



FACTORS AFFECTING SUSTAINABILITY OF WELLNESS PROGRAMS IN THE HOSPITALITY INDUSTRY. A CASE STUDY OF NAIROBI SERENA HOTEL

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ABSTRACT

Over the last several decades, an epidemic of “lifestyle diseases” has developed worldwide including in Kenya. Unhealthy lifestyles such as inactivity, poor nutrition, tobacco use, and frequent alcohol consumption are driving up the prevalence of chronic diseases such as diabetes, heart disease, and hypertension. In the workplace, chronic diseases come with an increase in medical costs, absenteeism, recruitment and training cost plus a host of other challenges associated with staff turnover. Furthermore, although chronic disease was once thought to be a problem of older age groups, there is a shift towards the younger working age that adds to the economic burden, because of illness-related loss of productivity due to absence from work (absenteeism) and reduced performance while at work (presenteeism). This study explored the factors affecting sustainability of wellness programs in Nairobi Serena Hotel. The scope of this study was the Hospitality industry in Kenya and Nairobi Serena Hotel in particular. The depended variable was sustainability of wellness programs while the independent variables were effect of incentives and management’s support in Nairobi Serena Hotel. Further review of existing literature was done to support the variables under study. To achieve this, the study used descriptive research design to conduct a survey of Nairobi Serena Hotel using structured questionnaires and interviews targeting 135 employees who were 30% of total staff population, which were 450 employees. The data gathered was both qualitative and quantitative data from both primary and secondary sources. The data collected was then analyzed using Statistical Package for the Social Sciences (SPSS version 22. Result showed that there was a strong correlation between sustainability of wellness programs and wellness incentives and management’s support. Therefore, sustainability of wellness programs could be predicted using management’s support and wellness incentives.

Key Words: Incentives, Management Support, Wellness Programs, Sustainability

INTRODUCTION

The history of workplace wellness starts with the Italian physician Bernardino Ramazzini (1633-1714) who is believed to be one of the first to write about the effects of work exposure on workers (occupational diseases) and was interested in the possibilities of taking preventative measures to help improve employee well-being. Later, the Industrial Revolution brought with it many new health problems and injuries due to the way work was reformulated and systematized (Gainer, 2008). These challenges made employers to think of their employees' health and ways of minimizing exposure to health hazards in the work place.

However, as Owens (2006) notes, workplace wellness was generally an afterthought for organizations up until the advent of Employee Assistance Programs (EAPs) in the 1950s, when companies began to offer wellness interventions primarily focused on alcoholism and mental health issues. According to Reardon (1998), true workplace wellness programs did not really begin to exist until the mid-1970s when there was a perceived shift in financial responsibility for health care, from government to employer.

There are different types of wellness programs including smoking cessation, health screening, physical activities, fitness classes, nutrition classes and wellness talks. These programs have numerous benefits to both employee and employer. For employee they include weight reduction, improved physical fitness, increased stamina, lower levels of stress, increased well-being, self-image and self-esteem. Employers' benefits are: enhanced recruitment and retention of healthy employees, reduced healthcare costs, decreased rates of illness and injury, reduced employee absenteeism,

improved employee relations and morale and increased productivity (Gainer, 2008).

Health promotion started in the USA in 1970s when a handful of employers developed executive fitness programs to keep their top management fit for duty (Readon, 1998). Attempts to avoid premature death of key executives and the use of fitness programs as a company perk to help recruit top executives were the impetus of these programs. As evidence grew of the positive health outcomes experienced by executives and the related cost benefits to the companies' bottom lines, health promotion programs were expanded beyond fitness programs to general wellness and were offered to the entire workforce (Fertman C & Allensworth D, 2010).

Concurrent with the fitness to wellness shift was a programmatic evolution from a treatment focus to a prevention focus in the early nineties due to an increase in lifestyle induced diseases (Murray & Lopez, 1996). In 2010, the Centers for Disease Control and Prevention (CDC) identified four behaviours – inactivity, poor nutrition, tobacco use and frequent alcohol consumption as primary causes of chronic diseases in USA which result in high prevalence of diabetes, heart disease and hypertension. It was also observed that although these chronic diseases were once thought to be a problem of the elderly, the number of working age adults with a chronic condition grew by 25% in ten years (Hoffman and Schwartz, 2008).

In Africa, organisations are currently becoming more aware of issues related to employee wellness or well-being (Hooper, 2004) and there is increased public interest in integrating wellness activities with employers' responsibilities in order to ensure the program is not a fad but secure its sustainability. (Hillier, Fewell, Cann & Shephard, 2005). Employee wellness programs in South Africa only started to emerge in the 1980s when the Chamber of Mines of

South Africa initiated them after it carried out a feasibility study in the mining industry in 1983 (Terblanche, 1992).

In Kenya employee wellness programs were borne out of the benefits realized after organizations developed workplace HIV/AIDS policies in response to the government's campaign to have a pro-active approach to HIV/AIDs. The government declared HIV/AIDS a national disaster in 1999 and through Sessional Paper No. 4 of 1997 on AIDS put in place a national policy, defined an institutional framework and intensified intervention measures for the prevention, management, control and mitigation of HIV and AIDS impact (GOK, 1997). From this national policy, organizations were urged to domesticate organization-based policies to guide how they were to approach and deal with the pandemic that was affecting the productive workforce aged 15-50 years old. This reduced most of the negative effects of HIV AIDs in the workplace especially deaths, absenteeism and high medical bills. The reduction thus encouraged employers to expand and develop more comprehensive employee wellness programs that cover a wide range of health and wellness issues (Ng'eno, 2014).

The Harvard Business Review (2010) defines employee wellness program as an organized, employer-sponsored program that is designed to support employees (and, sometimes, their families) as they adopt and sustain behaviors that reduce health risks, improve quality of life, enhance personal effectiveness, and benefit the organization's bottom line. From the above definition it is clear that wellness programs are diverse and encompass almost all aspects of an employee's life and not only health issues as has been the case traditionally.

DuBrin (2013) defines employee wellness program as a company sponsored activity designed to

support employees to learn and sustain behaviours that reduce health risk, improve quality of life, and enhance personal effectiveness. These programs are designed to prevent many problems that could result in employee illness and sometimes injury, absenteeism, work stress, and medical insurance claims. Employee wellness programs are a fairly new concept in organizations although its separate components have been an employer's concern and responsibility for a very long time. Employers had restricted themselves to only employee health plans, occupational health and safety with minimal efforts for social wellbeing, quality of working life and employee well being all of which form wellness programs.

Nairobi Serena Hotel is a five-star hotel that was established in 1972 as part of the larger Tourism Promotion Services (TPS) an affiliate of Aga Khan Development Network (AKDN). The hotel has a total of one eighty-three rooms (183) with a bed capacity of three hundred and sixty-six beds, all in comfortable executive standard rooms and businessman suites. Tourism Promotion Services whose trade name is Serena Hotels is a public limited company listed in Nairobi Stock Exchange, by extension therefore Nairobi Serena Hotel is run and operated like a public company (Serena Hotels).

Statement of the Problem

The importance of employee wellness programs in the workplace cannot be overemphasized. A change in peoples' lifestyles has seen an increase in lifestyle induced as well as chronic diseases in the world over. Fairweather (2011) explains that wellness promoted at the organization level has many benefits including reducing medical costs, chronic illness incidence and severity, absenteeism, and increasing work performance.

However, a review of the U.S. Workplace Wellness Market Survey by Kaiser Family Foundation and the Health Research and Educational Trust (Kaiser/HRET, 2012) revealed that in spite of widespread availability and variety in workplace wellness programs, the actual participation of employees in such programs remains limited. That typically fewer than 20 percent of eligible employees participated in wellness interventions as per the Kaiser report. Similarly, according to a 2013 Towers Watson global survey, actual participation in employee health and productivity programs is very low in the US. On average participation is nearly 50% for health assessment appraisals (for instance BMI testing and blood sugar screening) but well below 20% across the population among other programs like weight management, alcohol and tobacco cessation (PWC, 2010).

In Kenya wellness programs have not been as vibrant despite the obvious advantages they have to both the employers and employees (Tongoi 2013). The study notes that despite formulating policies and having wellness facilities, participation of employees is minimal with organizations recording less and less of wellness activities as years progress. Tongoi notes that the diminishing numbers of participants and eventual lack of wellness activities uptake has led to 'death' of many wellness programs. It is against this background that this study sought to establish the factors that influence sustainability of employee wellness programs.

Objective of the Study

The general Objective for the study was to determine the factors that influence sustainability of wellness programs in the hospitality industry. The specific objectives were:-

- To establish the effect of incentives on sustainability of wellness programs

- To determine how management's support influences the sustainability of wellness programs.

LITERATURE REVIEW

Theoretical Review

Expectancy Theory

The Expectancy Theory of motivation, originally developed by Vroom (1964), is a theory explaining the process individuals use to make decisions on various behavioural alternatives (Chiang, 2006). It explains that people base decisions of their behaviour on three factors namely the perceived performance outcome – will the effort result in the desired performance, the perceived return on investment for their effort – will there be a reward and the perceived value of the reward – is it worth it? This model explains motivation as a subjective reality, based on personal perceptions of worth and value. In other words, when making a decision about their behaviour, people are asking themselves 'what's in it for me?' So, the questions that managers should be asking themselves in order to tap into the motivational energy of others is 'what's in it for them?'

This theory supports the objective on role of incentives in the sense that different incentives work for different people based on how they perceive the worth and value of those incentives. For some, financial incentives may make them take up and continue to participate in wellness programs while for others it is non-financial incentives.

Henri Fayol's Classical Theory

Henri Fayol's theory on management is another theory that has been used to explain the objective on managerial support. It is a very simple model of how management interacts with personnel – a systematic understanding of the overall

management process (Sigh, 2011). According to Drucker (2012), Fayol identified five managerial functions: grouped according to their activities namely: Planning – forecasting of events impacting the organization, the development of all operating program taking all threats into account and the continuous updating of organizational plans. Organizing was the other managerial function which involves the structuring of the organization’s tasks and activities and securing the necessary human, financial and material resources.

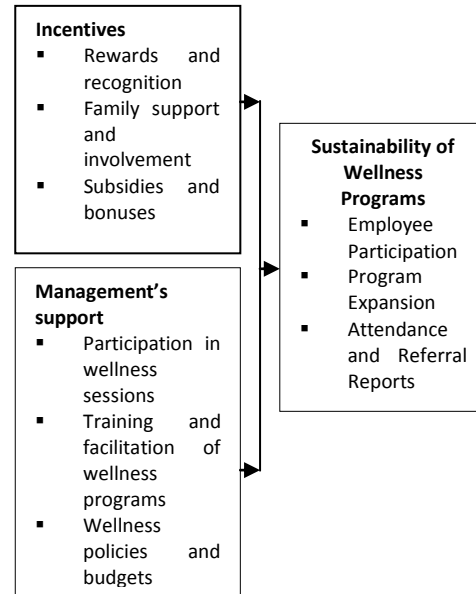
The third function commanding; involves setting the organization into motion and setting a good example. Co-ordinating is the fourth function which involves regular meeting between managers and subordinates to ensure the harmony and unity of purpose necessary for effective organizational functioning. Controlling which is the fifth and final function involves a constant monitoring of a worker’s activities, materials and output to ensure that each is consistent with the standards established in the plan (Drucker, 2012).

Sigh (2011) explains that according to this theory, the soundness and good working order of the body corporate depends on a certain number of conditions termed indiscriminately as management principles. These fourteen management principles as identified by Fayol are: division of work, authority and responsibility, discipline, unity of command, unity of direction, subordination of personal interest to the general interest, remuneration of personnel, centralization, scalar chain, order, equity, stability of tenure of personnel, initiative and esprit de corps.

This classical theory supports the objective on managerial support by highlighting the managerial functions that are key to lead and ensure sustainability of wellness programs. The management do plan for wellness programs

activities including financial plans and also carry out their function of coordination that ensure regular meetings and held and unity of purpose is attained.

Conceptual Framework



Independent Variables

Dependent Variable

Figure 1: Conceptual Framework

Effect of Incentives

Employee Wellness Programs are aimed at assisting employees take charge of their health through sustained behavioural changes. For this to succeed, employers have to use incentives to motivate staff to enroll in wellness programs and for those already enrolled to continue participating (Ngeno, 2014). The use of incentives in health promotion can enable employees be in charge and become involved with caring for their health.

According to Zywave (2008) most employers running health promotion programs give something positive to their employees to encourage healthy behavior rather than taking something away. He expounds that incentive rewards can be tangible, such as cash, prizes, vacation days and reduced insurance premiums; they can also be intangible,

such as management recognition, camaraderie and personal fulfillment. Whether an organization uses tangible or intangible rewards, incentives are most effective when they are closely tied to the healthy behaviors that they are intended to reinforce.

The idea of using incentives to promote uptake of wellness programs is based on the fact that people are not intrinsically motivated to live healthy lives – if they were, then we would not need wellness programs (Osilla, 2012). Research confirms that the use of incentives, particularly out-come-based incentives, which are tied to a specific goal attainment, can increase participation in a wellness program. It can also enhance awareness of the company's wellness culture (Naydeck, 2008). He notes that the bigger picture shows that incentives have two additional merits: they help employees take greater responsibility for their health and help them be more connected to the company. This leads to what every business leader wants – improved business results.

Management's Support

The role of an organization's top management in employee wellness programs cannot be over emphasized. According to Tongoi (2013) management support is a key element for a workplace wellness program to have continued and sustainable success over time. The difficult part is that there are very few senior-management teams that are willing to offer the strong and visible support that is necessary for wellness program success. She posits that without the proper management support, human resources officers and benefit administrators are left to fight an uphill battle as they try to implement wellness programs that capture company-wide participation and engagement. Mattke (2013) states that employee buy-in of wellness programs is tied to management buy-in. When employees see the Chief Executive Officer on the treadmill next to them or attending a

weight management seminar, for instance, they may be more likely to recognize the value and significance of the program.

As explained by Gruman (2007), management support is critical to the success of any wellness initiative. Studies show that management style and perception of management support are strong influences on participation in employer-sponsored health promotion programs. He posits that effective leadership is a top driver of employee engagement, which in turn is a requirement for business success. Fundamental changes in corporate policy and culture — backed by commitment from all leadership levels — are the cornerstones sustainable employee wellness programs (Gruman, 2007). Managers wield a powerful influence over employee morale, workloads, team communication norms, and job satisfaction. Because of their positions, they can serve as motivators and role models to promote healthy behaviors and participation – resulting in decreased healthcare and turnover costs as well as increased productivity (Finger, 2005).

Wellness Programs Sustainability

Health and wellness programming in the workplace may be the single most effective and proactive tool for simultaneously combating increases in health care costs and declines in employee health (DeVries, 2010). He notes that the evidence is clear that wellness interventions can reduce long-term health care costs and employee absenteeism while increasing worker productivity and job satisfaction. Additionally, researchers have found that by providing incentives and a well-balanced program, sedentary people can become more active and healthier employees.

Mujtaba & Cavico, F (2013) argue that creating and implementing a wellness program can be beneficial to the employer as well as the employee. However,

the goal is to have an efficient, effective, legal, and moral wellness program that helps the employee to attain and keep good health as well as help the employer to manage and reduce healthcare costs. They emphasize on the program's ability sustain good health of the employees and ultimate reduction of medical costs.

Loushine *et al* (2011) argue that the employer's ultimate objective in having a wellness program is to create a "wellness culture" in the workplace by means in order to ensure that the ever changing wellness needs are addressed by a live and dynamic wellness program. Isolated activities and one off intervention would not bring in this culture which is key to sustainability of wellness program. In the US the government has developed legislation on the federal and state levels that is designed to ensure this wellness culture is sustained through observing confidentiality, privacy, and equal protection within the scope of the employer employee relationship and the implementation wellness programs.

Empirical Review

Effect of Incentives

Harvard Studies on Return on Investment of EPWs indicate that incentives are key in ensuring uptake and sustainability of wellness programs. The studies show that organizations in the sample favor positive incentives because employees lose trust when they feel they're being forced to act against their wishes. They advocate for use of "carrot" as opposed to a "stick" to ensure employees willingly participate in wellness programs (Harvard Studies, 2014).

In the hospitality industry, firms operate in highly competitive environments (Wang, et al 2014) and this makes it difficult for them to maintain their competitive advantage. As service providers, hospitality businesses cannot achieve their goals without the assistance of their employees (Jin and

Mattila, 2013). In their study on Effect of Incentives on uptake of wellness programs Jin et al (2013) note that hospitality businesses require their employees to be healthy and EWPs is one way of ensuring that. Incentives are used heavily to encourage them to participate in the wellness programs.

Fronstin (2014) looks at data from a large employer in Europe and reports that financial incentives are key in ensuring sustainability of wellness programs. He examined how the characteristics of first-time, wellness-program participants changed with the enhancement of financial incentives for health-risk assessments (HRA) and biometric screenings. More employees enrolled for wellness programs after introduction of financial incentives while the participation of those already enrolled increased tremendously.

According to a RAND Health research report on workplace wellness programs, incentives can take different forms and an organization that is keen on ensuring its wellness program is sustainable should be able to package incentives that will make its program attractive to the employees. (Mattke *et al.*, 2013). They give examples of incentives such as reduction in medical health premiums, paid gym membership, family fun days, and off day as some that were effective in encouraging employees to stay on the program.

Management's Support

Evidence from case studies conducted by RAND Health in 2013 suggests that for employee wellness programs to be a continuous success, senior managers need to consider wellness an organizational priority to shift the company culture. Buy-in from direct supervisors is crucial to generate excitement and connect employees to available resources.

Management support is critical to the success of any wellness initiative. Studies show that management style and perception of management support are strong influences on participation in employee wellness programs (Linnan, Weiner, Graham and Emmons, 2007). Managers wield a powerful influence over employee morale, workloads, team communication norms, and job satisfaction (Perrin, 2008). Because of their positions, they can serve as motivators and role models to promote healthy behaviors and participation — resulting in decreased healthcare and turnover costs as well as increased productivity.

Studies conducted by Linnan, *et al* (2007) indicate that for employee wellness programs to be sustainable, the management needs to put these four basics in place: policies, accountability, preparation and Integration. Clear policies communicate expectations as well as procedures and resources. Leadership has to hold all managers and supervisors at all levels responsible and reward them for wellness policy compliance and support of initiatives as part of their performance evaluations. Accountability reflects leadership commitment. Embedding health promotion in each aspect of organization structure — from meeting norms to maintenance — bolsters the effectiveness of wellness efforts (Linnan, *et al* 2007).

There are various ways of ensuring senior management support employee wellness programs. Some incorporate wellness targets in top managers' performance targets while others organize and require managers to participate in organization wide wellness activities. For instance, Johnson & Johnson identifies a "champion" for each component of their wellness programs. The champion is a member of the senior management team who is responsible for taking the lead in developing and promoting his or her component (Mattke, 2013). As well, reports from National

Organization of Peer Educators (NOPE) in 2013 indicate that during World AIDs day, many CEOs in Kenya lead the park in undergoing health screening including HIV testing which results in many of their employees participating in the health check exercise. Without management support for workplace wellness, many wellness programs either get abandoned down the line or employees lose interest in the program altogether.

Sustainability of Wellness Programs

Issues of sustainability of wellness programs in organizations have been studied and documented by different scholars albeit under various titles and approaches. Rubenstein (2009) notes that a number of formal studies conducted by corporations and academia have concluded that wellness programs are economically advantageous with the benefits of employee participation in a wellness program often exceeding the expenditure invested in the implementation and administration of such programs. However, there exists challenges in ensuring these programs are long-term and their benefits felt on the company's bottom line over time.

In his studies on Emergence of Mandatory Wellness Programs in the United States done in 2009, Rubenstein notes that organisations should approach the problem of wellness program sustainability in a structured way, focusing on both the employee and on the organisation. The reasoning behind this approach is that the wellness of an employee can influence the wellness of an organisation, and vice versa and so the buy-in and involvement of both parties is key

Harvard Studies (2012) emphasize that the success and effectiveness of EWPs depend on a number of factors, including the rationale, management's buy-in and evaluation of the programmes through direct feedback from employees. Various researchers

emphasize the importance of a needs analysis to identify the stressors and issues that employees experience. Organisations should conduct this needs analysis before designing and introducing an EWP. This will allow them to target issues that they need to address accurately (Berridge, Cooper & Highley-Marchington, 1997).

Terblanche (1992) conducted a survey to determine the conceptual sophistication of EWPs in the South African business community and established that only 69% of employer respondents actually offered direct assistance to their employees. Of this percentage, only 58% offered it in structured programmes. He also found out that when EWPs do exist, they are often not part of core business structures (Bennett, 1999). This suggests that lack of structures, management's support and employee involvement could be the reason behind their short term and inactive wellness programs.

The Rand studies of 2012 therefore summarises that the following factors are key in promoting and ensuring ERPs stay active in the long term: Opportunity for employees to engage, Effective communication with the stakeholders, Leadership engaged at all levels and Continuous evaluation and redesigning of program's activities. Loushine et al (2011) in their study on Review of Workplace Options indicate that to be successful, health promotion and employee wellness should be considered a process instead of a program or initiative. They encourage a move beyond a focus on activities to lifestyle and adoption of new lifestyle practices.

RESEARCH METHODOLOGY

This study used the descriptive research design. A descriptive research design is a carefully designed procedure which ensures complete description of the situation, making sure there is minimum or no

biasness in collection of data to hold costs to a minimum and to reduce the errors in interpreting the data collected (Burns & Grove, 2003). The target population for this study was employees of Nairobi Serena Hotel who are 450 in total and distributed in the different departments namely: Rooms, Food & Beverage, Administration and Engineering. This study used stratified random sampling technique, which according to Mugenda and Mugenda (2003) involves selecting subjects 'in such a way that the existing subgroups in the population are more or less reproduced in the sample'. This study used mainly self-administered structured questionnaires that comprised mainly of closed and open ended questions. Questionnaires were administered to the same group of employees twice, two weeks apart and results interrogated to establish similarity. The study generated quantitative data that was analysed by use of Statistical Package for Social Sciences (SPSS, Version 22), a software that is developed specifically to analyse statistical data.

DATA FINDINGS, ANALYSIS AND DISCUSSIONS

A total of 132 respondents completely filled the questionnaires making a response rate of 97%. Babbie (2002) argues that in descriptive survey research, response rate above 50 percent is adequate for data analysis. Mugenda (2003) also argues that a rate of 50 percent or higher is adequate for data analysis. On the distribution of respondents who participated in the study by gender, majority of the respondent (55.3%) were male whereas 44.7% of the respondent were female, this is an indication that both genders were involved in this study and thus the finding of the study did not suffer from gender bias. Majority of the respondents (32.6%) were aged 31 to 40 years while the minority were below 20 years of age. Most of the study respondents were middle aged indicating that the hotel employs more young people than the old who are more energetic and can perform more than the old. On level of

education of respondents, most of the respondents (44.7%) were diploma holders while a few (18.2%) had degree. These results shows that most of the study participants were well educated and could thus understand the subject matter of the study thus giving reliable information. On distribution of respondents by length of service, majority of the study respondents (31.1%) had 6-10 years of experience in their current job while the minority (8.3%) had between 16-20 years of experience. The results show that the hotel had majority of staff with over six years of experience who could clearly understand the purpose of the study hence giving reliable information. On distribution of respondents by department, most of the respondents were from food & beverage department while minority were drawn from Engineering department.

Wellness Incentives

Respondents were presented with four questions on their workplace wellness program. Almost all of the respondents (98.5%) admitted that their employer has an employee wellness program. Majority of the respondents (85.6%) agreed that wellness program at their workplace has various activities. Most of the respondents (45.5%) reported to only participate in wellness activities sometimes while a few (7.6%) never participated. Close to a half of the respondents (47.7%) were wellness champions.

To measure wellness incentives respondents were presented with eight statements on likert scale and asked to state how much they agreed with each statement. The responses ranged from 1- disagree through 3-fairly agree to 5-strogly agree. The responses were averaged per statement and the results displayed in Table 1.

Most of the respondents (36%) disagreed that the company offers employees incentives to participate in wellness programs with an average mean score

of 2.66. Similarly, more than half of the respondents (57%) disagreed to having received rewards and been recognized for participating in wellness activities with an average score of 2.18. On the contrary, majority of the respondents (61%) agreed that rewards and recognition increases uptake of wellness activities with an average score of 4.19. Close to a half of the respondents (44%) disagreed with the statement that wellness activities involve employees' family members with an average score of 2.25. Close to a half of the respondents (47%) agreed and strongly agreed with the statement that employees participate more in wellness activities when their family members are involved with an average score of 3.15. Close to a half of the respondents (42%) strongly agreed that they prefer financial incentives to non-financial incentives with an average score of 3.67. Majority of the respondents (48%) strongly agreed that when the company offers subsidies for wellness activities the uptake is higher and long-term with an average score of 3.77. Most of the respondents (39%) strongly agreed that incentives offered under wellness program are a motivation to continue participating in wellness activities with an average score of 3.53.

These findings support those of Ngeno (2014) who reported that for employee wellness programs to succeed, employers have to use incentives to motivate staff to enroll in wellness programs and for those already enrolled to continue participating. Additionally, the study concurs with that of Zywave (2008) that documented that most employers running health promotion programs give something positive to their employees to encourage healthy behavior rather than taking something away.

Table 1: Wellness Incentives

	Disagree	Least Agree	Fairly Agree	Agree	Strongly Agree	Mean	SD
The company offers employees incentives to participate in wellness programs	36%	5%	25%	25%	9%	2.66	1.42
You have received rewards and been recognized for participating in wellness activities	57%	7%	14%	7%	16%	2.18	1.55
Rewards and recognition increases uptake of wellness activities	7%	7%	8%	17%	61%	4.19	1.25
Your company's wellness activities involve employees' family members	44%	25%	5%	15%	11%	2.25	1.44
Employees' participate more in wellness activities when their family members are involved	23%	8%	22%	25%	22%	3.15	1.45
You prefer financial incentives to non-financial incentives	20%	5%	5%	28%	42%	3.67	1.55
When the company offers subsidies for wellness activities the uptake is higher and long-term	14%	7%	16%	16%	48%	3.77	1.45
Incentives offered under your wellness program are a motivation to continue participating in wellness activities	16%	7%	24%	14%	39%	3.53	1.46

Management Support

To measure management support respondents were presented with nine statements on likert scale and asked to state how much they agreed with each statement. The responses ranged from 1- disagree through 3-fairly agree to 5-strogly agree. The responses were averaged per statement and the results displayed in Table 2.

Most of the respondents (62%) agreed that their managers take part in wellness activities with an average score of 3.7. More than three quarters of the respondents (82%) agreed that they feel encouraged to participate in wellness activities if their HOD is participating with average score of 4.05. More than a third of the respondents (37%) disagreed that their HOD organizes departmental training wellness activities for the department with a score of 2.53. Almost three quarters of the

respondents (74%) agreed that attendance and uptake of wellness activities is high when the HOD manager is the organizer and a trained wellness champion with a score of 4.15. More than half of the respondents (60%) agreed that they have a wellness policy to guide their wellness program with a score of 3.54. Almost all of the respondents (88%) agreed that having a wellness policy gives one direction on what activities and partnerships to engage in with a score of 4.29. Almost a half of the respondents (49%) agreed that their wellness program has an annual budget to finance wellness activities with a score of 3.33. Majority of the respondents (80%) agreed that separate wellness budget ensures wellness activities run throughout the year with a score of 4.23. Almost all of the respondents (94%) agreed that management's support, participation and guidance is key for the sustainability of their wellness program with a score of 4.57.

These results concur with those of Tongoi (2013) who reported that management support is a key element for a workplace wellness program to have continued and sustainable success over time. Additionally, the results agree with those of Mattke

(2013) who documented that employee buy-in of wellness programs is tied to management buy-in. Therefore, as explained by Gruman (2007), management support is critical to the success of any wellness initiative.

Table 2: Management Support

	Disagree	Least Agree	Fairly Agree	Agree	Strongly Agree	Mean	SD
Our Managers take part in wellness activities	8%	6%	25%	32%	30%	3.70	1.18
You feel encouraged to participate in wellness activities if your HOD is participating	9%	0%	9%	41%	41%	4.05	1.15
Your HOD organizes departmental training wellness activities for the department	37%	21%	12%	12%	19%	2.53	1.54
Attendance and uptake of wellness activities is high when the HOD manager is the organizer and a trained wellness champion	2%	4%	20%	25%	49%	4.15	1.02
You have a wellness policy to guide our wellness program	12%	15%	14%	27%	33%	3.54	1.38
Having a wellness policy gives you direction on what activities and partnerships to engage in	7%	0%	5%	33%	55%	4.29	1.07
Your wellness program has a an annual budget to finance wellness activities	16%	9%	26%	26%	23%	3.33	1.35
A separate wellness budget ensures wellness activities run throughout the year	5%	2%	13%	25%	55%	4.23	1.07
Management’s support, participation and guidance is key for the sustainability of your wellness program	2%	2%	2%	22%	72%	4.57	.85

Sustainability of Wellness Programs

To measure sustainability of wellness programs respondents were presented with four statements on likert scale and asked to state how much they agreed with each statement. The responses ranged from 1- disagree through 3-fairy agree to 5-stroglly agree. The responses were averaged per statement and the results displayed in Table 3.

Respondents unanimously agreed with all the four statements with each scoring over 4 points.

Table 3: Sustainability of Wellness Programs

Wellness program will expand if new wellness activities and initiatives are introduced was rated highest at 4.59 followed by the statement that sustainability of wellness program is enhanced by management’s support and review of activities based on employees’ feedback rated at 4.49. Continuous participation in wellness activities by employees ensures the program is sustainable was rated at 4.44 while attendance records and growing referral reports reflect the growth and sustainability of wellness program scoring 4.42.

	Disagree	Least Agree	Fairly Agree	Agree	Strongly Agree	Mean	SD
Continuous participation in wellness activities by employees ensures the program is sustainable	2%	2%	4%	33%	59%	4.44	.86
Your wellness program will expand if new wellness activities and initiatives are introduced	2%	0%	2%	27%	68%	4.59	.75
Attendance records and growing referral reports reflect the growth and sustainability of your wellness program	0%	2%	10%	31%	57%	4.42	.76
Sustainability of your wellness program is enhanced by management's support and review of activities based on employees' feedback	2%	2%	5%	26%	65%	4.49	.88

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Most of the respondents disagreed that the company offered employees incentives to participate in wellness programs. Similarly, more than half of the respondents disagreed to having received rewards and being recognized for participating in wellness activities. On the contrary, majority of the respondents agreed that rewards and recognition increases uptake of wellness activities. Close to a half of the respondents disagreed that wellness activities involve employees' family members. Close to a half of the respondents agreed with the statement that employees participate more in wellness activities when their family members are involved. Close to a half of the respondents strongly agreed that they prefer financial incentives to non-financial incentives. Majority of the respondents strongly agreed that when the company offers subsidies for wellness activities the uptake is higher and long-term. Most of the respondents strongly agreed that incentives offered under wellness program are a motivation to continue participating in wellness activities. Results of correlation analysis showed that there was positive linear correlation between employees' incentives and sustainability of wellness programs. The results of regression analysis

however, showed that employees' incentives coefficient was insignificant in the model and thus employees' incentives do not affect sustainability of wellness programs significantly.

Most of the respondents agreed that their managers took part in wellness activities and that they felt encouraged participating in wellness activities if their HOD was participating. More than a third of the respondents disagreed that their HOD organizes departmental training wellness activities for the department. Almost three quarters of the respondents agreed that attendance and uptake of wellness activities was high when the HOD manager was the organizer and a trained wellness champion. More than half of the respondents agreed that they had a wellness policy to guide their wellness program. Almost all of the respondents agreed that having a wellness policy gave one direction on what activities and partnerships to engage in. Almost a half of the respondents agreed that their wellness program had an annual budget to finance wellness activities. Majority of the respondents agreed that separate wellness budget ensured wellness activities run throughout the year. Almost all of the respondents agreed that management's support, participation and guidance was key for the sustainability of their wellness program.

Results of correlation analysis showed that there was positive linear correlation between management's support and sustainability of wellness programs. The results of regression analysis showed that management's support coefficient was significant in the model and thus management's support affect sustainability of wellness programs significantly.

Conclusion

Result of correlation analysis shows that there was a significant positive association between sustainability of wellness programs and both independent variables, wellness incentives and management's support.

Recommendations

On gain management's support, The most crucial step for a large-scale wellness program is to secure senior leadership support; if this is not possible, it may only lead to ad-hoc activities. Having the backing and influence of the management of the hotel is paramount to success; getting key administrators on board, can give a better chance of being successful.

Conduct research: Hotel industry should begin by exploring what the other industries are doing in terms of sustaining wellness programs. Increasingly, the effects of wellness programs must be quantified and evaluated. Justification of the expense of

staffing and offering an employee wellness program may require credible evidence that the program will meet its goals of reducing healthcare costs and/or improving overall health, productivity, and job satisfaction. Experimental and quasi-experimental evaluation can provide valuable evidence to show whether the program will be effective in meeting its objectives and goals. Additionally, a pilot evaluation on a small sample of faculty and staff may be easier to fund and implement in the short term than mounting a full-scale employee wellness program.

Areas of further study

Future research should examine the determinants of sustainability of wellness programs with a larger sample incorporating most hotels since this study confined its focus to one hotel, Nairobi Serena Hotel. An in-depth analysis of individual responses can generate useful inductive information and provide a richer understanding of the determinants of sustainability of wellness programs since this research relied on quantitative approaches to examine the determinants of sustainability of wellness programs.

REFERENCES

- Babbie, E. (2002). *Survey research methods*. Belmont, CA: Wadsworth
- Baicker K, Cutler D, Song Z. (2009) *Workplace Wellness Programs can Generate Savings*. Health Affairs (Millwood). 2010;29(2):304–11. 4
- Berry, L., Mirabito, A., & Baun, W. (2010). *What's the Hard Return on Employee Wellness Programs?* Harvard Business Review, 1-10. Retrieved January, 27th 2017, from

Breckon, D. J. (1997) *Managing Health Promotion Programs*. Gaithersburg M.D. Aspen Publisher Inc.

Chapman, L. (2009) Building a Sustainable Administrative Structure of Worksite Wellness Programs "The Art of Health Promotion" November/December issue pp1-10

Employee Benefits & HR, XXI (46), 17-19. Retrieved on 3rd November, 2016
from <https://vpn.uonbi.ac.ke/proxy/http/web.b.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=49&sid>

Goetzel, R. Z., & Shechter, D. (2007). "Promising practices in employer health and productivity management efforts: findings from a benchmarking study." *Journal of Occupational and Environmental Medicine/American College of Occupational and Environmental Medicine* 49(2): 111– 130 10.

Griffin, D. (2015). What Is an Employee Wellness Programme? Retrieved on February 2nd, 2017
from <http://smallbusiness.chron.com/employee-wellness-program-1349.html> <http://www.stepsafari.com/getfile/PDFs%20Public/Whats-the-Hard-Return-on-Employee>

Kimberlin, C & Winterstein, G. (2008). Research Fundamentals: Validity and Reliability of Measurement instruments used in research. *American journal of Health-System Pharmacy*, 65 (23), 2276-2284

Klautzer, L., S. Mattke, et al. (2012). "Can We Legally Pay People for Being Good? A Review of Current Federal and State Law on Wellness Program Incentives." *Inquiry Journal* 49.

Kothari, C.R. (2004). *Research methodology: Methods and techniques*. (2nd ed.). New Delhi: New Age international ltd.

Lutalo, M. (2007). The Wellness Program of Serena Hotels, Kenya – A Case Study. *HIV/AIDS - Getting Results*, 1-10. Retrieved on 22nd December, 2016
from http://gametlibrary.worldbank.org/FILES/1145_Getting%20Kenya%20Serena%20hotel

Mattke, S., Liu, H., Caloyeras, J. P., Huang, C. Y., Van Busum, K. R., Khodyakov, D., & Shier, V. (2013). *Workplace wellness programs study: Final report*. Santa Monica, CA:

Mercer.(2014). Taking health management to a new level. Retrieved January 27, 2017,
from <http://mthink.mercer.com/taking-health-management-to-a-new-level/>

Milani, R. V., and C. J. Lavie (2009). "Impact of worksite wellness intervention on cardiac risk factors and one-year health care costs." *The American Journal of Cardiology* 104(10): 1389–1392

Mugenda O, Mugenda A; (2003). *Research Methods: Quantitative and Qualitative Approaches*, Revised Edition, Acts Press, Nairobi.

Mugenda, O.N and Mugenda, A.G. (2003). *Research Methods: A Quantitative and Qualitative Approach*. Nairobi: ACTS Press.

Ngeno, W. & Muathe, S. (2014). *Critical Review of Literature on Employee Wellness*

Osilla, K. C., & Van Busum, K. (2012). "Systematic review of the impact of worksite wellness programs." *The American Journal of Managed Care* 18(2): e68–81

Programs in Kenya. *International Journal of Research in Social Sciences*, 4(8), 32-41 Retrieved On November, 3rd 2016 from http://www.ku.ac.ke/schools/business/images/stories/research/lit_review_on_emp_wellness.pdf

RAND Corporation. Retrieved on January 21, 2017
from http://aspe.hhs.gov/hsp/13/WorkplaceWellness/rpt_wellness.pdf

Rombel, A. (2007). Wellness programs play bigger role in benefit plans. Special Report:

Rono, W. (2011). Factors that influence adoption of Employee Wellness Programs at the

Schoenman, J. (2011). Building a Stronger Evidence Base for Employee Wellness Programmes. NIHCM Foundation. Retrieved on 30th November, 2016
from <http://www.nihcm.org/pdf/Wellness%20FINAL%20electronic%20version.pdf>

Seligman, M. (2005). The Corporate Chill Pill. *Executive Health*, 64-66. Retrieved on January 27th 2017
from <https://vpn.uonbi.ac.ke/proxy/http/web.b.ebscohost.com/ehost/pdfviewer/pdfviewer>

Standard Group Limited, 1-51. Retrieved on November 3rd, 2016
from <http://erepository.uonbi.ac.ke/bitstream/handle/11295/13459/Factors%20that%20influence%20adoption%20of%20wellness%20program%20the%20standard%20group%20limited.pdf?sequenc3>

Towers Watson. (2013). The business value of a healthy workforce: 2013/2014 Staying@Work survey report. US: Towers Watson. Retrieved January 22, 2017 from <http://www.towerswatson.com/en-US/Insights/IC-Types/Survey-Research-Results/2013/14/>