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Abstract
This study sought to evaluate occupational wellness programmes on service delivery in faith-based hospitals in the Nairobi metropolitan area. Despite their essential role, faith-based hospitals continuously face challenges, including workforce-related issues such as poor working conditions including working for longer hours, seeing more patients in a day exceeding the 8 recommended by the World Health Organization (WHO), high rates of absenteeism, lack of critical services, depression and other mental illness as well as drug and substance abuse. These occurrences affect service delivery. The study adopted descriptive survey and correlational research designs and targeted employees in faith-based hospitals in the Nairobi metropolitan area. The study used stratified random sampling to select 297 respondents. Primary data was obtained using a questionnaire. Descriptive and inferential statistics were used to analyse data. Descriptive statistics included frequencies, mean, standard deviation and percentages. Results were presented in tables. The study established that there was agreement among the respondents on the adoption of employees' occupational wellness programmes in the Nairobi metropolitan area. The study thus concluded that employees' occupational wellness programmes had a significant influence on service delivery in faith-based hospitals in the Nairobi metropolitan area.

Introduction
Occupational wellness is a measure of the well-being of an individual in terms of psychosocial status and is linked to one's profession and the tasks handled. The person who can balance work, family and leisure time will likely maintain their wellbeing. Wellness is also about addressing work stresses and hardships, maintaining healthy relationships with co-workers and supervisors, and adjusting to work demands (Reitz & Scaffa, 2020). The workers' safety, health and well-being are motivating elements, resulting in improved production levels and better performance outcomes. Ng'eno (2020) noted that workplace hazards, safety concerns, work environment and stress negatively affect occupational wellness and outcomes at individual and organisational levels. Stress leads to inefficiencies, absenteeism, and frequent and prolonged sick leaves, while hazards demand compensations that affect the profit and earning levels of the firm. These hazards, safety concerns and stressors demotivate workers and create a bad work environment, resulting in lowered productivity.

Occupational wellness allows employees to explore career options that enhance their satisfaction, enrichment and meaning of work based on their tasks and assignments (Reitz & Scaffa, 2020). It also involves doing interesting work tasks, adding value and motivating. It is also about feeling challenged and inspired by what one is doing and handling work that aligns with personal values and styles and

where there is a balance between work and leisure. Work can be done individually or in collaboration with others, and its benefits go beyond the individual and the organisation and impact society and communities. Amponsah-Tawiah et al. (2020) posited that the balance between work and personal life helps personal and professional growth and the gaining of rewards. Occupational wellness covered aspects of rewarding for health behaviour, regular assessments of health risks, getting family-friendly policies, regular breaks from work and growth by involvement in leadership decision-making. Occupational wellness improves work output and results in higher productivity.

Existing literature supports that wellness programmes can influence employee performance and quality of service delivery. The reviewed literature has, however, revealed numerous gaps, such as contextual gaps, since the studies were conducted. Conceptual gaps were also identified where conceptualisation differed in these studies, ignoring service delivery standards as a function of wellness programmes. The identified knowledge gaps conceptual, contextual and research methodological gaps created necessitate for other researchers. This study filled the gaps by investigating the influence of employees' occupational wellness programmes on service delivery in faith-based hospitals in the Nairobi metropolitan area.

Occupational Wellness and Service Delivery

In the global perspective on service delivery based on employee wellness programmes, researchers such as Isehunwa et al. (2017) noted that working adults in the USA who had access to employee wellness programmes used preventive care services to improve their quality of life. Some preventive care services included flu vaccination, blood pressure and diabetes checks, counselling and mental health care. In Canada, Attridge (2019) shared that the government and workplace health promotion practitioners advocated for support of employee assistance programmes focussed on mental health disorders. The attitude adopted was aimed at assisting workers with mental health disorders as part of the civic duties of the employer and other employees.

On the regional scene, du Plessis (2019) alludes that occupational stress was witnessed by academicians in South Africa as they increased their work demands. They are forced to work long hours, a situation which creates risks of physical, physiological, psychological and behavioural disorders. As such, the author noted the need for social support, cognitive coping mechanisms and increased vacation time. Furthermore, employee assistance and health and wellness programmes can help create work-life balance and improve academicians' health, well-being and work output. In Ghana, Ackabah (2018) noted that the psychological well-being of banking staff was based on job satisfaction, the organisational climate, working conditions, job security, and tenure. Ajala and Osunrinde (2016) noted that employees feel their employers and managers are disinterested in their personal issues, difficulties, and problems. That feeling is detrimental to work output due to a lack of belongingness. To reverse these feelings and effects, the researchers push for employee assistance programmes to be initiated by organisations as a means of providing counselling, stress management, supervisory handling and conflict management programmes.

From the Kenyan perspective, Kitali (2021) opined that employees are fundamental to attaining a company's goals. Hence, they must manage their well-being by balancing work, life and well-being. The banking sector players like Kenya Commercial Bank have employed employee wellness programmes, employee support programmes, health and nutrition programmes, mental and physical health and working conditions. In addition, Ng'eno (2020) observed that commercial banks realised employee performance improved when wellness programmes were initiated. Recreational facilities, employee counselling programmes, drug and substance abuse cessation programmes, job satisfaction and employee characteristics improve outcomes. The wellness programmes created balance and

enhanced performance outcomes, as witnessed by reduced absenteeism rates, punctuality, and morale, as well as reduced anxiety and stress.

The reviewed literature emphasises various aspects of occupational wellness across different professions and settings. Ungerleider et al. (2017) focused on the surgical workforce, highlighting that burnout and distress are prevalent due to excessive work volume, cultural norms, and medical education practices. The study underscores the importance of balancing work volume, creating supportive work environments, and providing professional counselling to enhance wellness and improve performance in healthcare settings.

Walters (2016) explored occupational wellness in Colorado's cannabis industry, finding that workers experienced low levels of strain and benefited from organisational support, which mitigated physical and psychological stressors. The study advocates for ongoing health and safety training to further protect workers in this sector.

Bhattacharyya and Chakrabarti (2016) examined occupational wellness among industrial workers in Assam, noting that musculoskeletal discomfort and long work hours affect worker wellness and productivity. Their findings suggest that occupational wellness is influenced by work design, body pain, and stress, all of which impact overall productivity.

Tamadoni et al. (2017) investigated the impact of training and group counselling on university students' wellness. They found that these interventions significantly improved students' social, intellectual, and occupational wellness, suggesting that comprehensive wellness programs positively affect cognitive and emotional health, enhancing overall student well-being.

Kuye et al. (2022) assessed occupational wellness among cocoa farmers in south-west Nigeria. They discovered that education level, farm ownership, and socio-demographic characteristics significantly influence wellness and productivity. The study emphasises that health promotion and understanding socio-demographic impacts can improve farmers' well-being and productivity.

Methodology

The target population comprised Human Resource Officers and medical staff across 32 faith-based hospitals in the Nairobi Metropolitan area, including Nairobi, Kiambu, Murang'a, Kajiado, and Machakos Counties. A sample was drawn from these hospitals using stratified random sampling to ensure the representativeness of all strata (counties). The total population was 1,154 employees. To determine the sample size, the Yamane formula was used:

n = N/ 1+ N(e)2
Where n is the required sample size from the population under study
N is the whole population that is under study,
and e is the precision or sampling error, which is usually 0.05
n = 1154/ 1+1154(0.05)2
n = 1154/3.885
= 297

Thus, a sample size of 297 respondents, representing 25.7 per cent of the population, was deemed adequate, aligning with Mugenda and Mugenda's (2009) recommendation of 10-30 per cent of the population. Faith-based hospitals were selected due to their significant presence and role in providing healthcare in the Nairobi Metropolitan Area. They represent a substantial sector where wellness programs can potentially influence service delivery.

Data were collected using a semi-structured questionnaire that included closed and open-ended questions. The questionnaire was administered either in person or via email. The collected data were

coded and analysed using SPSS version 23. Descriptive statistics (frequencies, means, and percentages) summarised the data, while inferential statistics (correlation and regression analyses) assessed relationships. The analysis also included diagnostic tests for autocorrelation, multicollinearity, normality, linearity, and heteroscedasticity to ensure robust results.

The sample comprised staff from selected hospitals: Nairobi County (137), Kiambu County (107), Murang'a County (29), Kajiado County (16), and Machakos County (7). This stratified approach ensured representation across various counties, reflecting the area's diverse settings of faith-based hospitals.

Results and Discussion

The study targeted 297 respondents drawn from 19 hospitals in the Nairobi metropolitan area, from which 7 hospitals were selected from Nairobi County (137), 6 from Kiambu County (107), 3 from Murang'a County (29), 2 from Kajiado County (16) and 1 hospital from Machakos County (7). Of the 297 questionnaires distributed to the target respondents, 244 were filled and returned. Thus, there was a response rate of 82 per cent. The response was as distributed in Table 1. According to Holtom et al. (2022), the response rate in a survey is considered adequate if it is greater than 25 per cent. Based on this recommendation, the study determined that the response rate was adequate.

Table 1: Response Rate

County	Target Response	Response	Rate
Nairobi County	137	121	88%
Kiambu County	107	98	92%
Murang'a County	29	13	45%
Kajiado County	16	9	56%
Machakos County	7	3	43%
Total	**297**	**244**	

The results in Table 4.1 above show that the highest response rate was obtained in Kiambu County, with a response of 98(92%), followed by Nairobi City County, with a response of 121 (88%), Kajiado County, with 9(56%), and Murang'a County, with 13(45%), while Machakos County had the least response rate, with a response of 3(43%).

Occupational Wellness Programmes

Respondents were asked to indicate their opinions on the statements regarding employees' occupational wellness programmes in their hospitals. The statements required responses on a five-point Likert scale where one represented strongly disagree, two represented disagree, 3 represented moderate, four represented agree, and five represented strongly agree. Results are summarised in Table 2 below.

Table 2: Descriptive Statistics on Employee's Occupational Wellness Programmes

	N	Min	Max	Mean	Std. Dev.
Our organisation offer employees regular health risk assessments	244	2	5	4.17	.866
Health risk assessments engages employees' health and promotes the prevention of diseases.	244	1	5	3.97	1.122
Employee involvement in leadership decisions help them feel that their contribution is valued in the organisation	244	2	5	3.96	.862
Our organisation encourages regular breaks from work to reduce fatigue	244	1	5	3.92	1.134
Our organisation has a set of family-friendly policies to enhance employee productivity	244	1	5	3.91	1.016
In our organisation employees are involved in leadership decisions	244	1	5	3.80	1.274
Family friendly policies helps employees to maintain a successful work-life balance	244	1	5	3.72	1.160
Rewards for healthy behaviours encourages employees to practice good relations with their colleagues	244	1	5	3.65	1.168
Regular breaks give employees a chance to rest, promote clearer thinking and greater productivity.	244	1	5	3.15	1.045
In our organisation rewards for healthy behaviours are provided	244	1	5	2.22	1.214
Aggregate				**3.65**	**1.086**

Table 2 showed that the aggregate mean score for employee's occupational wellness programmes was 3.65 with an associated standard deviation of 1.086. These results indicate general agreement among the respondents on adopting employee occupational wellness programmes among faith-based hospitals in the Nairobi metropolitan area. The results thus postulated that the management of these hospitals generally considered occupational wellness a determinant of quality service delivery. However, the standard deviation of 1.086 suggests that while some hospitals highly emphasised occupational wellness, as shown by a maximum of 5, others had low regard for the same, as shown by a minimum of 1.

Particularly, the study noted that respondents agreed that to a great extent hospitals offered their employees regular health risk assessments (mean = 4.17; Std. Dev = 0.866), health risk assessments engage employees' health and promotes prevention of diseases (mean = 3.97; Std. Dev = 1.122), employee involvement in leadership decisions help them feel that their contribution is valued in the organisation (mean = 3.96; Std. Dev = 0.862), faith-based hospitals encourage regular breaks from work to reduce fatigue (mean = 3.92; Std. Dev = 1.134), hospitals had a set of family-friendly policies to enhance employee productivity (mean = 3.91; Std. Dev = 1.016), employees were involved in leadership decisions (mean = 3.80; Std. Dev = 1.274), family friendly policies helped employees to maintain a successful work-life balance (mean = 3.72; Std. Dev = 1.160), and that rewards for healthy behaviours encouraged employees to practice good relations with their colleagues (mean = 3.65; Std. Dev = 1.168).

On the other hand, respondents were indifferent to giving employees regular breaks to give employees a chance to rest, promote clearer thinking and greater productivity, as shown by a mean score of 3.15 and a standard deviation of 1.045. This means that, although the management of faith-based hospitals encouraged regular breaks from work to reduce fatigue, they rarely gave employees breaks during their working hours, leaving employees with the option of taking off days and annual leave to rest. Moreover, respondents disagreed that faith-based hospitals provided rewards for healthy behaviours, as indicated by a mean score of 2.22 and a standard deviation of 1.214. This means that in most faith-based hospitals, healthy behaviours are not recognised.

Results posted on this variable were in line with the postulates of Ng'eno (2020), who noted that workplace hazards, safety concerns, work environment and stress negatively affect occupational wellness and outcomes at both individual and organisational levels. Additionally, Ungerleider et al. (2017) concluded that occupational wellness and strategies improve the quality of life and experiences, resulting in better performance and service delivery by healthcare providers. Furthermore, Bhattacharyya and Chakrabarti (2016) concluded that occupational wellness operationalised through stress level, volume of work, body pains, work schedules and timelines, and work design impacted workers' productivity.

Test of Hypothesis

The associated null hypothesis was that Employees' occupational wellness programmes have no significant influence on service delivery in faith-based hospitals in the Nairobi metropolitan area. To test this hypothesis, service delivery was regressed on employee occupational wellness programmes, and the model summary results are shown in Table 3.

Table 3: Model Summary Results for Occupational Wellness Programmes

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.666[a]	.444	.442	.543

a. Predictors: (Constant), Occupational Wellness

The results in Table 3 showed that the correlation coefficient (R) between service delivery and employee occupational wellness programmes was 0.666, indicating a moderate correlation between the two variables. Additionally, the study established that the adjusted R square (R^2) was 0.442, suggesting that employee occupational wellness contributed 44.2% of all the variations in service delivery in faith-based hospitals in the Nairobi metropolitan area. This implies that the remainder of 55.8% of variations in service delivery of faith-based hospitals were predicted by factors other than employee occupational wellness programmes.

The study also sought to determine the model's fitness in predicting service delivery in faith-based hospitals in the Nairobi metropolitan area. To achieve this goal, the study conducted the Analysis of Variance test, summarising the results in Table 4.

Table 4: ANOVA Results for Occupational Wellness Programmes

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	56.953	1	56.953	193.272	.000[b]
	Residual	71.312	242	.295		
	Total	128.265	243			

a. Dependent Variable: Service Delivery
b. Predictors: (Constant), Occupational Wellness

The results in Table 4 established that the F-statistic for the model was 193.272, which was greater than the F-critical value of 3.880. It was also established that the P-value for the F-statistic was 0.000<0.05. The study, therefore, determined that the model was significant in predicting service delivery in faith-based hospitals in the Nairobi metropolitan area.

The study further sought to determine if employee occupational wellness programmes were significant in influencing service delivery in faith-based hospitals in the Nairobi metropolitan area. The study conducted a student t-test, and the coefficient results were summarised in Table 5.

Table 5: Coefficient Results for Occupational Wellness Programmes

Model		Unstandardised Coefficients		Standardised Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.243	.268		.910	.004
	Occupational Wellness	1.011	.073	.666	13.902	.000

a. Dependent Variable: Service Delivery

The results in Table 5 indicated that the coefficient of the model constant was 0.243, suggesting that holding employee occupational wellness programmes constant at zero, service delivery in faith-based hospitals in the Nairobi metropolitan area would be 0.243. The coefficient was, however insignificant since t=0.910 > 0.525 and P=0.004<0.05. The results also showed that the standardised coefficient of employee occupational wellness programmes was 0.666, indicating that holding all other variables constant, an increase in employee occupational wellness programmes by one unit would increase service delivery in faith-based hospitals in the Nairobi metropolitan area by 66.6%. This relationship was also significant since the t statistic was equal to 13.902> 0.525 and P=0.00<0.05. Based on these results, it was determined that employee occupational wellness programmes significantly influenced service delivery in faith-based hospitals in the Nairobi metropolitan area.

The qualitative data obtained supported the assertions made on the variable. It was established that most respondents agreed that occupational wellness influenced service delivery in their hospitals. In their explanation, most respondents indicated that work conditions influenced their service delivery. One respondent indicated that:

> *Working long hours makes one very tired, and you cannot do your work effectively.*

Another respondent indicated that:

> *Medical staff should not work for many hours because when they get fatigued, they can misdiagnose patients."*
>
> *"Employees should be aware of their health status to work effectively. Employees should be screened regularly to detect diseases in advance."*

The study also established that organisational policies should be favourable for employees to offer quality services.

> *Hospitals should have favourable policies that allow employees flexible times, enabling them to have enough rest.*

The results reported on this variable also tarried with the descriptive results, which showed that the aggregate mean score for employees' occupational wellness programmes was 3.65, indicating that respondents agreed with the fact that employees' occupational wellness programmes were implemented in the hospitals. However, adopting occupational wellness programmes leads to moderate improvement in service delivery, as shown by the descriptive results in service delivery (mean =3.55). Correlation analysis results also showed a significant moderate correlation between service delivery and occupational wellness programmes (r=0.666; p=0.000<0.05).

The results also corroborate the existing empirical literature, which indicated that workplace hazards, safety concerns, work environment and stress negatively affect occupational wellness and outcomes at individual and organisational levels (Ng'eno, 2020). Additionally, the study's findings agreed with the conclusion by Ungerleider et al. (2017) that strategies such as balancing work volume per employee, creating a conducive working space and engaging professional help in counselling,

mentoring and coaching improved employees' productivity. Besides, Bhattacharyya and Chakrabarti (2016) concluded that occupational wellness for workers impacted productivity levels at the firm.

The results also supported the theoretical anchorage of the study. Precisely, the study findings supported the doctrines of social exchange theory developed by Homans (1958), who suggested that employee performance is a function of how the company treats them. Accordingly, employees make decisions based on a trade-off balance between the benefits they are likely to realise and the cost (contribution) they would need to incur. As a result, a company that invests in proper occupational wellness programmes is more likely to offer better services to its customers because employees will perceive the benefits associated with working in the company to outweigh the cost of offering quality services.

Concerning employee occupational wellness programmes, descriptive results showed that there was general agreement among the respondents on the adoption of employee occupational wellness programmes among faith-based hospitals in the Nairobi metropolitan area. Precisely, the study determined that respondents agreed that hospitals offered their employees regular health risk assessments, health risk assessments engage employees' health and promote prevention of diseases, employee involvement in leadership decisions helped them feel valued in the organisation, faith-based hospitals encourage regular breaks from work to reduce fatigue, hospitals had a set of family-friendly policies to enhance employee productivity and family-friendly policies helped employees to maintain a successful work-life balance. However, respondents were indifferent to giving employees regular breaks to give them a chance to rest and disagreed that faith-based hospitals provided rewards for healthy behaviours. Correlation analysis results showed a significant moderate positive correlation between service delivery and occupational wellness programmes. Hypothesis testing results showed that employee occupational wellness programmes significantly influenced service delivery in faith-based hospitals in the Nairobi metropolitan area.

Conclusion

The study found that there was agreement among the respondents on the adoption of employee occupational wellness programmes among faith-based hospitals in the Nairobi metropolitan area; there existed a significant moderate positive correlation between service delivery and occupational wellness programmes and employee occupational wellness programmes significantly influenced service delivery in faith-based hospitals in Nairobi metropolitan area. The study thus concluded that employee occupational wellness programmes significantly influenced service delivery in faith-based hospitals in the Nairobi metropolitan area.

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