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Building hotel supply chain readiness in Thailand: supply chain collaboration, staff training, and dynamic capabilities: a theoretical interpretation through accessible tourism and inclusive professional development

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Abstract: The provision of accessible tourism services for all guests depends critically on the readiness of hotel staff and their supply chain partners to coordinate, adapt, and deliver inclusive experiences. Yet systematic frameworks for assessing and building this readiness remain limited in the Thai hospitality context. Drawing on a mixed-methods study of Thailand's hotel supply chain ($n = 200$ survey respondents; $n = 10$ qualitative interviews across five stakeholder groups), this paper examines how Supply Chain Collaboration (SCC), Dynamic Capabilities (DC), and Hotel Supply Chain Readiness (SR) contribute to inclusive service delivery for guests with disabilities. Three qualitative themes are interpreted through an accessible tourism lens: (1) real-time information sharing as an accessibility coordination mechanism; (2) dynamic capability routines as the vehicle through which training capabilities that may support inclusive service delivery become embedded in hotel operations; and (3) service readiness as a co-created, network-level condition. Key quantitative indicators show that staff training (SR14.1, $M = 4.13$) and capability-building through training and hiring (DC11.4, $M = 4.08$) are the highest-performing readiness dimensions, while real-time partner coordination (DC10.1, $M = 3.32$, $SD = 1.10$) is the critical gap. The Hotel Readiness Assessment Partners (HRAP) platform is presented as a continuing-education tool enabling hotels to self-assess and develop staff capabilities for accessible service delivery. Findings carry implications for inclusive hospitality education, accessible tourism policy, and professional development for frontline hotel staff.

Keywords: accessible tourism; inclusive hospitality; staff training; dynamic capabilities; supply chain readiness; hotel education; Thailand

1. Introduction

Accessible tourism — the systematic effort to make tourism experiences available and enjoyable for people with disabilities, mobility limitations, sensory impairments, and age-related conditions — has grown from a niche concern to a strategic priority for hospitality operators worldwide [1,2]. An estimated 1.3 billion people globally live with some form of disability [3], representing a substantial and underserved tourism segment with high loyalty to properties that consistently meet their needs [4]. In Thailand, which welcomed 35 million international visitors in 2024 [5], the accessibility of hotel services has become both a competitive differentiator and an ethical imperative.

For conceptual clarity, three related terms are used in distinct senses throughout this paper. Accessible tourism denotes the overarching field and policy agenda concerned with making tourism experiences available to people with access requirements [1,2]. Accessible service delivery refers to the operational act of providing inclusive services to individual guests at specific touchpoints —

booking, transport, check-in, dining, and excursions. Accessible service readiness, the focal construct of this paper, denotes the organizational and network-level condition — staff capabilities, partner coordination, and adaptive routines — that must be in place before consistently accessible service delivery becomes possible. Readiness is thus the antecedent capacity, delivery is its realized outcome, and accessible tourism is the wider agenda that both serve. These terms are used in these senses consistently throughout the manuscript.

Despite growing policy attention, Thai hotels frequently lack the staff knowledge, inter-organizational coordination, and systematic assessment processes required to deliver consistently accessible services [6,7]. Accessibility is often narrowly understood as a physical infrastructure question — ramps, adapted bathrooms, elevator access — when in practice it encompasses every service coordination point: from the initial booking interaction, through transport arrangements, to in-stay delivery by frontline staff and supply chain partners [8]. Barriers for guests with disabilities are not only physical but informational, attitudinal, and organizational [9]. Addressing them requires a systemic approach to staff education and inter-organizational collaboration.

The educational dimension of accessible tourism intersects directly with research on special education and inclusive professional development. Staff training for disability-inclusive service is recognized in inclusive education scholarship as a form of continuing professional development (CPD) that requires sustained organizational commitment rather than one-off compliance events [10]. Universal Design for Learning (UDL) — developed in special education contexts to support learners with diverse abilities [11,12] — establishes that inclusive service competency rests on three mutually reinforcing capacities: recognizing diverse guest needs through multiple information channels (multiple means of representation); sustained motivation to respond adaptively (multiple means of engagement); and a repertoire of differentiated service actions (multiple means of action and expression). This paper proposes that the sensing-seizing-transforming cycle of Dynamic Capability Theory [13] provides an operationally compatible translation of these principles, enabling UDL-aligned professional development to be embedded within the daily workflow routines that hotel staff already practice.

This framing also connects the study to core concerns of human resource management (HRM) scholarship. Staff capability development for inclusive service is, at its root, an HRM problem: it depends on the design of training programs, on the transfer of trained skills into daily job behavior [14], and on the organizational learning processes through which individual learning becomes embedded in shared routines and systems [15,16]. Strategic human resource development perspectives emphasize that training yields lasting performance effects only when it is aligned with organizational strategy and supported by workplace conditions that give employees the ability, motivation, and opportunity to apply what they learn [17,18]. In hospitality specifically, persistent underinvestment in workforce development has long been identified as a constraint on service quality and innovation [19]. By treating disability-inclusive staff training as continuing professional development embedded in dynamic capability routines — rather than as episodic compliance instruction — this study extends these HRM perspectives to the inter-organizational level of the hotel supply chain, where capability development, training transfer, and organizational learning must operate across firm boundaries.

This paper draws on a doctoral study of Thailand's hotel tourism supply chain to address three connected questions: (1) How do supply chain collaboration practices affect hotels' capacity to sense, respond to, and embed inclusive service routines? (2) Which staff training and capability-development indicators most strongly predict hotel readiness for accessible service delivery? (3) How

can the Hotel Readiness Assessment Partners (HRAP) platform function as a continuing-education and self-assessment tool for hospitality staff seeking to build accessible service readiness?

The paper makes three contributions. It connects supply chain readiness theory to inclusive hospitality education. It provides relevant quantitative evidence on where Thai hotel staff's capability for accessible service is strongest and where the critical gaps lie. And it presents HRAP as a structured, self-directed professional development framework that hotel operators and educators can deploy without specialist consultants or large capital expenditure.

2. Methodology

2.1 Study design and data source

This paper draws on a sequential explanatory mixed-methods doctoral dissertation conducted at Chulalongkorn University (IRB COA No. 397/68; approved October 2025). The parent study examined structural relationships among Supply Chain Collaboration (SCC), Dynamic Capabilities (DC), and Hotel Supply Chain Readiness (SR) in Thailand's 4- and 5-star hotel sector. The quantitative phase surveyed $n = 200$ hotel executives, departmental managers, and operational staff using 47 validated Likert-scale indicators. Structural equation modeling confirmed a validated pathway: SCC positively influences DC ($\beta = 0.64$), DC positively influences SR ($\beta = 0.49$), and SCC influences SR both directly ($\beta = 0.13$) and indirectly through DC ($\beta = 0.31$). These structural results are reported in full in Trakoolpan et al. [20] and are cited here as background.

Survey participants were recruited through non-probability purposive sampling from a triangulated sampling frame of 4- and 5-star hotel properties in Thailand, with one key informant at the managerial-, executive-, or operational-level per property. Purposive sampling was adopted because there is no single authority for a national registry that oversees 4- and 5-star hotels in Thailand, and because access to senior respondents in luxury properties is difficult; a normalcy in corporate levels, making probability sampling at the respondent level operationally infeasible. Three complementary recruitment channels were used: the Thai Hotels Association membership directory, direct executive outreach via professional email and executive networks, and snowball referral by participating respondents. All respondents completed the same online self-administered questionnaire, which opened with a screening page requiring them to confirm a managerial, executive, or operational role and direct experience with supply chain collaboration activities. Of the 250 responses received, 50 were excluded because respondents did not hold an eligible occupational role, yielding a final usable sample of $n = 200$, which meets conventional sample-size guidelines for the structural equation modeling reported in the parent study [20].

The qualitative phase comprised semi-structured interviews with $n = 10$ key informants drawn from five stakeholder groups: (1) hotel executives and general managers; (2) front-office and service operations staff; (3) food and beverage operators who are direct hotel supply partners; (4) travel agents and inbound tour operators; and (5) transportation and logistics providers. Interviews lasted 45-60 minutes, were conducted in Thailand, and were analyzed using template coding. The present paper focuses on the qualitative findings and accessibility-relevant indicators, reinterpreted through the accessible tourism framework of Buhalis and Darcy [1] and Darcy et al. [9].

Interview informants were likewise selected purposively, using a maximum-variation logic: the five stakeholder groups were specified in advance to mirror the principal actors of the hotel supply chain examined in the quantitative phase, and within each group informants were recruited through

professional industry networks on the basis of seniority and direct responsibility for supply chain collaboration. All informants provided informed consent, and interviews were audio-recorded and transcribed for analysis.

2.2. Theoretical mapping of accessibility-relevant indicators

Accessible tourism literature increasingly recognizes that accessibility extends beyond physical infrastructure and encompasses organizational processes, staff competencies, information provision, and inter-organizational coordination [1,8,9]. Delivering inclusive hospitality experiences requires hotels to develop employee capabilities, coordinate with external partners, share accessibility-related information, and continuously adapt service processes to accommodate diverse guest needs. Consequently, accessibility can be viewed as a network-level capability rather than solely a facility-level attribute.

Building on this perspective, the present study does not claim that the original SCC, DC, and SR constructs were developed specifically to measure accessibility. Rather, selected indicators were theoretically mapped to accessible service readiness based on their conceptual relevance to staff capability development, partner coordination, service adaptation, and compliance management. This interpretive approach allows the validated SCC–DC–SR framework to be examined through an accessible tourism lens while preserving the integrity of the original measurement model.

The accessibility interpretations developed throughout are the authors' theoretically grounded framings of relevant supply chain readiness constructs. The contribution of this paper lies in proposing an analytical framework and demonstrating its conceptual plausibility — both of which future purpose-designed empirical research should test with disability-inclusive samples and accessibility-specific instruments.

2.3. Accessibility-relevant indicators

Based on the theoretical mapping described above, four indicator clusters were identified as being particularly relevant to accessible service readiness : (1) SR14 - Staff Training and Frontline Service Readiness; (2) DC11 - Reconfiguring through Training and Process Optimization; (3) DC10 - Real-Time Partner Coordination; and (4) SR12 and SR15 - Partner Compliance and Technology Adoption. These indicators capture both the internal education dimension (staff training and capability building) and the network-level coordination dimension (partner compliance, real-time information exchange) of accessible service readiness.

2.4 HRAP as educational tool

The Hotel Readiness Assessment Partners (HRAP) platform (hrapthailand.com) was developed under Objective 3 of the parent dissertation to operationalize the SCC→DC→SR pathway as a practical diagnostic tool. HRAP provides a web-based 47-item self-assessment, a per-dimension readiness dashboard, and targeted recommendation pathways organized around Teece's sensing-seizing-transforming microfoundations [13]. For the purposes of this paper, HRAP is proposed as a continuing professional development framework through which hotel properties and their supply chain partners can identify gaps in staff capability for accessible service, benchmark against peer properties, and receive dimension-specific training recommendations matched to their readiness level (Low / Moderate / High).

3. Results

Consistent with the sequential explanatory design, the results are presented as two integrated layers. The quantitative indicator profile (Section 3.1) establishes where readiness is strongest and weakest; the three qualitative themes (Sections 3.2–3.4) explain the organizational mechanisms behind those scores. Each theme

is explicitly anchored to the indicators it interprets: Theme 1 explains the low real-time partner coordination score (DC10.1), Theme 2 accounts for the high training and capability-development scores (SR14.1, DC11.4), and Theme 3 contextualizes the variability in partner compliance and technology diffusion (SR12.1, SR15.1).

3.1. Quantitative indicator profile: staff training and accessible service gaps

Table 1 summarizes the means and standard deviations of the accessibility-relevant indicators. The pattern reveals an important asymmetry: internal training and service quality indicators score consistently high, while external partner coordination reveals the most critical gap.

Table 1. Accessibility-relevant indicator means (M), standard deviations (SD), and accessibility relevance (n = 200).

No.	Indicator	Domain	M (SD)	Accessibility Relevance
SR14.2	Frontline service quality	SR	4.18 (0.60)	Inclusive guest-facing service delivery
SR14.1	Staff training programs	SR	4.13 (0.61)	Disability awareness & inclusive service training
SR13.2	Infrastructure and physical readiness	SR	4.18 (0.62)	Physical accessibility infrastructure
DC11.4	Training & hiring for innovations	DC	4.08 (0.59)	Upskilling staff for accessible service demands
DC8.3	Strategy adaptation under disruption	DC	3.99 (0.61)	Responding rapidly to diverse guest needs
SR12.1	Partner compliance with hotel standards	SR	3.80 (0.94)	Ensuring partners meet accessibility standards
SR15.1	Recommending tech adoption to partners	SR	3.76 (0.97)	Diffusing accessibility tools across supply chain
DC10.1	Real-time shared dashboard with partners	DC - CRITICAL GAP	3.32 (1.10)	Real-time accessibility coordination with transport, F&B, and tour partners

Source: doctoral dissertation, Chulalongkorn University; Trakoolpan et al. [20]

Internal training indicators (SR14.1, SR14.2, DC11.4) register means above 4.00, indicating that Thai 4- and 5-star hotels already value and invest in staff capability development — a strong foundation for extending that investment to disability-awareness and inclusive service protocols. However, the partner coordination gap is stark. DC10.1, measuring real-time dashboard connectivity with supply chain partners, records the lowest mean in the entire Dynamic Capabilities construct ($M = 3.32$, $SD = 1.10$). This gap is theoretically consequential for accessible tourism: prior literature consistently demonstrates that guests with disabilities depend on coordinated, real-time communication across multiple service touchpoints — accessible transport pickup, adapted room confirmation, dietary accommodation, tour operator briefing — and that absent a shared coordination layer, service failures at these handoff points are structurally more likely [8,9].

3.2. Theme 1 - information sharing as an accessibility coordination mechanism

Across hotel leaders, operations staff, and transport providers, informants described information-sharing gaps that are particularly consequential for guests with disabilities, who depend on advance coordination of their specific needs across multiple service touchpoints. Informant 3, a front-office manager at a 5-star beach resort in Phuket, described the coordination reality that frontline staff navigate daily:

"The PMS and the channel manager mostly work, but every high season we still get overbookings because somebody's inventory update lagged. Our team is well-trained, we cross-train everyone across reception, reservations, and guest

relations, so when things break, we cope. What we don't have is a single screen where the hotel, the OTA, and our tour partner all see the same numbers at the same moment. I'm phoning the tour operator, they're phoning the driver, and the guest is standing in front of me. If a shared dashboard existed, half my escalations would disappear. Our staff are ready, our infrastructure is strong, I just wish the partner-side systems were as tight." (Front-Office Manager, 5-star beach resort, Phuket)

From an accessible tourism perspective, the consequences of this coordination gap are magnified for guests with disabilities. Where a non-disabled guest can independently navigate a delayed transfer or a booking error, a guest requiring a wheelchair-accessible vehicle, an adapted room, or a specific dietary protocol is far more exposed to service failure when real-time information does not flow between the hotel and its partners. Informant 9, an operations director at an airport transfer company, made the systemic cost explicit:

"If every hotel we served gave us real-time arrival and departure data, I could route fewer empty legs and probably take fifteen percent off my cost. That saving is real, we've modeled it. The barrier isn't price, it's that each hotel has a different system and nobody owns the integration." (Operations Director, airport-transfer company, Bangkok-Pattaya corridor)

For accessible transport services — where wheelchair-adapted vehicles require advance reservation and cannot be substituted at short notice — the absence of real-time data integration represents, from an accessible tourism perspective, a theoretically significant service accessibility risk — not merely an operational inefficiency. The DC10.1 quantitative gap ($M = 3.32$, $SD = 1.10$) thus converges with, and is explained by, these qualitative accounts: it confirms this is the weakest link in Thai hotel supply chains, with the high standard deviation indicating highly variable accessibility outcomes across properties.

3.3. Theme 2 - dynamic capability routines as staff education pathways

The second theme concerns how dynamic capabilities are enacted as embedded daily routines involving staff learning, adaptation, and judgment — rather than as abstract organizational properties. This directly connects to accessible tourism education: the sensing-seizing-transforming microfoundations of Dynamic Capability Theory [13] describe, at the level of practice, exactly the trained, adaptive staff behavior that inclusive service delivery requires. Informant 2, an executive vice-president of operations at a 4-star business-hotel group in Chiang Mai, described how the disruption experience had accelerated the internalization of adaptive routines:

"After COVID we learned we can't just watch STR reports and wait. We now read our guest feedback every week, our F&B partners' chatter, even what the OTAs are quietly reweighting, and we act on it within the month. Two years ago that same decision would need five approval layers. So the sensing and the restructuring, we've gotten much faster at. Where we still struggle is pulling our partners along when we want to change a process — adopt a new PMS integration or push a new SOP with transport providers. They hesitate, it costs them something, and we don't have a formal mechanism to share that cost." (EVP Operations, 4-star business-hotel group, Chiang Mai)

This account illustrates a critical insight for accessible hospitality education: internal dynamic capability — sensing diverse guest needs, seizing training opportunities, reconfiguring service processes — can be developed within a single property through leadership commitment and iterative learning. The barrier is not staff willingness but the absence of formal mechanisms for extending these routines across the supply chain. Informant 8 articulated this precisely:

"The technology isn't the barrier, it's the change-management capacity inside each hotel." (Senior Product Manager, regional Destination Management

Company, Bangkok)

Change-management capacity, in this context, is a form of organizational education: the systematic development of staff knowledge, attitudes, and skills to support service reconfiguration. DC11.4 ($M = 4.08$) and SR14.1 ($M = 4.13$) confirm that Thai 4- and 5-star hotels already prioritize this dimension. In mixed-methods terms, this theme explains why the training indicators score highest in **Table 1**: capability development is not an isolated HR function but is embedded in the accelerated post-COVID sensing and restructuring routines that informants described. The challenge is directing that investment toward disability-inclusive service delivery through structured curricula, awareness programs, and capability benchmarking tools — such as HRAP.

3.4. Theme 3 - readiness as a co-created, network-level accessible service condition

The third theme, resonating across all five stakeholder groups, was a system-level understanding of readiness: the hotel's ability to operate seamlessly not just internally but across all the actors that together shape the guest experience. For guests with disabilities, this network-level dimension is not optional but foundational. An adapted hotel room is of limited value if the airport transfer is inaccessible, the tour operator's coach is not wheelchair-equipped, and the partner restaurant has no accessible entrance. Informant 5, an F&B director at a lifestyle hotel group in Bangkok, captured the gap between collaborative intention and operational reality:

"We've tried co-marketing packages with two hotel partners in our cluster, and the guest response was good, but behind the scenes it was messy. Their reservation system doesn't talk to ours, so every booking comes in as an email and someone has to re-key it. Right now we're collaborating on the front end and fighting over spreadsheets on the back end." (F&B Director, lifestyle hotel group, Bangkok)

Informant 7, a managing director of a wellness-focused inbound tour operator, identified the divergence between capable and less capable hotel partners as the central operational challenge:

"That gap between hotels that can actually adapt and hotels that just say the right words — that's our single biggest operational headache. And the data flow is still patchy, some partners give us live inventory through their channel manager, others email a spreadsheet every Monday." (Managing Director, inbound tour operator, Bangkok)

This insight maps directly onto SR12.1 - partner compliance with hotel standards ($M = 3.80$, $SD = 0.94$) - and SR15.1 - recommending technology adoption to partners ($M = 3.76$, $SD = 0.97$). Both indicators show meaningful variability: some hotels actively lead their supply chain networks toward higher service standards while others have not yet developed external leadership capability. The interview accounts thus explain the high standard deviations of both indicators: the score variability reflects the real divergence informants described between supply-chain-leading properties and passive ones. For accessibility, this distinction is critical: hotels that cannot enforce or diffuse accessibility standards through their supply chains cannot reliably deliver accessible guest experiences.

3.5. HRAP as an accessible service readiness and staff education tool

The HRAP platform (hrapthailand.com) was developed to operationalize the SCC→DC→SR pathway as a practical tool for hotel practitioners. Reframed for accessible hospitality education, HRAP's three-component architecture maps naturally onto the professional development cycle for inclusive service:

Knowledge and Awareness Building — Sensing. HRAP's knowledge hub, events calendar, and initiatives pages function as a curated learning environment

where hotel staff and managers access case studies, capacity-building toolkits, and peer examples of accessible service delivery. This module operationalizes the sensing dimension of Dynamic Capability: surfacing accessibility as a strategic issue rather than a compliance checkbox and connecting staff to the broader accessible tourism discourse.

Readiness Assessment and Dashboard — Seizing. The 47-item self-assessment, with grouped sections covering SCC, DC, and SR, allows any hotel department to quantify its current readiness for accessible service delivery. The per-dimension dashboard identifies which aspects of supply chain collaboration, capability development, or operational readiness are limiting the hotel's ability to serve guests with disabilities. This seizing function — converting awareness into a prioritized action agenda — distinguishes HRAP from static accessibility checklists.

Targeted Recommendations — Transforming. The recommendation engine generates dimension-specific development pathways matched to each hotel's readiness band. A hotel scoring Low on DC10.1 receives specific partner-integration steps and training interventions. A hotel strong on SR14.1 but weak on SR12.1 receives inter-organizational training protocols and shared standard-setting guidance. This transforming function supports ongoing reconfiguration of staff capabilities and supply chain relationships.

User Acceptance Testing (n = 30, five stakeholder groups) and Technology Acceptance Model evaluation (TAM, n = 30) confirmed high acceptance across all six dimensions: Perceived Usefulness (M = 4.27), Ease of Use (M = 4.32), Application Quality (M = 4.36), Self-Efficacy (M = 4.22), Attitude Toward Use (M = 4.17), and Intention to Use (M = 4.31). These results indicate that practitioners across all five hotel supply chain stakeholder groups are willing to engage with a structured self-assessment and professional development tool of this design.

4. Discussion

4.1 Theoretical contributions

This study makes three theoretical contributions. First, it extends accessible tourism scholarship by reframing accessibility as a dynamic organizational capability rather than a static property of facilities. Prevailing approaches to accessibility assessment rely largely on compliance checklists and physical audit criteria, which capture whether adapted infrastructure exists but not whether an organization can sense diverse guest needs, mobilize resources to meet them, and reconfigure routines as those needs change. Applying Dynamic Capability Theory [13] to accessible service readiness supplies precisely this missing process dimension: it explains why two hotels with identical physical infrastructure can deliver very different accessible guest experiences, and it locates that difference in trainable, manageable organizational routines rather than in fixed assets.

Second, the study clarifies the boundary between its empirical and its interpretive claims. The SCC→DC→SR structural pathway, the indicator scores in **Table 1**, and the three interview themes are empirical findings of the parent study [20]. The accessibility reading of those findings — interpreting DC10.1 as an accessibility coordination gap, or SR14.1 and DC11.4 as a foundation for disability-inclusive training — is a theoretically grounded interpretation proposed by this paper, not a result of accessibility-specific measurement. Keeping these two layers distinct defines the scope of the contribution: the empirical layer establishes that the readiness architecture exists and where it is weak; the interpretive layer proposes, as a testable framework, what that architecture implies for accessible tourism (Section 4.6).

Third, HRAP operationalizes the SCC→DC→SR pathway as a

simultaneously theoretical and practical framework: its knowledge hub enacts sensing, its self-assessment dashboard enacts seizing, and its targeted recommendation engine enacts transforming, so that each use of the platform constitutes one structured pass through a full dynamic capability cycle functioning as continuing professional development. For HRM theory, this positions capability development, training transfer [14], and organizational learning [15,16] not as intra-firm processes alone but as network-level ones: the findings show that the returns to a hotel's investment in staff training are conditioned by the readiness of its supply chain partners, extending strategic HRD arguments [17] and the ability–motivation–opportunity logic [18] across organizational boundaries.

4.2. Practical implications for inclusive hospitality education and HRM

The results support a reframing of hospitality staff training for accessibility not as a standalone compliance module but as an embedded dimension of dynamic capability development. Thai hotels that have internalized sensing-seizing-transforming routines are structurally better positioned to extend those routines to disability-inclusive service. The high scores on SR14.1 ($M = 4.13$) and DC11.4 ($M = 4.08$) indicate that training culture already exists in most Thai 4- and 5-star properties. What is needed is the redirection of that culture toward accessibility-specific knowledge, attitudes, and skills.

Hospitality education programs — at vocational, undergraduate, and continuing-professional-development levels — can embed accessibility training within the operational rhythms hotels already practice: disability awareness and inclusive communication within weekly guest-feedback review (sensing); adaptive service response protocols within rapid-response decision training (seizing); cross-functional SOP redesign for accessibility within reconfiguration training (transforming). Presenting accessibility as an extension of dynamic capability logic, rather than a separate compliance burden, increases the probability that training translates into lasting operational change.

The Universal Design for Learning (UDL) framework [11,12], developed in special education to support diverse learners, including those with disabilities, provides a complementary theoretical lens for understanding HRAP's professional development architecture. UDL's three core principles map instructively onto the sensing-seizing-transforming cycle. The sensing phase of HRAP — delivering accessibility knowledge through case studies, quantitative benchmarks, and peer examples — operationalizes UDL's principle of multiple means of representation. The seizing phase — structured self-assessment against a property's own readiness profile — operationalizes multiple means of engagement by anchoring learning in authentic, context-specific reflection rather than generic checklists. The transforming phase — dimension-specific action recommendations — operationalizes multiple means of action and expression by enabling differentiated, not uniform, staff development pathways. Positioning HRAP within a UDL conceptual framework provides hospitality educators and special education researchers with a shared language for collaborative curriculum design and points to future HRAP iterations that explicitly embed disability-awareness content within each capability domain.

For HR professionals and hotel managers, HRAP can be integrated into existing HRM systems in several concrete ways as followed:

Employee training. The recommendation engine converts low-scoring indicators into dimension-specific action cards, which can directly populate the annual learning-and-development plan — for example, a property scoring Low on real-time partner coordination (DC10.1) would prioritize joint training with transport and tour partners on information handoffs, while a property weak on partner compliance (SR12.1) would train duty managers in partner auditing and

shared standard-setting. The knowledge hub's capacity-building toolkits, filterable by sensing/seizing/transforming, and the platform's training workshops provide ready-made supporting content.

Continuing professional development. The readiness bands can be linked to individual development plans and internal certification steps, so staff progression through accessibility competency levels becomes visible in performance reviews; the downloadable annual readiness report provides a documented CPD record for each assessment cycle.

Organizational learning. Because assessments persist across sessions, repeated cycles generate a historical trend line and (at higher membership tiers) anonymized peer benchmarking, allowing properties to evaluate whether training investments actually shift readiness scores over time — closing the learning loop that one-off training events leave open.

4.3. Supply chain training as the missing layer

The most important practical implication of this study is that individual hotel training, however high-quality, is insufficient for accessible tourism. The DC10.1 gap ($M = 3.32$) and the SR12.1 and SR15.1 scores show that the weakest links in the accessible service chain are the interfaces between the hotel and its transport, F&B, and tour operator partners.

This points to the need for supply chain-level accessibility education: training programs and curricula that span organizational boundaries and include transport providers, F&B operators, and tour operators as co-participants alongside hotel staff. HRAP's multi-stakeholder design — with separate assessment blocks for SCC, DC, and SR, and recommendation pathways targeting inter-organizational coordination gaps — provides practical scaffolding for this kind of cross-organizational learning.

4.4. Policy and institutional implications

For Thai tourism authorities, the results argue that investment in accessible tourism readiness should address capability development and inter-organizational training at the supply chain level, not only physical infrastructure certification. Incentive schemes rewarding hotels for demonstrating supply chain-level accessible service readiness — using platforms such as HRAP as the assessment instrument — could complement existing star-rating and certification systems. Industry associations such as the Thai Hotels Association and the Tourism Authority of Thailand are well-positioned to broker cross-organizational training programs that bring hotels, transport providers, tour operators, and F&B partners into joint accessible service readiness curricula. Engagement of disability organizations as supply chain partners — for audits, staff training, and service co-design — directly operationalizes the SCC→DC→SR pathway for accessible tourism.

4.5 Limitations

The primary limitation is that the parent study sampled Thai 4- and 5-star hotels; findings may not generalize to budget hotels, SME operators, or other national contexts. Second, the accessibility interpretation presented here is a theoretically grounded reframing of constructs relevant to accessibility, and future research should directly investigate accessibility-focused supply chain practices with informants who have specific experience of disability-inclusive service delivery.

4.6 Future validation pathway

Future research should validate the proposed framework through three complementary pathways. First, accessibility-specific survey instruments should replace or supplement the general SCC/DC/SR indicators used here, with items anchored explicitly to disability-inclusive service tasks. Second, guests with

disabilities and disability organizations should be included as active research participants — both as informants and as co-designers of assessment frameworks. Third, longitudinal evaluation of HRAP implementation across contrasting property types should track whether measurable improvements in accessible service quality follow from structured readiness assessment and capability development. Together, these pathways would convert the theoretical framework proposed here into an empirically validated model of accessible hospitality professional development.

5. Conclusion

This paper has argued that accessible service readiness in Thai hotels is not primarily a physical infrastructure problem but a dynamic capability and supply chain education challenge. Three interconnected findings emerge. First, Thai 4- and 5-star hotels have a strong internal training foundation (SR14.1, $M = 4.13$; DC11.4, $M = 4.08$) but a theoretically significant gap in real-time partner coordination (DC10.1, $M = 3.32$). Second, qualitative evidence shows that dynamic capability routines — the sensing, seizing, and transforming practices that leading Thai hotels have accelerated since COVID-19 — are the most natural vehicle for embedding disability-awareness and accessible service protocols into everyday hotel operations. Third, the HRAP platform, reframed as a continuing-education tool, provides a structured pathway for hotel properties and supply chain partners to identify, benchmark, and develop the capabilities required for consistently accessible service delivery.

Theoretically, these findings position accessible service readiness as a dynamic, network-level capability — a framing that moves accessible tourism research beyond static, facility-centered accessibility assessment and extends HRM perspectives on training, training transfer, and organizational learning across firm boundaries.

For hospitality educators, the implication is clear: accessibility training is most effective when integrated into the dynamic capability frameworks hotels already use rather than delivered as a standalone compliance module. For hotel operators, HRAP offers a self-directed professional development pathway that does not require specialist consultants or large capital expenditure. For policymakers, the network-level character of accessible service readiness argues for supply chain-wide training incentives and inter-organizational coordination programs. Together, these recommendations point toward a vision of inclusive tourism in Thailand built from the inside out — through the daily training routines, adaptive capabilities, and collaborative practices of hotel staff and their supply chain partners.

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