicolaisen, 2011; van der Westhuizen, 2018). Tourism trips offer tourists with disability with the opportunity to make decisions on their trips including choice of activities and places to visit, a power of agency they lack in their usual home environment (Bauer, 2018; Devile & Kastenholz, 2020). Further, tourists with disability experience a high sense of socialisation as part of their tourism trips (Orakani et al., 2021; van der Westhuizen, 2018). Tourism provides them with the opportunity to meet and interact with people from other cultures and backgrounds (Devile & Kastenholz, 2020). Tourists with disability experience a sense of self-discovery during their tourism trips (Bauer, 2018; Devile & Kastenholz, 2020). Through tourism trips, tourists with disability have the opportunity to visit places and engage in activities that challenge their abilities in a way that help them to discover their innate selves (Rubio-Escuderos et al., 2024; van der Westhuizen, 2018). Another positive tourism experience of tourists with disability relates to their sense of self-worth (Bauer, 2018; Devile & Kastenholz, 2020; Gillovic et al., 2021). Tourism enables them to challenge themselves through visits and engagement in activities together with non-disabled tourists which boost their confidence and enhance their self-worth (Gillovic et al., 2021; Orakani et al., 2021). On negative experiences, tourists with disability experience accessibility challenges (Blichfeldt & Nicolaisen, 2011; Lehto et al., 2018). They encounter physical, information, transportation and other accessibility barriers (Darcy, 2002, 2012; Lehto et al., 2018). Furthermore, poor service attitude of tourism service providers is another negative experience encountered by tourists with disability (Darcy, 2002, 2012; Darcy et al., 2020). Some tourism service providers exhibit covert and overt poor service attitude towards tourists with disability (Gillovic et al., 2021; Park et al., 2023). In some instances, service providers and non-disabled tourists who co-share the tourism spaces with tourists with disability make prejudiced comments and treat them in ways that make them harbour doubt their abilities to function independently (Gillovic et al., 2024; Park et al., 2023). Additionally, some tourists with disability experience the feeling of exclusion during their tourism trips (Devile & Kastenholz, 2020; Eusébio et al., 2024). Acts of service providers including lack of accessible facilities and services and neglect by some non-disabled tourists and their lack of willingness to interact with tourists with disability lead to feelings of exclusion on the part of tourists with disability (Rubio-Escuderos et al., 2024; van der Westhuizen, 2018).

Theoretical framework

This study is underpinned by the Critical Disability Theory (CDT). The CDT is an interdisciplinary theory that challenges the perspectives that project people with disability as lacking functional abilities by giving value to their lived experiences and voices (Goodley et al., 2019; Goodley et al., 2018; Ingham, 2018). It eschews societal marginalisation and exclusion of people with disability and advocates for social change by examining society's construction of normalcy and the associated prejudices that define the lived experiences of people with disability (Ingham, 2018; Saxton, 2018). The CDT argues that; disability is a social construct and not a consequence of impairment. Hence, the lived experiences of people with disability is a consequence of this relationship as defined by society indicating that the experiences of people with disability can be explained by taking a critical perspective and analysis of what society constructs to be normal, acceptable and expected of people with disability (Goodley et al., 2018). In the context of this study, the CDT helps to unpack the complex social relationship that exist between the broader social milieu in relation to the tourism industry how this defines what tourists with disability are expected to do and the ultimate impacts of these interactions on the kinds of tourism experiences they attain. It is argued that the motivations and experiences of tourists with disability are underpinned by their unique conditions as people with disability based on the broader societal construction of ableism and the associated marginalisation and exclusion they encounter (Goodley et al., 2019). Therefore, a

critical analysis of the motivations and experiences of tourists with disability based on the CDT, will unearth these salient socially constructed prejudices and how that define and shape their travel motivations and experiences.

Methodology

The study setting is Ghana in West Africa. Ghana is popular amongst international and domestic tourists (Adam, 2019a). The country is endowed with cultural and natural attractions that stretches from the southern to the northern parts. Some of the popular attractions include the Kakum National Park, Mole National Park, Cape Coast Castle, Elmiina Castle, Wli Waterfalls, the Manhyia Palace Museum, and the Kwame Nkrumah Museum amongst others. The southern part has long sandy beaches which provides avenues to both domestic and international tourists interested in leisure. The country's main source markets include the US (African Americans), UK, Germany and other European and African countries such as Nigeria and South Africa. The study adopts an interpretivist approach using a phenomenological research design to collect and analyse qualitative data (Neubauer, Witkop, & Varpio, 2019). In-depth interviews were conducted with domestic tourists with physical impairments in the city of Accra. Accra is the capital of Ghana and the most populated, and urbanised in the country (Adam, 2019a). The phenomenological research design allowed for the collection of in-depth data on the personal experiences of each of the tourist with physical impairment. The purposive sampling approach was to solicit for research participants who fit the definition of the target population. The Ghana Federation of the Disabled (GFD) was contacted for list of members in Accra. The GFD is the umbrella association of all people with disability in Ghana. The study was subsequently introduced to all the members during their association meetings. An inclusion criterion was used to purposively invite members who have undertaken at least one tourism trip in the past one year to participate in the study. Consequently, the list of members who met the criterion and were willing to participate in the study was compiled. People on the list were later contacted to book appointments with them for interviews. In all, appointments were booked with 17 people with physical impairment. Consequently, 15 of those who initially consented were interviewed. The remaining two have withdrawn their consent to participate in the study. Data saturation was reached with the 10th interview (Mwita, 2022). In determining data saturation (Mwita, 2022), it was noticed that from the 10th interview onwards, no new ideas were emerging. The interviews were conducted from 5th April to 15th May 2025. Each interviewee was compensated with GHS500 for their time after the interview. In-depth, semi-structured interview guide with three main focal areas was used for data collection. The first section solicited data on participants' background. Section two sought to evoke the narratives of the tourists with disability on their motives for undertaking tourism trips. Section three sought the participants' accounts of their lived tourism experiences. The interviews, lasting 60 minutes on average, were audio-recorded (with the consent of the interviewee) and transcribed verbatim to preserve data.

Data were analysed using the Braun & Clarke (2006) approach, consisting of six phases of thematic coding. First, the transcripts were read and re-read for data familiarisation. Second, major themes relating to the respondents' lived tourism experiences were identified. The third phase involved making sense of the major themes related to the respondents' lived tourism experiences and subjectivities, and how these differed within each respondent's transcript and between respondents. Further, the identified themes were reviewed and refined to ensure they reflected the data and answered the research questions. The fifth stage entailed defining and naming the major themes. Lastly, the themes were presented through the analytic narratives. The coding was manually done using the inductive coding technique (Neuendorf, 2018). A number of procedures were used to check the rigour and trustworthiness (i.e. credibility, transferability, dependability, and confirmability) of the data and findings (Nowell et al., 2017; Shenton, 2004). Regarding credibility, each interviewee had the freedom to accept or refuse to participate in the study. Also, the participants were encouraged to be frank by indicating at the start of each interview that there were no right or wrong answers (Nowell et al., 2017). Additionally, all interviews were conducted at locations that the interviewees were comfortable with and selected by them (Shenton, 2004). Further, the iterative questioning technique was used to elicit deeper contextual data and to return to previously raised issues requiring further clarification (Nowell et al., 2017; Shenton, 2004). Code credibility was verified through peer debriefing and member checking. To guarantee transferability, direct quotations from transcripts are included in the results section, along with detailed explanation of the data collection procedures, and the data collection period (Nowell et al., 2017; Shenton, 2004). For confirmability, codes were verified using the inter-coding technique to check for inter-coding agreement (Hsieh & Shannon, 2005). Two lecturers (experts in tourism management) undertook the coding process. As the codes were largely similar, their consistency and validity were confirmed (Hsieh & Shannon, 2005). Regarding positionality, although the author is without impairment, he has 4 years' experience of caring for his physically impaired mother and 11 years' research experience in disability and engagement with people with disability in Ghana.

Findings

Motivations for travel

The findings show that there four main travel motivations amongst the tourists with physical impairments as discussed below.

To experience other cultures

The tourists with disability indicated that because they are not able to move as frequently as they would have wished and as such are unable to interact with people from other cultures and other parts of the country, they haboured the desire to fulfil such aspirations through tourism. Kwame, a tourist with disability indicated that: "I always wanted to experience other cultures around the country. You know because of my condition (physical impairment), I am not able to move much and so I have not been able to experience other cultures of this country. This is therefore a big motivation for me." Kwame, 37-year-old tourist with disability. Tourism thrives on uniqueness and difference and hence the desire to experience different or unfamiliar cultures through travel

(Chikuta et al., 2019; Ho & Peng, 2017). This is particularly profound in the context of people with disability as they lack the everyday mobility and opportunities to interact with other cultures. Their mobility is limited compared to non-disabled people and therefore they rarely encounter people from other cultures. Their impairment limits their ability to engage people from different cultural backgrounds. As a result, this drives an innate need amongst them to experience other cultures to broaden their horizon and perspectives.

Interact with other people

Another tourism motivation amongst the participants is their desire to interact with other people. The participants noted that they are unable to meet diverse people in their daily lives because of their mobility limitation and as a result, this drives their desire to travel and socialize with other people. One of the tourists with disability, Abena, remarked that: "I wanted to meet and interact with people from other backgrounds. You know, because of my mobility limitation I am unable to move around much and so I usually interact with people that I know, mostly friends and family. So, I wanted to embark on a tourism trip to meet and interact with people from other places." Abena, 32-year-old tourist with disability. Socialization remains one of the key motives for embarking on tourism trips. Despite so, the underlying need that drive tourists with disability to seek socialization through tourism is unique. For tourists with disability, the desire to meet and interact with other people connotes the lack of or limited socialisation options for them in the Ghanaian context. People with disability are mostly shunned in terms of social interaction because of the negative connotations of disability and the perception that people with disability are morally decadent (Adam, 2019a, 2019b). Thus, people with disability have limited social contacts and interactions, usually limited to friends and family. As a result of this, they entertain the desire to meet and interact with people from different backgrounds through tourism.

Challenge oneself

The aspiration to challenge oneself emerged as one of the travel motivations of the tourists with disability. The need to challenge oneself by embarking on tourism is borne out of the feeling of inadequacy harboured by the tourists with disability as a result of the systematic exclusion and marginalisation that they face in their daily lives. Joe, one of the tourists with disability indicated that: "I am driven to travel for tourism by the desire to challenge myself. Because of my condition (physical impairment), people normally look down on me and perceive me as someone who lacks the ability to do most of the things that non-disable people do. So, tourism is an opportunity to challenge myself and do those things that they think I can't do because of my condition." Joe, 31-year-old tourist with disability. People with disability suffer marginalisation and exclusion in varied manifestations including the use of exclusive language, and treatment that turn to question their abilities (Cole et al., 2019; Eusébio et al., 2024). Even at the family level, people with disability are treated as second class members and opportunities are mostly given to non-disabled family members based on the conception that people with disability lack abilities and are therefore incapable of functioning as "normal" people (Csapó & Gonda, 2025). Such orientation, and marginalisation often results in the feeling of inadequacy amongst people with disability. Consequently, they entertain the desire to challenge themselves and prove their capabilities to their non-disabled counterparts. They perceive tourism as giving them the opportunity to engage in different activities that help them to prove their abilities.

Experience joy

Some of the tourists with disability indicated that they were motivated to embark on tourism because they wanted to experience happiness. In their view, tourism brings about happiness because it helps them to escape from the mundane environment that they are used to largely because of their impairment. One of the tourists with disability, Kofi, observed that: "I wanted to experience happiness because I have been in the same environment for a very long time without being able to travel out of it. You know being in the same place and with the same people all the time sometimes make it boring and so something new and different brings some happiness. Therefore, I thought that being able to travel outside my home environment once in a while will make me happy." Kofi, 39-year-old tourist with disability. Boredom emanating from being in a mundane environment, especially amongst people with mobility impairment stands to serve as a motivation for embarking on tourism trips (Chikuta et al., 2017; Moura et al., 2023). For the tourists with disability, the daily routine of restricted movements and associated limited interactions and ability to experience unique and different places significantly constraint their happiness. Further, their impairments are associated with great deal of emotional and psychological distress which ultimately make them sad and hence their search for happiness in unique and different environments. Similarly, the desire to experience happiness reveals their perceptions of tourism trips as being associated with happiness which help to reduce worry, anxiety and sadness associated with the boredom of being restricted to the same environment.

Positive tourism experiences of tourists with disability

The positive tourism experiences are composed of four main sub-themes including the feeling of independence, self-discovery, socialisation and a sense of self-worth.

Feeling of independence

The tourists with disability experienced a sense of independence during their tourism trips. They were of the view that embarking on tourism trips afforded them the opportunity to try things on their own. Cudjoe, one of the tourists with disability remarked that: "I experienced a sense of freedom that I usually don't get when I am at home. When we are on a trip, my brother does not try to control me by telling what to do and what not to do. He always consulted me, and we took decisions together in terms of what we

should do, eat, and even places to visit. I also get the opportunity to engage in some activities by myself without him trying to police me as though I am a child as he usually does when we are at home." Cudjoe, 45-year-old tourists with disability who has embarked on two tourism trips in the past year. Tourism presents opportunities to experience a sense of freedom in ways not experienced within the home environment (Blichfeldt & Nicolaisen, 2011; Darcy, 2012). It affords tourists the opportunity to co-construct their tourism experiences by making them the ultimate decision makers in terms of their travel choices (Gillovic et al., 2021; Gillovic et al., 2024). This breeds a sense of independence on the part of the tourists, especially for people with disability whose daily lives are restricted. In the context of tourists with disability, they rely on the care and direction of their caregivers in their daily lives (Gillovic et al., 2021). This is much worse in the context of Ghana where people with disability are perceived as being incapable of doing anything for themselves and expected to fully rely on the judgement and direction of their non-disabled caregivers (Orakani et al., 2021). However, by being away from home, the caregivers acknowledge the need to consult and take collective decisions with the tourists with disability thereby allowing the tourists with disability to have a sense of freedom. Also, the tourists with disability are allowed to participate in activities by themselves just like any other non-disabled tourists, further contributing to a sense of freedom amongst them.

Self-discovery

Self-discovery is another dimension of experience reported by the tourists with disability. They opined that through their tourism trips; they discover certain abilities and qualities about themselves. Yaa, a tourist with disability expressed such a sentiment when she explained that: *"I enjoyed the trips particularly because it made me realise certain qualities about myself that I didn't even know I possessed. For instance, my patience was tested several times, and I kept calm. Also, I didn't know I was that brave to try new things such as going on the canopy walkway or even holding and putting a python around my neck."* Yaa, 43-year-old tourist with disability who has undertaken two tourism trips in the past year. Tourism plays several functional roles including providing tourists with the space to explore their innate selves (Darcy, 2012; Orakani et al., 2021). The opportunity to experience the unusual environment, engage and interact with different and unique people make it possible for tourists to discover and rediscover themselves (Lehto et al., 2018). Tourism provides an alternative space for tourists to freely engage in activities that they would normally not undertake at home and thus help them to understand their innate qualities better. This is especially so in the case of marginalised and excluded populations such as people with disability. For this category of people, their everyday lives are characterised by societal imposed restrictions that restrict their abilities to engage in activities that would have otherwise helped them to discover their innate abilities (Gillovic et al., 2024; Perangin-Angin et al., 2024).

Socialisation

Another dimension of experience amongst the tourists with disability relates to socialisation. The tourists with disability indicated that they experienced within group and between group socialisations. Within their travel groups (which included family and friends), they had extensive engagements and interactions beyond what usually goes on in their home environments. Between groups, they met and interacted with people from different backgrounds which enhanced their socialisation experience. A tourist with disability, Sammy, indicated that: "I truly enjoyed myself on my trip because I had the opportunity to interact and engage my brothers on a different level. You know, because we were on a trip, we had all the time to interact and undertake activities together and this helped me to bond very well with them. Also, I made friends from other parts of the country who I only met on the trip. We interacted well and some even became friends." Sammy, 55-year-old tourist with disability who had embarked on one tourism trip in the past year. Socialisation is an essential outcome of tourism (van der Westhuizen, 2018) as it affords tourists the opportunity to come together, interact, co-share and co-consume tourism facilities and services (Rubio-Escuderos et al., 2024; van der Westhuizen, 2018). As a social activity, tourism allows for different kinds of interactions including between tourists, tourists and service providers and tourists and residents (Adam & Yeboah, 2025). Through such interactions, the tourists with disability can connect with others and temporarily forget about the marginalisation and exclusion they encounter in their home environments as well as the psychological burden associated with disability. Through such interactions, they are also able to learn about other cultures, practices and places. In the context of within group socialisation, their caregivers who hitherto would be busy in their home environments, spend lots of time with them on tourism trips and thus enhance their interactions and bonding.

Sense of self-worth

The tourists with disability experienced a sense of self-worth through their tourism trips. According to them, tourism provided them with the space and opportunity to undertake tasks by themselves. For them, such engagements, interactions and opportunities to achieve tasks by themselves and overcome travel related challenges made them have a sense of self-worth. One of the tourists with disability, Kwasi, remarked that:"I now believe in myself and capabilities more than before. Anytime I embarked on a tourism trip, I meet people from different backgrounds, interact with them and engage them in activities that challenge me. By being able to undertake activities that sometimes appear too much for someone with impairment like me, it makes me feel confident in my abilities and thus see value in myself." Abena, a 50-year-old tourist with disability who undertook three tourism trips in the past year. Tourism's socio-psychological dimension allows for engagements and interactions that enhance the sense of self-value (Gillovic et al., 2024; Lehto et al., 2018). Through tourism, the tourists with disability stepped into novel settings and similarly overcame unexpected but exciting challenges on their trips and thus nurtured a deep appreciation of their own resilience and self-value as people with disability. Their ability to successfully navigate unfamiliar terrains, and adapt to new challenges revealed to them facets of their innate strengths and competences that have previously gone unrecognised to themselves due to the disabling circumstances of society. These experiences spark a sense of recognition of their capabilities and build their confidence to believe

that they can make meaningful contributions to their lives, and society rather than being passive recipients of care. Further, the encouragement and support received from other tourists including non-disabled tourists mostly served as affirmations of their abilities, which in turn bolstered their self-confidence. Inclusive engagements - whether through collaborative problem-solving, shared laughter during group outings, or accomplishing personal milestones like independently completing a challenging activity are pivotal in their experience of self-worth (Lehto et al., 2018). These instances helped to counterbalance internalised feelings of limitation, so often reinforced by disabling societal attitudes.

Negative tourism experiences of tourists with disability

The negative experiences of the tourists with disability spanned three main areas, namely poor service attitude, doubt about their abilities and limited inclusive facilities.

Poor service attitude

The tourists with disability experienced poor service attitude based on their disability. This manifested in various forms including the use of offensive language, delayed response to their requests and in some cases, treatment with disdain. One of the tourists with disability, Asempa, recounted: "I also encountered some negative experiences. In some of the places, they ignored me and attended to me last even within my travel group. They will take the orders from the non-disabled tourists before they come to me. Also, some of the service staff used offensive language on me because of disability." Asempa, 45-year-old tourists with disability who had undertaken one tourism trip in the past year. Tourism has the tendency to perpetuate exclusion and marginalisation of people with disability if not inclusively planned and managed (van der Westhuizen, 2018). Tourism service provision is underlined with subtle prejudice, discrimination and ableism (Adam, 2019a; Özcan et al., 2021). Tourism service providers consciously and subconsciously discriminate against people with disability and innately question their presence and participation in the consumption of tourism services (Darcy, 2012). Much worse, the tourism industry is portrayed as being designed for non-disabled tourists with little training given to staff on how to handle the needs of tourists with disability (Rubio-Escuderos et al., 2021). In the context of Ghanaian society, people with disability are viewed as second class citizens and deserving of pity and charity and should be concerned about their daily necessities rather than embarking on tourism trips (Adam, 2019a). The socio-cultural norms in most Ghanaian societies portray non-disabled people as being superior to people with disability, a situation openly expressed through certain linguistics expressions that tend to demean and reinforce discrimination against people with disability (Adam, 2019b).

Doubt over abilities for independent functioning

The tourist with disability had encounters that made them doubt their abilities. Some of their travel encounters reinforced negative stereotypes about their functional abilities. Araba, expresses this sentiment when she indicated that: "Some of the experiences are negative. There are a number of times that I have encountered some waitresses, tour guides, and even hotel staff who made me felt that I am not a normal human being and that I don't have what it takes to do things like normal human beings. They sometimes talk to you as if you lack the ability to even understand what they are saying. They make you feel like disability is inability." Araba, a tourist with disability who had embarked on two tourism trips in the past year. People with disability are perceived as people who lack the ability to function as 'normal' human beings (Darcy et al., 2020). This is reflected in everyday discourse and the use of derogatory words and language to describe their ability to function independently (Gillovic et al., 2018). This view is reinforced in the moral and medical models of disability where people with disability are presented as individuals with bodily defect and lack functional abilities and thus must rely on non-disabled people for daily functioning and charity (Darcy, 2012). In the context of Ghanaian societies, disability is largely construed as lack of ability as people with disability are seen as lacking the ability to independently live by themselves (Adam, 2019b). Even at the family level, opportunities are given to non-disabled members at the expense of individuals with disability based on the notion that people with disability lack any kind of ability to function and contribute to society (Adam, 2019b). This notion transcends into tourism where tourism service providers are prejudiced in their dealings with tourists with disability (Adam, 2019a).

Exclusion

The tourists with disability further experienced exclusion. Most of the tourism establishments have no accessible facilities or services that could be used by tourists with disability and thus made the tourists with disability feel excluded. Dede, a tourist with disability indicated that: "I also experienced a sense of exclusion. For some places I visited, I could see that we (tourists with disability) are not part of their plans because they never cared to provide facilities and services that will let us feel welcome. Their facilities are not accessible and there were no specialised services for us." Dede, 39-year-old female tourist with disability who had undertaken one tourism trip in the past year. The experience of exclusion amongst tourists with disability is underpinned by societal perception on people with disability (Adam, 2019a). In most Ghanaian societies, tourism is perceived as a preserve for non-disabled people who are deemed to be capable of undertaking tourism trips and have the purchasing power to afford travel services (Adam, 2019a, 2019b). Therefore, tourism service providers do not view the accessible tourism segment as a viable market to warrant investments in providing accessible facilities and services (Adam, 2019a). Consequently, most tourism establishments are conceived and designed exclusively for non-disabled tourists with little or no consideration for the needs of tourists with disability (Adam, 2019b). Despite the provisions of the Disability Law (Act 715) stipulating that all public places and businesses including tourism establishments must provide accessible facilities and services, tourism businesses are yet to comply as a result of poor implementation of the law (Adam et al., 2025).

Conclusion, implications and limitations

The following conclusions are made. It is concluded that the travel motivations of the tourists with disability are unique and peculiar to their identities as people with disability. The travel motivations of the tourists with disability are tied to their impairments and the marginalisation and exclusion they encounter in their daily lives. This creates the innate desire for them to experience those things that they lack and are unable to experience in their everyday lives. Further, it is concluded that the travel experiences of the tourists with disability reflect how tourism provides a space for them to have novel and unique encounters that are different from their usual experiences in their home environments. Their experiences highlight how travel allows for self-discovery, increased independence, and the opportunity to uncover personal strengths that are often overlooked in home environments. Tourism provides a supportive space for socialisation, deeper bonding with family and friends, meaningful interactions with other people, and helping to foster a sense of self-worth and positive engagement. Also, it is concluded that the travel motivations and experiences of the tourists with disability reflect the role of tourism as a space for personal growth and development that promotes their general wellbeing. As reflected in the motivations and positive experiences, the tourists with disability embarked on tourism based on the desire for personal growth and happiness and equally encountered such experiences. Lastly, the study concludes that some of the tourists with disability had mixed experiences, positive and enriching experiences and negative experiences. The negative experiences highlight the tourism industry's conception of disability and perception of people with disability. The nature of the negative experiences reported in this study are closely related to the tourism industry's disinterest in the accessible tourism segment and the inertia on the part of tourism service providers to recognise tourists with disability as equal in value to non-disabled tourists.

The findings of this study provide unique insights into how the travel motivations and experiences of tourists with disability are different and closely aligned to their marginalised conditions. Tourism serves as a space where they fulfil their desires and aspirations and pursue personal growth and their general wellbeing. This implies that future research must acknowledge and explore the intersections between their everyday exclusionary encounters and their travel motivations and experiences. Further, the findings of this study indicate that the tourists with disability encountered negative experiences. This implies that future studies should examine the extent to which tourism serves as a space that perpetuate the exclusion and marginalisation of tourists with disability. Practically, the findings of this study have implications for inclusive and resilient destination management since travel by tourists with disability is less seasonal and susceptible to external shocks. The findings on negative tourism experiences implies that the destination manager (the Ghana Tourism Authority) must ensure that the provisions of the Disability Law (Act 715) are incorporated into the registration and licensing framework of tourism service providers in Ghana. By making the provisions of the Law part of the registration and licensing regime, it will ensure that tourism service providers will comply with the Law and by so doing make their facilities and services inclusive. This will also ensure that their facilities and the destination are resilient since it will enhance their appeal to tourists with disability and thus diversify their market and ultimately ensure their short, and long-term survival. Further, to ensure inclusive and resilient destination, there is the need for tourism service providers to institute measures that will ensure that their products and services are inclusive and cater for the needs of tourists with disability. Tourism service providers need to provide facilities and activities that are tailored to the unique travel needs of tourists with disability. Improvement in inclusive facilities and services as well as designing unique travel products that appeal to the unique travel motivations of tourists with disability will position Ghana as a preferred destination for tourists with disability. Ultimately, this will enable Ghana to tap into the important and growing segment of accessible tourism and thus enhance its resilience as a destination by reducing the season flow of tourists to the country since this segment is less seasonal. Additionally, the findings have some implications for redefining the servicescape amongst tourism service providers in Ghana and the destination manager (Ghana Tourism Authority). The poor service attitude of the tourism service providers towards tourists with disability need to be tackled through sustained training on diversity, equity and inclusion (DEI) as an aspect of the service orientation and training in the country's tourism sector. Such conscious redefinition of the servicescape and incorporating (DEI) into the service standards by the Ghana Tourism Authority would compel the tourism service providers to re-orient their employees and thus lead to enhancement in the services rendered to tourists with disability, ultimately ensuring the incisiveness and resilience of Ghana as a destination.

Despite the rigorous scientific approach employed in this study, there are a number of limitations that serve as opportunities for future studies. First, the study focused on domestic tourists with disability and did not capture the travel experiences of international (inbound) tourists with disability even though their motivations and experiences in Ghana, a different country with different conception of disability may be different. Therefore, future studies should consider studying the motivations and experiences of inbound tourists with disability to Ghana. Second, this study employed a qualitative methodology, specifically in-depth interviews to gather data. Therefore, the findings and conclusions of the study are limited to the realities of the tourists captured in this study. Future studies could use the findings of this study as the basis for designing questionnaires to collect quantitative data in order to establish the pervasiveness and patterns of the motivations and experiences of tourists with disability in Ghana and other parts of Africa. Third, even though tourism motivations and experiences are likely to vary based on the type of impairment of tourists with disability, this study did not explore these nuances because it only focused on tourists with physical impairment. Therefore, future studies could explore the nuances of the tourism motivations and experiences of tourists with different types of impairments.

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