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FACTORS INFLUENCING UPTAKE OF WELLNESS PROGRAMMES AT AMREF HEALTH AFRICA, KENYA

NJERI. E. MUNYIRI

MBA-HCM/114628/19

A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF A DEGREE IN MBA HEALTHCARE MANAGEMENT OF STRATHMORE BUSINESS SCHOOL OF THE STRATHMORE UNIVERSITY

JUNE, 2023

DECLARATION

I declare that the work contained in this project is my original work and has not been presented for a degree in any other university or institution.

Sign: ………………. Date: …30th May 2023………….

NJERI.E. MUNYIRI

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SUPERVISOR

This project has been submitted for examination with my approval as a University Supervisor.

Sign: DR. TECLA KIVULI…Date: 30th May 2023 ……

SUPERVISOR

This project has been submitted for examination with my approval as a University Supervisor.

Sign: …………………………… DR. JACKLINE ARIDI Date 30th May 2023

DEDICATION

I wish to dedicate this project to my children, Manuel Moki and Maya Moki, for their support and patience while compiling this work; and to Mabel Moki, who was born during the program and gave me much motivation to complete the work.

ACKNOWLEDGMENT

I acknowledge my supervisors, Dr Tecla Kivuli and Dr Jackline Aridi, for their support and guidance during the development of this project, Mr. Cyrus Muthui for doing the statistic work, also acknowledged is the support, encouragement and opportunity given to me by Amref Health Africa to work with the institution and the Strathmore Business School for the supervisory support. Lastly, I do appreciate the role played by all my friends.

ABSTRACT

Wellness programs have the ability of helping employees to change and maintain health behaviors. Unfortunately, most organizations that have adopted these programs do not register complete uptake. This study was aimed at determining the factors influencing the uptake of employee wellness programs offered at AMREF Health Africa in Kenya. The specific objectives of this study were to determine the uptake of the employee wellness program, to determine the effects of staff knowledge on wellness programs, to assess the effects of staff attitude towards wellness programs and to identify strategies to improve the wellness program at AMREF Health Africa. This study adopted a mixed methods research design. The target population of this study comprised staff in AMREF Health Africa. This study adopted a stratified random sampling approach to arrive at a sample of 140 employees. In addition, 5 people working in the human resource department were purposefully involved in the study to act as key informants. Therefore, the study had a total sample of 145 respondents. The study used a structured questionnaire and key informant guide to collect data. A pilot study was conducted to establish reliability and validity of instruments. Quantitative data was analyzed using descriptive statistics, correlation and regression. Quantitative analysis was conducted using the Statistical Package for the Social Sciences. Results of quantitative analysis were presented using tables. Qualitative data collected in this study was analyzed using content analysis. To carry out content analysis the researcher used NVIVO 12 software. The study results were explained using the wellness motivation theory, and the social learning theory. The results of qualitative analysis were presented in a narrative format. The study found that the uptake of the employee wellness program initiatives was low (35%). employee knowledge was found to have a significant effect on uptake of wellness programs. In regression analysis the employee's attitude was negative and significant. The qualitative study identified the following themes- Based on the findings of the study, the researcher recommends that AMREF Health Africa should focus on increasing staff knowledge and perception of the wellness program. Personalized wellness programs can also be developed to cater to the specific needs of the staff.

Keywords; Wellness programs, AMREF Health Africa, Employees, Uptake.

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LIST OF ABBREVIATIONS

AMC:	AMREF Medical Centre
HIV:	Human Immunodeficiency Virus
HRA:	Health Risk Assessment
IPAQ:	International Physical Activity Questionnaire
NCD:	Non-Communicable Diseases
ROI:	Return on Investment
US:	United States
WHO:	World Health Organization
WPs:	Wellness Programs

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CHAPTER ONE: INTRODUCTION OF THE STUDY

1.1 Introduction

This chapter introduces the study. It covers the background of the study, the problem statement, the research objectives, research questions, scope of the study and the significance of the study.

1.2 Background of the Study

The health of employees is important for the productivity of any organization. Employees spend not less than 50% of their time at work (Jones, Molitor & Reif, 2019). Poor health habits, therefore, make employees unhealthy and thus cause negative impacts in embracing an employee wellness program in an organization is beneficial to both the employees and the employer (Swayze & Burke,2013). These wellness programs promote positivity in the workplace, reduce absenteeism caused by poor health related illnesses and help increase the overall productivity of an organization (Ott-Holland, Shepherd & Ryan, 2019).

According to the World Health Organization (WHO), wellness is much more than just the state of physical health. It is the state of complete physical, mental and social being and not only the absence of a disease (WHO, 1946) According to this definition, wellness is the ability to think clearly, to love, ability to embrace change as well as the ability to be stable and exercise intuition and continuous sense of spirituality (WHO, 1946). Wellness is multidimensional and holistic, encompassing lifestyle, mental and spiritual well-being, and the environment. Several key areas of lifestyle are considered dimensions of overall Wellness. They include: social connectedness, exercise, nutrition, sleep and mindfulness (Ott-Holland et al., 2019).

A wellness program is a program intended to improve and promote health and fitness that's usually offered through the work place, although insurance plans can offer them directly to their enrollees (Abraham, 2019). Wellness programs can include smoking cessation, weight loss education, fitness challenges, therapy, and many other plans designed to increase the overall health of an individual (Chung et al., 2017). Wellness programs that

integrate clinical evaluation, physical activity, nutrition and mental wellness prevent overweight/obesity, reduce stress levels in the workplace and prevent sedentary behavior. Additionally, it reduces chronic diseases like diabetes, heart disease, hypertension, depression, stroke among others. This in turn enhances employee morale and satisfaction, reducing absenteeism levels, increases productivity, reduces health costs and improves the corporate image (Mattke et al., 2013).

According to LeCheminant and Merrill, (2012), wellness programs have the ability of helping employees to change and maintain health behaviors. The study indicated that 1,800 employees at the worksite reported better health behaviors after two years of the program which included; regular exercises, eating healthier foods and smaller portions, less drinking and smoking, and better control of their stress. Another study done by Merrill and Sloan, (2014) shows that wellness programs reduce employees' elevated health risks like high blood pressure, high blood glucose and high blood cholesterol. Additionally, organizations that offer wellness programs remain competitive in the market and have recruitment and retention benefits (AoN plc, 2013). Another study conducted by Merrill and LeCheminant, (2016) reports that an effective wellness program reduces healthcare costs as it mitigates health complications. Although the return on investment (ROI) differs from organization to organization, different studies indicate that employers receive about 3 to 6 dollars in return for every dollar they spend on wellness programs (Merrill & LeCheminant, 2016).

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In Kenya, employee wellness programs have been adopted by a number of companies such as Safaricom Limited (Ndungu et al 2015), Aga Khan University Hospital, The Nairobi Hospital, and Serena Hotel. These companies have recognized that improving employee wellness will improve the health of their employees and in turn improve the productivity of the organizations. Most local companies now pay for basic health assessments like blood pressure, obesity, cholesterol levels and others for their employees. For instance, some tea processing companies in Kenya have adopted programs that help their employees to deal with issues of HIV/AIDS (Fultz & Francis, 2011).

1.3 Problem Statement

From the foregoing, an employee wellness program can have a significant impact on the health and well-being of employees, as well as on the success of the company. Some of the most commonly cited benefits include improved employee health, increased productivity, better morale, and improved retention rates. Additionally, wellness programs can help to reduce healthcare costs by promoting preventive health practices and reducing the need for expensive medical interventions (Berry et al., 2020; Carnethon et al., 2009; Passey et al., 2018; Varga et al., 2021). A study conducted by Baicker, Cutler, & Song, (2010) in the United States of America, reported that high participation in the wellness program reduced healthcare costs by $3.27 for every dollar spent on the program. On the other hand, the cost of absenteeism was reduced by $2.73 for every dollar spent on the program. However, Baicker et al., (2010) found that such returns can only be realized with a complete uptake of the programs. The rate of uptake of the employee wellness programs is, therefore, important in achieving the desired outcomes.

Unfortunately, most organizations that have adopted these programs do not register complete uptake. Although organizations that use incentives on wellness programs like health screening report significantly higher rates of participation than the ones that do not (Mattke et al., 2013). Otenyo et al. (2017) points put that although such programs have been around for decades, initiatives in government organizations typically lag behind initiatives developed in the private sector in both magnitude and diversity. Passey et al. (2018) indicated that managers' support for employee wellness programs varies and which affects uptake. In a study in Namibia, Maletzky (2017) indicated that employees have an attitude that wellness is not important and some do not take wellness seriously

Estimates from registration data collected at the staff clinic at AMREF Health Africa indicate that only a small proportion of staff 3% (21) participate in the wellness program at AMREF (AMREF Health Africa, 2020). Health Africa despite efforts to promote employee wellness. The implementation process with regard to uptake of the wellness program in the organization has been unsuccessful according to clinical records at the AMREF Medical Center (AMC). A conversation with the clinical staff in charge of the

wellness programs indicated that they have challenges understanding the factors that affect the uptake of the employee wellness programs at AMREF Health Africa. While these studies have examined the benefits of employee wellness programs and their impact on health, productivity, and cost reduction, there is limited research that specifically investigates the factors contributing to low uptake rates of these programs. Understanding these factors is crucial for designing effective interventions and strategies to improve program participation.

Furher, in as much as studies exist on the uptake of wellness programs in other sectors, there is a lack of empirical studies among NGOs. A study on the uptake of the wellness program at AMREF is crucial since this is an NGO involved in some major health issues which have a ripple effect in public health matters. The study aimed to assess the current state of employee wellness program uptake at AMREF Health Africa and identify the influence of staff knowledge of the wellness programs on their uptake. Additionally, the study aimed to understand the influence of attitude towards wellness programs. By gaining insights into these factors, the study sought to develop strategies and recommendations for improving the uptake of the wellness programs.

1.4 Research Objectives

1.4.1 Main Objective

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The purpose of the study was to determine the factors influencing uptake of the employee wellness program initiatives offered by AMREF Health Africa.

1.4.2 Specific Objectives

i. To determine the uptake of the employee wellness program initiatives offered by AMREF Health Africa.
ii. To establish the influence of staff knowledge of wellness programs on uptake of the employee wellness program initiatives offered by AMREF Health Africa.
iii. To assess the influence of attitude towards wellness programs on uptake of the employee wellness program initiatives offered by AMREF Health Africa.

iv. To identify strategies to improve the current wellness program in AMREF Health Africa.

1.5 Research Questions

The study sought to answer the following questions:

i. How is the uptake of the employee wellness program initiatives offered by AMREF Health Africa?
ii. What is the influence of staff knowledge of wellness programs on uptake of the employee wellness program initiatives offered by AMREF Health Africa?
iii. What is the influence of attitude towards wellness programs on uptake of the employee wellness program initiatives offered by AMREF Health Africa?
iv. What are the strategies to improve the current wellness program in AMREF Health Africa?

1.6 Scope and Limitations of the Study

The study was based in Kenya targeting employees at AMREF Health Africa. The study was limited in methodology with regards to the sampling technique. The study will sample the respondents using a stratified sampling technique where only a selected few will take part in the study. The employees were categorized into four: AMREF Flying Doctors, AMREF International University, AMREF Kenya Country Office and AMREF Headquarters office in Nairobi. The study targets AMREF Health Africa since it has adopted employee wellness programs in Kenya. Moreover, the issue of wellness programs in the workplace has not been fully adopted by many organizations in Kenya, therefore, the findings may provide knowledge and strategies on the importance of adopting and increasing uptake of wellness programs.

A limitation to the study was the response rate of the employees to the survey. In AMREF Health Africa, employees in some departments work in shifts, and thus it might not be easy to access some respondents in the sample. This presented a challenge in accessing them during data collection. Support of the human resource department in collaboration with the

AMREF Medical Centre was sought in questionnaire distribution to optimize the response rate. Another limitation was time. The target respondents at AMREF Health Africa may not have had sufficient time to fill in the questionnaires while at work because of the complex nature of work at AMREF Health Africa. Most employees used their free time to fulfill other personal obligations such as refreshment, convincing them to use their limited free time to respond to the research questions might be a challenge.

1.7 Significance of the Study

The results in this study are of importance to different stakeholders. Policy makers will benefit from these findings because the study will offer information on the attitudes and knowledge of employees towards the uptake of wellness programs. This will help policy makers introduce strategies suited at encouraging the uptake of wellness programs in the workplace.

AMREF Health Africa can also benefit from this study. The data collected will reflect the true situation on the ground with regard to the recently established wellness program. The organization can use the study findings to improve strategies on managing employees better in the company. Strategies that improve employee uptake of wellness programs can also help improve productivity and performance improvement initiatives of the organization.

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The research findings can be useful for further studies. Researchers who intend to carry out more studies about wellness programs practices can use the information to do literature review for future studies. Moreover, the study findings can form a basis for further research in relation to wellness programs in other organizations including small and medium enterprises.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter delves into the theoretical foundations that underpin the research. The empirical literature was conducted in relation to the objectives of the study. It aims to establish the gap in the research that necessitates the study by looking at both the local and international context of the study's research questions.

2.2 Conceptual Review

Employee wellness programs are comprehensive initiatives designed to support and improve the well-being of employees in the workplace. These programs encompass a range of activities and services aimed at enhancing physical, mental, and emotional health, as well as promoting work-life balance (Berry et al., 2020). Key components of these programs often include health assessments, preventive screenings, fitness activities, stress management workshops, counseling services, and incentives for healthy behaviors (Passey et al., 2018). By prioritizing employee wellness, organizations strive to create a positive work environment that fosters productivity, engagement, and overall job satisfaction (Otenyo et al., 2017; Pink-Harper & Rauhaus, 2017).

The prevalence and uptake of employee wellness programs have been steadily increasing in recent years. According to a survey conducted by the Society for Human Resource Management, 67% of organizations in the United States offered wellness programs to their employees. The Employer Health Benefits Survey (2019) reported that 84% of large employers offered wellness programs in 2019—up 15 percentage points in the last decade. Moreover, the survey revealed that 72% of organizations reported a positive impact on employee morale and engagement as a result of implementing these programs (SHRM, 2021). However, Yue et al. (2021) found that the prevalence of EWPs offered in accredited college and university campuses do not meet the national goal of 75%, which was set by Healthy People 2010. These statistics demonstrate the growing recognition of the value and benefits associated with investing in employee well-being.

Various factors influence the uptake of employee wellness programs, and organizations may encounter challenges when implementing and maintaining these initiatives. One critical factor is leadership support and commitment. When leaders prioritize employee wellness and actively participate in the programs themselves, it sends a strong message of encouragement and support to the entire workforce (Pink-Harper & Rauhaus, 2017). Hoert et al. (2018) indicated that organizations need to effectively communicate and promote wellness programs to ensure employees are aware of the available resources and motivated to participate. Additionally, financial constraints and limited resources can pose challenges for organizations, especially small and medium-sized businesses. However, the long-term benefits, such as improved productivity, reduced healthcare costs, and enhanced employee satisfaction, often outweigh the initial investments and challenges faced by organizations (Berry et al., 2020; Otenyo et al., 2017).

2.3 Theoretical Framework

This research was anchored on two theories; wellness motivation theory, and the social learning theory.

2.3.1 Wellness Motivation Theory

Perez and Fleury (2009) introduce the aspect of wellness motivation theory in wellness program participation. In their argument, they state that motivation for health behavior change is dynamic intention formation and goal-oriented behavior that leads to a new and positive health pattern. This theory, the authors observe, provides an understanding of behavior appraisal and change towards a healthy lifestyle. According to the theory, personal interaction with the environment through social contextual influence, through behavior change and through actualization of risk reducing behavior should be an important phenomenon to consider while implementing wellness programs.

According to wellness motivation theory, contextual influences originate from within individuals or as part of the socio-cultural and physical environment. Behavior change processes, initiation of physical activity and maintenance of the same is significantly influenced by sociocultural variables. The resources that are used to engage in physical

activity and the cultural factors are some of the elements that influence behavior risk modification. Barriers to participation in wellness programs, according to the theory, include concerns about safety, lack of social support, cost and unavailability of proper programs (Fleury, 1996).

It is observed that workplace wellness programs can only be successful if employees develop interest and participate in them to the highest degree. If the employees do not participate in such programs fully, then the healthcare costs of an organization cannot be lowered (Berry, Mirabito & Baun, 2010). All facilities and programs implemented by management are only beneficial to the organization if employees visit them and use them regularly. Here, the key to any effective workplace wellness program is participation (O'Donnell & Ainsworth, 1984).

The nature of wellness programmes determines the participation rate by employees. Employee attitude and knowledge influences the rate of participation in the wellness programmes. The attitudes may be informed by the seriousness of the health issues being addressed, the health condition being improved and the susceptibility of employees to workplace health hazards. Some employees may not feel the need to do anything to improve the status of their health. Others may not see the link between workplace wellness programmes and the wellbeing of their health (Shephard, 1999). Understanding such perceptions is instrumental in improving the uptake of wellness programmes and their overall success. Structurally accessible and culturally appropriate programmes have been proposed as the solution to reaching out to low-income, minority and poorly educated employees in worksites. These programmes should be at a time and place that employees can easily take part. As well, management should look at barriers to effective implementation of such programmes (O'Donnell & Ainsworth, 1984).

The Wellness Motivation Theory played a significant role in the study by providing a theoretical framework to understand the factors influencing the uptake of employee wellness programs at AMREF Health Africa. This theory focuses on the intrinsic and extrinsic motivators that drive individuals to engage in wellness behaviors.

In the context of the study, Wellness Motivation Theory was applied to examine the motivational factors that influence employees' decision to participate or not participate in the wellness programs offered by AMREF Health Africa. By understanding these motivational factors, the study identified the underlying reasons and drivers that affect program uptake. This theory suggests that individuals are motivated to engage in wellness behaviors when they perceive the benefits of these behaviors and have the confidence in their ability to participate. Additionally, factors such as social support, organizational culture, and incentives can influence motivation and participation.

The study utilized Wellness Motivation Theory to investigate how different motivational factors, such as perceived benefits, employee knowledge, social support, and incentives, impact employees' decision-making regarding wellness program participation. It explored employees' attitudes, beliefs, and personal motivations related to wellness activities and how these factors contribute to program uptake.

2.3.2 Social Learning Theory

Social learning theory by Albert Bandura is the study of learned behaviors through the observation, modeling, and imitating of new behaviors that are reinforced by other people, or models (Chavis, 2021). In social learning theory, Bandura (1986) agrees with the behaviorist learning theories of classical conditioning and operant conditioning. Within social learning theory lie three central concepts: individuals have the ability to learn through observation, mental states are a fundamental part of this learning process and when something is learned, a change in behavior does not always follow (Parke, 2014).

The social learning theory has four mediational processes that help determine whether a new behavior is acquired: Attention, Retention, Reproduction and Motivation (Wenger-Trayner, 2013). The individual needs to pay attention to the behavior and its consequences and form a mental representation of the behavior. The behavior may be noticed but is not always remembered- which obviously prevents imitation (Illeris, 2018). It is important therefore that a memory of the behavior is formed to be performed later by the observer.

Reproduction is the ability to perform the behavior that the model has just demonstrated. Motivation is the will to perform the behavior (Edinyang, 2016).

Social learning theory links attitudes and values to the influence of general and specific definitions (Chavis, 2021). Factors like societal attitudes, potential rewards and punishments, and the degree to which a subject is exposed to pro- or anti-wellness ideologies can all influence the likelihood of a subject to engage in healthy behavior such as taking part in a wellness program (Illeris, 2018). This aspect of the theory is important and relevant to this study which seeks to assess the effect of attitude towards wellness program initiatives offered by AMREF Health Africa.

Some criticisms of social learning theory arise from their commitment to the environment as the chief influence on behavior (Illeris, 2018). Some critics argue that the social learning theory is wrong in assuming that changes in the environment will automatically lead to changes in a subject. Behavior is also not only a product of beliefs and reinforcements or punishments that individuals receive. It is also a product of the behavior of those around us (Wenger-Trayner, 2013).

Social Learning Theory complemented the objectives of the study by providing a theoretical framework to understand how social influences and observational learning affected the uptake of employee wellness programs at AMREF Health Africa. The theiry helped appreciate the influence of peer behavior, social networks, and organizational influences on the uptake of employee wellness programs. It can explore how employees' perceptions of the behavior of their colleagues and supervisors, as well as the presence of supportive social networks, impact their motivation and decision to participate in wellness activities.

2.4 Empirical Literature

2.4.1 Uptake of Wellness Programs

Taylor and Don, (2010) views wellness programs as a way of promoting maintenance of good health rather than the correction of poor health. They include fitness programs,

recreational opportunities, social activities and intellectual and spiritual development programs which in turn impact on the company bottom line where the employees' wellbeing is seen to greatly affect overall productivity. MarCollin and Abraham (2012) argue that by developing new and integrated concept of well-being at workplace can be particularly important since many of the concepts have fields e.g., occupational health services, occupational safety and organizational consultancy and since they have been brought from outside of the companies, they have mostly remained fragmented and isolated actions which have no real link to daily activities of various workplaces. Miller and Harlem, (2009) indicates that worksite fitness programs are important for the organization as it lowers employees' absenteeism and job turnovers. A study by Kamau, Tuwai & Kuria (2015) on corporate wellness in commercial banks in Kenya shows that the commercial banks have adopted different wellness programmes with the aim of improving productivity and performance. Similarly, this study aims at understanding the uptake of wellness programmes by AMREF Health Africa in Kenya.

Fultz & Francis (2011) cite the programs in the tea processing factories in Kenya where the employers have wellness programs meant to help the employees deal with the AIDS problem. The improvement of such programs in Kenya is touted to help employees improve their health which will in turn improve productivity. The study indicated that the uptake of wellness programmes by the tea processing factories was however biased to employees infected with HIV/AIDs while this study will focus on the uptake of wellness programmes by all employees regardless of their disease status at AMREF Health Africa.

According to a thesis published by Owusu-Poku (2014), it is evident that wellness programs take place in Ghana and the employee wellness programs target both the male and the female employees in organizations. According to this study, the employee wellness programs at workplaces in Ghana help reduce the sources of the stressors and are meant to improve the work life balance of the women workforce. This study is a clear indicator that employers in other parts of the African continent have also taken upon the role of improving the health of their employees. However, more research needs to be conducted to focus on the level of uptake of wellness programmes in countries such as Kenya.

2.4.2 Staff Knowledge and Attitude Towards the Uptake of the Wellness Program

Kolbe-Alexander et al. (2012) in a study done in South Africa aimed at reducing the increase of cardiovascular diseases by introduction of working on wellness indicated that despite managers and employees wanting to increase their level of health, they lack the knowledge and skills to implement changes for a healthy lifestyle, hence lessening their risk of heart disease. Thus, the focal goals of the workplace intervention are to educate employees to increase the intensity of physical movement and motivating individuals to adapt healthy eating styles by increasing the intake of fruits and vegetables. This will eventually lead to an increase in the uptake of working on wellness. The findings indicated that the employees preferred individual-based counseling and intervention programmes to those that were done in groups. The study targeted only employees who were at risk of getting cardio-vascular disease. This study aims to reduce bias by targeting all the employees at AMREF Health Africa.

A study conducted by (Bright et al., (2012) on the attitudes of employees towards participation in a work site-based health and wellness clinic. Their findings suggest that employees showed a "desire" to participate in the health and wellness clinic (Bright et al., 2012). Although the above-mentioned results show that employees have the desire to take part in activities involving wellness, low levels of participation in workplace wellness programmes have been observed. This study however was based in the United States of America where health seeking behaviors might differ than in Kenya. Another study, Maletzky (2017) sought to determine the factors that motivate employees to participate in workplace wellness programmes. A total number of fifteen participants working for three different government ministries were recruited by means of convenience sampling. Findings from the study indicate that some employees may feel that they already know their health status and thus do not see the necessity to participate in workplace wellness programmes. Other employees have an attitude that wellness is not important and some do not take wellness seriously. Moreover, the findings also reveal that certain employee attitudes may hinder employee participation. The study was limited by the use of convenience sampling which may be biased, and hence data collected may not be representative of the employees in the entire organization. This study will aim to employ a

stratified sampling technique to ensure that data gathered is representative of the population under study.

2.4.3 Challenges affecting wellness program

The study will focus also on the factors that limit the ability to engage in a wellness program. There however, costs that are associated with establishing Wellness Programs (WP) that act as a barrier for organizations to provide adequately for such provisions.

Costs

Cost was a common barrier to adoption of WPs noted throughout the literature (McCoy et al. 2014; Taylor et al. 2016). As such, establishing a return-on-investment ROI may be a valuable communication tool for companies when they provide WP. Likewise, direct comparisons between WP cost and savings in healthcare expenditures appears frequently throughout the literature as a method of justifying adoption of WPs (Goetzel et al. 2014; Mukhopadhyay & Wendel, 2013). However, other studies have opined that this may be an incomplete method for evaluating WPs due its potential for undermining other benefits (Taylor et al. 2016). This is especially true for new programs, due to the time lag in cultivating certain elements of the workplace culture and attitudes of the staff that are important to the success of wellness initiatives (Mukhopadhyay & Wendel, 2013).

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There is evidence that supports the notion of focusing on less tangible benefits rather than decreasing costs as a way to gain the greatest value from a program (Kaspin et al. 2013). Comparing WP costs to these potential intangible values also appear in the literature (Connor, 2016). Enhanced engagement, for example, is another potential metric for measuring the value of WPs. Surveying employees for participation rates, job satisfaction, and other metrics related to engagement may offer a degree of perspective when evaluating the otherwise less-tangible values of such programs.

Time costs and scheduling conflicts are also noted as a potential barrier to adoption of WPs (McCoy et al. 2014). This makes superficial sense, considering that time constraints are often a concern of business in general. However, this may be an issue of priorities as much

as time itself. Qualitative interviews repeatedly note the importance of aligning tasks—and therefore, time— with company goals (Taylor et al. 2016). Many company goals are not necessarily exclusive from WP activities; some company goals may even be supported by WP activities or their outcomes. More root barriers, such as inadequate personnel or inefficient processes, may present themselves as "time" without companies being aware.

Employee interest

Another key factor that may have an influence on the uptake of wellness programs is the employee interest. A survey by McCoy et al. (2014) showed that 63.5% of respondents noted "lack of employee interest" as a barrier to effectiveness and adoption of WPs. Moreover, many participants from the same study (48.2% of all respondents) noted the lack of participation on the part of high-risk employees, specifically, as a key challenge of such programs. This is a well-founded concern, considering that those at risk of chronic disease would likely have the most to gain from such programs. While maintaining the health of healthy workers is an important goal of many WPs, such "maintenance outcomes" are arguably difficult to gauge when compared to positive changes in health indicators and medical expenditures of unhealthy workers. For example, losing 10kg to attain a healthy body weight is an easily measured benefit whereas maintaining a healthy body image is less so. While both are beneficial, one is simply more easily evaluated against standard health-risk data. Either way, WPs would likely benefit from maximizing participation by all employees, healthy or not, by employing methods to create and sustain behaviors that support health and prevent disease. Any lack of interest in the program, especially by large percentages of high-risk individuals, should draw concern for the company.

Lack of expertise

Additionally, the lack of expertise is mentioned as a barrier to adoption and implementation of wellness programs (McCoy et al. 2014). With regard to adoption, this lack of expertise would increase uncertainty of a given program's outcome. Inadequate expertise may also reflect a hindrance of the DMs ability to evaluate WPs, leading to a barrier of ignorance.

Expertise is likely a chief concern amongst DMs and may hinder adoption even in those who are otherwise eager to invest in WPs.

2.4.4 Strategies to Improve Wellness Program

Wellness programs take different forms and vary in levels of participation depending on the respective company's strategies. Kolbe-Alexander et al (2012) study illustrated that employees indicated that they wanted to go home to their families as soon as their working day was over and would not attend a programme held after hours. Thus, programmes that are offered during office hours can attract more employees compared to activities that take place during working hours. Concerning facility accessibility, participants preferred programmes, which include off-site physical activities as opposed to those on-site. The study targeted only employees who were at risk of getting cardio-vascular disease. The current study will aim to reduce bias by all the employees at AMREF Health Africa.

Sforzo et al. (2012), sought to assess whether participants would voluntarily utilize their supportive environment if it were offered by the company. They wanted to study how free choice would affect the willingness of participants to adhere to their health regimen. The study created two test groups: 1) educational classes on health and wellness, a 25% discount card for healthy food options within the company's cafeteria, and complimentary membership to the company's fitness facility and 2) only the 25% discount card as well as the complimentary membership. The control offered none of these options. Participants were stressed they had free choice, and use of any of these options was strictly voluntary. At the end, the researchers found that on average across all participants, gym facility use was only about 1.3 times per week and the healthy meal card was used 1.5 times per week (Sforzo, Kaye, Calleri, & Ngai, 2012). Although the use of options for a healthier lifestyle were not significant, the studies showed that there was a significant increase in moderate and vigorous activity among the employees $p < .01$ (Sforzo et al., 2012). It concluded that participants might not fully utilize all options when offered a supportive environment for healthier habits, but those who do voluntarily use their environment for the better are typically more balanced in their personal well-being.

Studies have recognized the need for physical activity, healthy foods, and sleep were essential to be in good health. Cooper and Barton (2015) found that 42% of respondents did not meet the requirements of daily physical activity using the IPAQ (International Physical Activity Questionnaire), a self-reported survey on physical activity. This study defined physical activity guidelines by using the US Health and Human Services' definition which states individuals should complete at least 150 minutes of moderate physical activity per week (Cooper & Barton, 2015). The study targeted employees from the university while the current study will target employees from AMREF Health Africa.

Griggs (2017) conducted an empirical study focusing on creating a culture of wellness in the workplace. The study observed that most companies choose health screenings, such as a Health Risk Assessment (HRA), option as the first active step before initiating a company-wide wellness program. These screenings typically measure one's weight, height, blood pressure, cholesterol, body mass index, etc. to gauge the person's overall health and fitness levels. These individual results allow the employees to begin managing their physical activity and overall health. However, an employer must be extremely cautious when utilizing an HRA to ensure that the assessment does not violate the terms of applicable laws. The study relied on secondary data only while the current study will collect primary data through a questionnaire and interview guide.

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2.5 Summary of Knowledge Gaps

Table 2.1 presents a summary of research gaps from the literature review

Table 2.1 Summary of Knowledge Gaps

Author	Study Objectives	Study Findings	Knowledge gap identified
Mberia (2013)	Occupational health and safety programs adopted by the banking industry in Kenya.	The study discovered that most banks in Kenya adopted similar occupational health and safety programs as recommended by the Ministry of Labor and only a few banks went out of the way to establish additional occupational health programs.	Only focused on the banking sector hence a look at a non-governmental organization would offer a diverse perspective.
Kemboi et al (2013)	Staff welfare as an antecedent to service delivery among civil servants in Kenya a case study of Nandi County	Findings revealed that there was a low level of safety, health and retirement plans services for the employees of Nandi County.	Focused predominantly on scheduling services, safety and health, retirement plans. Did not examine the attitudes of the employees regarding staff welfare and their knowledge towards its benefits
Waititu et al. (2017)	Did survey on the perception of staff welfare programmes at Kenya Railways Corporation	The study concluded that the five variables of employee welfare programmes (occupational health; succession plans; training and development; employee referral scheme and remuneration policies) have an effect on employee performance at Kenya Railways Corporation	The study however, did not look into the barriers that face the uptake of wellness programmes at the organization

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McCoy et al. (2014)	Barriers to the adoption of Wellness Programmes (WP)	Establishing an ROI may be a valuable communication tool for companies when they provide WP. Likewise, direct comparisons between WP cost and savings in healthcare expenditures used as a method of justifying adoption of WPs	Study based in the US market. Findings could have good applications in the Kenyan market.
RG Ndungu et al (2015)	Factors influencing uptake of wellness program at Safaricom LTD	A descriptive study that brought about the cost of wellness products, time limitation and the programme design.	The study only looked at one corporate organization and used descriptive study design, no interviews conducted on the managers of the programme.
Maletzky (2017)	To determine the factors that motivate employees to participate in workplace wellness programmes.	Some employees may feel that they already know their health status and thus, do not see the necessity to participate in wellness programmes.	The study was limited since the use of convenience sampling may be biased, hence data collected may not be as effective.
Griggs (2017)	Creating a culture of wellness in the workplace.	Most companies choose health screenings, such as a Health Risk Assessment (HRA), option as the first active step before initiating a companywide wellness program.	The study relied on secondary data only while the current study will collect primary data through a questionnaire and interview guide

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2.6 Conceptual Framework

This conceptual framework provides a visual representation of the relationships between the variables involved in the study and helps guide the investigation of the factors influencing the uptake of wellness programs, staff knowledge, attitudes, and the development of strategies to enhance program participation at AMREF Health Africa.

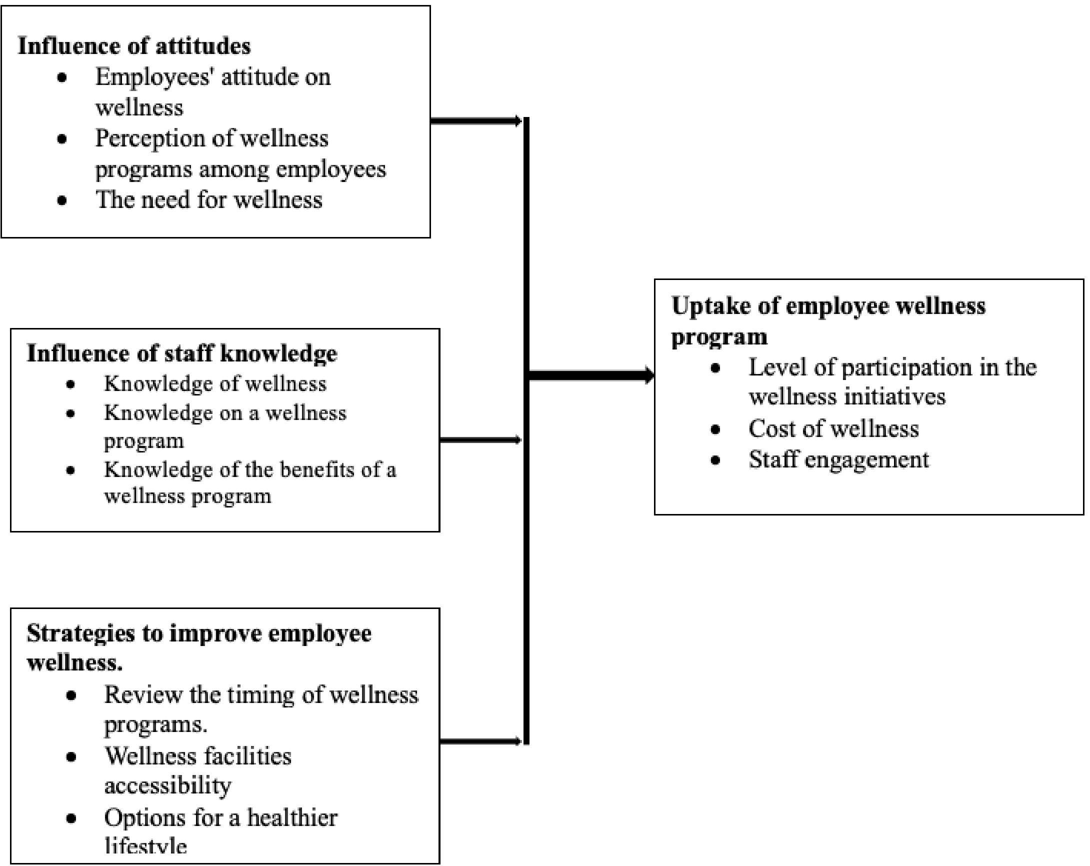

Figure 2.1 Conceptual Framework

The conceptual framework of the study emanates from the reviewed literature. Gaps emerging from literature review included the fact that there are very few studies carried out on the uptake of employees' wellness programs. Majority of existing studies were carried out in Europe and the USA. In addition, most of the studies were carried out in private for-profit companies and studies in the public sectors and INGO are scarce. To fill

these gaps, this study seeks to determine the factors influencing uptake of the employee's wellness program initiatives offered at AMREF health Africa. The conceptual framework of the study emanates from the reviewed literature. The model was used to guide the study in answering the gaps established in the review of conceptual and empirical literature. As shown in Fig 2.1 below, the variables of interest in the study are visualized and schematically presented in the conceptual model.

The dependent variable, uptake of wellness programs, represents the level of employee participation and engagement in the wellness initiatives offered by AMREF Health Africa. It captures the extent to which employees actively utilize and take part in the wellness programs. The first independent variable in the framework is staff knowledge, which plays a crucial role in influencing the relationship between program uptake and other variables. Staff knowledge refers to employees' understanding and awareness of the wellness programs, including their knowledge of available initiatives, benefits, and resources. It serves as a bridge between program uptake and other factors that influence it.

The influence of staff attitudes, examines the impact of employees' attitudes on the uptake of wellness programs. It encompasses employees' perceptions, beliefs, and opinions about the relevance, importance, and effectiveness of the wellness initiatives. Positive attitudes towards the programs are expected to positively influence the level of participation and engagement. Finally, strategies to improve the wellness program, addresses the identified factors influencing program uptake. It focuses on developing interventions and recommendations to enhance the accessibility, attractiveness, and effectiveness of the wellness programs. These strategies are derived from the findings related to staff knowledge, attitudes, and other factors influencing program uptake.

By utilizing this conceptual framework, the study aims to investigate the relationship between the uptake of wellness programs and the variables of staff knowledge, influence of staff attitudes, and strategies to improve the program. It provides a visual representation of the relationships and helps guide the examination of factors influencing program uptake. Ultimately, the findings will contribute to enhancing the wellness program at AMREF

Health Africa by addressing knowledge gaps, improving attitudes, and implementing effective strategies to increase employee participation and engagement.

The purpose of the study was to determine the factors influencing uptake of the employee wellness program initiatives offered by AMREF Health Africa. As shown in Figure 2.1, staff knowledge and staff attitudes are the independent variables while uptake of wellness programs is the dependent variable. Table 2.2 shows the operationalization of the various variables in the study.

Table 2.1 Operationalization Table

Objective	Variable	Indicator	Scale	Analysis
To determine the uptake of the employee wellness program initiatives offered by AMREF Health Africa.	Uptake of the WP	Percentage of Employees registered and participating in any activity in the wellness program	Nominal	Descriptive statistics
To determine the effect of staff knowledge of wellness programs on uptake of the employee wellness program initiatives offered by AMREF Health Africa.	Staff knowledge	Percentage of staff possessing knowledge on wellness, wellness programs and the benefits of wellness program	Nominal	-Descriptive statistics - Chi-square tests
To assess the effect of attitude towards wellness programs on uptake of the employee wellness program initiatives offered by AMREF Health Africa.	Attitude	Attitudes towards wellness, wellness program as well as benefits of wellness program	Nominal	-Descriptive statistics - Chi-square tests
To identify strategies to improve the current wellness program in AMREF Health Africa.	Strategies	N/A	N/A	Content analysis

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Research Design

This section explains the study research design that guided the data collection in line with the study objectives. Research design can be defined as the arrangement of the necessary conditions for data collection and analysis that provides relevance to the purpose of the research (Kothari, 1990). This study adopted a Sequential explanatory mixed- method research design. A mixed methods research design is a procedure for collecting, analyzing, and “mixing” both quantitative and qualitative research and methods in a single study to understand a research problem (Schoonenboom & Johnson, 2017). A sequential explanatory mixed methods design allowed the researcher to gain a more comprehensive understanding of the research topic by integrating both qualitative and quantitative data. In this research, qualitative data was used to supplement quantitative data, in order to provide a more comprehensive understanding and exploration of in-depth experiences, perception, and attitudes of employees towards wellness programs.

Both quantitative and qualitative data were used with the former coming first. For the quantitative study a closed-ended structured questionnaire with a Likert scale was administered to respondents. The gathering of qualitative data was conducted through in-depth interviews with the human resource staff and insurance companies. This design provided a more complete and comprehensive understanding of the research problem. Mixed methods research also allowed the researcher to provide their qualitative research with greater validity by using quantitative research to back up the ideas and findings of the first type of research, or vice versa (Hesse-Biber, 2010).

3.2 Population and Sampling

3.2.1 Population of the Study

Population refers to all people or items (unit of analysis) with the characteristics that one wishes to study. The unit of analysis may be a person, group, organization, country, object, or any other entity that you wish to draw scientific inferences about (Bhattacherjee, 2012). In this study, AMREF was the unit of observation while AMREF employees comprise the

unit of analysis. The study aimed to target a sample of the population of all 700 employees at AMREF Health Africa, Kenya. This was clustered into 4 units of staff under the following units: AMREF flying Doctors, AMREF International university, AMREF Health Africa, Kenya office and AMREF Headquarters office in Nairobi. The numbers are shown in Table 3.1

Table 3.1 Target Population

Population	Number
AMREF Flying Doctors	26
AMREF International university	202
AMREF Health Africa	258
AMREF Kenya office	59
AMREF Headquarters office	155
Total	700

3.2.2 Sampling of the Study

Sampling technique can be considered to be the process through which a few individuals are selected for a study in a way that is representative of the larger population (Swayze and Burke, 2013). This study adopted a stratified random sampling approach to arrive at a sample. Stratified random sampling is a sampling method that involves taking samples of a population subdivided into smaller groups called strata. In this study a stratification of 30% was used in order to arrive at a representative sample size as shown in Table 3.2

Table 3.2 Sampling Frame

Population	Number	Sample
AMREF flying Doctors	26	5
AMREF International university	202	40
AMREF Health Africa	258	52
AMREF Kenya office	59	12
AMREF Headquarters office	155	31
Total	700	140

The study had a sample of 140 employees. In addition, the study sampled five staff working in the human resource department as key informants since the employee wellness agenda sits with the HR office. Therefore, the study had a sample of 145 respondents. The employees were recruited using random sampling with the help of Microsoft Excel random function. The inclusion criteria were both contractual or permanent terms employees who were willing to voluntarily participate and provide consent to the researcher. An online questionnaire was availed via the Google forms platform for respondents. A semi-structured in-depth interview form was used to conduct interviews with the human resource officers responsible for wellness programs at AMREF Health Africa as well as the insurance company representatives assigned to the respective AMREF health Africa Insurance cover. Staff on leave during the time of data collection and those not willing to participate in the study were excluded from the study.

3.3 Data Collection Methods

The study used a structured questionnaire for the quantitative part of the study. A key informant guide was used to collect qualitative data.

3.3.1 Questionnaires

A semi-structured self-administered questionnaire was used to collect data from the respondents. The questionnaire was developed by the researcher using objectives and

indicators in the conceptual framework which were informed by literature review. In comparison with in-depth interviews, questionnaires are a more efficient, cheaper, and feasible method of conducting customer research (Roopa & Rani, 2012). The questionnaire was divided into sections. Section A addressed general sociodemographic characteristics of the study participants while section B concentrated on questions related to the key features of the wellness programs. Sections C and D collected data on knowledge and uptake respectively.

3.3.2 Key Informant Guide

Qualitative data was obtained from key informants using a key informant guide (KII). Key informants are knowledgeable individuals who contribute a perspective on a research phenomenon or situation that the researchers themselves lack (Cossham & Johanson, 2019). In this study, key informants were human resource managers and insurance managers. The KII was also developed by the researcher using objectives was informed by literature review. Data collected via KII was crucial in determining uptake of uptake of the employee wellness program as well as strategies to improve the current wellness program in AMREF Health Africa. Because information comes directly from knowledgeable people, key informant interviews often provide data and insight that cannot be obtained with other methods (Yuen & Cheong, 2019).

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3.4 Data Analysis

Data analysis is considered to be the process of transforming the data collected with the aim of establishing valuable deductions that will aid in the decision-making process (Hair et al., 2008). The current study collected both quantitative and qualitative data. Quantitative data was analyzed using descriptive statistics and chi-square tests. descriptive statistics comprised frequencies, percentages, mean and standard deviation. These were important in establishing the uptake of the employee wellness program, staff knowledge of wellness program and attitude towards wellness program. Chi-square analysis was also conducted. This enabled the study to establish the effect of staff knowledge of wellness programs on uptake of the employee wellness program and the effect of attitude towards wellness

program on uptake of the employee wellness program. Quantitative analysis was conducted using Statistical Package for the Social Sciences (SPSS) version 28 for Windows. Results of quantitative analysis will be presented using tables.

To analyze qualitative data collected in this study, content analysis was used. Content analysis is a research tool used to determine the presence of certain words, themes, or concepts within qualitative data. In qualitative content analysis, data are presented in words and themes, which makes it possible to draw some interpretation of the results (Bengtsson, 2016). To carry out content analysis the researcher used NVIVO 12 software. NVivo is a software program used for qualitative research. The results of qualitative analysis were presented in narrative format. Qualitative data was useful in identifying strategies to improve the current wellness program in AMREF Health Africa.

3.5 Research Quality

This study assessed the research instruments to establish how good the data collected from the study is. The first step in achieving this was going through the instrument to ensure that it is in line with the set objectives of the study and it is capable of capturing all the relevant information towards this goal. Secondly, the researcher sought the expert opinions from the University lecturers, defense panelists and the supervisor to make sure that the instruments are relevant in content and in their aim of meeting the study objectives.

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A pilot study was conducted. Before collecting the actual data, the research instrument piloted 10% of the sample participants' (15) randomly drawn population of the study. Bryman and Bell (2018) contend that a pretest of the instruments with reasonable respondents can evaluate whether the instrument is going to be problematic to the research participants. The pilot test was conducted within a two weeks' period with two intervals. The aim of the pilot test was to establish whether the research instruments were effective in responding to the research questions.

3.5.1 Reliability

Reliability focuses on internal consistency of a measurement grounded on the method of data collection and analysis of data (Saunders, Lewis, & Thornhill, 2009). To assess reliability of scales, Cronbach's Alpha reliability test was employed. The Cronbach's alpha ranges between zero and one. The closer the coefficient is to one, it implies that the research item had a greater internal consistency, while if the coefficient is closer Zero, it implies that the research item has a lesser internal consistency.

The researcher carried out a pilot test of research items to guarantee the reliability of the study instruments. Bryman and Bell (2018) contend that a pretest of the instruments with reasonable respondents can evaluate whether the instrument is going to be problematic to the research participants. The researcher chose a pilot team of 10% of the sample size, for validity and reliability tests of the examination items. This reliability measure was estimated utilizing Cronbach's alpha (α). Nunnally (1978) prescribes that instruments utilized in research ought to have reliability of about 0.70 or more. For this study, the value of 0.7 was used as the cutoff point. Any value below 0.7 will be rejected since it implies weak internal consistency.

3.5.2 Validity

Validity as explained by Mugenda and Mugenda (2003) is the ability of the research instruments to measure what it intended to assess. In this study, content validity and face validity were used. Content validity will be measured to ensure adequate coverage of all-important aspects of the variables of the study. To measure content validity a pilot test was conducted. The pilot test measured the weaknesses of the research instrument which was corrected to develop the final research instrument to be used for the research. Face validity was measured to ascertain that the questionnaire appears to be measuring the constructs involved. Face validity was established by consulting with the academic supervisors and subject specialists.

3.6 Ethical Considerations

Research permit was sought from the National Council for Science and Technology and Innovation (NACOSTI) after requisite ethical approval by Strathmore University Institutional Review Board. Data collection was conducted after seeking permission from the AMREF Health Africa company management board. The letter of introduction for the study was submitted before the process of data collection commences. The researcher ensured protection of the integrity of the participants' data and identity by anonymizing the data. A consent form was signed by both the participant and the researcher to ensure that the respondents are informed of the confidentiality of the participants data. The consent form explained to study participants that they were protected against physical, mental, emotional, social or economic harm and that their data was held with confidentiality. The participants were also informed that participation in the study would be voluntary.

CHAPTER FOUR: FINDINGS AND DISCUSSION

4.1 Introduction

This chapter presents the findings of the study as set out in the research objective and research methodology. The chapter is organized into the following sections; the response rate, demographic profile of respondents, results from descriptive statistics and results from correlation analysis and regression model.

4.2 Response Rate

The study targeted 140 participants from the study population of 700. Questionnaires were coded, uploaded in google forms for data collection. The participants who completed and returned the questionnaires were 112 which was a response rate of 80% as shown in table 4.1. The response rate was considerably good and can be used to produce accurate and useful findings representative of the target population compared to other studies (Ngure & Waiganjo, 2017).

Table 4.1 Response Rate

Total Responses	112
Sample Size	140
Percentage Response Rate	80%

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4.2.1 Reliability tests

Reliability refers to the consistency of the research and the extent to which studies can be replicated (Wiersma, 1986). The notion is that if the investigation is carried out once again, the same results or something similar will be echoed. In this study, the questionnaires were subjected to an overall reliability analysis of internal consistency. The Cronbach alpha which was a coefficient of internal consistency was used to quantify the reliability of the questionnaire. Castillio (2009) presents the decision rules as follows: >0.9 – Excellent, >0.8 – Good, >0.7 – Acceptable, >0.6 – Questionable, >0.5 – Poor and <0.5 – Unacceptable. In this study, the acceptable value of 0.7 was taken as the cut–off of

reliability. The reliability test results showed that all the variables were reliable as shown by the associated Cronbach alphas that were greater than 0.7.

Table 4.2 Reliability Test Results

Reliability Statistics		
Variable	Cronbach's Alpha	N of Items
Employee Knowledge	0.828	4
Employee Attitudes	0.708	6

4.3 Quantitative Analysis

4.3.1 Socio-Demographic Characteristics of the respondents

4.3.1.1 Gender

The respondents' distribution by gender was 51% Males and 49% Females as shown in the figure 1 below. The results show that there was an almost equal representation between men and women in the study.

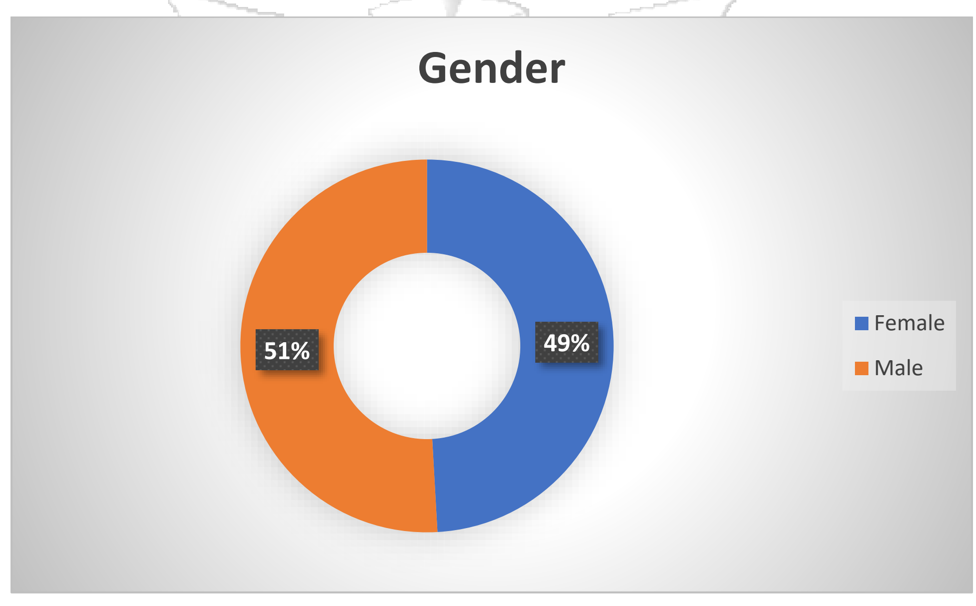

Figure 4.1 Gender Distribution

4.3.1.2 Academic Qualification

As shown in figure 4.2 below, the majority of the respondents had a bachelor's degree (47%), 32% had a master's degree, 17% had a diploma while 4% had a doctor of Philosophy. These results show that the study included respondents who were highly educated.

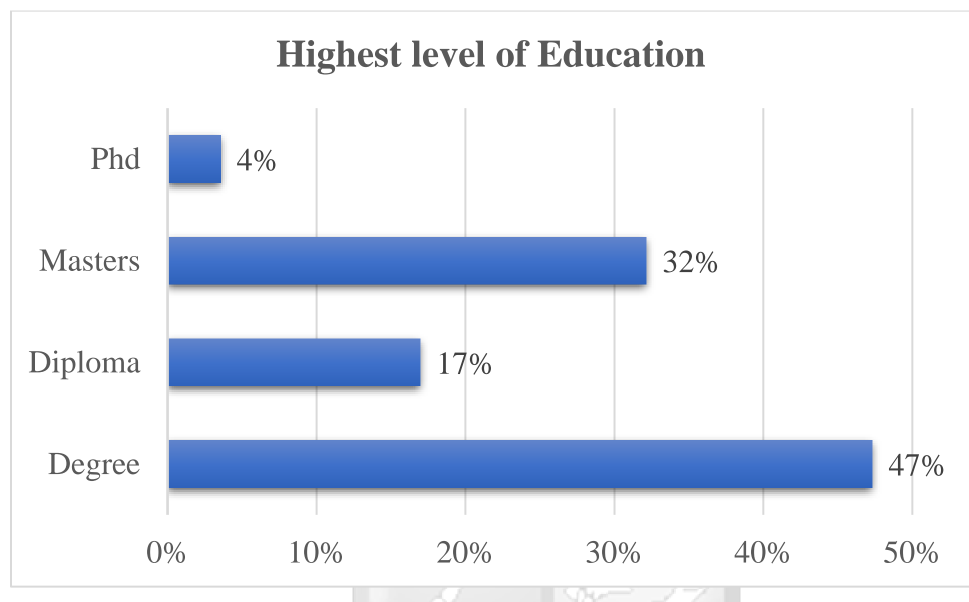

Figure 4.2 Respondents' Highest level of Education

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4.3.1.3 Marital Status

The study findings indicate that 54% of the respondents were married, 45% are single and 1% are divorced. The findings are shown in Figure 4.3. The results show that there was an almost equal representation between married and single respondents in the study.

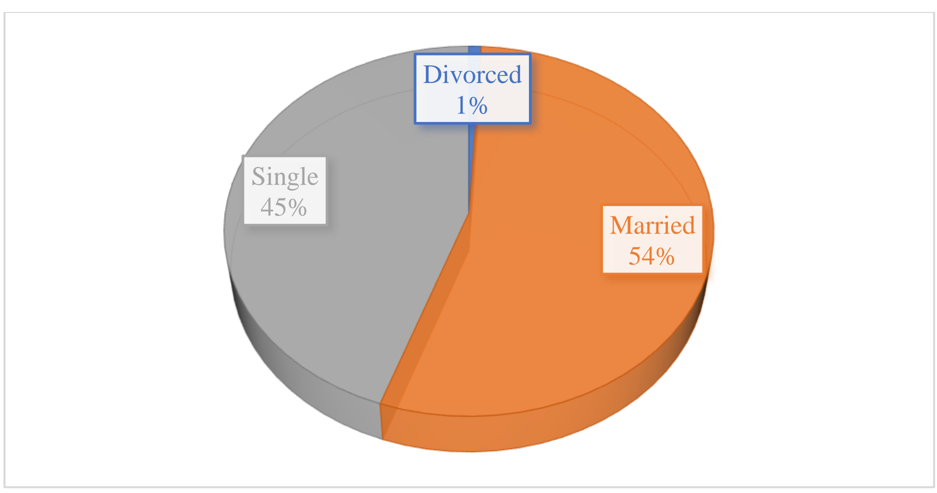

Figure 4.3 Respondents' Marital Status

4.3.1.4 Age Bracket

The study findings further indicate that 43% of the respondents are 35 to 45 years old, 38% are 25 to 35 years, 12% are 45 and above years while 7% are 25 years and below. The findings are shown in Figure 4.4. The results show that persons of all ages were included in the study.

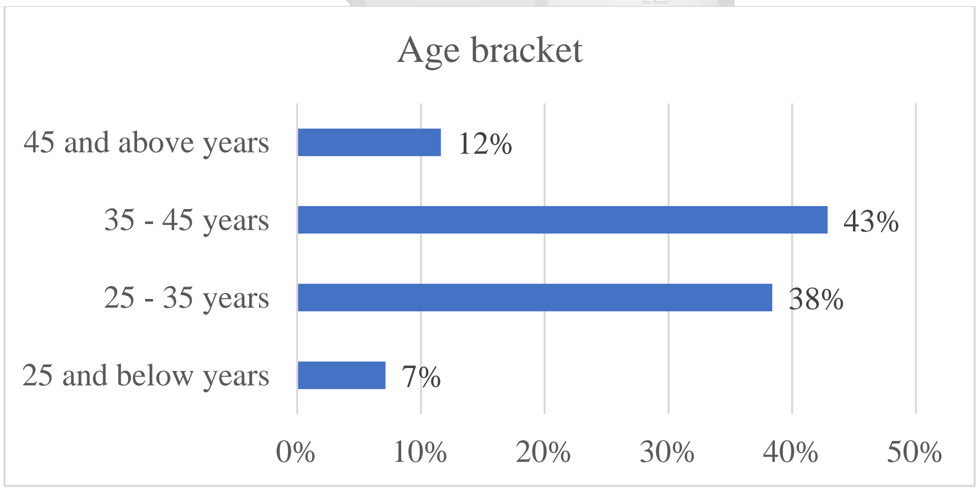

Figure 4.4 Respondents' Age Distribution

4.3.1.5 Number of Years worked

The study assessed the number of years' respondents had worked in their organization. Majority of the respondents had worked in the organization for a period of 3 to 5 years (32%) and very few staff had worked for 6 to 10 years (14%). The results therefore show that most of the respondents in the study had a high working experience.

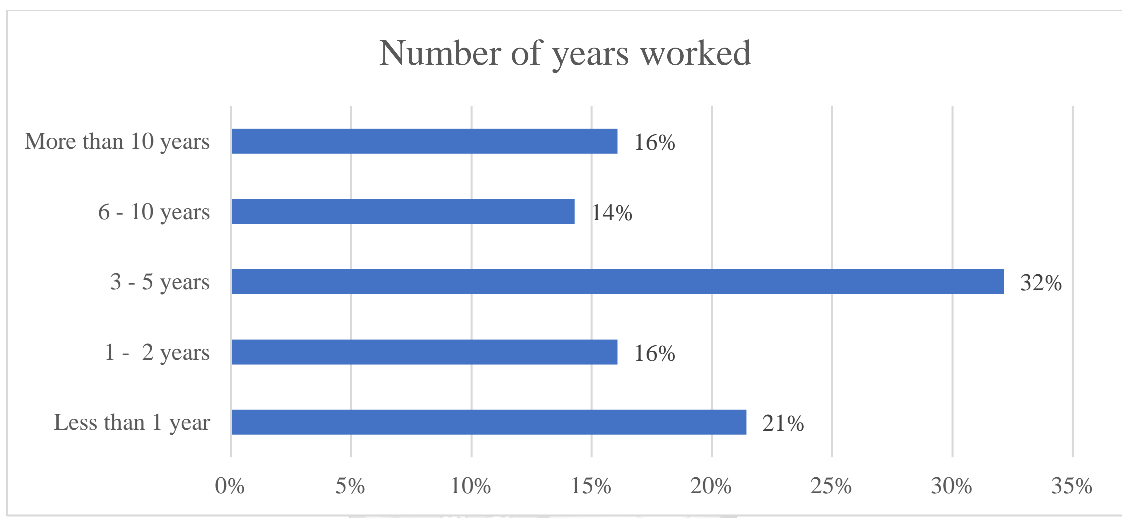

Figure 4.5 Respondents' Work Experience

4.3.2 Wellness Program Uptake

4.3.2.1 Uptake of Wellness Program

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The study sought to determine whether the respondents had subscribed to a membership wellness program initiative offered by AMREF Health Africa such as gym membership, and attend the clinical checks at least once per year. The findings in the table reveal that over 40% (23% agree, 18% strongly agree) agreed that they have a subscription to a wellness program. Less than 40% of the respondents disagreed with regards to subscription with 20% uncertain about the membership. This result is in agreement with findings of studies by Fultz & Francis (2011), Kamau et al. (2015), MarCollin and Abraham (2012) as well as Owusu-Poku (2014) who also found low uptake in similar studies. However, the result disagrees with findings of Sforzo et al. (2012) who found that although the use of options for a healthier lifestyle were not significant, the studies showed that there was a significant increase in moderate and vigorous activity among the employees

Table 4.3 Membership to a Wellness Program

I have membership to a wellness program		
	Frequency	Percent
Strongly disagree	27	24.1
Disagree	16	14.3
Neutral	23	20.5
Agree	20	17.9
Strongly agree	26	23.2
Total	112	100.0

4.3.2.2 Helpfulness of Wellness Program

How the wellness program has been helpful was assessed using a likert scale question where the respondents were required to rate the helpfulness from using a scale of 1 to 5 where 1 means not helpful at all and 5 means very helpful. 39% of the respondents agreed that the wellness program helped them to reach their wellness goals while 29% disagreed that the program helped them achieve their wellness goals. 30% of the respondents were not sure whether the program helped them or not.

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Table 4.4 Helpfulness of a Wellness Program

How helpful has the wellness program been for you to reach your wellness goals?		
	Frequency	Percent
Strongly disagree	24	21.4
Disagree	11	9.8
Neutral	33	29.5
Agree	17	15.2
Strongly agree	27	24.1
Total	112	100.0

These results therefore show that wellness programs are helpful despite the low uptake. This finding agrees with LeCheminant and Merrill, (2012) who found that wellness programs have the ability of helping employees to change and maintain health behaviors. Merrill and Sloan (2014) also showed that wellness programs reduce employees' elevated health risks such as high blood pressure, high blood glucose and high blood cholesterol. Another study conducted by Merrill and LeCheminant, (2016) reports that an effective wellness program reduces healthcare costs as it mitigates health complications.

4.4.2.3 Wellness Initiatives

The study investigated the specific wellness initiatives offered by AMREF Health Africa that the respondents have been participating in. A vast majority of the respondents (47%) mentioned health screening initiatives while 15% of the respondents participated in counseling services and nutrition and wellness. 10% did not participate in any initiative while 8% participated in other initiatives such as antenatal care, gyming, mental wellness awareness, online wellness program, regular exercise, Routine treatment, self-training, walking 5km at least 4 days a week, Vaccination, weight loss screening and meal planning. Only 4% were engaged in alcohol and drug abuse training.

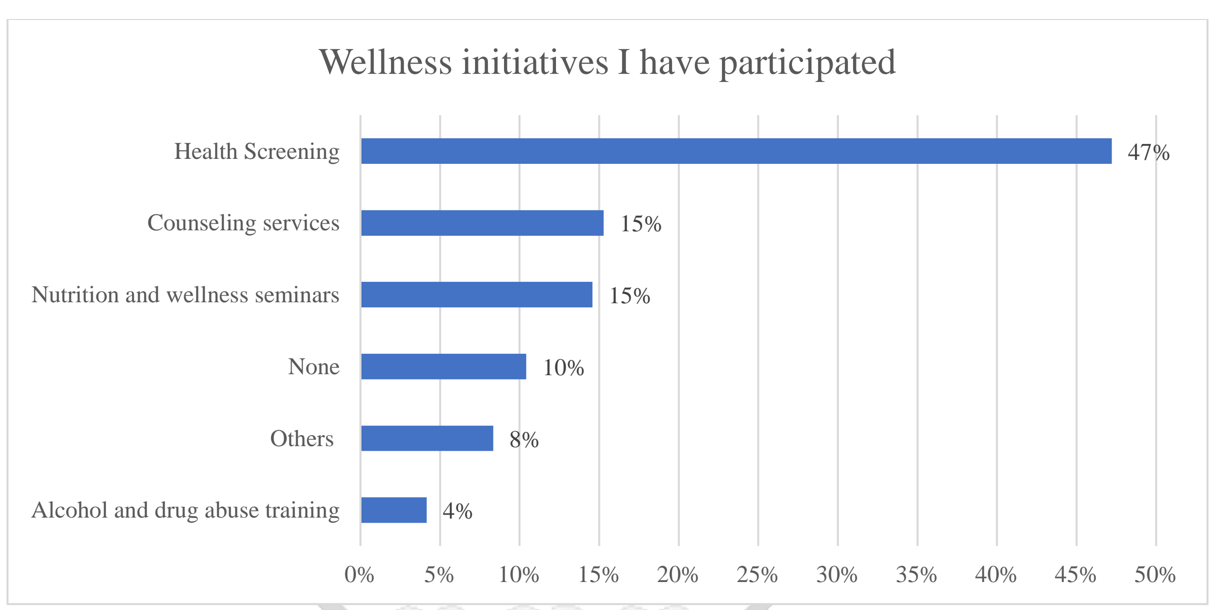

Figure 4.6 Wellness Initiatives Engaged

4.3.2.4 Personal Lifestyle Change Related to Better Health

The study also seeks to find out whether the respondents had thought of changing their personal lifestyle for better health. The findings in table 8 below shows that 40% of the respondents never thought about changing their lifestyle, 28% have done it before but they never follow it after a few months of change- while only 16% made the changes that stuck for a few months and they are still following them.

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Table 4.5 Personal Lifestyle Change Related to Better Health

Have you given serious thought to making a personal lifestyle change related to better health		
	Frequency	**Percent**
I started to make changes one or more times, but they didn't last more than a week	18	16%
I didn't go any farther than to think about making a lifestyle change	45	40%
I made lifestyle changes that stuck for a few months or more, but I'm not following them anymore	31	28%
I made lifestyle changes that stuck for a few months or more, and I'm still following them	18	16%
Grand Total	**112**	**100%**

4.3.3 Employee Knowledge

The study aimed at finding out the influence of staff knowledge of wellness programs on uptake of the employee wellness program initiatives offered by AMREF Health Africa. The respondents were required to indicate the level of agreement with regards to their knowledge about the wellness program. A 5-point scale: 1 = Strongly disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly agree was used. Four items that explain the staff knowledge of wellness programs on uptake of the employee wellness program initiatives were used in this study as shown in Table 4.6.

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Table 4.6 Employee Knowledge

Items (***Cronbach's Alpha=0.828***)	N	Mean	Std. Deviation	CV (%)
My organization provides adequate health screening	112	3.66	1.087	30%
My organization facilitates regular talks, presentations and workshops on healthy living by health professionals	112	3.32	1.092	33%
My organization organizes events to promote healthy lifestyle campaigns	112	3.34	1.167	35%
There are adequate on-site facilities, e.g., gym, medical center for employees uses	112	3.62	1.254	35%
Overall		3.48	1.15	33%

The findings revealed that the overall mean for **Employee Knowledge** was 3.48, standard deviation of 1.15 and the coefficient of variation of 33%. This shows most respondents on average agree that they have staff knowledge of wellness programs. The statement that "My organization provides adequate health screening" had the highest mean (Mean = 3.66, SD = 1.087 and CV = 30%) implying that most respondents are able to benefit from the wellness program due to awareness. However, the statement that "My organization facilitates regular talks, presentations and workshops on healthy living by health professionals." had the lowest mean below average (Mean = 3.32, SD = 1.092 and CV = 33%).

4.3.4 Employee Attitudes

The study also sought to find out the influence of attitude towards wellness programs on uptake of the employee wellness program initiatives offered by AMREF Health Africa. The respondents were required to indicate the level of agreement regarding employees' attitudes towards wellness programs. Table 4.7 shows the obtained results.

Table 4.7 Employee Attitude

Items (Cronbach's Alpha=0.708)	N	Mean	Std. Deviation	CV (%)
Engaging in wellness programme contributes to better productivity at work	112	4.29	0.990	23%
Do you monitor your wellness in a way that is appropriate for better health	112	3.46	1.146	33%
My organization provides social and emotional support (e.g., helping to alleviate stressful situations, addressing negative feelings, sharing feelings/emotions)	112	3.29	1.205	37%
Do you feel there is a stigma that prevents people at the workplace from seeking counseling, treatment or testing at wellness clinics	112	2.88	1.209	42%
The organization supports staff efforts to respond to alcohol and other drug (AOD) related issues.	112	3.02	1.123	37%
The organization provides incentives for improving my physical health such as gym memberships or convenient fitness classes at work	112	2.88	1.499	52%
Overall		3.30	1.20	36%

The respondents were presented with six statements on the influence of attitude towards wellness programs on uptake of the employee wellness program initiatives offered by AMREF Health Africa. The findings showed most of the respondents agree that engaging in wellness programmes contributes to better productivity at work as indicated with a mean of 4.29 with a standard deviation of 0.99. The statement "The organization provides incentives for improving my physical health such as gym memberships or convenient fitness classes at work" had the highest coefficient of variation of 52% which shows the majority of the respondents were divided with regards to this question.

The overall mean for employees' attitude was 3.30, standard deviation of 1.20 and the coefficient of variation of 36%. This shows that most respondents were undecided with

regards to influence of employee's attitude on uptake of the employee wellness program initiatives offered by AMREF Health Africa.

4.3.5 Correlation Analysis

The general objective of this research was to determine the factors influencing uptake of the employee wellness program initiatives offered by AMREF Health Africa. Correlation analysis was first used to determine the association between uptake of the employee wellness program initiatives and employee's attitude and employee's knowledge. Uptake of the employee wellness program was measured using membership to a wellness program and helpfulness of wellness program. The two variables were transformed into two categories; Scores above 3 (agree and strongly agree) were coded as agree (Value =1) and scores below 4 (Neutral, disagree and strongly disagree) were coded as 0.

Where $Uptake\ of\ wellness\ program = y = \{1 = Agree\ \ 0 = Disagree\}$

4.3.5.1 Knowledge and Uptake of The Employee Wellness Program Initiatives

Spearman Rank correlation analysis was used to determine the relationship between staff knowledge and uptake of the employee wellness program initiatives. The null hypothesis was that there is no relationship between staff knowledge and uptake of the employee wellness program initiatives. The findings of the correlation analysis are presented in Table 4.8 below.

Table 4.8 Correlation Analysis

Spearman's rho Correlations				
		membership to a wellness program	Helpfulness of wellness program	Employee Knowledge
Membership to a wellness program	Correlation Coefficient	1.000	.480**	.440**
	Sig. (2-tailed)		0.000	0.000
	N	112	112	112
Helpfulness of wellness program	Correlation Coefficient	.480**	1.000	.525**
	Sig. (2-tailed)	0.000		0.000
	N	112	112	112
Employee Knowledge	Correlation Coefficient	.440**	.525**	1.000
	Sig. (2-tailed)	0.000	0.000	
	N	112	112	112

**. Correlation is significant at the 0.01 level (2-tailed).

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It is observed in Table 4.8 above that there was a weak positive correlation (*r=0.440*) between membership to a wellness program and employee knowledge. This means the greater the employee's knowledge about wellness programs, the more likely they are to enroll for membership to a wellness program. The null hypothesis that there is no relationship between membership to a wellness program and Employee Knowledge is rejected at 99% confidence level where $R(112) = 0.440, (p\ value < 0.01)$.

The study found that the helpfulness of wellness programs had a moderate positive and significant correlation with the Employee Knowledge (r=0.525, p<0.01). This means

greater employee's knowledge of wellness programs will also be accompanied by increased helpfulness of wellness programs.

4.3.5.2 Attitude and Uptake of the Employee Wellness Program Initiatives

The second objective of this study was to assess the influence of attitude towards wellness programs on uptake of the employee wellness program initiatives offered by AMREF Health Africa. The null hypothesis was that there is no relationship between employee's attitude and uptake of the wellness program. The findings of the correlation analysis are presented in Table 4.9 below.

Table 4.9 Correlation of Attitude and Uptake

Spearman's rho Correlations				
		Membership to a wellness program	Helpfulness of wellness program	Employee Attitudes
Membership to a wellness program	Correlation Coefficient	1.000	.480**	0.106
	Sig. (2-tailed)		0.000	0.264
	N	112	112	112
Helpfulness of wellness program	Correlation Coefficient	.480**	1.000	.189*
	Sig. (2-tailed)	0.000		0.046
	N	112	112	112
Employee Attitudes	Correlation Coefficient	0.106	.189*	1.000
	Sig. (2-tailed)	0.264	0.046	
	N	112	112	112

**. Correlation is significant at the 0.05 level (2-tailed).

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It is observed in Table 4.9 above that there was a very weak positive correlation (*r=0.264*) between membership to a wellness program and Employee attitudes but not significant hence we fail to reject the null hypothesis that there is no relationship between membership to a wellness program and employee attitudes at 95% confidence level where $R(112) = 0.264, p\ value > 0.05$ at 5% level of significance. The study found that the helpfulness of wellness programs had a very weak positive and significant correlation with the Employee attitudes (r=0.189, p<0.05). This means the greater an employee's attitudes of wellness programs will be accompanied by increased helpfulness of wellness programs.

4.3.6 Regression Analysis

A binary logistic regression was used to determine the influence of employee's knowledge and employee's attitudes on uptake of wellness programs. Thus, the method was used because the dependent variable was converted into a binary outcome.

The fitted model is defined as;

$$logit\ P(y = 1)] = \beta_0 + \beta_1 \times Employee's\ Knowledge + \beta_2 \times Employee's\ Attitudes + \varepsilon$$

Where $y = \{1 = agree\ 0 = Disagree\}$

The findings are represented in table 4.10.

Table 4.10 Regression Estimates

	Model 1	Model 2
Dependent Variable	**membership to a wellness program**	**Helpfulness of wellness program**
Employee Knowledge	**1.90*** **	**2.39*** **
	-0.42	-0.49
Employee Attitudes	**-0.75** **	**-0.64* **
	-0.34	-0.36
Constant	**-4.33*** **	**-6.52*** **
	-1.25	-1.52
Observations	112	112
LR chi2	30.45	41.7
P value	2.44E-07	8.80E-10
Pseudo R2	0.201	0.278
Log Likelihood	-60.61	-54.19

Standard errors in parentheses

**** p<0.01, ** p<0.05, * p<0.1*

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The model 1 and model 2 used for prediction of uptake of wellness program were significant; $(model\ 1;\ chi-square = 30.45,\ p < .05)$ and $(model\ 2;\ chi-square = 41.7,\ p < .05)$ at 1% significance level respectively. Goodness of fit of the models was assessed using the Pseudo R squared as shown in Table 4.19. Pseudo R squared of 20.1% indicates that employee's knowledge and employee's attitudes explain a relatively a weak proportion of the variation between Uptake of wellness program (membership to a wellness program) while 27.8% of employee's knowledge and employee's attitudes explains the variation between Uptake of wellness program

(**helpfulness of wellness program**). In model 1, Employee knowledge was found to have a significant effect on uptake of wellness programs (membership to a wellness program) at 1% significance level *(p <0.01).* The coefficient was 1.90 which means that the odds ratio ($exp\ (1.90)\ =\ 6.7$) the uptake of a wellness program is 6.7 times higher for an employee with knowledge than an employee without the knowledge. Similar finding was observed in model 2. The odds of benefiting from a wellness program was ($exp\ (2.39)\ =\ 10$) is 10 times higher for employees with knowledge about these programs than those without. This is similar to findings from Maletzky (2017) sought study indicating that some employees may feel that they already know their health status and thus do not see the necessity to participate in workplace wellness programmes. Using the values in the table, the new model can be written as:

Model 1:

logit P(y=1) = -4.33 - 0.42(Employee's Knowledge) - 0.75(Employee's Attitudes)

Model 2:

logit P(y=1) = -6.52 - 0.49(Employee's Knowledge) - 0.64(Employee's Attitudes)

In model 1, employee’s attitude is negative and significant ($p < .05$) indicating that increasing employees’ attitude is associated with decrease in odds of uptake of wellness programs. The Exp (-0.75) tells us that increasing employee’s attitudes by a unit is associated with (0.5) times reduction in uptake of the wellness program (membership to a wellness program), holding other factors constant. In model 2, Increasing the employee’s attitudes by 1 unit will result in a 0.64 decrease in *uptake of the wellness program.* A decrease by 0.64 means that the odds of uptake of the wellness program is 0.527 lower for those who find wellness programs helpful than those who don’t. This is similar to findings

of Bright et al. (2012) whose findings suggest that employees showed a “desire” to participate in the health and wellness clinic. Findings of Maletzky (2017) also revealed that certain employee attitudes may hinder employee participation

4.4 Qualitative Analysis

4.4.1 Inception of the Wellness Program

Through the KII, the researcher sought to find out why the wellness programme was started and why. Going by the responses, AMREF started its employee wellness program due to several reasons. One of the primary reasons was the increasing cost of treatment for non-communicable diseases, which was becoming unaffordable for the company. The high levels of absenteeism among staff and the prevalence of chronic illness and deaths among employees were also major factors that contributed to the initiation of the program. The company aimed to provide a holistic care solution to its staff by introducing the wellness program. The program was initiated after the company received reports from insurance companies on medical utilization and saw the need to solve the trends of high medical spenders. The company hoped to reduce the cost of utilization by starting a chronic management program and creating awareness among employees. Some of the responses are captured below:

"*Treatment of Non-Communicable diseases became expensive*" KII1

"*Chronic illness prevalence in the company and Deaths*" KII2

"*A proposal was tabled after seeing how the scheme in medical cover was*" KII3

"*Reports received from insurance e.g., high spenders on the medical cover utility report*" KII4

4.4.2 Uptake of Wellness Program

Participants in the KII were asked to rate the success of the program on a scale of 1 to 10 ,1 being lowest and 10 highest. Based on the data collected from the human resource managers, the success of the employee wellness program offered by Amref has been rated with mixed results. The majority of the respondents rated the program as being unsuccessful, with ratings of 5. Two respondents rated the program as 6, while one respondent rated it as a 7. Overall, the data suggests that the employee wellness program has been unsuccessful. The relatively low ratings of 5 and 6 indicate that there may be some challenges or barriers that are hindering the full uptake of the program.

"*Virtual uptake is better than physical uptake*" *KII1*

"5 -6 the uptake is low" *KII2*

"6.5 It was not a comprehensive screening for staff. Due to strategic financial position od scheme" *KII3*

"6. Uptake not good due to low marketing of the programmes" KII4

4.4.3 Helpfulness of Wellness Program

Participants in the KII were also asked to indicate the gains they had experienced or observed related to uptake of the wellness programme. The data collected from the human resource managers suggested that the employee wellness program offered by AMREF has resulted in several gains related to the uptake of the program. The managers reported that there is a greater understanding of the care given to staff, and that more support has been established. They also noted a gradual improvement in the health of employees and the rescue of severe cases, such as chronic diseases, that were identified and treated. Furthermore, the program has helped the managers to understand the staff better and to negotiate the medical cover more effectively by focusing on areas of concern. The managers reported that there was a high level of participation and ownership among the staff regarding their own health, which led to an increased awareness of health among employees. The program has also helped to increase the understanding of various diseases and how to prevent them, such as burnout. Additionally, the managers reported that the program has led to an improvement in the health-seeking behavior of men. In summary, the employee wellness program offered by AHA has resulted in several positive outcomes,

including improved understanding of employee health and wellbeing, increased participation and ownership among staff, and better health outcomes for employees. Some of the responses are captured below:

"There is understanding of the care given to staff" $_{KII1}$

"Rescue severe cases issues have been identified and treated like chronic disease programme run by cheaper drugs" $_{KII2}$

"There was participation and ownership from staff on own heath" $_{KII3}$

"Awareness of health by staff" $_{KII3}$

"Better understanding on disease and how to prevent e.g., burnout" $_{KII4}$

4.4.4 Barriers to Wellness Program

KII participants were asked to indicate barriers they had experienced or observed related to uptake of the wellness programme. The data collected from the human resource managers indicates that several barriers have been experienced or observed related to the uptake of the employee wellness program offered by AMREF. Some of the barriers reported include confidentiality. Employees reported being shy about sharing personal health information. Additionally, cost was cited as a barrier, with some employees unable to afford the program. Another barrier mentioned was the lack of understanding and embrace of wellness, with some employees viewing it as being only for the sick. The distribution of the program across the country was also reported as a challenge, with a lack of wellness providers outside of Nairobi. The financial challenge faced by the company and employees was also noted as a barrier. The managers also reported a lack of support from top management, which has hindered the uptake of the program. The mentality of employees towards seeking wellness was also noted as a barrier, with some employees not placing a high priority on their health and wellness. The confidentiality of personal health information was also mentioned as a barrier, with some employees being shy about sharing it. Finally, the lack of convenience and the amount of time required to participate in the

program were also reported as barriers to uptake. Some of the responses are captured below:

"Confidentiality people shy away" $_{KII1}$

"Embracing of wellness (Demystifying wellness is for the sick)" $_{KII1}$

"Financial challenge" $_{KII3}$

"Lack of convenience" $_{KII4}$

The researcher probed further to find out what factors contributed to the barriers mentioned above. The responses collected from the human resource managers indicate several factors that contribute to the barriers mentioned earlier related to the uptake of the employee wellness program offered by AMREF. One factor cited is the fear of staff that information shared with supervisors may be used against them, leading to verbalization and a lack of trust in the program. Another factor contributing to the low uptake of the program is the lack of participation from field staff, who may find it challenging to attend the program due to their location and job requirements. The low turnout of staff was also noted as a contributing factor, indicating that employee engagement in the program may be limited. The managers also reported that the initiatives are led by the insurance company rather than management, which may lead to a lack of ownership and commitment to the program. Additionally, the lack of a specified time for the wellness program, with it being offered throughout the year, may make it difficult for employees to attend and prioritize it in their schedule. In summary, the factors that contribute to the barriers to the uptake of the employee wellness program offered by AHA include fear of staff that information shared with supervisors may be used against them, lack of participation from field staff, low turnout of staff, initiatives being led by the insurance company rather than management, and lack of a specified time for the program. Some of the quotes from the respondents are captured below:

"Staff verbalizing as they are not sure if information shared is used by supervisors" $_{KII1}$

"Lack of wellness participation from the field staff" $_{KII2}$

"Staff verbalizing as they are not sure if information shared is used by supervisors" $_{KII3}$

"Wellness programmes through the year not a specified time" $_{KII4}$

The researcher also aimed to discover how the leadership and human resource department improved the participants' experiences earlier stated. According to the responses, the leadership and human resource department of AHA took several measures to improve the participants' experiences related to the wellness program. These measures included engaging external providers rather than the Amref Medical center, conducting internal informal conversations with employees, organizing additional activities such as fun at work to break down barriers, incorporating wellness talks during program meetings and external meetings to increase awareness, cascading the wellness program to field staff, allocating resources, being sensitive to burnout rates, and prioritizing wellness at the workplace. These efforts aimed to increase the uptake and effectiveness of the employee wellness program offered by AHA. Some of the responses are captured below:

"Internal informal conversation e.g., men open to men" $_{KII2}$

"Other activities started e.g., fun at work to break barriers of information" $_{KII2}$

"Resources allocation" $_{KII3}$

"Prioritized wellness" $_{KII4}$

4.4.5 Strategies to Improve the Current Wellness Program

The study also sought to identify strategies to improve the current wellness program in AMREF Health Africa. Participants in the KII were asked to recommend ways to improve the current wellness program. The participants recommended ways to improve the current wellness program by tailoring the program to better meet the goals of the staff and focus

more on disease prevention. They mentioned that progress has been made over time and that a more personalized approach would increase uptake. The participants emphasized that unity among stakeholders is crucial for the success of the program. Additionally, they highlighted the importance of considering the youthful population at AMREF and to focus more on disease prevention than curative measures. This is similar to findings from Kolbe-Alexander et al (2012) that indicate that programmes offered during office hours can attract more employees compared to activities that take place during working hours. Concerning facility accessibility, participants preferred programmes, which include off-site physical activities as opposed to those on-site.

"There has been progress over the past through the learning we get to improve the programme" $_{KII1}$

"Wellness ids doable if stakeholders are all united" $_{KII2}$

"The staff are not rigid if a good programme is tailored the uptake would be better" $_{KII3}$

"Wellness in Amref is not personalized wellness and may not meet the goals" $_{KII4}$

"Amref has youthful population hence more effort should be towards prevention of disease than curative" $_{KII4}$

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CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of the findings of the study. Also included are the researcher's conclusion and recommendations.

5.2 Summary of Findings

The study sought to determine the uptake of the employee wellness program initiatives offered by AMREF Health Africa. The study found that the uptake of the employee wellness program initiatives was low. Only 41.1% of the respondents had membership to a wellness program. The majority of the respondents in the key informant interview also rated the program as being unsuccessful, with ratings of 5/10.

The study aimed to establish the influence of staff knowledge of wellness programs on uptake of the employee wellness program initiatives offered by AMREF Health Africa. There was a weak positive correlation ($r=0.440$) between membership to a wellness program and Employee Knowledge. Regression analysis showed that employee knowledge was found to have a significant effect on uptake of wellness programs (membership to a wellness program) at 1% significance level ($p < 0.01$).

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The study assessed the influence of attitude towards wellness programs on uptake of the employee wellness program initiatives offered by AMREF Health Africa. There was a very weak positive correlation ($r=0.264$) between membership to a wellness program and Employee attitudes but not significant. In regression analysis, employee's attitude is negative and significant ($p<.05$) indicating that increasing employees' attitude is associated with decrease in odds of uptake of wellness programs.

The study also sought to identify strategies to improve the current wellness program in AMREF Health Africa. According to the findings, the barriers to the uptake of the employee wellness program offered by AMREF include confidentiality, cost, lack of understanding and embrace of wellness, distribution, financial challenges, lack of support

from top management, mentality towards seeking wellness, lack of time and priority by the employer, and lack of convenience. The participants recommended reviewing the program, adopting a more personalized approach, considering the youthful population at AMREF as well as unity among stakeholders.

5.3 Conclusion

The study concludes that the uptake of the employee wellness program initiatives offered by AMREF Health Africa is low. Staff knowledge of wellness programs is associated with uptake of the employee wellness program initiatives offered by AMREF Health Africa. According to the results, an increase in knowledge is associated with an increase in uptake. Attitude towards wellness program is associated with uptake of the employee wellness program initiatives offered by AMREF Health Africa. According to the results, an increase in attitude is associated with an increase in uptake. Adopting a more personalized approach, considering the youthful population at AMREF as well as unity among stakeholders were the strategies adopted to improve the current wellness program in AMREF Health Africa.

5.4 Recommendations

Based on the findings of the study, the researcher recommends that AMREF Health Africa should focus on increasing staff knowledge of the wellness program through various means such as training, seminars, workshops, and informational materials. Additionally, efforts to improve staff attitude towards the wellness program can be made through positive promotion, highlighting the benefits and encouraging positive behaviors. This can be achieved through targeted campaigns, involving staff in program planning, and ensuring that the wellness initiatives align with their interests and needs. Personalized wellness programs can also be developed to cater to the specific needs of the staff. The management of AMREF Health Africa should also ensure that adequate resources are allocated for the effective implementation and sustainability of the wellness program initiatives.

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APPENDICES

APPENDIX I: CONSENT FORM

Researcher's Statement

Introduction: My name is Njeri Munyiri, an MBA student at Strathmore University. . As a requirement, I am undertaking a study on 'Factors Influencing Uptake of Wellness Programmes at AMREF Health Africa, Kenya'. You have been selected by random sampling to take part in this study. I therefore invite you to take part in the study.

Broad Objective: To the factors influencing uptake of the employee wellness program initiatives offered by AMREF Health Africa.

Voluntariness of Participation: Your participation in this study is on a voluntary basis and should you wish to withdraw from the study at any point then you will be at liberty to do so.

Procedure: If you do choose to participate, you will be asked questions about the employee wellness program initiatives offered by AMREF Health Africa.

Confidentiality: Your participation in this study will be kept in confidence and your actual name will not be used in the study. Confidentiality of information obtained from your questionnaire will be protected through such processes as using code numbers for concealed identity and limiting the number of people with access to the information.

Benefits: The benefits to you for being involved in the study will not be direct. The indirect benefit includes answering any questions you may have. The study will also make recommendations based on the findings on how the employee wellness program initiatives can be enhanced.

Risks: There are no risks from you getting involved in this study. The study findings will also not be used for any monetary gains.

Right to Withdrawal: Should you decide to withdraw from the study at any point, you will not be subjected to any discriminatory treatment.

Respondent's Statement

I have clearly explained the stated research study in the language that I understand. I have also understood how the research will be beneficial in various ways. Ethical matters of anonymity, confidentiality, privacy and voluntary participation have also been explained to me. I therefore willingly and without any coercion consent to participate in the study and do so by signing below.

Participants

Signature……………………………. Date…………………………….

Researcher's

Signature……………………………. Date…………………………….

In case of further inquiry, please contact the following;

NJERI.E. MUNYIRI

delmunyiri@gmail.com

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APPENDIX II: QUESTIONNAIRE

This questionnaire is categorized into two. The demographic questions about the respondents will be covered in section A. Section B will collect data on the study variables. NB: Confidentiality and privacy will be maintained in handling the responses provided.

Questionnaire No. ---

Date---

Start time-------------------------------End time---

Section A: Demographic Information

1. Kindly indicate your age

   i. 25 and below [ ]
   ii. 25-35 [ ]
   iii. 35-45 [ ]
   iv. 45 and above [ ]

2. Kingly indicate your gender

   i. Male [ ]
   ii. Female [ ]

3. Kindly indicate your marital status

   i. Married [ ]
   ii. Single [ ]
   iii. Divorced [ ]
   iv. Widowed [ ]

4. Kindly indicate your highest level of education

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i. Diploma [ ]
ii. Degree [ ]
iii. Master [ ]
iv. PhD [ ]

5. Kindly indicate the number of years you have worked for this organization

i. Less than 1 year [ ]
ii. 1-2 years [ ]
iii. 3-5 years [ ]
iv. 6-10 years [ ]
v. More than 10 years [ ]

Section B: Wellness Program Uptake

1. I have membership to a wellness program (e.g. gym membership, attend the clinical checks at least once per year) *

	1	2	3	4	5	
Strongly disagree	☐	☐	☐	☐	☐	Strongly agree

2. How helpful has the wellness program been for you to reach your wellness goals?

	1	2	3	4	5	
Not at all	☐	☐	☐	☐	☐	Very Helpful

3. I have participated in the following wellness initiatives over the last 18 months (tick all that apply) *

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Check all that apply.

i. Health Screening [ ]
ii. Counseling services [ ]
iii. Nutrition and wellness seminars [ ]
iv. Alcohol and drug abuse training [ ]
v. Other (Specify)…………………………

4. Have you given serious thought to making a personal lifestyle change related to better health (choose one statement best fits your opinion) *

Mark only one oval.

☐ I didn't go any farther than to think about making a lifestyle change

☐ I started to make changes one or more times, but they didn't last more than a week

☐ I made lifestyle changes that stuck for a few months or more, but I'm not following them anymore

I made lifestyle changes that stuck for a few months or more, and I'm still following them

5. If you do not have membership to a wellness program, what are the reasons?

…………………………………………………………………………………………

…………………………………………………………………………………………

…………………………………………………………………………………………

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SECTION C: Employee Knowledge

6. Using a Likert scale where 1=Strongly Disagree; 2=Disagree; 3=Neutral; 4=Agree; and 5= Strongly Agree, indicate with a tick the extent to which you agree or disagree with each of the following statements:

Description and characteristics	1	2	3	4	5
i. My organization provides adequate health screening					
ii. My organization facilitates regular talks, presentations and workshops on healthy living by health professionals					
iii. My organization organizes events to promote healthy lifestyle campaigns					
iv. There are adequate on-site facilities, e.g., gym, medical centre for employees' use					

7. Are there issues about that you would like more information about?

Yes [ ] No [ ]

If yes, which ones?

…………………………………………………………………………………………

…………………………………………………………………………………………

…………………………………………………………………………………………

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Section D: Employee Attitudes

8. Using a Likert scale where 1=Strongly Disagree; 2=Disagree; 3=Neutral; 4=Agree; and 5= Strongly Agree, indicate with a tick the extent to which you agree or disagree with each of the following statements:

Description and characteristics	1	2	3	4	5
i. Engaging in wellness programme contributes to better productivity at work					
ii. Do you monitor your wellness in a way that is appropriate for better health					
iii. My organization provides social and emotional support (e.g. helping to alleviate stressful situations, addressing negative feelings, sharing feelings/emotions)					
iv. Do you feel there is a stigma that prevents people at the workplace from seeking counseling, treatment or testing at wellness clinics					
v. The organization supports staff efforts to respond to alcohol and other drug (AOD) related issues.					
vi. The organization provides incentives for improving my physical health such as gym memberships or convenient fitness classes at work					

9.Do you think an employee wellness program is important?

Yes [ ] No [ ]

Explain your answer?

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

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APPENDIX III: KEY INFORMANT INTERVIEW GUIDE

Key Informant Interview Guide for human resource officers at AMREF Health Africa at the Langata headquarters, the Insurance provider representative current CIC Insurance and former GA insurance,

Section 1: Introduction and Consent

My name is Njeri. E. Munyiri I am a student at Strathmore University conducting research with AMREF Health Africa, currently conducting a study to examine factors influencing uptake of wellness programmes at AMREF Health Africa. With your consent, I am going to ask you a few questions in relation to this study. I also request your permission to record this interview using short notes. Our discussion will last no more than one hour.

Section 2: Background Information

Date	
Interview Code	
Organization / Institution	
County	
Name of health facility if applicable	

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Section 3: Key Informant Interview Guide Questions

Questions	Probes	Interviewer notes
Please tell me about the role you play in the wellness programme and what you know about AMREF Health Africa wellness programme?	Probe to see what specific differences the interviewee knows about the AMREF Wellness programme	

In your understanding, when was the wellness programme started and why?	Probe whether the reasons given have been solved up to date.	Aim on what has been addressed
How would you rate the success of the program on a scale of 1 to 10 ,1 being lowest and 10 highest.	Probe depending with the score	
What gains have you experienced or observed related to uptake of the wellness programme?	Probe for experiences related to both number of staff	Aim to get 3-5 priority experiences
What Barriers have you experienced or observed related to uptake of the wellness programme?	Probe for experiences related to both number of staff	Aim to get 3-5 priority experiences
What factors contribute to the experiences you have just stated?	Probe for factors related to both positive and negative experiences	
How has the leadership and human resource department of AMREF Health Africa improve the experiences you have stated above	Probe for specific examples and changes over time?	
This is the end of the interview. Are there any other issues you want to share with me?		

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APPENDIX IV: ETHICAL APPROVAL

29th July 2022

Mrs Munyiri Esther,
esther.munyiri@strathmore.edu

Dear Mrs Munyiri,

RE: Factors Influencing Uptake of Wellness Programmes at AMREF Health Africa, Kenya.

This is to inform you that SU-ISERC has reviewed and **approved** your above **SU- master's** research proposal. Your application reference number is **SU-IERC1396/22.** The approval period is **29th July 2022 to 28th July 2023.**

This approval is subject to compliance with the following requirements:

i. Only approved documents including (informed consents, study instruments, MTA) will be used
ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by SU-ISERC.
iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to SU-ISERC within 48 hours of notification
iv. Any changes, anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to SU-ISERC within 48 hours
v. Clearance for export of biological specimens must be obtained from relevant institutions.
vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.
vii. Submission of an executive summary report within 90 days upon completion of the study to SU-ISERC.

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology, and Innovation (NACOSTI) https://research-portal.nacosti.go.ke/ and obtain other clearances needed.

Yours sincerely,

for:**Dr Ben Ngoye,**
Secretary; SU-ISERC

Cc: Prof Fred Were,
Chairperson; SU-ISERC

STRATHMORE UNIVERSITY INSTITUTIONAL SCIENTIFIC AND ETHICAL REVIEW COMMITTEE
(SU-ISERC)
29 Jul 2022
P.O BOX 59857-00200
NAIROBI-KENYA

Ole Sangale Rd, Madaraka Estate. PO Box 59857-00200, Nairobi, Kenya. Tel +254 (0)703 034000
Email admissions@strathmore.edu www.strathmore.edu

APPENDIX V: RESEARCH PERMIT

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **317629**

Date of Issue: **12/April/2022**

RESEARCH LICENSE

This is to Certify that Ms.. Njeri Esther Munyiri of Strathmore University, has been licensed to conduct research in Nairobi on the topic: FACTORS INFLUENCING UPTAKE OF WELLNESS PROGRAMMES AT AMREF HEALTH AFRICA KENYA for the period ending : 12/April/2023.

License No: **NACOSTI/P/22/16915**

317629

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

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