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CRITICAL REVIEW OF LITERATURE ON EMPLOYEE WELLNESS PROGRAMS IN KENYA

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ABSTRACT

Employee wellness is said to be very expensive and may not have a significant impact on the performance of employees as well as of the organization. It has more potential of capturing wider influences related to a person's individual characteristics and behaviours, the social, physical and economic environment However, studies show a contrasting view on the benefits as outweighing the costs involved with substantive reduction of medicare costs, limited illness-related absenteeism, increased productivity and better quality of life. The programs range from smoking cessation activities, prevention and management of HIV/AIDS and related illness, provision of health improvement exercises and activities within the workplace to Employee Assistance programs. The intended benefits of improved employee performance resulting from good health, enhanced morale, reduced stress and burnout among employees as well as general increased productivity of the organization are realistic if such programs are fully operationalized in modern day workplaces.

Keywords*: Employee Wellness, Medicare costs, Employee Health, Morale, Stress, Employee Assistance programs, Performance, Organizational Productivity.*

1 INTRODUCTION

Wellness programs are designed to support employees in understanding their health risks and adopting healthy behaviors to decrease these risks. These programs can include health risk management (screening for elevated cardiovascular disease risk factors such as elevated cholesterol and blood pressure), behavioral health like smoking cessation, substance abuse and psychological counseling, and primary care promotion and lifestyle management especially on weight loss, fitness and nutrition. Such programs aim for decreases in more costly health care utilization including emergency room visits, hospitalizations, surgeries and specialist visits as well as reductions in absenteeism, increases in productivity and better quality of life.

Corporate and worksite wellness programs can be described as employer' sponsored services designed to promote or maintain the good health of employees. Although such programs differ widely in scope, they can be readily distinguished from corporate health care programs, which typically focus on employee assistance and health insurance. In contrast, corporate and worksite wellness programs focus on promoting healthy behaviors and correcting employees' poor health in ways that also enhance the operation and productivity of the organization. Worksite wellness programs can include a broad spectrum of activities, from smoking cessation to physical fitness centers (Society for Human Resource Management, 2008). Wellness programs have been introduced to worksites worldwide to try and improve the health and well-being of employees. Although the overarching purpose of worksite wellness programs is to provide a positive return on investment by reducing absenteeism and lowering health insurance premiums, the altruistic benefit has been the creation of a healthier workforce, which translates into a healthier population. While this is a successful merger between the financial demands of corporate policy and goals of public health, not all employees have benefited equally from this union. In particular, the needs of employees with disabilities have not been addressed in worksite wellness programs.

According to Amstrong (2005), any human resource management aims at contributing towards the achievement of high level of

employee and organization performance. On the other hand, Hutchinson, Kinnie, Purcell and Boxall (2003) contend that intangible assets such as culture, skill, competence, motivation and social interaction between people and teams are increasingly being seen as a source of strength in enhancing performance which is a characteristic of firms which combine people and processes together. Organizations therefore need to put in place actions which are aimed at ensuring employees maximize their potential at the work place. As stated by Hutchinson *et al* (2003), individual performance is a function of ability, motivation and opportunity (AMO); which are referred to as the fundamentals of employee productivity. As a result, human resource development in organizations, planning and managing employee recreation have now been appreciated.

American Council on Exercise (2000) contends that creating some leisure time in the course of the day allows employees to recharge themselves psychologically and emotionally which can lead to improved job performance. Consequently, an increased involvement in leisure activities and wellness programmes by organizations both in the private and public sectors, in a bid to promote employees' physical and mental health has been witnessed across the globe. According to Taylor (2008), the demand for man- made additional resources for recreation is greater now than before. Though there are many mushrooming of entertainment and sports clubs, many organizations have invested large sums of money to provide such facilities within the workplace. Besides being inherently beneficial to employees, such initiatives can make a significant contribution to reducing absenteeism and raising productivity (Cohen, 1999).

In 1992, only 9 per cent of organizations in Singapore had implemented corporate wellness programmes which focused primarily on smoking cessation, exercise and fitness. Corporate health programmes in the Western countries have a longer history and have been found in many cases to be related in a beneficial manner to such important opportunity costs as health care costs (Cohen, 1985; Conrad, 1988), employee satisfaction (Schauffler & Rodriguez, 1994), job performance (Wolfe et al., 1994), employee turnover (Shephard, 1992), and absenteeism (Bertera, 1990; Golaszewski & Yen, 1992). Some companies have also enjoyed intangible benefits such as improved employee morale, health and productivity, employee attraction and retention, and improved image for the corporations (Connors, 1992).

Stress in organizations is a growing concern among management practitioners because of its dysfunctional effects on organizational effectiveness. According to the 1993 World Labour Report from the International Labour Organization, stress has become one of the most serious health issues of the twentieth century. In the USA, job stress has been estimated to cost industries around US$200 billion annually, and in the United Kingdom, stress is thought to cost up to 10 per cent of the gross national product (Tang &Harumontree, 1992). There is research evidence that consistently links occupational stress with certain physical health symptoms and diseases. Heart disease, ulcers, some programmes, which resulted in a return of US$2.51 for every US$1.00 of programme costs (Elias & Murphy, 1986).

Job satisfaction has also become a major concern in the workplace. Previous studies indicated that job satisfaction, because of its consequences for the organization, affects the wellbeing of employees and exerts a considerable impact on the organization (Cherrington, 1989). Thus, it can be suggested that a highly satisfied workforce will be beneficial for organizations. Research has shown that employees with improved morale are likely to be more productive as a result of an increased sense of responsibility to the employer and an improved overall job satisfaction (Shinew & Crossley, 1988). The question, then, is whether having access to corporate wellness programmes would be able to boost employees' morale sufficiently to result in higher job satisfaction?

Investing in employee health is not a new concept for employers. In 1974, the Employee Retirement Income Security Act (ERISA) was established, setting the minimum standards for most voluntarily established pension and health plans in private industry to provide protection for individuals in these plans. Moreover, some employers have been offering health-related services and wellness programs to their employees for over half a century (Owens, 2006). What is new, however, is that in the past, the medical community led the charge to invest in health promotion programs

as a way to prevent or delay the onset of certain chronic conditions. Today, communities of people with disabilities educate the medical community and the worksite wellness program industry that persons with disabilities can delay or prevent chronic conditions by participating in health and wellness programs.

Corporations first began helping employees with health-related issues such as alcoholism and mental health as early as the 1950s (Owens, 2006). These programs, which were often peer-led, were initial forms of the Employee Assistance Programs (EAPs) that we are familiar with today. Over the years, EAPs have evolved into a comprehensive benefit for employees, addressing not only substance abuse, risk management and injury prevention, but broader issues such as legal problems, elder care and other family concerns, and domestic violence. Today, EAPs are a major employer-based benefit that helps many employees stay productive and remain in the workforce.

Corporate and worksite wellness programs first appeared in the literature in the early 1980s in articles discussing physical fitness efforts at work and their effects on worker performance (McKendrick, 1982; Shepard, 1981). As early as 1982, articles appearing in the Journal of Occupational Health described how corporations could set up wellness programs to reduce health care costs, reduce illness-related absences, and attract talented employees to the company.

Researchers have found a negative association between the number of days employees are absent from work (including the number of days on short-term disability) and their participation in a worksite health promotion program (Aldana, 2005; Bonner, 1990; Serxner, Gold, Anderson & Williams, 2001). In other words, employees who participate in health promotion programs are significantly less likely to be absent from work. The cost-benefit of health promotion programs is harder to measure. However, Aldana (2005) and Serxner *et al*. (2001) have estimated savings to be more than $1 million over a two-year period to a savings of $15.60 for every dollar spent on the program. The field of worksite wellness is undergoing a fundamental paradigm shift from individually oriented programs towards broader formulations emphasizing the joint impact of the physical and social environment at work, job-person fit, and work policies on employee well-being (Stokols, Pelletier, & Fielding, 1996).

Despite methodological limitations such as self-reported information, lack of control groups and information from one point in time, the results in the literature suggest that, workplace health promotion programs can increase employees' health and productivity if designed appropriately (Blanck, 1994). Goetzel and Ozminkowski (2008) describe the characteristics of effective programs, including their ability to assess the need for services, attract participants, use behavioral theory as a foundation, incorporate multiple ways to reach people, and make efforts to measure program impact. Promising practices are noted, including senior management support for and participation in these programs.

According to Global Survey of Health Promotion and Workplace Wellness Strategies by Buck Consultants (2007), 86% of companies in the United States support some kind of wellness program, but only about one in five employers outside United States provide wellness programs. The components of wellness programs differ from company to company and on geographical location. These programs have evolved over time and now include a host of different types of activities for employees. Additionally, most companies hire outside consultants to provide this benefit or use the internal resources of their health insurance companies.

According to the Chapman Institute (2014) there is enormous scientific evidence that unhealthy behavior and modifiable health risks significantly increase health-care costs in all working populations. For over 30 years, researchers have been studying the higher costs associated with such behaviors as smoking, obesity, lack of exercise, poor eating habits, not using seat belts, and excess stress, among other behaviours. The more unhealthy behaviors and risk factors people have, the exponentially higher their health-care costs will be (Chapman Institute, 2014). Unhealthy behaviors and modifiable health risks are *very* common in all working populations and are generating more costs as the population ages. Poor health and well-being at work leads to increased absenteeism and can have adverse effects on significant individual, organizational, economic and societal consequences (Boorman, 2009)

Indeed, the exposure to work-related hazards varies across occupations and industries (Hassan *et al.*, 2009). Encouraging evidence indicates that there is a marked decrease in work-related injuries in industrialised countries, due to a general change in the nature of jobs. Nevertheless, policy makers and workers are increasingly concerned with improving the quality of jobs overall (Hassan *et al.*, 2009). Employees' overall well-being will be affected by factors such as physical security, the extent to which their position is socially valued and the extent to which they are given opportunities to use their skills in their job (Hassan *et al.*, 2009). However, job-specific well-being is not influenced only by these key job-features. Factors at the individual level, such as demographic variables or personality, will also have an effect on employees' wellbeing (Warr, 1999).

There are more than 500 scientific studies that document the ability of wellness programs to change unhealthy behaviors and modify health-risk factors over 70 peer-reviewed studies on the economic returns of work-site wellness programs. The studies show the average annual Return on Investment (ROI) increased from 150% to almost 2,000% (Chapman Institute, 2014). An independent meta-analysis from Harvard of 44 peer-reviewed studies found that organizations saved 32.7% on medical claims and a further 27.3% reduction in the cost of sick-leave absenteeism. An actuarial study identifies wellness programs as potentially affecting approximately 25% of health-care costs for working populations.Besides health-benefit costs, wellness programs in the workplace reduce costs related to sick leave, workers' compensation, disability insurance, and punctuality. Studies have found out that employers spend more than $500 per year per employee on wellness programs, while the average health-benefit plan cost per employee is estimated at more than $12,000 per year. Some have estimated that for an average company, the combined cost of health plan, sick leave, workers' compensation, disability insurance, and punctuality amounts to more than $35,000 per employee per year.

A study by Towers Watson and the National Business Group on Health in 2005 shows that organizations with highly effective wellness programs report significantly lower voluntary attrition than do those whose programs have low effectiveness (9% compared to 15%). At the software firm SAS Institute, voluntary turnover was just 4%, thanks in part to such a program; at the Biltmore tourism enterprise, the rate was 9% in 2009, down from 19% in 2005. According to Vicki Banks, Biltmore's director of benefits and compensation, "Employees who participate in wellness programs do not leave." Nelnet, an education finance firm, from exit interviews, indicates that the exiting employee will miss the wellness program the most.

2 LITERATURE REVIEW

The study is based on two motivational theories explaining the behavior of employees as they are provided (or otherwise) with the employee wellness programs.

Maslow (1943) suggests that human needs can be classified into five categories and that these categories can be arranged in a hierarchy of importance. These include physiological, security, belongings, esteem and self-actualisation needs. According to him a person is motivated first and foremost to satisfy physiological needs. As long as the employees remain unsatisfied, they turn to be motivated only to fulfill them. When physiological needs are satisfied they cease to act as primary motivational factors and the individual moves "up" the hierarchy and seek to satisfy security needs. This process continues until finally self-actualisation needs are satisfied. By Maslow this psychological needs forms the basic need for survival and this may include food, warmth, clothing and shelter. When people are hungry, or do not have shelter or clothing, there are more motivated to fulfill these needs because the needs become the major influence on their behavior. But on the other hand when people do not have a deficiency in those basic needs (psychological needs), their needs tend to move to the second level where it is equally seen by Maslow as the higher order of needs. The second level is seen as the security needs which tend to be the most essential need to people at this level. This is expressed in safety in the employee's job, health and family. The third level of needs by Maslow was the social needs. When feeling secured and safe at work, employees will now place job relations as their focus that is trying to build up a good friendship, love and intimacy. Next up the ladder are the self-esteem needs which presents the recognition to be accepted and valued by others. The highest or last level of Maslow's need is self-actualization needs. This

was to develop into more and more what one is to become all that one is competent of becoming (Srivastava, 2005). According to Maslow the rationale is quite simple because employees who are too hungry or too ill to work will hardly be able to make much a contribution to productivity hence difficulties in meeting organisational goals.

Herzberg on the other end suggests that there are factors in a job, which enhances satisfaction when available. These are called intrinsic factors (motivators) but when these factors are absent, no much demotivation would occur. However, the hygiene (maintenance) factors when absent demotivates employees, but when present, does not cause any remarkable increase change in motivation. Herzberg says that if the motivational factors are met, the employee becomes motivated and hence performs higher. Herzberg had the notion that those factors which cause job satisfaction are the opposite to those that causes job dissatisfaction. Herzberg survey was carried from a group of accountants and engineers. Herzberg in his studies came up with the conclusion that employees are influenced by two factors that are; the motivators and hygiene factors.

Motivators create job satisfactions which include achievement, recognition, autonomy and other intrinsic aspects when there are fulfilled. On the other hand he came up the hygiene factors which will enhance dissatisfaction when they are not fulfilled. Motivators are those factors which provide feeling of job satisfaction at work. These factors influence the ways of work in a company; for example giving responsibility to carry an enlarge task within an organization and providing the person with the necessary conditions will lead to growth and advancement to higher level tasks. Motivators are those factors which come from within an individual that is intrinsic. These factors could be achievements, interest in the task, responsibility of enlarge task, growth and advancement to higher level. Herzberg hygiene factors create a suitable work environment though not increase in satisfaction. For instance low pay can cause job dissatisfaction which will affect employees' performance. Hygiene factors are essential to make sure that the work environment does not develop into a disgruntle situation. Typical hygiene factors are salary, working condition, status, company policies and administration (Saiyadain, 2009)

Workplace wellness programs generally include any health promotion intervention, policy, or activity in the workplace designed to improve healthoutcomes of workers (Lee, Blake, & Lloyd, 2010), although we know little empirically about various programs or their associated outcomes (Csiernik, 2011). Common examples of wellness initiatives include educational endeavors such as newsletters or seminars, health coaching, health screenings, health-related fairs, on-site fitness facilities, and/or healthy food options in vending machines (Lee *et al*., 2010). Often employers will offer incentives to encourage workers to participate; survey findings suggest that close to 73% of employers use some type of incentives to engage employees in health improvement programs (Miller, 2012).

Employee welfare is crucial for quality service delivery. If the welfare programs and services are inadequate, it would negatively impact the delivery of services and performance of the employees. Finger (2005) argued that improvement of employee morale and spirit can be done by addressing the issues of morale. Employee welfare measures relates to certain additional activities which are provided by an organization like housing facilities, transformation facilities, medical facilities, recreational facilities, cultural facilities libraries, gyms and health clubs among others with the hope of winning the satisfaction index of an employee.

The components of employee wellness programs vary greatly from company to company, but the expected benefits that are sought remain similar, ranging from decreased health care costs (Berry, Mirabito, &Baun, 2010; Capps &Harkey, 2008) to reduced absenteeism and turnover (Miller, 2010; Poll, 2006) to enhanced productivity and company image (Baicker *et al*., 2010; Lee *et al*., 2010). McGuire and McDonnell (2008) suggested that the employee welfare facilities help significantly in enhancing the self-confidence and intellectual level of an employee which eventually increase employee productivity. This action will certainly lead to improved motivation making the employee to be challenged to take on more challenging tasks and responsibilities. Torjman (2004) argued that welfare facilities and especially recreation services, account for healthy individuals besides increasing among their happiness and emotional quotient. Once employees are

happy, Torjman (2004) argues that they will have a positive attitude towards work leading to higher service delivery within the organization. Kirsch (2009) was of the opinion that employee welfare facilities should be flexible and continuous innovation needs to be done to improve on these facilities hence create a more satisfying environment for the employee and the organization as a whole. Mathew (2011) advocated that employee welfare measures serve as an oxygen for motivation of the workers and increase not only the effectiveness of the workforce but also creativity in solving unique organizational challenges, which would eventually lead to attainment of higher performance level and high service delivery in an organization. Welfare programs is a corporate commitment to demonstrate care for employees at all levels, underpinning their work and the environment in which it is performed (Cowling & Mailer, 1992)

A widely referenced meta-analysis by Baicker, Cutler and Song (2010) reported that the average return on investment for wellness programs was about $3 for every dollar invested for both medical cost and cost of absenteeism. When considering only randomized controlled trials, the savings estimates were more narrowly bounded between $11 and $626 per year (Baicker, Cutler & Song, 2010). Osilla *et al*. (2012) identified eight studies on the effect of wellness programs on health care costs, and all except one found significant decreases (Aldana *et al*., 2005). Effects of these programs included a reduction in direct medical costs ranging from $176 to $1,539 per participant per year (Naydeck *et al*., 2008; Milani&Lavie, 2009; Henke *et al*., 2011). According to Henke *et al*. (2011) an evaluation of the Johnson & Johnson worksite health promotion program for 2002 to 2008 estimated annual savings per employee of $565. Liu *et al*. (2012) published an evaluation of PepsiCo's health and wellness program and found that disease management but not lifestyle management interventions were associated with lower health care cost after three years a pattern observed by Nyman *et al*. (2010) who looked at the University of Minnesota's care management programs. The authors concluded that overall savings were lower than the program cost.

Allender, Colquhoun and Kelley (2011), in their study, found that workplace health leads to job motivation and satisfaction despite providing health benefits to the employees while Eaton, Marx and Bowie (2007) in their study of various employee welfare programs in United States institutions and its impacts on health behavior and status of faculty and staff, concluded that employee wellness programs have positively impacted on the health and well-being of employees increasing on service delivery. Grawitch *et al*. (2007) while examining the affiliation between diverse workplace practices which comprised of safety and health practices and satisfaction level in terms of commitment and turnover intention in universities and asserted that the health and safety practices are positively related to employee job satisfaction in terms of turnover intentions. Thus it is critical to identify and understand the needs of human capital in order to enhance performance and service delivery in the form of individual basis and the organization as a whole. Haines, Davis, Rancour, Robinson, Wilson, and Wagner (2007) studied on the effectiveness of the 12-weeks walking program in improving the health of employees walking program in improving the health of employees. The results emphasized that the health promotion programs have positively impacted on the welfare of employees and service delivery.

Menezes and Kelliher (2011) define flexible scheduling as the working arrangement that allows employees to schedule their working hours respectively. Schedule flexibility is an employee benefit which aids in retaining skilled human capital. It meets the needs requirements of human capital which boost their efforts, reduce the job absenteeism, and ultimately enhance their job satisfaction according to the findings by Golden (2009). On the other hand, Umur (2010) studied the determinants of job satisfaction and motivations level as well as factors overcoming demotivation issues among educators.

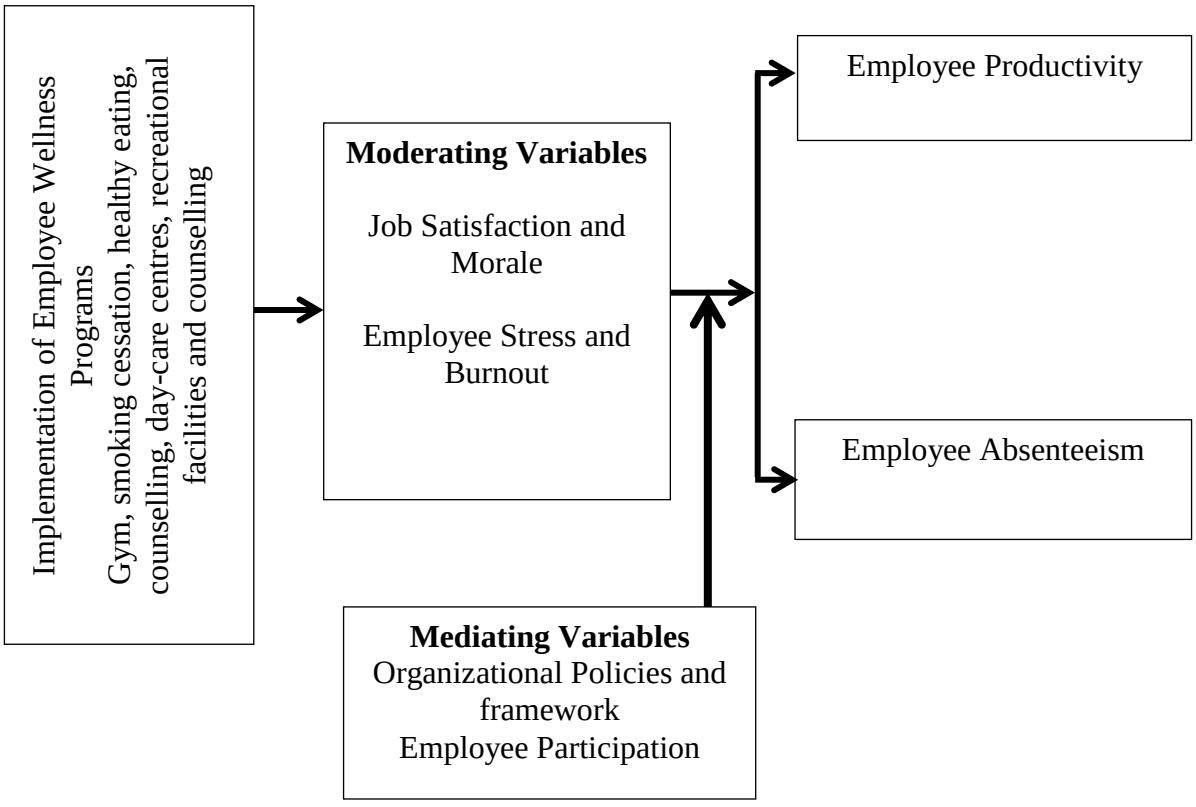
The findings found that flexible working scheduling was a positive motivational factor to the educators in the forms of productivity and job satisfaction. Bellamy and Watty (2003) on a study on Malaysian Tertiary Education Institutions, examined how working conditions affected job satisfaction among the academicians. They found out that flexible scheduling was the most important factor to retain academic staff besides the factor of autonomy. They further found out that with the provision of flexible scheduling benefits, the

academicians are motivated to remain in the institutions. Froeschle and Sinkford (2009) on their part determined the influences of positive and negative aspects in the employee's environment on career satisfaction. The result reflected the flexible working schedule and categorized it as a positive aspect contributing to the retention of the junior faculty in academic dentistry field. It concluded that most of the dental faculty members were willing to remain in the institutions with the provision of flexible scheduling practices.

The majority of studies done to date show positive health and financial impacts of worksite health promotion programs over the past three decades; however, relatively few calculate the ROI, and the methodological rigor of these studies varies considerably (Aldana, 2001), Pelletier, 2001, Pelletier, 2005 and Chapman, 2005) . Pelletier (2005) examined 12 new studies published between 2000 and 2004 and concluded that outcomes from worksite programs were consistently positive in terms of health risk improvements and economic benefits. Chapman (2005) also published a review that examined the economic impacts of worksite health promotion programs.

Figure 1: Conceptual Framework
Source: Researcher (2014)

The study suggest to using a mixed design of descriptive and correlational so as to explain what exists in the sampled organizations as well as to test the correlation between the wellness programs implemented and the expected results of reduced medicare costs, reduce absenteeism, employee burnout and stress and job satisfaction. Stratified sampling is proposed to be used to identify the categories of respondents including managers, employees themselves at various cadres in the workplace but use purposive sampling to identify the specific respondents of each stratum.



3 METHODOLOGY

Most studies adopted a descriptive research design covering particular samples of the target population. Stratified random sampling was done and data collected using semi-structured questionnaires, a technique with good results especially when the target population is diverse and large. However, it provides challenge of having to rely on another sampling technique in order to specifically identify the respondents. Case study was used by RAND (2013) and recruited sites that had well-established programs and that differ along the following the criteria of company size, type of employer (heavy industry, retail, services, and government), the origin of the wellness program origin ("home-grown" versus offered by a health plan or vendor) as well as the region of the country. This was a well elaborate technique as it studied organizations where the wellness programs had been established and also compared the origin of the program as to whether it was implemented by the employer or was established by health service providers. The case study was therefore suitable as it obtained data from specific organizations with employee wellness programs. Data was collected through semi-structured interviews with key informants, focus groups with program participants, and direct observation. The techniques were appropriate as they provided a mixture of feedback with each approach corroborating feedback or responses from the other approach. However, questionnaires could also have been appropriate as to collect more responses since the target population was large. Individual interviews with wellness program coordinators, wellness program staff, human resource representatives, accountants, worker representatives and senior executives were done.

4 FINDINGS

From the studies, wellness promoted at the organization level has many benefits including reducing medical costs (Baicker, Cutler, & Song, 2010), chronic illness incidence and severity (Heinen& Darling, 2009), absenteeism, and increasing work performance (Mills, Kessler, Cooper, & Sullivan, 2007). Promoting health behaviors in workplace settings creates a unique opportunity to target health messages to the specific organizational culture, needs and preferences of employees, and to leverage the social capital of organizational membership and influence (Heinen& Darling, 2009). Most of the studies on workplace wellness programs have focused on the effectiveness of the health intervention activities (among them promoting physical activity, controlling weight and others) (Conn, Hafdahl, Cooper, Brown, & Lusk, 2009). Findings provided enough evidence to suggest that there was linear relationship between safety and health, retirement plans, flexible scheduling and service delivery.

5 CONCLUSION AND RECOMMENDATIONS

Consistent with published evidence, there is solid evidence that well-run programs operated by committed employers can meaningfully improve the health-related behaviors and health status of participating employees. However it is not clear at this point whether improved health-related behavior will translate into lower health care cost, but there is reason to be optimistic. The sustainable improvements in health status ought to translate into a lower rate of chronic disease and thus long-term reductions in health care cost. But the effect size of lifestyle management may not be as large as previously estimated. Mecer (2010) estimates health-care savings of below $378 per employee per year or about 7 percent of cost of coverage when wellness programs are implemented. In other words, participation in lifestyle management interventions is associated with a reduction in direct medical costs of below 7 percent among participants. The employer level depends on the share of employees participating in such programs and on program fees.

The implementation of these wellness programs are thought, from various studies, to help in enhancing employee job satisfaction, boost morale and motivation and ultimately enhance employee performance and productivity. However, the studies have not been able to provide substantive perspectives of these wellness programs. In Kenya, little work has been done in this area with most studies focusing on employee welfare including Kemboi et.al (2013) and Mokaya and Gitari (2013) on Employee recreation. Many organizations though have sought to implement wellness programs within their workplace including Kenyatta University, Safaricom, Deloitte and Touche, Serena Hotels, Sameer Africa among others.

Unlike medical schemes which address curative healthcare by paying for treatment costs, staff wellness programmes to a large extent encourage preventive healthcare. This is because wellness programmes ensure that prevalent health risks are avoided. An integrated employee wellness management programme comprises of, among other components; health risk assessments, employee assistance programmes, chronic disease management, and occupational health management. According to FaizaDevji, the AON Kenya research and product development manager, Kenyan companies are adopting such staff wellness programmes and employers are becoming conscious about the health of their workforce. To ensure that corporate goals are achieved, most employers have recently turned to welfare programmes that address financial needs of employees as one way of catching their concentration at work. Other than taking care of staff finances, companies and management have realised the need to engage in counseling programmes and stress management services argues the Sameer Africa human resources manager Irene Muinde

Apart from the day-care centre enhancing mothers bond with their infants while at work, a wellness programme that features counselling and health education has been adopted at Safaricom. Contrary to the existing workplace health programmes that lay much focus on those infected and affected by HIV/AIDS, wellness programmes are expanding to include addressing other chronic illnesses. Local companies now pay for their employees' basic clinical assessments such as obesity, blood pressure, and cholesterol levels. The Serena Hotel Wellness Program is designed to respond to the health and lifestyle related challenges faced by the Serena fraternity and the communities surrounding their establishments. The program profiles work and health-related challenges facing employees and proactively seeks ways of dealing with them through a participatory approach.

In Kenya, the concept of workplace programs has mainly been on prevention and control of HIV/AIDS and related illness (Odero, 2010). However this HIV/AIDS prevention model is limiting since other influences on the health influences of employees (other diseases and workplace related factors that put employees at risk of becoming ill) are not taken into account. On the contrary, a workplace health promotion model, sometimes also referred to as employee wellness, has more potential of capturing wider influences related to a person's individual characteristics and behaviours, the social, physical and economic environment (determinants of health, WHO, 2012)

REFERENCES

1. Aldana SG, Merrill RM, Price K, Hardy A, Hager R. (2004); Financial impact of a comprehensive multisite workplace health promotion program. Prev Med. (2):131–7.
2. Allender, S., Colquhoun, D., & Kelley, P. (2011).Competing Discourses of Workplace Health.*Journal for the Social Study of Health, Illness and Medicine, 10*(1), 75-93
3. Baicker K, Cutler D, Song Z. (2009) Workplace wellness programs can generate savings. Health Affairs (Millwood). 2010;29(2):304–11.
4. Boorman.S. (2009).NHS Health and Well-being. Final Report
5. Chen, S. H., Yang, C. C., Shiau, J. Y., & Wang, H. H. (2006). The Development of an Employee Satisfaction Model for Higher Education. *The TQM Magazine, 18*(5), 484-500
6. Cooper, C. R., & Schindler, P. S. (2008).*Business research methods* (10 ed.). Boston: McGraw-Hill.
7. Cowling, A., & Mailer, C. (1998).*Managing human resources*. London: Butterworth-Heinemann.
8. Eaton, D. K., Marx, E., & Bowie, S. E. (2007). Faculty and Staff Health Promotion: Results from the School Health Policies and Programs Study 2006. *Journal of School Health*, *77*(8), 557-566.
9. Goetzel, R. Z., & Shechter, D. (2007). "Promising practices in employer health and productivity management efforts: findings from a benchmarking study." *Journal of Occupational and Environmental Medicine/American College of Occupational and Environmental Medicine* 49(2): 111–130
10. Hassan, E. Austin, C. Celia, C.Disley, E., Hunt, P., Marjanovic, S. Shehabi, A., Villalba-Van-Dijk& Van Stolk, C. (2009).Health and Wellbeing at Work

in the United Kingdom.DH. The Work Foundation, 21 Palmer Street, London
11. Henke RM, Goetzel RZ, McHugh J, Isaac F. (2011); Recent experience in health promotion at Johnson & Johnson: lower health spending, strong return on investment. *Health Affairs* (Millwood).30(3):490–9.
12. Liu, H., & Harris, K. M. (2012). "Effect of an Employer-Sponsored Health and Wellness Program on Medical Cost and Utilization."*Popul Health Manag*
13. McGuire, L., Strine, T., Okoro, C., Ahluwalia, I., & Ford, E. (2007).Healthy lifestyle behaviors among older U.S. adults with and without disabilities, Behavioral Risk Factor Surveillance System, 2003.*PrevChron Dis 4*, A09.
14. Milani, R. V., and C. J. Lavie (2009)."Impact of worksite wellness intervention on cardiac risk factors and one-year health care costs."*The American Journal of Cardiology* 104(10): 1389–1392
15. Naydeck, B. L., & Pearson, J. A. (2008). "The impact of the highmark employee wellness programs on 4-year healthcare costs." *Journal of Occupational and Environmental Medicine/American College of Occupational and Environmental Medicine* 50(2): 146–156
16. Osilla, K. C., & Van Busum, K. (2012). "Systematic review of the impact of worksite wellness programs." *The American Journal of Managed Care* 18(2): e68–81.
17. Owens, D. (2006). EAPs for a diverse world: employers that provide culturally competent employee assistance programs show employees they care. *HR Magazine*.
18. PricewaterhouseCoopers (2010).*The Price of Excess: Identifying Waste in Healthcare Spending*: Health Research Institute. http://www.pwc.com/us/en/healthcare/publications/the-price-of-excess.jhtml
19. Society for Human Resources Management. (2008). *2008 Employee Benefits Survey*: Wells Publishing.
20. Torjman, S. (2004).*Culture and recreation: Links to well-being*. Ottawa: Caledon Institute of Social Policy.
21. Umur, E. (2010*). A Study on Motivation and Job Satisfaction of Language Teachers at The European University of Lefke English Preparatory School*. Unpublished master's thesis, Near East University Graduate School, Nicosia, Greek.
22. Warr, P. 1999. 'Wellbeing and the Workplace,' in D. Kahneman, E. Diener, and N. Schwarz (eds.),*Wellbeing: Foundations of Hedonic Psychology*, New York: Russell Sage Foundation
23. World Health Organization. (1997). *Manual of the International Classification of Disease, Injuries and Causes of Death*: Geneva: WHO.
24. World Health Organization. (2001). *International Classification of Functioning, Disability, and Health: ICF*. Geneva: WHO