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Linking Health and HIV/AIDS: Towards a More Holistic Sustainable Tourism Development Model in Barbados

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ABSTRACT

In an effort to shed light on the advantage of including health, and more specifically HIV/AIDS, in the discourse on sustainable tourism development (STD) in small island developing states (SIDS) like Barbados, this research study will examine the extent to which health can impact upon the destination's sustainability. Using a mixed methods design, data collection will ensue over a five month timeframe, with a dominant quantitative approach which employs a questionnaire to hotel managers and employees as well as an embedded and less dominant qualitative approach where interviews to human resource managers will be conducted. Information gained from the interviews on perceptions of health and HIV/AIDS risk will be used to provide deeper insight into the findings of the correlation analysis which explores the strength of the association between the independent variables health and HIV/AIDS and the dependent variable (STD) operationalized at the two levels of employee and hotel performance.

Keywords: HIV/AIDS, health, hotel performance, productivity, sustainable tourism development, tourism worker

INTRODUCTION

In the Caribbean, the tourism industry has registered real advances as a major path to economic growth and development. As table 1.1 below demonstrates, tourism is one of the biggest foreign exchange earners, a significant contributor to gross domestic product (GDP), and one of the largest employers.

Table 1. Tourism's economic significance to the Caribbean, 2009

Indicators	Caribbean
GDP	14.90%
Employment	12.9%
Export Earnings	18.6%

Source: World Travel and Tourism Council, 2009

The labour-intensive and people oriented nature of the industry puts it at risk to health threats, such as the HIV and AIDS pandemic. Of significance to this proposed thesis is that "the Caribbean has the second highest HIV/AIDS prevalence rates next to sub-Saharan Africa and is the most tourist

dependent region in the world”(Grenade 2008, 212). Figure 1.1 below highlights the ranking of the world regions in terms of adult HIV prevalence.

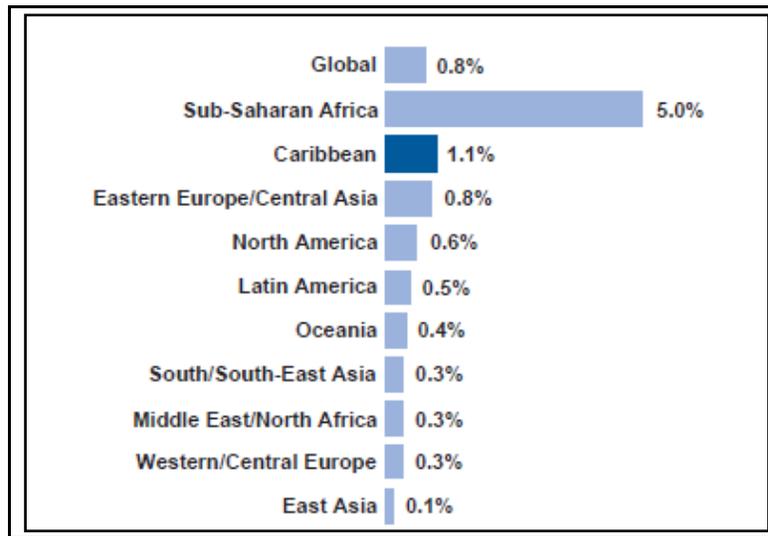


Fig. 1. Percent of adults estimated to be living with HIV and AIDS by region (Adopted from the HIV/AIDS Policy Fact Sheet 2008)

Although it is known anecdotally that tourism is vulnerable to the loss of employees, there is no empirical evidence to suggest the levels of exposure to health risk in Barbados. Thus we are left with an incomplete picture of the correlation between health and sustainable tourism development, and a reduced ability to plan with empirically driven and evidence based data for the industry’s long-term development. Due to tourism’s economic significance, a health pandemic would have a grave impact on the hotel sector in Barbados. The conceptual framework is that ill-health, and HIV/AIDS, affects the tourism worker which in turn affects productivity and hotel performance, and ultimately a destination’s sustainability.

Given the foregoing, this exploratory study seeks to primarily address and answer the question: ***To what extent does health, and more specifically HIV/AIDS, impact upon sustainable tourism development in the Barbados hotel sector?*** Using the case of the Barbados hotel sector, the aims of this research are: 1) To contribute to the current, albeit limited, evidence of the impact of health and HIV/AIDS on tourism worker engagement and productivity and by extension hotel performance; and 2) To demonstrate the benefit of including health in the literature on sustainable tourism development (STD).

The Research Objectives are To:

- 1) Understand the extent to which health affects progress towards sustainable tourism development in Barbados
- 2) Uncover manager’s perceptions of the risk of health and HIV/AIDS on their hotel’s performance
- 3) Explore what key HIV/AIDS and other health policies and practices managers implemented or will seek to implement
- 4) Determine the strength of the association between health and productivity and performance

REVIEW OF THE LITERATURE

The remit of sustainable tourism development is to consider the role of tourism in contributing to sustainable development more generally (Hunter, 1997), and as such, sustainable tourism development will need to focus on three paradigms entailing an economic dimension, social dimension and an environmental dimension (Hardy, Beaton, and Pearson 2002; Swarbrooke 1999; Buckley 1996; Farrell 1994). In so doing, sustainable tourism will ensure that tourism developments are sustainable in the long-term and wherever possible help to sustain the areas in which they operate, and this is in keeping with the definition of sustainable tourism development as advanced by the World Tourism Organization (WTO) as: “meeting the needs of present tourists and host regions while protecting and enhancing opportunity for the future” (WTO 1993, 7). According to Swarbrooke (1999, 48), “sustainable tourism management can only be successful if the inter-relationships between all three dimensions are fully recognized,” and therefore “sustainable tourism is not just about the physical environment. It is also about the cultural environment, and social justices as well as being concerned with long-term economic viability” (303). Therefore, tourism should be “planned and managed within environmental limits and with due regard for the long-term appropriate use of natural and human resources” (Telfer and Sharpley 2008, 43).

The human resource is vital to tourism sustainability as it cuts across the three pillars of sustainable tourism and eventually, sustainable development. Those occupying the space on sustainable tourism development are not accounting for health and HIV/AIDS and its impact on the tourism worker, and therefore sustainable development requirements are not fully satisfied. The human development paradigm of sustainable development originated in 1990 as a result of many factors, one of which was that “social ills (crime, weakening of social fabric, HIV/AIDS, pollution, etc.) were still spreading even in cases of strong and consistent economic growth” (HDR Website). The core precept was that “people are the real wealth of nations” (HDR Website).

As previously mentioned, there is scant reference to an integration of health and HIV/AIDS in both the empirical and conceptual literature on sustainable tourism development, especially research based on the hotel sector of small island developing states (SIDS) like Barbados. Sustainable tourism practices have focused on issues related to environmental sustainability (energy efficiency, resource conservation, waste water management), economic sustainability (revenue leakage, destination management), and socio-cultural sustainability (host community protection). This oversight suggests a path of unsustainable tourism development, for it might be argued that “the absence of life means all other indicators and attempts at development are irrelevant” (Barnett and Whiteside 2001, 375). That this phenomenon has been omitted from prior studies, and excluded from the literature, constitutes a problem because theory, local policy and practice have not been shaped by knowledge of it.

Tourism is a resource industry which perhaps partly explains why the sustainable tourism literature focuses arduously on the man-made and natural resources. In a content analysis of 341 papers published in the *Journal of Sustainable Tourism*, the only journal exclusively dedicated to research in the field, Lu and Nepal (2009) found that within the broader sustainable themes, hardly any trends could be distinguished on health and tourism, as can be seen in Table 2. below. The overlooked connection among the elements is the human resource – the tourism worker - and consequentially the levels of well-being and ability to function among the labour force. According to Theodore (2001, 10), “perhaps one of the most disturbing implications of the potential of HIV/AIDS to disrupt the development process of the Caribbean lies in the fact that...[countries] have to cope with a threat to the resource which holds the key to the generation of income and wealth in this region – the region’s human capital.”

Table 2. Research perspectives covered by *JOST* papers

Perspective	Frequency	Percent
Destination/product	90	26.4
Visitor	52	15.2
Theoretical	38	11.1
Integrated	36	10.6
Manager/planner	27	7.9
Operator	26	7.6
Local community	23	6.7
Policy	18	5.3
Non-profit organization	8	2.3
Methodology	7	2.2
Tour guide	5	1.5
Government	4	1.2
Tourism student	2	0.6
Public	2	0.6
Consultant	1	0.3
Tourism worker	1	0.3
Volunteer	1	0.3
Total	341	100

Source: Adopted from Lu and Nepal 2009

As it pertains more specifically to tourism and HIV/AIDS, limited studies have been conducted with the focus being on sex tourism (Boxill 2004; Grenade 2008; Sanchez Taylor 2001). Additionally, Padilla et al. (2010) have focused on Caribbean tourism as epicenters linked to HIV risk and transmission, and have argued for an ecological approach to sexual health. In terms of a broader paradigm on general health and tourism, the literature reveals a few studies which capture medical tourism (Soper 2005; Laws 1996) as well as hospitality and wellness (Ladki, Mikdashi, and Dah 1998). Piennaar and Willamse (2008) investigated the impact of burnout on employee engagement within the hospitality sector of a South African region, yet the focus of the study was the impact of the workplace environment on employee health. The research presented in this paper focuses on the impact of the ill health of the tourism worker on employee productivity and business performance.

Where the tourism literature has failed to recognize the context specific importance of the tourism worker and the importance of health, this research study embraces it and advances its importance. It argues that while it is important to conserve the environment which lures tourists to a destination and preserve it for future use, it is critical to manage the human resources responsible for securing those environments. Hotel enterprises are at risk of being financially unsustainable if productivity is jeopardized due to employee health not being robustly addressed. In the language of sustainability, hotel enterprises need to go beyond the rubric of economic fervor and commercial self-

interest to enlightened self-interest if they are to contribute to a holistic approach to sustainable tourism development. Employees whose health and general well being are compromised as a result of physical or emotional illness will over the long-term cause a reduction in productivity, labour hours worked, and income levels, as it is generally accepted that good health raises levels of human capital, is a crucial component of overall well-being and also has a positive effect on productivity (López-Casasnovas, Rivera, and Currais 2005). Considering the clear need to focus on the tourism worker as the common thread to all other indicators of sustainable tourism development, and health risks posed to these resources, and given the fact that there is a dearth in the sustainable tourism literature on these interdependencies, the justification for this study is evident.

For companies, healthy personnel is a vital prerequisite for (labour) productivity, a vital condition for continuous learning, and consequently increasingly relevant in a knowledge society and essential for the company's innovative capacity (Zwetsloot and Pot 2004, 118). A second important step is that health is no longer primarily associated with medical problems (i.e. clearly not a business item), but with the presence of motivated personnel and an increase in productivity. Health is supposed to be "a main condition of productivity" (Zwetsloot and Pot 2004, 121), and unhealthy employees have "less productive bodies, so the same amount of hours of work delivers less product" (Sala-i-Martin 2005, 99). Costs to business of poor health can also include increased health claims, death benefit payouts, and recruiting and re-training expenses. The tourism industry is not in such a position as it is service oriented. King (1995) explains that "hospitality is a process that includes arrival, which involves greeting and making the guest feel welcome, providing comfort and the fulfillment of the guest's wishes, and departure which includes thanking and invitation to return" (229). These social graces cannot be automated or mechanized, and as the core competency of a hotel, they cannot afford to be below international competitive standards. It therefore becomes evident that investment into the health of the tourism worker will be critical for hotel sustainability in the long-term.

METHODOLOGY

This is a mixed methods research undertaking which will adopt the concurrent nested model. This model is selected when a researcher has one dominant data collection method ensuing concurrently with a less dominant approach embedded within it (Morse, 2003; Creswell et al., 2003). The qualitative approach is the less dominant one in this study, and really serves to support the findings emanating from the quantitative techniques (Teddlie and Tashakkori, 2009). Integration of the findings will occur during the discussion and analysis phase.

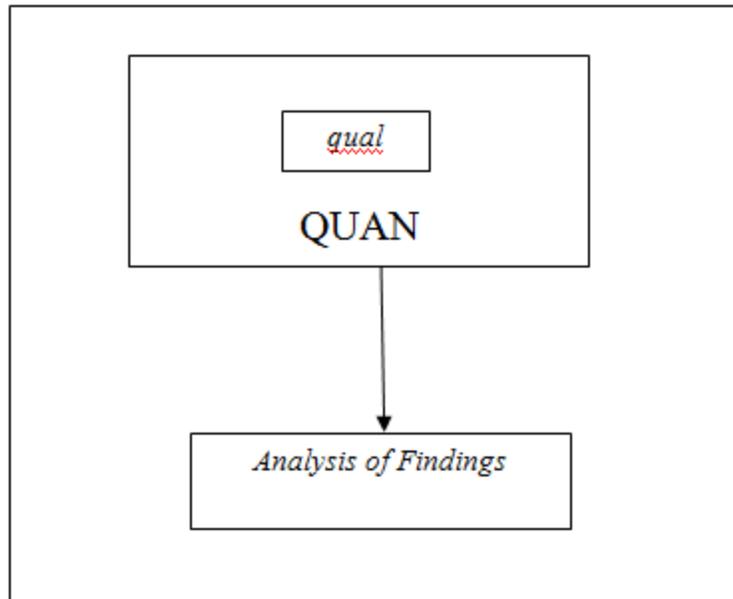


Fig.2. Visual Model of Concurrent Nested Design
Source: Adopted from Teddlie and Tashakkori 2009

The data collection approach will adopt a multilevel design within the Barbados hotel sector with questionnaires being employed at both the employee level and the management level. With respect to the former, respondents will be selected from the wider pool of hotel workers and provided with a self-administered survey questionnaire. As it pertains to the latter level, respondents will be senior managers within the hotel and will be provided with an online survey instrument to complete and return. It was important to stratify the sample population in this manner so as to gain different viewpoints within the company, and obtain a broader understanding of the impact of health on productivity and hotel performance, and ultimately STD.

Since this topic is primarily one of employee-management relations, naturally the Human Resource Management (HRM) component is a critical source to understanding the organizations motivation to be health focused and responsive. Thus a semi-structured interview survey will be conducted with the HRMs to delve deeper with a qualitative mechanism for thicker descriptions which the quantitative tools will not be able to provide. Data collection will commence in April 2011 and span a 5 month timeframe.

The sensitive nature of the HIV/AIDS phenomenon due to high levels of stigma and discrimination, calls for the study to focus on perceptions of the risk of the disease, as disclosure by individuals within the organization will not be forthcoming. The study will measure broader health status which might impact upon employee productivity, hotel performance, and ultimately, sustainability. It is from these findings that deeper conclusions and extrapolations about HIV/AIDS impact and assessment will be made. The purview of this study is that having access to health and wellness schemes will provide further access to HIV/AIDS programmes.

EXPECTED RESULTS

It is anticipated that the empirical evidence will suggest that health compromised tourism workers are negatively affecting productivity and performance levels in the hotels, which in turn impacts upon socio-cultural and economic sustainability of destination Barbados. Therefore, an advantage exists to expanding the definition of sustainable tourism development to include health, especially in tourism dependent Caribbean SIDS, like Barbados, in the era of HIV/AIDS. Given this, sustainable tourism development should be defined as “meeting the needs of present tourists, [human

resources], and host regions while protecting and enhancing opportunity for the future”. This definition modifies and extends the work of WTO (1993) and would then be about management of human resources which in turn can manage the natural resources in order to meet the criteria of economic well-being, ecological conservation, and long-term viability of destinations all to the satisfaction of tourists and the promotion of intra- and intergenerational equity. This linkage of health and HIV/AIDS will ensure that the progress towards achieving sustainable tourism development is a more holistic one and reflective of the evolving nature of sustainable development, its parental paradigm.

Anticipated contribution of research to:

Practice

- 1) Encourage greater adoption of practices that focus on the tourism workers and their health and wellness
- 2) Assist hotels in improving employee engagement and by extension employee and company performance

Anticipated contribution of research to:

Policy

- 1) Ensure that wider policies on STD account for the challenges of health and HIV/AIDS
- 2) Promote improved managerial focus on understanding the socioeconomic impact of health and HIV/AIDS on employees and communities

Anticipated contribution of research to:

Future Research

- 1) Original research that can be replicated in smaller hospitality sectors and also in non-tourism industries

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