

**EMERGENCY PREPAREDNESS FOR GUESTS WITH MOBILITY IMPAIRMENTS
AND FREQUENCY OF VISITS IN FIVE-STAR HOTELS IN NAIROBI COUNTY,
KENYA**

BY

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SEPTEMBER 2025

DECLARATION

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This thesis is my original work and has not been presented for a degree in any other University

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DEDICATION

To my beloved parents, the late Michael Kwambai and Viola Jeptaiget, whose unwavering support and encouragement have guided me throughout my academic journey.

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First, I give thanks to the Almighty God for granting me the gift of life, good health, and the strength to persevere throughout the course of my studies. Without His grace and guidance, this achievement would not have been possible.

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ABBREVIATIONS AND ACRONYMS

ADA	Americans with Disability Act
CRPD	Convention on the Rights of Persons with Disabilities
DDA	Disability Discrimination Act
ENAT	European Network for Accessible Tourism
GoK	Government of Kenya
KTB	Kenya Tourism Board
NACOSTI	National Council for Science and Technology
NCC	Nairobi City Council
OSHA	Occupational, Safety and Health Administration

OPERATIONAL DEFINITION OF TERMS

Accessibility	Used in this study to refer to a barrier-free environment, in terms of architectural barriers for persons with mobility impairments (Twigg, 2015).
Emergency Plan	A documented strategy outlining specific actions, responsibilities, and resources for responding to emergencies, ensuring the safety and evacuation of all guests, including those with mobility impairments, in five-star hotels (NFPA, 2020).
Emergency Response and preparedness	The mechanism put in place to be utilized or used for evacuation during an emergency (Cai, Wu, Yuan, Reniers & Bai, 2024).
Evacuation options	The accessible procedures, routes, and support systems provided to safely evacuate guests with mobility impairments during emergencies in five-star hotels (International Organization for Standardization, 2021).
Guests with Mobility Impairments	Taken to refer to hotels' clients who have physical impairments and thus have difficulty mobility, for example, wheelchair users and older persons (Kwambai, Maranga & Bitok, 2024).
Handicap	This refers to situations where possibilities to participate in communal life on an equal level with others are eliminated or restricted (Arslan-Sarımehmetoğlu & Gönen-Şentürk, 2024). It portrays the interactions that people who have disabilities have with their environments.
Hazard	In the context of this investigation, this refers to anything that poses a potential danger to guests, employees, or the property itself (Widantara, & Mutaqin, 2024).
Hotel	A facility that provides guests with food, lodging, and other services for a fee; a place that offers lodgings for people to stay in, particularly while those people are traveling (Orfila-Sintes & Mattsson, 2009).
Mobility	This is the ability to move or be moved freely and easily (Adey, 2017).
Risk	Refers to the potential catastrophic losses in terms of people's lives, health, and way of life, property, and services that could occur to a particular community or society during a specified period in the future (Obeagu & Obeagu, 2024). These potential losses could occur at any point in time.

ABSTRACT

To attract a wider audience, the tourism industry has become increasingly aware of the evolving needs of vulnerable populations, as well as the importance of adapting services and offerings accordingly. This study aimed to examine the influence of emergency preparedness on the frequency of visits to five-star hotels in Nairobi County, Kenya. The specific objectives were: to identify the types of hazards experienced by five-star hotels in Nairobi City County; to assess the influence of emergency response systems on the frequency of visits by guests with mobility impairments; to determine the hotel sections most prone to emergencies; and to evaluate the relationship between employee emergency preparedness training and the frequency of visits by guests with mobility impairments. Two theoretical frameworks guided the study: The Theory of Time Constraints on Leisure Activities and the Theory of Social Oppression. A mixed-methods research design was employed, targeting all 11 registered five-star hotels in Nairobi County. The study population was employees in the ten five-star hotels in Nairobi City. A census approach was used, involving 10 of the 11 five-star hotels, with systematic sampling determining the sample size. Data collection was conducted using semi-structured questionnaires administered by the researcher. Data was coded and analyzed using SPSS, employing both descriptive and inferential statistical methods. Multiple regression analysis was used to determine the relationships between the independent and dependent variables, with results presented in tables, charts, and bar graphs. Findings revealed that most five-star hotels had not frequently experienced various emergencies. For instance, 54.5% of respondents reported never encountering sniper or hostage situations, while 57.6% indicated that fire outbreaks were rare. Emergency systems such as fire protection, CCTV, alarm systems, and medical alert systems were generally rated as efficient and reliable. Notably, the analysis showed that a one-unit improvement in emergency systems could result in a 0.722-unit increase in visit frequency, all else being equal. Furthermore, most hotel sections—including kitchens, restaurants, bars, lounges, playgrounds, guest rooms, laundry areas, and swimming pools—were reported to have experienced few or no emergencies. However, the parking area was identified as a potential concern. Employee training in emergency preparedness was found to have a positive and statistically significant relationship with visit frequency among guests with mobility impairments ($\beta = 0.595, p < .001$). In conclusion, while many areas within five-star hotels in Nairobi County are perceived as relatively safe, parking areas require particular attention. The study highlights the importance of comprehensive staff training in emergency preparedness, particularly in hazard identification and spill response. It recommends that hotel management conduct thorough risk assessments addressing both frequent and infrequent hazards. Emergency protocols should encompass not only high-risk scenarios such as terrorist threats but also less immediate risks like flooding and utility failures.

CHAPTER ONE

INTRODUCTION

The hospitality industry is increasingly under scrutiny for its level of emergency preparedness, particularly in addressing the needs of guests with mobility impairments. As tourism grows and the frequency of natural and manmade hazards rises, the integration of inclusive emergency response systems has become both a safety imperative and a measure of service quality. This study explores the extent to which five-star hotels in Nairobi accommodate guests with mobility impairments during emergencies, focusing on infrastructure, staff preparedness, and compliance with global accessibility standards.

1.1 Background to the Study

The global hospitality industry has witnessed increasing attention toward inclusive safety, especially regarding emergency preparedness for guests with mobility impairments (Carr, 2024). As the tourism sector expands, ensuring that hotel facilities are adequately prepared to manage emergencies affecting persons with disabilities has become not only a matter of compliance but also a driver of guest confidence and return visits (Ramukumba, 2024). Guests with mobility impairments often face heightened vulnerability during emergencies such as fires, floods, medical incidents, or security threats, which demands customized response systems, accessible infrastructure, and trained personnel capable of offering timely and appropriate support (UNWTO, 2023). The presence and effectiveness of emergency response systems such as alarm systems, medical alert tools, and evacuation technologies significantly influence the perceived and actual safety of such guests (WHO, 2022).

Furthermore, studies have shown that employee training on emergency protocols; particularly those tailored to special needs populations, enhances institutional readiness and positively affects the hospitality experience for disabled guests (Robinson et al., 2021). The identification of hazard-prone sections within hotel premises, such as kitchens, pools, or laundry areas, is crucial in risk mapping and preventive planning (FEMA, 2022). Moreover, the frequency and nature of hazard occurrences not only reveal preparedness gaps but also shape hotel policies and guest satisfaction levels (Eurostat, 2021). As global disability rights frameworks such as the Convention on the Rights of Persons with Disabilities (CRPD) gain traction, the hospitality industry is increasingly expected to integrate accessibility and emergency responsiveness into its core operational standards.

The hospitality sector is one of the most crisis susceptible in the world and is susceptible to both internal and external risks (Ivkov, Blei, Janievi, Kovai, Miljkovi, Luki & Sakulski, 2019; Ahmad, 2022). Throughout the past few decades, there have been numerous disasters and calamities that have had an impact on inbound travel and tourism earnings in Southeast Asia and around the world, creating a variety of issues for both the public and private sectors (Ghaderi, King & Hall, 2022). The majority of hotels in Malaysia follow the Faulkner disaster management framework, one of the best techniques for addressing calamities (Permatasari & Mahyuni, 2022). During the pre-emptive phase, hotels have plenty of time to prevent and address issues.

Preparedness for an emergency may be in the form of first aid, evacuation, and medical care offered to guests with mobility impairments (Tsai, Linliu, Chang & Mak, 2020). Hospitality premises have to be well prepared in case a disaster occurs. It is essential to comprehend emergency risk and vulnerability when developing mitigation and reduction methods. Guests with mobility impairments are sometimes ignored in terms of planning for the safety and security of a

premise or establishment (Garrod, 2021). Although hospitality organizations are faced with occurrences of disasters, few of them are fully prepared in case of an emergency (Alazzam, 2021). Villeneuve (2021) argues that the absence of inclusive emergency planning in some hotel settings has meant good-willed people have been left to support people with disabilities and ensure they reach safety in case of disasters.

Emergency preparedness begins at the lowest organizational level and only advances to the following level once the resources at the current level have been depleted (Anichiti, et al., 2021), Emergency management is sometimes referred to as business continuity planning in the private sector (Darcy & Pegg, 2012). Since the CRPD was established, the importance of the global tourism industry effectively fulfilling the fundamental demands of emergency response for guests with mobility impairments in hotels has been further reaffirmed (United Nations, 2006) (see Appendix IV).

The bed occupancy rate in Kenya can be increased when this important market segment is considered, yet this has not been so (GoK, 2022). In Kenyan hotels, the percentage of available beds that were occupied represented a minor increase when compared to the previous month, coming in at 57 percent as of March 2022 (Tourism Regulatory Authority, 2022). The ideal situation should be that in an organization like a hotel, there should be emergency response systems to ensure that the guests were attended to in case of emergencies for example fire and flooding (Kusufa, Nurfarida, Wilujeng & Firdaus, 2022). This emergency response system has to be the invention and the creation of the organization and its staff should be committed enough to ensure its smooth operation and success (McCool, 2012; Said *et al.*, 2012). In addition, people who have disabilities would travel more frequently if they had the impression that accommodation

establishments were more accommodating to their needs and felt they could be quickly and effectively responded to in case of an emergency (Burnett, 1996; Calvi-Parisetti, 2012).

Guests with mobility impairments are sometimes ignored in terms for planning for safety and security of a premise or establishment (Garrod, 2021). Although hospitality organisations are faced with occurrences of disasters, few of them are fully prepared in case of an emergency (Alazzam, 2021). In essence, security and safety are the most important issues to tourists while traveling and the first aspect they consider is protection from hazards. Villeneuve (2021) argue that, the absence of inclusive emergency planning in some hotel settings has meant good willed people have been left to support people with disabilities and ensure they reach safety in case of disasters. Disaster Risk Reduction 2015-2030 calls for a disability perspective to be integrated into disaster management, and policies and guidance already exists to support actors in the region to do so.

Ecological researchers define disaster as an event caused by human with a great consequence on the earth (Malla, Dahal & Hasegawa, 2021). Geological researchers define it as an occurrence caused by the deformation and movements of the earth crust (European Environmental Agency, 2019). According to Brown, Feldmann-Jensen, Rovins, Orchiston and Johnston (2021), disasters are not merely ornamental or interesting events that adorn our collective historical record; these disruptions have served to guide and shape it and they suggest that many of history's great civilizations were eventually affected by the impact of disasters. Disaster is a sudden event impacting peril to the community, causing death, and destroying properties and the surrounding environment (Brown *et al.*, 2021). It also refers to a hospitality organization which is faced with unexpected phenomena with a limited control. Furthermore, the hospitality industry is one of the most vulnerable to crisis and can be affected by internal and external hazards (AlBattat & Som, 2013).

Orhan (2022) assert that the hotel industry tends to be highly sensitive to the negative impacts of hazards such as natural disasters, clashes, conflicts and terrorist attacks. Moreover, Wu, Xia and Bao (2021) believe that, hotel industry can be easily affected by internal and external impacts, and as a year-round industry, the hotel industry has a special vulnerability to hazards, including the inseparability between the guests and the employees as part of the product itself. These events are very hard to control and forecast, and they can affect even the well-prepared organizations (Wu, Xia & Bao, 2021). Regarding several disasters and hazardous events affecting the hospitality industry, it has become very important to be well prepared and able to control the hazards (Ivkov, Blešić, Janićević, Kovačić, Miljković, Lukić & Sakulski, 2019). Disaster and emergency planning should be applied and hotels should be well prepared before the disaster strikes; during the disaster, emergency planning should be applied effectively, and rapid recovery to the normal stage should occur after the disaster.

Responses may be in form of first aid, evacuation and treatment offered to the guests with mobility impairments (Tsai, Linliu, Chang & Mak, 2020). Hospitality premises have to be well prepared in case a disaster occurs. Disaster preparedness can be defined as “a state of corporate readiness to foresee and effectively address internal or exogenous adversary circumstances with the potential to inflict a multidimensional crisis, by consciously recognizing and proactively preparing for its inevitable occurrence (Tsai *et al.*, 2020). It is very important to understand emergency risk and vulnerability in order to develop measures of reduction and mitigation. Researchers have argued that a better understanding of the process of emergency management will help to mitigate the effects of disasters even if prevention is out of the question (Ismiyati & Lestari, 2020). Effective disaster management for hospitality firms entails the development of partnerships between the firm and external partners, such as government and non-governmental agencies, suppliers, and the

media (Ghaderi, King & Hall, 2021). In hotels, guests with mobility impairments can experience challenges in their movement around the premise and this movement can be complicated unless the hotel has a mechanism of ensuring that guests and visitors particularly those with mobility impairments are brought to safety in the least time possible (Gillovic, McIntosh, Cockburn-Wootten & Darcy, 2021; Siemens, 2014).

How a hospitality establishment responds in times of emergency in form of first aid, evacuation and the general treatment of guests with mobility impairments will determine whether they are going to return to the same facilities after their stay (Albattat & Som, 2019). Guests with mobility impairments need attention in case of emergency and prudent hotel managers have to put in place mechanisms to ensure that the emergency responses are not only efficient, but also timely (Wu, Xia & Bao, 2021). In addition, mobility impairments are a common and general feature in every civilization (World Health Organization, 2021). Governments have legislated laws to ensure that persons with mobility impairments are incorporated in the society (WHO, 2021). In the case of an emergency, an organization needs to respond differently in the case of persons with mobility impairments, compared with those that do not have impairments (Buhalis et al., 2005; WHO, 2011; Albattat & Som, 2013). Moreover, effective emergency management depends on thorough integration of emergency plans at all levels of the organization as activities at each level affect the other levels (Wu, Xia & Bao, 2021).

According to Anichiti, Dragolea, Tacu Hârşan, Haller and Butnaru (2021), emergency management actually starts at the lowest level and only increases to the next higher organizational level after the current level's resources have been exhausted. In the private sector, emergency management is sometimes referred to as business continuity planning (Darcy & Pegg, 2012). Consequently, the significance of the international tourism industry properly addressing the basic

needs of emergency response for guests with mobility impairments in hotels has been further reinforced through the establishment of the United Nations' Convention on the Rights of Persons with Disabilities (United Nations, 2006) (see Appendix IV).

Rooney and White (2017) contend that, the disability security certification will reassure potential guests with a disability, before they make a booking that the hotel caters to their specific needs. This means Certification will benefit the hotel by increasing their market share among travelers with disabilities. Over the last decade, there has been significant economic contribution of people with mobility impairments to the hotel industry (Elkhwesky, Salem & Barakat, 2021; AlBattat & Som, 2013). Yet, despite such economic contribution, access to all products of hospitality remains a significant constraint for guests with mobility impairments in hotels, hence can hinder emergency response (Gray, MacDonald, Becker & Johnston, 2022; Darcy & Pegg, 2012). Therefore, this study intends to investigate the existing situation in the hospitality industry with regard to emergency response for guests with mobility impairments in five-star hotels in Nairobi with a view of evaluating current practices.

In Malaysia, hotel emergency preparedness for people with disabilities, particularly those with mobility impairments, remains a pressing concern despite legislative efforts. The Uniform Building By-Laws 1984 (amended 1991) mandate accessible design in public buildings, including hotels. However, studies show that compliance is inconsistent, and many facilities lack evacuation chairs, trained staff, or accessible emergency exits for mobility-impaired guests (Mohd Isa et al., 2020). Research further indicates that although hotel staff are often aware of the presence of guests with disabilities, actual preparedness measures, such as personal emergency evacuation plans (PEEPs), are rarely implemented, raising concerns about safety during emergencies (Alias et al., 2019). In Brazil, the situation is comparatively advanced due to the enactment of the Brazilian

Inclusion Law (Statute of the Person with Disabilities, Law No. 13.146/2015), which obliges public accommodations to guarantee full accessibility. Brazilian luxury hotels in urban centers like São Paulo and Rio de Janeiro have made strides in adopting inclusive emergency response plans. Nonetheless, practical challenges persist.

The bed occupancy rate in Kenya can be increased when this important market segment is considered, yet this has not been so (GoK, 2022). As of March 2022, the bed occupancy rate in Kenyan hotels was at 57 percent, registering a slight growth in comparison to the previous month (Tourism Regulatory Authority, 2022). When the emergency response in a hotel is improved, it may lead to an increase in the confidence of the visitors to book rooms; hence, there will be a rise in bed occupancy rates (Ahmad, 2022). In case of an emergency, the manner an organization response to assists those who are involved is of paramount importance (GoK, 2022). Calamities and tragedies could occur when least expected, hence there should be systems in place to ensure that persons are responded to in case they are in an emergency (McCool, 2012; AlBattat & Som, 2013).

The ideal situation should be that in an organization like a hotel, there should be emergency response systems to ensure that the guests are attended to in case of emergencies for example fire and flooding (Kusufa, Nurfarida, Wilujeng & Firdaus, 2022). This emergency response system has to be the invention and the creation of the organization and its staff should be committed enough to ensure its smooth operation and success (McCool, 2012; Said *et al.*, 2012). In addition, persons with disabilities would travel more frequently if they felt they were more welcome in lodging establishments and feel they can be quickly and effectively responded to in case of an emergency (Burnett, 1996; Calvi-Parisetti, 2012).

1.2 Problem Statement and Justification

The hospitality industry in Kenya, especially five-star hotels in Nairobi City County, faces significant challenges in providing adequate emergency preparedness for guests with mobility impairments, despite the country's growing tourism sector which recorded over two million visitors in 2018 (PwC, 2019) and a projected hotel market growth of 6.89% through 2029 (Statista, 2024). In Kenya, the share of adults aged 15 and older with any functional difficulty stands at 12.7%, representing a substantial portion of potential hotel guests who require specialized emergency response considerations. The problem is compounded by Kenya's security challenges, including terrorist attacks on public places, such as government buildings, schools, places of worship, malls, and hotels have occurred with little or no warning, and emergency medical and fire services are limited across the country.

While international guidelines emphasize that emergency evacuation planning for persons with disabilities requires site-specific approaches and specialized training (SafetyInfo, 2024), there is insufficient empirical evidence regarding how emergency preparedness measures specifically designed for guests with mobility impairments influence their decision-making processes and frequency of visits to five-star hotels in Nairobi. This gap in knowledge undermines the ability of hospitality establishments to create inclusive environments that ensure both safety and accessibility, potentially limiting market reach and failing to meet the needs of a significant demographic segment in Kenya's growing tourism industry.

Several studies have examined the challenges that residential populations suffer because of disasters, but very few have examined how catastrophes affect businesses in the hospitality sector (Lamanna *et al.*, 2012). Furthermore, terrorist activities as a type of hazard can have a detrimental effect on the hospitality industry and bring about a reduction in the total number of tourists that

visit a location (AlBattat & Som, 2013). In Kenya, there have been cases where terrorists have directly targeted hotel and hospitality establishments (Howard, 2019). For example, in 1981, a possible terrorist attack at the Norfolk Hotel in Nairobi led to five fatalities and 75 injuries, and in 2002, another attack at the Paradise Hotel in Mombasa resulted in 15 fatalities. Both of these incidents took place in Kenya (Ndar, 2019).

Due to impractical warnings, evacuations, responses, and long-term recovery efforts, people with disabilities have particular difficulties throughout the whole emergency and disaster management process (Raja & Narasimhan, 2013). Hotels should have significant levels of emergency preparedness to make sure that their guests are safe in case a disaster occurs. The state of preparation that an organization has acquired to respond to any emergency scenario with self-assurance, efficiency, and effectiveness is what we mean when we talk about emergency preparedness (Lewis & Payant, 2013).

Because of these apparent gaps, it was important to conduct a study to determine the level of emergency readiness for guests with mobility impairments in five-star hotels in Nairobi County, Kenya, as well as the frequency of visits to these hotels. In particular, the purpose of the study was to document the hazardous occurrences that were experienced by the five-star hotels in Nairobi County, Kenya; to identify the five-star hotels in Nairobi County, Kenya in which emergencies take place; to investigate the difficulties that are associated with providing emergency response services to guests who have mobility impairments in five-star hotels in Nairobi County, Kenya; and to identify emergency response system variables that significantly influence the number of times guests with mobility impairments stay at five-star hotels.

1.3 Purpose of the Study

To establish the influence of emergency preparedness for guests with mobility impairments on the frequency of visits in five-star hotels in Nairobi County, Kenya, to improve response to emergencies for guests with physical impairments in five-star hotels in Nairobi City County, Kenya.

1.4 Objectives of the Study

1.4.1 General Objective

To establish the influence of emergency preparedness for guests with mobility impairments on the frequency of visits in five-star hotels in Nairobi City County, Kenya.

1.4.2 Specific Objectives

The following specific objectives guided the study:

- i. To identify the hazard occurrences experienced by the five-star hotels hotel Nairobi City County, Kenya.
- ii. To determine the influence of emergency response systems on the frequency of visits by guests with mobility impairments to five-star hotels in Nairobi County, Kenya
- iii. To identify the sections from which emergencies occur in five-star hotels in Nairobi County.Kenya.
- iv. To assess the relationship between employees training for emergency preparedness and the frequency of visits to five-star hotels by guests with mobility impairments in Nairobi City County, Kenya.

1.5 Research Hypotheses

H₀₁: Emergency response systems have no significant influence on the frequency of visits by guests with mobility impairments to five-star hotels in Nairobi County, Kenya

H₀₂: There is no significant relationship between employee training for emergency preparedness and the frequency of visits to five-star hotels by guests with mobility impairments in Nairobi County.

1.6 Significance of the Study

The study is justified because emergency preparedness and response in the tourism and hospitality industry is an important issue that cannot be overlooked. Effective emergency response systems are the factor that differentiates one establishment from the other, hence the need for the study. Site evacuation is important in disaster management; therefore, the study seeks to underscore this importance. The findings of this study will be helpful to hotel owners in three different ways. First, they will assist hotel owners in developing best practices by providing a better understanding of people who have disabilities. Second, they will assist hotel owners in implementing policies and strategies to attract the market. Third, they will assist hotel owners in maximizing business from the market of people who have mobility impairments.

Hotels may inform and encourage people with mobility impairments to use the facilities and services that are user-friendly by offering the proper facilities and services with suitable messages. The study will gather useful information for all industry players concerning emergency responses for guests with mobility impairments. This investigation will be significant concerning emergency preparedness for the guests with mobility impairments on the frequency of visits to five-star hotels in the study area.

1.7 Delimitation

The study was confined to five-star hotels within the County of Nairobi because the study area is the main hub in the region and an economic giant in East and Central Africa (United Nations Environmental Programme, 2005; Omwenga, 2010). It was the preferred choice because the city boasts of having five-star hotels that are internationally recognized. The study was concerned with emergency response in hotels for guests with mobility impairments.

1.8 Limitations of the Study

The study encountered a number of limitations. The number one challenge faced was the reluctance of some hotel staff to participate in the survey, primarily due to concerns about the potential misuse of the information they provided, despite assurances of confidentiality. Additionally, gaining access to guests with mobility impairments proved difficult, as hotels were unwilling to facilitate direct contact due to privacy and data protection policies, which limited the study to relying on staff perspectives and institutional records. The study also faced constraints due to the limited availability of local academic literature specifically addressing emergency preparedness for guests with mobility impairments in Kenyan hotels, necessitating the use of materials from other industries and international contexts. Furthermore, some hotel management teams were unwilling to disclose comprehensive information about their internal emergency preparedness systems, citing fears of reputational risks and competitive exposure, which affected the completeness of data on hazard-prone areas and staff training efforts.

1.9 Assumptions

This study assumed that the information that was provided by the respondents was factual representation and correct generalization of the study result. In addition, the study assumed that

hotel staff had previously received training on emergency preparedness measures relevant to guests with mobility impairments. Moreover, it was assumed that five-star hotels in Nairobi County had established emergency response systems in place during the period of data collection. Furthermore, the study assumed that guests with mobility impairments based their decision to revisit a hotel partly on the hotel's perceived ability to manage emergencies effectively.

1.10 Conceptual Framework and Measurement of Variables

The diagrammatic relationship between variables is summarized as shown in Figure 1.1.

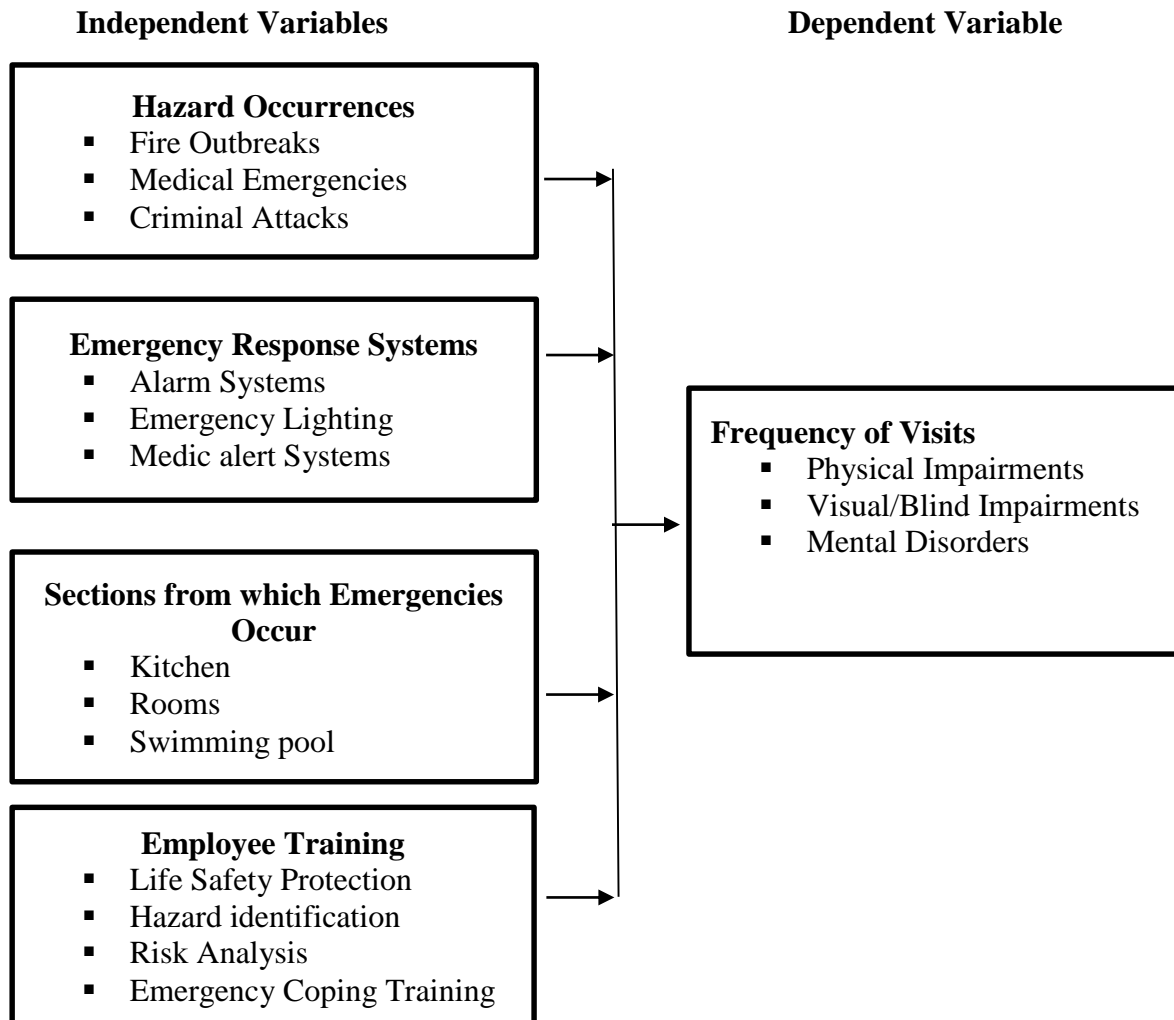


Figure 1.1: Conceptual Framework
Source: Modified from Vestergren, 2011

1.11 Theoretical Framework

The study was anchored on Leisure Constraints Theory and The Social Oppression Theory.

1.11.1 Leisure Constraints Theory

Leisure Constraints Theory was proposed by Jackson (1993), the theory states that leisure constraints refer to factors that individuals perceive as impeding their participation in and enjoyment of leisure and entertainment activities. Leisure Constraints Theory identifies the various reasons as to why an individual may opt not to travel or visit certain places such as hotels. Although persons without any mobility impairments have different constraints, the people with mobility impairments' constraints tend to be extensive. They can be intrinsic, environmental and/or interactive barriers (Maguire, 2005). Intrinsic barriers are health problems, physical and psychological dependency, lack of knowledge and societal ineffectiveness.

Travel constraints have been defined as barriers that inhibit people's travel activities (Hung & Petrick, 2010). They are the limitations and difficulties that prevent participation in leisure activities hence by extension participation in domestic tourism and even visiting particular hotels. Gassiot, Prats and Coromina (2018) conceptualized travel constraints as factors that can inhibit travel satisfaction, motivation, and needs. Constraints limit the formation of leisure preferences and prohibit participation and enjoyment of leisure often resulting in non-participation (Crawford & Godbey, 1987). However, other scholars argue that constraints do not necessarily lead to non-participation in leisure, but can be negotiated to lead to participation (Kay & Jackson, 1991; Shaw et al., 1991). Indeed, as posited by (Kattiyapornpong & Miller, 2009), there are significant levels of travel even among the most constrained groups as well as significant amounts of non-travel by the least constrained ones.

The environmental barriers include attitudinal barriers, ecological, architectural and rules and regulations barriers. Finally, the interactive barriers constituted skills and communication barriers. These barriers act as challenges to the people with mobility impairments consuming tourism products such as hotels (Simon, 2010). For instance, an independent VI, needs information relied on Braille at a destination for easy navigation while at site. Whilst at the destination, health hazards could deter him from accessing a site, as it is not user friendly. Although there are advancements on structural buildings to accommodate ramps, tactile surfaces, there are other intrinsic, environmental and interactive barriers. These factors need be considered by product developers to facilitate self-dependency; skilled staff in handling mobility impaired clients, communication barriers, navigation at the destination among others.

Intrapersonal constraints are defined as individual psychological attributes that affect the development of leisure preferences leading to non-participation (Crawford & Godbey, 1987). They include stress, fear, and lack of interest, shyness, depression, anxiety, health, perceived self-skill and perceived appropriateness of various leisure activities. These constraints are relatively unstable and may change within a short period. They require more work to overcome them rather than regular place marketing e.g. changing attitudes (Rahi, 2018).

With the competition for visitors, five-star hotels need to consider the constraints and facilitators associated with tourist decision-making for short-break vacations in those hotels especially guests with mobility impairment. This theory was thus considered applicable to the current study in helping the researcher understand how the level of emergency preparedness for the guests with mobility impairments can influence the frequency of visits in five-star hotels in Nairobi County, Kenya. Moreover, this theory stresses the fact that accessibility should be on the agenda of many tourism destinations. Making products and services accessible to all segments of the population

has become crucial for tourism businesses, as an increasing number of people have special access needs. In parallel, tourism destinations need to develop accessible tourism policies and strategies to optimize their efforts and resources when addressing this market segment.

1.11.2 The Social Oppression Theory

Abberley (1987) pioneered this theory; it argues that a social theory of disability can best be developed using the concept of oppression. This concept is outlined, and special emphasis is placed on the importance of the social origins of impairment in such an analysis. This theory has concentrated on the social model, which suggests that the society has failed in making adequate allowance for people with disability in entering social places (Bhattacharya, 2017). Bhattacharya (2017) argues that it is not impairment that causes disability but the way in which society has disregarded to include people with disabilities in all spheres of development. This model of disability is further defined in the study as a particular form of social oppression that focuses on attitudinal, environmental and organizational barriers which prevent disabled people from having equality of opportunity in education, employment, housing, transport, leisure, etc. (Abberley, 1987).

When the hotel management harbors negative attitude towards disabled persons, allow existence of unfriendly environment and fails to deal with organizational barriers for disabled persons, this is then the form of oppression that inflicted on guests with mobility impairment (Fullagar & Wilson, 2012). This practice denies guests with mobility impairment the opportunity to maximize their pleasure when they check into hotel, which is attained by promoting their participation and productive involvement pleasure activities. Through this ideology, persons with mobility impairment are supposed to be given the opportunity to maximize their potentials by promoting their participation and productive involvement in the society (Fullagar & Wilson, 2012). This

theory was adopted because it explains how the treatment guests with mobility impairment visiting five star hotels in Nairobi are subjected to can determine how frequent they can visit such facilities. Despite the growing global emphasis on inclusive design and accessibility, many five-star hotels in Nairobi continue to exhibit structural and systemic shortcomings that limit the full participation of guests with mobility impairments. According to Mwangi and Wanjiku (2021), several high-end hospitality establishments in Nairobi have not fully embraced universal design principles, often lacking features such as ramps, accessible bathrooms, properly designed elevators, and designated rooms for disabled guests. These physical limitations reinforce the social oppression outlined in Abberley's theory by creating an environment where individuals with disabilities are excluded from enjoying the same level of comfort and service as other patrons. The issue is further exacerbated by the absence of clear regulatory enforcement mechanisms that mandate accessibility compliance in the hospitality sector.

Additionally, attitudinal and organizational barriers within hotel operations continue to undermine inclusivity. Research by Njoroge and Kimani (2020) highlights that staff in some luxury hotels often lack disability awareness training, leading to discriminatory practices, unintentional neglect, or discomfort when serving guests with mobility challenges. This not only results in unequal treatment but also discourages repeat visits, undermining both guest satisfaction and business sustainability. The lack of institutional frameworks to address these gaps reinforces the notion that people with disabilities are an afterthought in hotel design and service delivery, aligning with the social oppression framework that calls attention to these systemic exclusions (Abberley, 1987; Fullagar & Wilson, 2012).

CHAPTER TWO

LITERATURE REVIEW

2.1 Frequency of Guest with Mobility Impairment Visits to Hotel

Individual hoteliers need to develop ways to differentiate the goods and services they provide from those of their competitors to keep a competitive advantage in the cutthroat hotel market. This is necessary to retain a profitable position (Zhang & Cole, 2016). According to Harz and Sommer, to accomplish this goal, hotel owners and operators should first make an effort to comprehend the requirements of their customers before making any efforts to satisfy (or even exceed) those requirements (2022). The level of service provided can significantly influence a customer's level of satisfaction, as well as their propensity to come back and their willingness to recommend others (Olorunsola, Saydam, Arasli & Sulu, 2022).

Hotel experience of persons with mobility impairment is directly related to the accessibility and frequency of visiting the hotels; insufficient and inaccessible areas hurt this satisfaction and the frequency of visits to the hotel. Hotels that are well prepared for a crisis or disaster can protect their staff and customers as well as avoid or mitigate losses in terms of money and reputation. A growing body of study on the hotel experiences of people with disabilities focuses on three primary areas: the features of these visitors who participate in the guest experience, the economic opportunities of the market for people with disabilities, and the social experiences of these guests (Wolf, 2022). However, the studies have failed to elaborate on the actual hotel experience that influences satisfaction for disabled guests.

In a highly competitive hotel industry, individual hoteliers must find ways to make their products and services stand out among the others (Zhang & Cole, 2016). According Harz and Sommer

(2022), one way to achieve this is for hoteliers to understand their customers' needs and then set out to meet (or exceed) these needs. In general, service quality promotes customer satisfaction, stimulates intention to return and encourages recommendations (Olorunsola, Saydam, Arasli & Sulu, 2022). Customer satisfaction also eventually increases profitability (Torres & Kline, 2013) as well as market share and return on investment. as a result of increased importance from the service sector, researchers are defining quality from a customer's perspective (Hossam, Mohamed Hussein & Rady, 2022).

In his study, service quality and customer satisfaction in the hotel industry, Urge (2016) states that customer satisfaction is significant to build long-lasting relationships with consumers and hence a critical success factor in service oriented companies. As indicated by Mubiri et al. (2016) many researchers have argued that some customers may not appreciate some services as much as others would. Consequently, ethnic differences may lead the hotel to modify their services to fit the social and ethnic practices of specific consumers (Hossam *et al.*, 2022). Hotel businesses in developing countries also have to compete with each other and focus on satisfying both local and worldwide customers, because, today's customers are more alert, educated and exposed to a lot of information through online sources, social media, magazines etc. (Urge, 2016).

Poor-quality service produces customer dissatisfaction, and customers may not return to the establishment in the future or even immediately move their business dealings to other providers (Domènech, Miravet & Gutiérrez, 2022). Arguments by Anvarovna (2022) are that both perceptions and expectations need to be measured in order to evaluate service quality; the concept of service quality was initially used as part of a framework of marketing strategies, by making customers the focal point.

People with physical disabilities have various incapacities; use different assistive devices and can encounter many barriers in hotels (Theocharis, Leligou & Tseles, 2022). A study by Tutuncu (2017) indicated that five accessibility dimensions: accessibility of public areas, rooms, recreation and other areas, baths in rooms, and food and beverage areas. Accessibility dimensions, disability types and forms of assistive devices had significant impact on the hotel satisfaction while accessibility of public, recreation and other areas, and baths in rooms were the strongest predictors of the satisfaction. People with acquired physical disabilities, power chair and wheelchair users were the most disadvantaged group in hotels.

Hotel experience of persons with mobility impairment is directly related to the accessibility and frequency of visiting the hotels; insufficient and inaccessible areas have negative effect on this satisfaction and the frequency of visits to the hotel. Hotels that are well prepared for emergencies can not only protect guests and their staff, but also avoid or mitigate financial and reputational losses when disaster or crisis happens. There is increasing number of studies on the hotel experiences of people with disabilities focusing on three main issues; characteristics of people with disabilities who partake in the guest experience, as well as the economic potential of the people with disabilities market and social experiences of guest with disabilities (Wolf, 2022). However, the studies have failed to elaborate the actual hotel experience that influence satisfaction for the disabled guests.

2.2 Empirical Review

2.2.1 Hazard Occurrence in Hotels

According to United Nations (2020), the total costs of accidents in the workplace are close to 4% of the Global Domestic Product (GDP). Because of ineffective Occupational Health and Safety (OHS) protocols, the global economy spends more than \$3 trillion to cover workplace hazards

injuries. The hospitality industry has a potential for multiple hazards, and hoteliers are constantly looking for ways to mitigate risks from various sources (UN, 2020). Hoteliers are ethically and legally obliged to protect the health and safety of their guests and staff by creating effective protocols to protect their welfare. Shapoval, Sönmez, Hsieh and Apostolopoulos (2022) argue that hotel's success is closely interlinked with the safety and health protocols the hotel has put in place to protect staff and guests. A reputation of recurring multiple accidents can affect employees' turnover and reduce guests' bookings. Some of the commonly occurring hazards in the hotels identified includes exposure to slips, trips, falls, electricity, noise, vibration, radiation, heat, cold and fire.

Nor Diana, Muhamad, Taha, Osman, and Alam (2021) analyzed Malaysia's social vulnerability to the risks posed by landslide hazards using a systematic review study. The objective of the research was to do a quantitative analysis of the social vulnerability that existed in Malaysia. This finding, which was concerning because it had received less attention than studies that were connected to risks, was the reason for the study. An in-depth investigation of the Scopus and Web of Science archives was performed using the data analysis method described in the PRISMA Report. The study identified six critical indicators of social susceptibility to landslides in Malaysia. The study's systematic review design led to the discovery of a methodological gap. The current study will seek to address the gap by collecting primary data, which will be analyzed, and conclusions drawn.

Bay et al. (2021) discovered that many resources are available for hotels if a disaster strikes. They also discovered a few gaps that need to be filled to increase disaster resilience. The recommendations include the need for training and exercises to take an all-hazards approach and to fully involve the workforce. Over time, multiple resource development in advance of a catastrophe and continued investment afterward can increase disaster resilience.

According to Ahmad (2022), in an ideal situation the emergency response of a hotel establishment in case of an emergency should be flawless, impeccable and above reproach. It is a known fact that sometimes disasters are bound to happen, but the manner in which an organization responds in case of emergency might last more than the disaster itself. An example is the 911 World Trade Centre bombing in September 11, 2001, where images of fire-fighters running into the burning buildings as people were rushing out is still vivid in the memories of many (Rivera, Torres & Santos, 2022). An establishment has to have a vibrant emergency response system to cater for persons and especially those with impairments; there are several kinds of impairments that include visual, hearing, mobility and others. In the case of the study, the focus is on the guest with mobility impairments that can include those on wheelchairs, clutches, walkers and others (Kunguma, 2022).

Aruru, Truong and Clark (2021) explain that emergency preparedness is of paramount importance because it is a determining factor to present and future hazard occurrence. Hazards and disasters can occur in hotels because of terrorism, natural calamities and fire tragedies. A disaster is a natural or man-made hazard that has come to fruition resulting in an event of substantial extent causing significant physical damage or destruction, loss of life, or drastic change to the environment (Seeger, Islam & Seeger, 2021). A disaster can also be defined as any tragic event with great loss stemming from events such as earthquakes, floods, catastrophic accidents, fires, or explosions (Waring, Skryabina, Goodwin, Lino & Amlôt, 2021). Coates (2022) noted that disasters or hazards are unpredictable catastrophic change that can normally only be responded to after the event either by deploying contingency plans already in place or through reactive response. The frequency of hazard or disaster occurrence in hotels can be caused by natural and man-made causes (Nouri, 2022).

Consequently, the frequency of occurrence of these hazards can influence the visit of guests with mobility impairments (Asuquo, Tighe & Bradshaw, 2021). Natural tragedies for example the hurricanes in the USA and Tsunami especially in Asian countries have brought the need for rapid emergency response systems. In Asia, two Best Western hotels were directly affected by the disaster, the Best Western Premier Bangkok Hotel & Spa in Phuket and the Best Western Palm Galleria in Phang Nga Kong gave his condolences for the people affected by the Tsunami. He later stated “Best Western has a growing presence in Indonesia, Thailand and India, and we see it as our responsibility to help the local communities in times of need” (Best Western, 2005).

In addition, the concept of preparedness in disaster management comes from what is usually referred to as “the hazard cycle” (Tierney *et al.*, 2001). Emergency preparedness refers to all actions taken before the disaster by responders and those directly affected that enable proactive engagement of social units when the disaster occurs (Fox *et al.*, 2007).

Brown, Feldmann-Jensen, Rovins, Orchiston and Johnston (2021) while exploring disaster resilience within the hotel sector in Wellington and Hawke's Bay New Zealand, established that many resources are available for hotels, should disaster strike, and uncovers a few gaps to be addressed that will build disaster resilience. Recommendations include the need to develop an all-hazards approach to training and exercises and integrate staff fully in the process. Development of multiple resources prior to a disaster and continued investment afterwards can enhance and build disaster resilience over time. Brown *et al.* (2021) also pointed out that both WL and HB lie within New Zealand's highest seismic hazard zone and were prone to earthquakes and tsunami from a number of different sources. The results of the study highlighted that staff as the most likely hazard events identified earthquakes in WL and earthquakes and tsunami in HB.

The emergency preparedness for guests with mobility impairments in hotels is an important issue that can ensure the safety of the hospitality establishments (Harpur & Blanck, 2020). More there to be a prudent emergency response, there should be coordination with external responders such as the fire department or ambulance services (Kamau, 2022). Communication systems are essential as a communications failure at any level and with any stakeholder can lead to exacerbation of the disaster situation (Best Western, 2005). There should also be a warning system that should be obvious to employees, guests, contractors, visitors, or anyone on or approaching the hospitality firm's premises (Barnes, 2003). An effective warning system and planning for disaster warning are essential if the organization is to minimize exposure to risk that may result from injury or death to any persons (Cutter, 2003). In an ideal situation, site evacuation is important as the disaster management plan should include policies and procedures for the conditions under which an evacuation would be required (Kirschenbaum, 2004).

In the last 25 years, man-made disasters in Kenya have been more severe than natural ones as evidenced by the heavy loss of lives and property affecting people's livelihoods (Mutugi & Maingi, 2011). A study done by Government of Kenya, (2009) on National policy for disaster management in Kenya reported that a terror attacks at Mombasa, Kikambala Paradise Hotel in 2002 where 11 people were killed. Another terror attack reported in 1981 at Norfolk Hotel Nairobi, where nine people were killed and 75 were injured. The study also reported fire outbreak in 2009 at Gigiri Villa and Tiwi Resort club Mombasa where several people lost their lives and others were injured and property worth millions of money destroyed. Hotels in Kenya are generally ill prepared to deal with both natural and man-made disasters (Macharia, 2014).

2.2.2 Emergency Response System and Visits by Guests with Mobility Impairments

In Jordan's Five-Star Hotels, Al-Ababneh (2022) examined the potential for service innovation to improve service recovery performance using comprehensive quality management methodologies. The results show that complete mediation of the connection between TQM, service recovery is provided by service innovation, and that TQM significantly positively influences both service innovation and service recovery. Contextual and conceptual inadequacies are obvious because the study was conducted in the Jordanian environment and used quality management as the independent variable.

Waller and Abbasian (2022) assessed the crisis management techniques employed at hotels in Stockholm and London in response to the financial effects of COVID-19 as part of their analysis. As part of the study, thirty HSMs in Stockholm and London received qualitative questionnaires. According to the study's findings, all destinations had a similar amount of lost travelers and revenue during economic crises. A more detailed and targeted analysis, however, revealed that destinations were impacted in various ways, prompting a change in CMTs. The findings suggested that a variety of CMTs might be applied to decrease the negative economic effects of crises. The study's primary independent variable was crisis management strategies, and its only units of observation were hotel managers. It was carried out in London, a developed context. The study thus presents contextual, conceptual, and methodological gaps.

AlBattat and Som (2022) evaluated the relationship between safety security and loss prevention during hospitality emergencies. The study indicated that emergency management plays a significant role in the hospitality industry; providing the highest levels of safety standards and security ensures good marketing for the hotels by preventing an accident before it becomes a major issue causing loss of life and property. By using secondary data this study investigated the impacts

of emergency management, safety and security systems on loss prevention in the hotel industry. The study aimed at explaining the safety and security systems, information security used by hotels, and the importance of an updated emergency plan (checklist) when dealing with an actual risk. The results of this study explain that using an effective information system and being well prepared for emergencies could prevent or minimize loss for the hotels. An effective system would also forecast any possible accidents. The importance of continuous emergency training for the employees is also emphasized. Finally, a focus on good marketing tools for hotels to create a safe environment for the guests and meeting planners is included.

According to United Nation (2019), disability affects 15-20% of every country's population. There are at least 650 million people with disabilities worldwide (Nouri, 2022). Conflict and poverty continue to cause high rates of disability in the less developed world. The incidence of disability is increasing in the industrialized world as populations' age. Disability affects hundreds of millions of families in developing countries currently around 10 per cent of the total world's population is affected. If one includes the members of their families, there are approximately 2 billion persons who are directly affected by disability, representing almost a third of the world's population. Thus, persons with disabilities represent a significant overlooked development challenge, and ensuring equality of rights and access for these persons will have an enormous impact on the social and economic situation in countries around the world. Darcy (2008) noted that people with disabilities are becoming a growing group of consumers of travel, sports, and other leisure-oriented products and services.

Al-Ababneh (2022) examined the role of total quality management practices in improving service recovery performance through service innovation in Jordan's Five-Star Hotels. The purpose of the study was to investigate the impacts of TQM practices on service recovery, as well as the mediating

role of service innovation between TQM and service recovery. This study used a quantitative survey method, with data collected from a sample of 414 staff working at Jordan's five-star hotels using a questionnaire. The results indicated a significant positive effect of TQM on service innovation and service recovery, and that service innovation fully mediates the relationship between TQM and service recovery. The study contributed to the existing literature by examining the roles of TQM and service innovation in increasing service recovery performance, and it helps practitioners understand how TQM practices support service innovation and the latter's role in improving service recovery performance.

Elsewhere, Waller and Abbasian (2022) assessed crisis management techniques in hotels in London and Stockholm as response to COVID-19's economic impact. The purpose of this study is to gain a deeper understanding on if and how hotel senior managers (HSMs) in four-star chain hotels in London and Stockholm implemented crisis management techniques (CMTs) as a response to the economic impacts of the COVID-19 pandemic in 2020. The study distributed qualitative questionnaires to 30 HSMs in London and Stockholm. The study findings revealed that crises broadly economically affected destinations similarly through loss of travelers and thus revenue. However, with a more intricate and specific assessment, destinations were impacted differently; thus, CMTs must alter. Findings showed many CMTs could be implemented to reduce crises' economic impacts. The literature reviewed and empirical results alluded to many previous and current CMTs, although these must be relevant and specific to the crisis, hotel and/or destination.

Ahmad (2022) in a study, which assessed the relationship between planning for disaster and emergency preparedness in hotels, indicated that the responses to disasters are a 4-stage cycle of emergency response phases: mitigation, preparedness, response and recovery. The mitigation

phase is related to activities leading to a reduction of occurring emergencies, and the second phase is the active preparation for any following unexpected events. Response is an acute phase after an emergency, while recovery is a phase after the acute emergency including all arrangements to remove arisen detriments and long-term supply of irreversible detriments (Boguslawski et al., 2022). Geospatial technologies have been used in large-scale disaster management throughout all phases of the emergency response cycle, although more in some phases than others have. Especially, systems to support decision makers in the phases of mitigation, preparedness and recovery are in use, but the number of systems for technical support in the response phase is quite limited (Boguslawski et al., 2022), which requires time-critical response.

The emergency response system, one of the time-critical applications (TCA), is related to decisions that have to be made by a human decision maker in emergencies (Nagarajan, Ganapathy, & Cheatham, 2022). The geospatial technology supports the decision maker in getting several rescue strategies derived from the highest quality and quantity of spatial data. The Global Information System (GIS) based decision support system in areas of TCA requires appropriate data management and efficient data discovery and integration to facilitate the decision makers whenever they need to make a decision in real-time ((Nagarajan *et al.*, 2022).

In order to respond to emergencies in real-time, Liu and Zhang (2022) proposed GIS-based Intelligent Emergency Response System (GIERS) and evaluated the potential benefit of a 3 Dimension (3D) GIS for improving the speed of emergency response. The experiment demonstrates that response delay within multi-level structures due to the indoor route uncertainty can be much longer than delays incurred in ground transportation in terms of the street network uncertainty. The results express that extending conventional 2 Dimension GIS to 3 Dimension GIS representing the internal structures of high-rise buildings can significantly improve the overall

speed of rescue operations. Such an output motivates geospatial scientists to develop an intelligent emergency evacuation system of complex buildings using 3D GIS integrated with Intelligent Transportation System (ITS) technologies, called an Intelligent Building Evacuation (IBE) System (Liu & Zhang, 2022).

Ahmad (2022) notes that the rising number of persons with disabilities has great implications on the hospitality industry. As these demographic increases, more hotel accommodations for the traveling disabled will be required in order for hotels to comply with the Americans with Disabilities Act (ADA). The Act aims to provide persons with disabilities “equality opportunity, full participation, independent living, and economic self-sufficiency” (ADA). For the most part, the implications of the act on the lodging industry have complied with the Act’s Standards for Accessible Design. These standards outline several architectural components that must be adhered to in the design of any lodging establishment. Such components include hallway and door width; handicapped parking spaces, ramps, and elevators; the use of certain emergency notification devices; and the inclusion of a certain number of accessible rooms in each hotel.

According to Gray, MacDonald, Becker and Johnston (2022), emergency response to guests with physical impairments can be enhanced by briefing of persons with impairments upon check in which is an important and fundamental component of ensuring safety and enhancing the experience of guests. Even though there were no apparent empirical findings on the compliance to emergency briefing to persons with impairments in Kenya, it would be interesting to investigate whether Kenyan hotels comply with the requirements of briefing guests, more so those with mobility impairments on emergency procedures during check in (Murungi, 2013).

According to Gray *et al.* (2022), most (47.8%) of the study respondents alluded that they had not been briefed on emergency evacuation procedures upon check in at the hotels they resided in as

compared to 127 (43.5%) respondents who reported to have been briefed. This implies that majority of hotels in Kenya do not provide guests with emergency and fire exit procedures upon check in (Murungi, 2013). Further probing on this question showed that majority of hotels had emergency procedure notices in the rooms but this by itself does not exempt the hotels from providing this information, as this is an internationally accepted practice during check-in. This was also in contravention of the East African Classification requirements that under the information service section, makes it mandatory for all classified hotels to provide emergency and fire exit procedures to patrons (GoK, 2003). The frequency at which hazards occur in hotels and how the management handles them can determine its relevance in the market, thereby implying that the organisation has to equip its employees with the necessary skills on emergency response (Darcy & Pegg, 2012; Anna Maria College, 2015).

2.2.3 Sections of Hotels Where Emergency Situations Occur

Terumoto (2022) looked at how tourism employees felt about helping tourists flee in an emergency. To analyze the attitudes of tourism workers, the study identified the constructs of risk perceptions and tourist support. The experiment also demonstrated the various ways in which individuals interpret these characteristics. The relationship between constructs and attributes was demonstrated using structural equation modeling. Tourists employed in the tsunami-prone area were the target audience. Of the 346 surveys that were given out, 196 (56.6%) had valid responses. According to this finding, respondents who are aware of how a big earthquake will affect locals, tourists, and other inhabitants are also more likely to be aware that they might not be able to act promptly.

Cebekhulu and Justice (2021) used a case study from Gauteng to evaluate hotel security procedures. Despite the establishment's security measures, the poll indicated that hotel incidents

and other types of crimes appear to be persisting. It was required to assess the effectiveness and sufficiency of security measures because they are intricate phenomena that are hardly ever observed in the context of a hotel facility. The research also revealed that after luring hotel guests into their rooms for their sexual favors, hotel prostitutes had increased their use of poison in their sexual activity. Further research is required to determine the consequences of poisoning on prostitution victims in hotels.

According to Sisto, Cappelletti, Bianchi and Sica (2022), Contingency procedures for assisting guests with mobility impairments during emergency require a hotel to have a sense of disaster preparedness. The importance of hospitality firms prioritizing planning for disaster management cannot be over-emphasized as there are many challenges faced by these firms if their disaster management is to be effective. For example, there is often a gap between what is anticipated to happen and what is planned for and what actually happens during a disaster situation (Lin, Ye & Law, 2022).

Furthermore, even if the proactive strategies and plans are well developed and applicable to the disaster, people within the organization still often make poor decisions when actually faced with the disaster (Racheria & Hu, 2019). Factors that contribute to poor decision making are poor training in disaster management and poor communication among decision makers as to what is actually happening during the disaster or immediately after the disaster has occurred. Poor decision making sometimes happens because “organization memory” is hard to maintain under stress.

Moreover, most people are familiar with the fact that elevators are not to be used for emergency and are so marked in most buildings (Health and Safety Unit, 2018). Elevator codes require that when smoke detectors in elevator lobbies activate, the elevator is recalled to the ground floor (as long as the ground floor smoke detector is not the one that alarmed) and is taken out of service

(Federal Emergency Management Agency, 2013). If guests or staffs are unable to leave the building, they should create an area of refuge and fire extinguishers should be used correctly (Seattle Fire Department Fire Prevention Division, 2018; Rios, 2022). In addition, wheelchair users normally have difficulty to evacuate when on a floor other than an accessible level. However, some people who frequently use a wheelchair may be able to walk slightly and therefore be able to assist with their own evacuation or even achieve independent evacuation (VanHorn, 2017).

2.2.4 Employee Training for Emergency Preparedness and Frequency of Visits

The Staff Disaster Preparedness Level at Selected Naval Biliran Hospitality Facilities was the subject of research by Carreon, Inocencio, Ligoyligoy, Morillo, Ann, Tabianan, and Verba in 2022. Based on the outcomes, the majority of the establishments in Naval, Biliran were not prepared, were lacking in tools and equipment, and did not know what they would do in the event of a calamity. The results indicated that most hotels were susceptible to many tragedies, both natural and man-made. The investigation also discovered that the facility lacked proactive emergency planning and any obstacles to efficient emergency preparedness.

Al-Qassem et al. (2022) researched emergency management and its effects on the hotel business. Using secondary data, the study investigated whether or not leadership was committed to the process of developing, updating, and putting into action emergency management strategies. According to the findings of this study, the hospitality and tourism industry as a global firm is required to deal with a diverse range of problems, such as the spread of infectious diseases. Marketing techniques were considered an important element of an emergency management plan to assist businesses including hotels, tourist attractions, and holiday planners.

According to Al-Khrabsheh, Al-Bazaiah, Al-Khrabsheh, and Alheet, disaster management plans should include numerous training areas for employees (2022). Regular training sessions where

staff employees learn about general safety, evacuation, and shelter procedures should be part of a training program. During training, workers should get materials like checklists and evacuation maps; copies of these should then be placed strategically in various areas across the company's facilities. In addition, employees require training in the appropriate skills to properly maintain the property's safety (McCool, 2012).

Carreon, Inocencio, Ligoyligoy, Morillo, Ann, Tabianan and Verba (2022) conducted a study on the Level of Disaster Preparedness among the Employees of Selected Hospitality Establishments in Naval Biliran. The study employed descriptive statistics such as frequency counts, percentage, mean, and rank to describe the findings. The findings revealed that most of the establishments in the Naval, Biliran were not prepared and they did not know what they were going to do if the disaster struck and lack equipment and tools. Results revealed that most hotels were exposed to a wide range of natural and man-made disasters preparedness in hospitality. Moreover, the study established that the establishment lacked proactive emergency planning with any constraints that impede successful emergency planning. The result of the study and the following recommendations are proposed. The employees in the establishment should practice safety drills in case of an emergency, the establishment should have a proper and complete supply, equipment, and emergency kits. Emphasizing the relevant role of authority to demonstrate emergency management hotels and trying to convince them to adopt such practices to cope with emergencies effectively is a unique challenge.

Al-Qassem, Agha, Mendoza and El-Farra (2022) determined emergency management and its implications for hospitality industry during the coronavirus disease 2019 (COVID-19) Outbreak. By using secondary data, the study aimed at analyzing leadership's commitment to updating, developing, and implementing emergency management strategies. This research indicated that the

hospitality and tourism business as an international industry must adapt to, recover from, and minimize a wide range of difficulties, including infectious diseases. Marketing methods were considered essential as an emergency management plan component to assist enterprises such as hotels, tourist sites, and vacation planners. Several emergencies are commonly represented on hotel chains, such as the COVID-19 pandemic, which has startled the hotel business recently. Academics develop emergency management frameworks based on a variety of metrics. Hotel retention is aided by recovery and learning, which undervalues negative impacts and reduces losses. Finally, the evaluation process plays a role in combating repeated emergencies and resuming normalcy, and novel ideas are addressed to assure a COVID-19-free stay at their establishments.

According to Ahmad (2022), emergency response is the discipline of dealing with and avoiding risks. It is a discipline that involves preparing for disaster before it occurs, disaster response and supporting, and rebuilding society after natural or human-made disasters have occurred. Furthermore, having a disability places an individual in the world's largest minority group. As the population ages this figure is expected to increase. Eighty per cent of persons with disabilities live in developing countries (World Health Organisation, 2021). Every country calculates the number of persons with mobility impairments in their country differently. Cultural differences, different disability definitions and different methods of data collection mean that in many cases estimates are significantly lower than actual, it is therefore not possible to get the exact number of persons with mobility impairments in a country due to the fore mentioned reasons (Tsai, Linliu & Chang, 2022).

According to Hossam, Mohamed Hussein and Rady (2022), any emergency management is the continuous process by which all individuals, groups, and communities manage hazards in an effort

to avoid or ameliorate the impact of disasters resulting from the hazards. Actions taken depend in part on perceptions of risk of those exposed. Not all people using wheelchairs or other assistive devices are capable of navigating a usable circulation path by themselves. It is important to verify that each person using any assistive device can travel unassisted through the usable circulation path to a public way. Those who cannot must have the provision of appropriate assistance detailed in their emergency evacuation plans (Kusufa, Nurfarida, Wilujeng & Firdaus, 2022). Additionally, the plans should provide for evacuation of the device or the availability of an appropriate alternative once the person is outside the building. Otherwise, the person with mobility impairments will no longer have independent mobility once he or she is out of the emergency (National Fire Protection Association, 2021).

Al-Khrabsheh, Al-Bazaiah, Al-Khrabsheh and Alheet (2022) explains that employee training is critical and multiple aspects of training should be incorporated into the disaster management plan. A training program should provide for periodic training sessions during which employees are trained in evacuation, shelter, and general safety procedures. During the training, employees should be provided with tools, such as checklists and evacuation maps, copies of which should be posted strategically throughout the firm's facilities. Employees also need training in skills required to keep the property safe (McCool, 2012).

Consequently, Yurtsever (2022) notes that planning ahead in case of emergencies such as hurricanes, tornadoes, fires or terrorist attacks is an important part of being responsible for your own life. Disaster preparedness is a term used to describe a plan to prepare an individual in case of an emergency. This is an important part of life for all people regardless of gender, race, age or disability. People with mobility impairments have special needs to consider in an emergency. Having a disability may require extra planning to handle an emergency. Murrmann, (2006) argues

that disasters do not affect everyone in the same way. Safety needs of the ten per cent of the population who have impairments prior to disaster must be ascertained; contingency plans and preparations should be made to ensure that disabled persons are safe.

Balut, Der-Martirosian and Dobalian (2022) while evaluating disaster preparedness training needs of healthcare workers at the US department of veteran's affairs indicated that, developing an effective disaster or crisis response program will benefit any organization, whether it be a hospital, school, or a manufacturing warehouse. They all need a plan in the event of a disaster or crisis. It may sound like a daunting task, especially if you are starting from scratch, but once the plan is in place, you will have peace of mind knowing you are working from a written process in case a disaster strikes. The plan should be considered a living document, reviewed and updated on a regular basis as the emergency team sees fit. Once the plan is operational, it will provide specific information and guidance to occupational staff. While managing a real-world disaster or crisis will remain challenging, the ability of staff to protect the health, safety, and welfare of others on site will be enhanced. As a result, the resiliency of the organization also will improve.

2.3 Summary of Literature Review

From the preceding literature, it is explicit that there exist research gaps, especially in the area of frequency of hazard occurrence, procedures to be used in case of an emergency, and the challenges of emergency response services to guests with mobility impairments in hospitality establishments. Many authors have not addressed how emergency response systems influence the return visits of hotel guests. This therefore means that this market segment is important and cannot be ignored. This segment has special needs that merit the attention of the hotel management and staff.

Effective and efficient emergency response systems should have clear procedures to be followed. Most authors have not written on these procedures. The procedures of assisting guests with

mobility impairment are a matter of life and death. This is because if they are ignored or overlooked. Most researchers have not written on the challenges of emergency response services to guests with mobility impairments. Several issues for example ignorance and lack of resources can amplify these challenges. Therefore, the study will seek to fill this research gap.

There have been very few studies done on the overall hotel experience as well as the requirements of guests with disabilities regarding emergency response systems (Wolf, 2022). The availability of such information can be of great assistance to policymakers in the process of formulating policies to increase overall efficiency and, as a result, the welfare of guests who have mobility disabilities. It is based on this; the study was carried out to evaluate the response of guests with mobility impairments.

CHAPTER THREE

METHODOLOGY

3.1 Research Design

This study adopted a mixed method research design that combined both quantitative and qualitative approaches to provide a comprehensive understanding of emergency preparedness for guests with mobility impairments in five-star hotels. The quantitative component involved structured surveys and statistical analysis to measure the relationship between emergency preparedness variables and guest visit frequencies, while the qualitative aspect utilized in-depth interviews and observations to explore the underlying experiences, perceptions, and contextual factors that influence guest decision-making. The study involved all the five-star hotels within the Nairobi County, Kenya. Using many groups of persons that are distinct from one another in terms of the variable of interest but are similar to one another in terms of other factors, such as socioeconomic standing, educational background, and ethnicity, is required by this study design (Creswell, 2002).

3.2 Study Area

The study was conducted in ten (10) of the five-star hotels in Nairobi County, Kenya. The choice of five-star hotels was because these hotels are likely to observe the stipulated international standards regarding emergency response (McCool, 2012). The choice of the location was suitable as the county hosts' most international organization meetings and regional forums and organizations and so the five-star hotels in the county should be benchmarked with international practices.

3.3 Target Population

This study was conducted in the Nairobi County, which has eleven (11) registered five-star hotels (Government of Kenya, 2004). All the employees in the eleven (11) five-star hotels in Nairobi County formed the study's target population. One of the registered hotels was used for pre-testing, while the other ten (10) five-star hotels were used for the study. This study targeted five-star hotels because they exhibited the best practices in hotel management and operations and thus have a well-developed framework looking into emergency preparedness for guests with mobility impairments. The study's target population comprised the staff as shown in the Table 3.1 below.

Table 3.1: Five-Star Hotels in Nairobi

Hotels Code	Staff and Guests with mobility impairments
01	315
02	361
03	275
04	377
05	500
06	284
07	270
08	360
09	340
10	384
Total	3466

Source: Government of Kenya, 2004.

3.4 Sampling Techniques

The study employed a systematic random sampling technique to select respondents for the survey, specifically targeting staff members from the selected five-star hotels. This method was used for its straightforward and structured nature, whereby every n th individual from the population list was selected to participate, ensuring even coverage across the sample. The initial respondent was randomly determined to maintain objectivity, as recommended by Altinay and Paraskevas (2008).

In addition, quota sampling was applied to allocate the number of respondents from each of the ten hotels. This approach ensured that each hotel contributed a predetermined number of participants, thereby guaranteeing balanced representation across different staff categories or departments. The combined use of systematic random sampling and quota sampling enhanced both the randomness and proportionality of the overall sample.

3.5 Sample Size

Sample size was computed using Krejcie and Morgan Sample Size Determination Formula

$$3.841^2 * 3466 * 0.5 (1-0.5)$$

$$\text{Therefore} = \frac{0.05^2 (3466-1) + 3.841^2 * 0.5 (1-0.5)}{0.05^2} = 364$$

To ascertain the appropriate size of the sample for this investigation, Krejcie and Morgan Sample Size Determination Formula was utilized. According to the data created by Krejcie and Morgan, a population of 3,466 results in a sample size of 346. Therefore, the study sample size comprised 346 staff from all the selected five-star hotels. Table 3.2 shows the ratio of allocation and the number of respondents from every hotel based on the number of staff.

Sampling frame = calculated sample size/Target population x 100%

$$346/3466 \times 100\% = 9.98\%$$

Table 3.2: Sample Size Allocation

S. No.	Sampling frame %	Target Population	Sample size
01	9.98%	315	31
02	9.98%	361	36
03	9.98%	275	27
04	9.98%	377	38
05	9.98%	500	50
06	9.98%	284	28
07	9.98%	270	27
08	9.98%	360	36
09	9.98%	340	34
10	9.98%	384	38
Total	9.98%	3466 (100%)	346 (9.98%)

3.6 Research Instruments

The researcher used primary to gather information for the study. Structured questionnaires that the participants gave themselves to fill out and an interview schedule were used to collect the primary data.

3.6.1 Questionnaires

To gain an overall picture of the service offered in five-star hotels in Nairobi County on the emergency response for guests with mobility disabilities, questionnaires were employed. In the course of this research, this study made use of closed-ended questionnaires. The timetable for the questionnaire included sections that included the demographic information as well as the study objectives.

3.7 Pre-testing

A pre-test was conducted in one of the five star registered hotels in Nairobi County. The pre-test had a sample size of 22, which was 10% of the actual population of hotel employees (Neumann,

2000). The researcher was able to change, restructure, and get rid of any things that were unclear thanks to the pre-testing.

3.8 Validity and Reliability

3.8.1 Validity

The information to be collected from the questionnaires was crosschecked to confirm its validity to ensure the study's validity. To ensure that each portion of the questionnaire analyses data for a specific purpose and that the same information closely corresponds to the research question, the questionnaire was divided into several sections for construct validity. The tools were assessed for content validity by hospitality industry professionals, representatives of people with mobility disabilities, and thesis advisors. The instruments were adjusted accordingly based on the comments raised by experts, officers, and supervisors.

3.8.2 Reliability

Concerning the dependability of the research, the questionnaires were pre-tested and re-tested with the use of Cronbach's alpha, which was utilized in the process of determining the questions in the questionnaire's level of internal consistency. The reliability of the four independent variables (occurrence of emergency, emergency response systems, availability of support facilities, and staff training) was calculated, and the outcomes were regarded as credible if the reliability coefficient that they provide is more than 0.70 (Kothari, 2004).

Table 3.3: Reliability Findings

Construct	No. of sub-variables	Cronbach's Alpha	Verdict
Hazard occurrences experienced by five-star hotels	6	.726	Reliable
Emergency response systems	6	.743	Reliable
Sections from which emergencies occur	9	.747	Reliable
Support Facilities	5	.818	
Employees' training for emergency preparedness	7	.729	Reliable
Overall Reliability	33	.75	Reliable

3.9 Data Collection Techniques

The researcher administered questionnaires to the selected respondents after receiving permission from the NACOSTI with the help of two research assistants. Moreover, consent was sought from the ten (10) five-star hotels that are situated in the study area. The researcher initially travelled to the selected hotels to acquaint and get to know the intended respondents. The researcher either called or sent an email to the administration of the hotel to let them know about the proposed study and the appointments for data collection that will take place during this visit. After the participants had been made comfortable with the materials, the questionnaires were utilized to collect data from them.

3.10 Data Analysis

To make sure it is accurate and comprehensive, the study's data was adopted and coded. The use of descriptive and inferential statistics, along with the assistance of the SPSS program, facilitated the examination of the coded data. Simple linear regressions was employed because the dependent variable is metric and can only take on one value. A program for quantitative analysis - SPSS was utilized to assist with this.

3.11 Logistical and Ethical Considerations

3.11.1 Logistical

The researcher was careful to follow the rules provided by NACOSTI to guarantee that the study was carried out in conformity with the 2013 Act. Each subject was requested to give their informed consent before being enrolled in the study. All comments submitted were anonymous and were kept private. Instead of using study numbers and coded data, there were no names or other ways to identify study participants that may be used to link them to any data.

3.11.2 Ethical Considerations

The researcher sought approval from the Kenyatta University Graduate School and NACOSTI before collecting data. The researcher also upheld all agreements about anonymity, confidentiality, and privacy while conducting the study.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

The purpose of this study was to establish the influence of emergency preparedness for guests with mobility impairments on the frequency of visits to five-star hotels in Nairobi County, Kenya. Presented in this chapter are the profile information of the study respondents, study findings, and discussions. Results, presentations, and interpretation are presented in this chapter as per the objectives that guided the study. The study's specific objectives were; to identify the hazard occurrences experienced by the five-star hotels in Nairobi City County, Kenya, and to determine the influence of emergency response systems on frequency visits by guests with mobility impairments to five-star hotels in Nairobi City County, Kenya, to establish the sections of five-star hotels in Nairobi County, Kenya in which emergencies occur and to assess the relationship between employees training for emergency preparedness and frequency of visits to five-star hotels by guests with mobility impairments in Nairobi City County, Kenya.

4.2 Response Rate

The response rate refers to the percentage of respondents who participate in a research study out of those to whom questionnaire or interviews were administered. Response rate plays a crucial role in determining the reliability and validity of the study findings. A high response rate typically indicates that the sample is more likely to be representative of the broader population, reducing the risk of bias. This is essential because if only a small, specific group of people respond, their answers might not reflect the views or experiences of the entire group the study aims to understand. Therefore, achieving a high response rate is often a key objective in research, as it enhances the

generalizability and credibility of the results. This study administered 346 questionnaires to the sampled staff and guests and the response rate was as shown in Table 4.1.

Status	Frequency	Response Rate
Returned Questionnaire	321	92.8%
Unreturned Questionnaire	25	7.2%
Total	346	100

Table 4.1: Response Rate

Table 4.1 shows that out of the 346 administered questionnaires, 321 questionnaires were filled and returned, yielding a response rate of 92.8%. According to Mugenda and Mugenda (2006), a response rate of 50% is adequate for analysis and reporting. A response rate of 60% is good and above 70% is very good. Therefore, in this case, a response rate of 92.8 % was considered very good for data analysis and reporting. Johnson and Wislar (2012), who assert that a response rate of 60% is used as a threshold for quality surveys in social sciences, also support this. After cleaning the data for completeness and consistency, all the 321 questionnaires were retained and used in the final analysis.

4.3 Hazard Occurrences Experienced

The first objective of the study was to identify the hazard occurrences experienced by the five-star hotels hotel Nairobi County; Kenya This section presents descriptive results on hazard occurrences experienced by the five-star hotels hotel.

4.3.1 Descriptive Statistics

Presented in this section are descriptive statistics on hazard occurrences experienced by the five-star hotels hotel Nairobi County, Kenya The respondents were asked to indicate how often they

had experienced particular types of emergencies in their respective hotels and the results were as shown in Table 4.1.

	Never	Rarely	Often	Quite Often	Always	Mean	Std. Dev.
Sniper/ Hostage situations	54.50%	38.90%	1.90%	3.10%	1.60%	1.58	0.81
Fire outbreaks	30.80%	57.60%	3.10%	4.00%	4.40%	1.93	0.94
Floods	42.10%	42.10%	4.00%	5.60%	6.20%	1.92	1.12
Terrorist threats	49.50%	43.60%	1.20%	3.70%	1.90%	1.65	0.84
Attacks (Bombs, Guns, etc.)	42.20%	44.10%	3.10%	5.00%	5.60%	1.88	1.07
Utility Failure e.g. blackouts	39.30%	48.90%	3.10%	5.30%	3.40%	1.85	0.96
Medical emergency	40.80%	48.30%	2.20%	5.60%	3.10%	1.82	0.95
Criminal attacks	44.20%	45.20%	1.60%	5.90%	3.10%	1.79	0.97
Others	36.80%	41.70%	9.70%	5.30%	6.50%	2.03	1.13
Overall Mean						1.828	

Table 4.2: Descriptive Analysis of Hazard Occurrences Experienced

Based on the results in Table 4.2, the majority of the respondents, 54.50% (175), indicated that they had never been subjected to sniper or hostage situations. The variable had a mean score of 1.58 and a standard deviation of 0.81, suggesting that such scenarios were relatively rare and responses were fairly uniform. Similarly, for fire outbreaks, most of the respondents, 57.60% (185), indicated these events transpired rarely. The mean score stood at 1.93, and the standard deviation was 0.94. This indicates that fires were not a frequent event, and there was moderate variability in experiences across the hotels.

Floods, as another emergency, revealed a consistent response; both never and rarely stood at 42.10% (135), highlighting that these establishments had either not experienced floods at all or only on rare occasions. The mean for floods was 1.92, and the standard deviation was 1.12, highlighting the moderate variability in the experiences. When examining the threat of terrorism, 49.50% (159) of the hotels reported that they had never faced such adversities. Attacks,

encompassing events like bombings or gun-related incidents, saw a close frequency in the never and rarely categories, with 42.20% (135) and 44.10% (141) respectively. With a mean of 1.65 and a standard deviation of 0.84, it is evident that attacks, encompassing events like bombings or gun-related incidents, were relatively uncommon and the experiences were fairly consistent among the respondents. Utility failures, typified by events like blackouts, revealed that they never occurred for 39.30% (126) of respondents. These results had a mean of 1.85 and a standard deviation of 0.96, indicating infrequency with moderate variability in experiences.

Regarding medical emergencies, 40.80% (131) noted they had never encountered such situations in their establishments. Moreover, criminal attacks followed a similar trend with 44.20% (142) of hotels reporting they had never been subjected to them. Finally, the study found that 36.8% (118) of the respondents reported other emergencies that were not specified. These findings imply that for the majority of five-star hotels in Nairobi City County, many emergencies are infrequent or non-existent. This could be a testament to the security and safety measures in place, or perhaps the relative stability of the region concerning certain hazards. However, the fact that a good proportion of the respondents reported having rarely encountered specific emergencies indicates the importance of sustained vigilance. These findings are in agreement with the assertions by Bay et al. (2021) that many resources are available for hotels if a disaster strikes. They also discovered a few gaps that need to be filled to increase disaster resilience. The recommendations include the need for training and exercises to take an all-hazards approach and to fully involve the workforce.

4.4 Emergency Response Systems and Frequency of Visits

The second objective of the study was to determine the influence of emergency response systems on the frequency of visits by guests with mobility impairments to five-star hotels in Nairobi

County, Kenya This section presents descriptive results, inferential analysis, and hypothesis test results on emergency response systems in five-star hotels in Nairobi County, Kenya

4.4.1 Descriptive Statistics

Presented in this section are descriptive statistics on emergency response systems. The respondents were asked to give their opinions regarding the efficiency of various emergency systems in their hotels and the results were as shown in Table 4.3.

System	Very Inefficient	Inefficient	Fairly Efficient	Efficient	Very Efficient	Mean	Std. Dev
Fire protection	1.20%	1.90%	4.00%	51.40%	41.40%	4.3	0.74
Camera systems	1.20%	1.60%	2.80%	48.90%	45.50%	4.36	0.73
Alarm systems	1.90%	1.20%	0.90%	52.00%	43.90%	4.35	0.74
Medic alert systems	0.60%	1.90%	3.70%	50.80%	43.00%	4.34	0.7
Room automation	1.20%	3.10%	1.90%	49.20%	44.50%	4.33	0.77
Emergency lighting	1.20%	2.80%	6.20%	47.00%	42.70%	4.27	0.8
Others	1.60%	1.20%	2.50%	49.20%	45.50%	4.36	0.74
Overall Mean						4.330	

Table 4.3: Descriptive Analysis of Emergency Response Systems

Based on the results in Table 4.3, a trend is evident across the different emergency response systems in place in the hotels that were studied. The findings show that the majority of the respondents believed that fire protection systems in their hotels were either efficient or very efficient, with 51.40% (165) and 41.40% (133) respectively. These results had a mean of 4.3 and a standard deviation of 0.74. Similarly, camera systems received high ratings as 48.90% (157) of the respondents found them efficient, and 45.50% (146) thought of them as very efficient, translating to a mean of 4.36 and a standard deviation of 0.73. Moreover, alarm systems were rated as efficient by 52.00% (167) of respondents and another 43.90% (141) as very efficient, with a mean of 4.35 and a standard deviation closely mirroring the fire protection systems at 0.74.

In addition, medic alert systems, designed for immediate medical emergencies, were found efficient by 50.80% (163) and very efficient by 43.00% (138) of the staff. These had a mean score of 4.34 and a standard deviation of 0.7, showing relatively consistent positive feedback across the board. Furthermore, room automation systems were reported to be efficient by 49.20% (158 out of 321) of the respondents, while 44.50% (143) labeled them as very efficient. The responses on the same yielded a mean of 4.33 and a standard deviation of 0.77. Regarding emergency lighting systems, crucial in times of blackouts or other emergencies, were rated efficient by 47.00% (151) and very efficient by 42.70% (137). These systems reported a mean of 4.27, the lowest amongst the specifics, yet still high, and a standard deviation of 0.8. The 'other' category, which could involve a wide range of other emergency systems, had 49.20% (158) of the respondents finding them efficient and 45.50% (146) deeming them very efficient. This category shared a mean of 4.36 with the camera systems and a standard deviation of 0.74.

These findings imply that the majority of the respondents regards most of the emergency systems within five-star hotels in Nairobi County as efficient. This is particularly important in the context of guests with mobility impairments, as a robust and efficient emergency system not only provides safety but also instills confidence in such guests, ensuring them that the hotel is equipped to handle emergencies effectively. This can significantly influence their decision to frequent these establishments. The high mean scores across all emergency systems indicate the general satisfaction with the existing emergency preparedness in these hotels by the hotel staff. However, the presence of a standard deviation, which is relatively low, suggests that there is stillroom for improvement and that experiences might slightly vary across different hotels.

These results emphasize the need for continuous review and upgrading of these systems to ensure that all guests, especially those with mobility impairments, can enjoy their stay with peace of mind.

The study's primary independent variable was crisis management strategies, and its only units of observation were hotel managers. The study's primary independent variable was crisis management strategies, and its only units of observation were hotel managers.

4.4.2 Correlation Analysis

This study conducted a correlation analysis to evaluate the strength and nature of the association between the emergency response systems and the frequency of visits by guests with mobility impairments to five-star hotels in Nairobi County, Kenya. Table 4.4 shows the correlation matrix.

		Frequency Visits	Emergency Response Systems
Frequency Visits	Pearson Correlation	1.000	
	Sig. (2-tailed)		
Emergency Response Systems	Pearson Correlation	.698**	1.000
	Sig. (2-tailed)	0.005	

Table 4.4: Correlation Matrix

The correlation analysis results in Table 4.3 indicate a strong positive and significant association between emergency response systems and frequency visits by guests with mobility impairments ($r=0.698$, $p<0.005$) at a 5% level of significance.

4.4.3 Regression Analysis

Regression analysis was conducted to determine the influence of emergency response systems on the frequency of visits by guests with mobility impairments to five-star hotels in Nairobi County, Kenya. Table 4.5 presents the regression model summary.

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.698 ^a	.487	.484	.37407

a. Predictors: (Constant), Emergency Response Systems

Table 4.5: Model Summary

As presented in Table 4.5, emergency response systems were satisfactory in explaining the frequency of visits by guests with mobility impairments to five-star hotels in Nairobi County, Kenya. The R coefficient of 0.698 indicated that the emergency response systems correlated 69.8 percent with the frequency of visits. This was supported by a coefficient of determination (R-squared) of 0.487. This means that emergency response systems explain 48.7 percent of the changes in the frequency of visits by guests with mobility impairments to five-star hotels in Nairobi County, Kenya. Table 4.6 provides the analysis of the variance (ANOVA) results.

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	22.602	1	22.602	301.361	.000 ^b
	Residual	23.788	319	0.075		
	Total	46.391	320			

a. Dependent Variable: Frequency Of Visits

b. Predictors: (Constant), Emergency Response Systems

Table 4.6: ANOVA

The results in Table 4.6 indicate that the model was statistically significant. Further, the results imply that the emergency response system is a good predictor in explaining the frequency of visits by guests with mobility impairments to five-star hotels in Nairobi County, Kenya. This was supported by an F statistic of 301.361 and the reported p-value of $p < .001$ which was less than the conventional probability significance level of $p < .05$ implying that emergency response systems were significant in predicting the frequency of visits by guests with mobility impairments to five-star hotels in Nairobi County, Kenya. The regression of coefficient results is presented in Table 4.7.

Model	Unstandardized Coefficients	Standardized Coefficients	T	Sig.
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		β	Std. Error	Beta		
1	(Constant)	1.126	.228		4.940	.000
	Emergency Response Systems	.722	.057	.698	12.709	.000

a. Dependent Variable: Frequency of Visits

Table 4.7: Regression Coefficient Results

Results show that emergency response systems were positively and significantly related to the frequency of visits by guests with mobility impairments to five-star hotels in Nairobi City County, Kenya ($\beta=0.722$, $p<.001$). This implies that a unit improvement in emergency response systems in the hotels will lead to a corresponding improvement in the frequency of visits by guests with mobility impairments by 0.722 units all other factors held constant. This concurs with assertions by Al-Ababneh (2022) that complete mediation of the connection between TQM, service recovery is provided by service innovation, and that TQM significantly positively influences both service innovation and service recovery.

4.4.4 Hypothesis Testing

H₀₁: Emergency response systems have no significant influence on the frequency of visits by guests with mobility impairments to five-star hotels in Nairobi County, Kenya

The hypothesis was tested using linear regression results in Table 4.7 and determined using the p-value. The acceptance/rejection criteria were that, if the p-value is $p<.05$, then H₀₁ is rejected but if it is $p>.05$, then H₀₁ is not rejected. Results in Table 4.7 show that the p-value was less than 0.05. The null hypothesis was therefore rejected and the alternative hypothesis adopted that, emergency response systems have a significant influence on the frequency of visits by guests with mobility impairments to five-star hotels in Nairobi City County, Kenya.

4.5 Sections of Hotels Where Emergencies Occur

The third objective of the study was to establish the sections of five-star hotels in Nairobi County, Kenya in which emergencies occur. This section presents descriptive results, on emergency response systems in five-star hotels in Nairobi County, Kenya

4.5.1 Descriptive Statistics

Presented in this section are descriptive statistics on the sections of five-star hotels in Nairobi County, Kenya in which emergencies occur. The respondents were asked to indicate the frequency of occurrence of emergencies in selected sections of their hotels where emergencies normally and the results are shown in Table 4.8.

	Never	Rarely	Often	Quite Often	Always	Mean	Std. Dev.
Kitchen	54.50%	38.90%	1.90%	3.10%	1.60%	1.58	0.81
Restaurant	42.10%	42.10%	4.00%	5.60%	6.20%	1.92	1.12
Bar	49.50%	43.60%	1.20%	3.70%	1.90%	1.65	0.84
Launch	42.20%	44.10%	3.10%	5.00%	5.60%	1.88	1.07
Play Grounds/ Fields	39.30%	48.90%	3.10%	5.30%	3.40%	1.85	0.96
Rooms	40.80%	48.30%	2.20%	5.60%	3.10%	1.82	0.95
Laundry	44.20%	45.20%	1.60%	5.90%	3.10%	1.79	0.97
Parking bay/ Area	36.80%	41.70%	9.70%	5.30%	6.50%	2.03	1.13
Swimming Pool	54.50%	38.90%	1.90%	3.10%	1.60%	1.58	0.81
Others	30.80%	57.60%	3.10%	4.00%	4.40%	1.93	0.94
Overall Mean						1.803	

Table 4.8: Descriptive Analysis of Sections of Hotels Where Emergencies Occur

Based on the results in Table 4.8, the kitchen, often considered a hotspot for emergencies due to the combination of electrical and cooking equipment, was mostly considered safe. A significant 54.50% of respondents (175) indicated that they had never witnessed emergencies in the kitchens of their hotels, while another 38.90% (125) mentioned such incidents happened rarely. These results had a mean score of 1.58 and a standard deviation of 0.81.

Restaurants within these hotels displayed similar figures, with emergencies never occurring for 42.10% (135) of the respondents, and rarely for an identical 42.10% (135). The mean here was 1.92, slightly higher than the kitchen, with a standard deviation of 1.12. Moreover, bars, another critical section of these hotels, saw 49.50% (159) of the participants positive that emergencies never occurred, with another 43.60% (140) suggesting it was a rare occurrence. The mean stood at 1.65, with a standard deviation of 0.84.

Furthermore, in the lounge areas, 42.20% (135) of respondents marked never for emergency occurrences, while 44.10% (142) marked rarely. This section had a mean of 1.88 and a standard deviation of 1.07. Playgrounds or fields, probably due to their open nature, had 39.30% (126) of respondents indicating that emergencies never occurred, and 48.90% (157) mentioned it was rare. The mean was 1.85, accompanied by a standard deviation of 0.96.

Rooms, a vital section of any hotel, displayed that 40.80% (131) of respondents believed emergencies "Never" happened there, while 48.30% (155) felt it was a rarity. This section had a mean of 1.82 and a standard deviation of 0.95. For the laundry sections, 44.20% (142) indicated that emergencies never took place in their laundry sections with 45.20% (145) suggesting it was rare. The results had a mean of 1.79 and a standard deviation of 0.97.

Parking bays or areas had 36.80% (118) of respondents indicating emergencies never occurred, but intriguingly, 9.70% (31) felt it happened often, which was considerably higher than other sections. This area's mean was 2.03, the highest among all the sections, with a standard deviation of 1.13. The swimming pool, similar to the kitchen, had 54.50% (175) of participants marking never for emergency occurrences, while 38.90% (125) felt it happened rarely. The mean was 1.58, mirrored from the kitchen, with a standard deviation of 0.81. Lastly, the 'others' category had

30.80% (99) of respondents claiming emergencies never took place, and 57.60% (185) believed it was rare. This broad category had a mean of 1.93 and a standard deviation of 0.94.

These findings imply that most sections of the five-star hotels in Nairobi County are perceived to be generally safe, with the majority of respondents indicating that emergencies either never occurred or did so rarely. However, the parking bay or area seemed to be a slight outlier, with a relatively higher mean and a sizeable percentage considering emergencies to happen often. This could be indicative of factors such as vehicular movement, pedestrian interaction, or security threats making it more susceptible to emergencies. For the hotels, this insight is invaluable, suggesting a need to heighten surveillance, training, or safety measures in the parking areas. Overall, these findings provide hotels with a roadmap to allocate resources effectively and maintain their high safety standards.

The findings are contrary to the conclusion arrived at by Cebekhulu and Justice (2021) that, despite the establishment's security measures, the poll indicated that hotel incidents and other types of crimes appear to be persisting. It was required to assess the effectiveness and sufficiency of security measures because they are intricate phenomena that are hardly ever observed in the context of a hotel facility. The research also revealed that after luring hotel guests into their rooms for their sexual favors, hotel prostitutes had increased their use of poison in their sexual activity.

4.6 Employees Training for Emergency Preparedness

The fourth objective of the study was to assess the relationship between employees training for emergency preparedness and the frequency of visits to five-star hotels by guests with mobility impairments in Nairobi County, Kenya. This section presents descriptive results, correlation analysis, regression analysis, and hypothesis test results on employee training for emergency preparedness.

4.6.1 Descriptive Statistics

Presented in this section are descriptive statistics on employees training for emergency preparedness and frequency of visits to five-star hotels by guests with mobility impairments in Nairobi County, Kenya. The respondents were asked to indicate how often they normally undergo various training for emergency preparedness and the results were as shown in Table 4.9.

	Never	Rarely	Often	Quite Often	Always	Mean	Std. Dev.
Hazard identification and risk, impact, and vulnerability analysis	0.30%	33.60%	34.30%	30.50%	0.60%	3.05	1.44
Life safety protection	20.60%	20.20%	23.10%	18.70%	17.40%	2.92	1.38
Property protection	19.30%	23.40%	20.60%	17.80%	19.00%	2.94	1.4
Emergency coping and restoration	22.10%	21.50%	16.50%	19.00%	20.90%	2.95	1.46
Confined space training	17.40%	20.90%	19.00%	19.90%	22.70%	3.1	1.42
Breathing apparatus training	17.40%	22.70%	20.60%	22.10%	17.10%	2.99	1.36
Spill response training	0.30%	34.30%	33.60%	30.80%	0.90%	2.98	0.84
Overall Mean						2.99	

Table 4.9: Descriptive Analysis of Employee Training

Based on the results in Table 4.9, there is a clear trend in the responses indicating that a majority of hotel employees in Nairobi County's five-star hotels were consistently undergoing training in various emergency preparedness sectors. These areas, such as hazard identification and spill response training, indicate a focus on recognizing potential risks and addressing them effectively. The mean scores around three suggest that most training programs in these establishments lean towards the often to quite often spectrum, with a structured approach to training but room for increased regularity, especially in areas crucial for the safety and comfort of guests with mobility impairments.

Specifically, the results show that most of the respondents indicated that they underwent hazard identification and analysis training often (34.3%, 110), closely followed by quite often (30.5%,

98). The mean score for this category was 3.05, with a standard deviation of 1.44. Additionally, the majority of respondents reported being trained often (23.1%, 74) in life safety protection, with a mean score of 2.92 and a standard deviation of 1.38. Moreover, for property protection, the predominant response was that training occurred often (20.6%, 66), with a mean score of 2.94 and a standard deviation of 1.4.

The majority shared that they experienced training in emergency coping and restoration often (16.5%, 53 out of 321). The mean score here was 2.95, with a standard deviation of 1.46. Most reported undergoing training in confined spaces often (22.7%, 73), reflecting a mean score of 3.1 and a standard deviation of 1.42. In addition, for breathing apparatus training, the most common frequency was often (20.6%, 66) with a mean score of 2.99 and a standard deviation of 1.36. Finally, regarding spill response training, most of the respondents indicated often (33.6%, 108), closely followed by quite often (30.8%, 99). The mean for this was 2.98, with a standard deviation of 0.84. For guests with mobility impairments, knowing that the hotel staff is regularly and frequently trained can significantly influence their choice of accommodation. The consistent training not only assures these guests of their safety but also demonstrates the hotel's commitment to providing a seamless experience for all guests, regardless of their physical abilities. Therefore, these hotels should strive for even more regular and comprehensive training sessions to further instill confidence among this demographic and potentially see an increase in their visits.

These findings are in agreement with Al-Khrabsheh *et al.* (2022) and McCool (2012), who emphasize that disaster management plans should include various training areas for employees. Regular training sessions on general safety, evacuation, and shelter procedures should be part of a training program, and employees should receive materials like checklists and evacuation maps during training. These materials should then be strategically placed in various areas across the

property. In addition, employees require training in the appropriate skills to properly maintain the property's safety.

4.6.2 Correlation Analysis

This study conducted a correlation analysis to evaluate the strength and nature of the association between employees training for emergency preparedness and the frequency of visits by guests with mobility impairments to five-star hotels in Nairobi County, Kenya. Table 4.10 shows the correlation matrix.

		Frequency Visits	Employee Training For Emergency Preparedness
Frequency Visits	Pearson Correlation	1.000	
	Sig. (2-tailed)		
Employee Training For Emergency Preparedness	Pearson Correlation	.598**	1.000
	Sig. (2-tailed)	0.008	

Table 4.10: Correlation Matrix

The correlation analysis results in Table 4.10 indicate a strong positive and significant association between employees' training for emergency preparedness and the frequency of visits by guests with mobility impairments ($r=0.598$, $p<0.005$) at a 5% level of significance. The findings are contrary to the findings of a study in which the staff disaster preparedness level at selected naval Biliran hospitality facilities was the subject of research by Carreon, Inocencio, Ligoyligoy, Morillo, Ann, Tabianan, and Verba (2022). Based on the outcomes, the majority of the establishments in Naval, Biliran were not prepared, were lacking in tools and equipment, and did not know what they would do in the event of a calamity. The results indicated that most hotels were susceptible to many tragedies, both natural and man-made.

4.6.3 Regression Analysis

Regression analysis was conducted to determine the influence of emergency response systems on the frequency of visits by guests with mobility impairments to five-star hotels in Nairobi County; Kenya Table 4.11 presents the regression model summary.

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.598 ^a	.357	.353	.413

a. Predictors: (Constant), Employees Training For Emergency Preparedness

Table 4.11: Model Summary

As presented in Table 4.11, employee training for emergency preparedness was satisfactory in explaining the frequency of visits by guests with mobility impairments to five-star hotels in Nairobi County, Kenya. The R coefficient of 0.598 indicated that employees training for emergency preparedness correlated 59.8 percent with the frequency of visits. This was supported by the coefficient of determination (R-squared) of 0.357. This means that employees training in emergency preparedness explain 35.7 percent of the changes in the frequency of visits by guests with mobility impairments to five-star hotels in Nairobi County, Kenya. Table 4.12 provides the analysis of the variance (ANOVA) results.

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	14.978	1	14.978	178.310	.000 ^b
	Residual	26.928	319	.084		
	Total	41.906	320			

a. Dependent Variable: Frequency of Visits

b. Predictors: (Constant), Employees Training for Emergency Preparedness

Table 4.12: ANOVA

The results in Table 4.12 indicate that the model was statistically significant. Further, the results imply that the employees training for emergency preparedness are a good predictor in explaining the frequency of visits by guests with mobility impairments to five-star hotels in Nairobi County,

Kenya This was supported by an F statistic of 178.310 and the reported p-value of $p < .001$ which was less than the conventional probability significance level of $p < .05$ implying that employees training for emergency preparedness were significant in predicting the frequency of visits by guests with mobility impairments to five-star hotels in Nairobi County, Kenya. The regression of the coefficient result is presented in Table 4.13.

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	1.556	.256		6.080	.014
1 Employees Training	.595	.064	.598	9.375	.002

a. Dependent Variable: Frequency of Visits

Table 4.13: Regression Coefficient Results

Results in Table 4.13 show that employee training for emergency preparedness was positively and significantly related to the frequency of visits by guests with mobility impairments to five-star hotels in Nairobi City County, Kenya ($\beta = 0.595$, $p < .001$). This implies that a unit improvement in employee training for emergency preparedness in the hotels will lead to a corresponding improvement in the frequency of visits by guests with mobility impairments by 0.595 units all other factors held constant. This concurs with assertions by Al-Khrabsheh, Al-Bazaiah, Al-Khrabsheh, and Alheet (2020) who indicated that disaster management plans should include numerous training areas for employees (2022). Regular training sessions where staff employees learn about general safety, evacuation, and shelter procedures should be part of a training program.

4.6.4 Hypothesis Testing

H₀₂: *There is no significant relationship between employee training for emergency preparedness and the frequency of visits to five-star hotels by guests with mobility impairments in Nairobi County.*

The hypothesis was tested using linear regression results in Table 4.13 and determined using the p-value. The acceptance/rejection criteria were that, if the p-value is $p < .05$, then H₀₂ is rejected but if it is $p > .05$, then H₀₂ is not rejected. Results in Table 4.13 show that the p-value was less than 0.05. The null hypothesis was therefore rejected and the alternative hypothesis adopted that, there is a significant relationship between employee training for emergency preparedness and the frequency of visits to five-star hotels by guests with mobility impairments in Nairobi County.

Table 4.12 shows summary of research hypotheses tested.

Hypothesis Code	Null Hypothesis (H ₀)	Test Used	Decision Criteria	p-value	Decision	Conclusion
H01	Emergency response systems have no significant influence on the frequency of visits by guests with mobility impairments to five-star hotels.	Linear Regression	Reject H ₀ if $p < 0.05$	< 0.05	H ₀ Rejected	Emergency response systems significantly influence the frequency of visits by guests with mobility impairments.
H02	There is no significant relationship between employee training for emergency preparedness and the frequency of visits to five-star hotels by such guests.	Linear Regression	Reject H ₀ if $p < 0.05$	< 0.05	H ₀ Rejected	A significant relationship exists between employee training for emergency preparedness and visit frequency of guests with mobility impairments.

Table 4.12: Summary of Research Hypotheses

4.7 Frequency of Visits

The dependent variable of this study was the frequency of visits to five-star hotels by guests with mobility impairments in Nairobi County. The respondents were asked to indicate the frequency of visits made by guests with varied disabilities in their hotels. The responses are shown in Table 4.14.

	Never	Rarely	Often	Quite Often	Always	Mean	Std. Dev.
Visits by guests with physical impairments	17.80%	22.70%	18.70%	23.10%	17.80%	3.00	1.37
Visits by guests with Deaf/Hard of Hearing	18.10%	25.50%	22.10%	19.30%	15.00%	2.88	1.33
Visits by guests with Blind/Visual Impairment	23.40%	23.10%	17.80%	17.80%	18.10%	2.84	1.43
Visits by guests with Mental Disorders	18.10%	21.20%	17.10%	19.60%	24.00%	3.10	1.44
Visits by guests with Speech Disorders	22.10%	21.50%	17.40%	18.40%	20.60%	2.94	1.45
Visits by aged guests.	21.50%	20.90%	20.60%	17.80%	19.30%	2.93	1.42
Others	22.10%	18.10%	18.70%	19.90%	21.20%	3.00	1.46
Overall Mean						2.96	

Table 4.14: Descriptive Statistics on Frequency of Visits

The results presented in Table 4.14 provide insightful observations regarding the frequency of visits to five-star hotels in Nairobi County by guests with different types of impairments, suggesting varied levels of accessibility and awareness among these hotels. For guests with physical impairments, the majority of respondents, 23.10% (74), stated these guests visited quite often, indicating a reasonable level of accessibility for this group. The mean frequency for this group was 3.00 with a standard deviation of 1.37, suggesting a fairly wide dispersion in the frequency of their visits, indicating that while some hotels may be well equipped to accommodate these guests, others might still have room for improvement.

In the case of guests who are Deaf or hard of hearing, the most common response, given by 25.50% (82) of respondents, was that they visited rarely. This had a recorded mean of 2.88 and a standard deviation of 1.33, suggesting a moderate but inconsistent level of visitation, perhaps indicative of varying levels of service and facilities catering to these guests across different hotels. For guests with blindness or visual impairment, 23.40% (75) of respondents indicated they never visited, and an equal percentage, 23.10% (74), said they visited rarely. With a mean value of 2.84 and a standard deviation of 1.43, it is apparent that these guests were among the less frequent visitors, possibly due to a lack of adequate facilities or services tailored to their needs.

Guests with mental disorders had the highest mean frequency of visitation at 3.10, with the majority, 24.00% (77), suggesting that they always visited. The standard deviation of 1.44 indicated a significant spread around this mean, perhaps reflecting a diverse range of experiences and perceptions among hotel staff regarding these guests. For those with speech disorders, the highest percentage, 22.10% (71 out of 321), indicated they never visited, with a mean of 2.94 and a standard deviation of 1.45. This suggests a distribution leaning towards the middle but with a wide spread of responses, indicating inconsistency in visitation patterns.

Considering aged guests, 21.50% (69) of respondents indicated that they never visited. The mean frequency was 2.93 with a standard deviation of 1.42, suggesting a central tendency in visitation with notable variability. For the category labeled 'others', 22.10% (71) of the respondents indicated they never visited, with a mean of 3.00 and a standard deviation of 1.46, indicating a moderate visitation frequency but with considerable variability in responses. In general, the combined mean visitation frequency for all categories was 2.96, highlighting that while certain groups of guests with impairments visit these hotels more often than others; there is significant room for improvement in making these establishments more accessible and welcoming to all guests,

regardless of their impairments. The variability in responses across different categories of impairment suggests a need for a more tailored approach to accessibility and service provision, ensuring that all guests, especially those with specific needs, are catered to effectively and respectfully. This could involve staff training, facility upgrades, and the implementation of inclusive policies, thereby enhancing the overall guest experience and potentially attracting a more diverse clientele.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

Presented in this chapter are the summary of the findings of the previous chapter, the conclusion, and the limitations encountered during the study. This chapter also presents the recommendations for the management of 5-star hotels in Nairobi County and policymakers. Lastly, the chapter presents suggestions for further research.

5.2 Summary of Findings

5.2.1 Hazard Occurrences Experienced

The first objective was to identify the hazard occurrences experienced by the five-star hotels in Nairobi County, Kenya. The study found that the majority of the establishments reported that they had not frequently encountered several types of emergencies. Particularly, a significant 54.50% of respondents indicated they had never faced sniper or hostage situations, and an even higher percentage (57.60%) mentioned fire outbreaks as a rare occurrence. Such statistics, especially given the high-risk nature of these events, are reassuring, suggesting that such dire situations were not commonplace in these five-star hotels. The relatively low mean scores, like 1.58 for sniper/hostage situations and 1.93 for fire outbreaks, further reinforced this fact.

However, while many of the more common hazards, like terrorist threats and bomb attacks, reported similar trends, the occurrence of other emergencies like floods, utility failures, and medical emergencies presented a more mixed picture. It is interesting to note the parity in the never and rarely responses for floods, both standing at 42.10%. This indicates that, while a good proportion of hotels have not faced flooding at all, an equal proportion has faced them, even if

rarely. Such trends indicate the necessity for hotels to be prepared for a variety of hazards, not just those that might seem more immediately threatening.

The occasional 'rarely' responses for many hazards and the standard deviations associated with each emergency type underline a variability in experiences across hotels. This stresses the importance of comprehensive emergency preparedness. Even if a specific type of emergency seems infrequent, being ill prepared for a rare but high-impact event could have significant consequences for both the reputation and the safety of hotel guests and staff. These findings were found to be consistent with those of Nor Diana, Muhamad, Taha, Osman, and Alam (2021) who conducted an analysis of Malaysia's social vulnerability to the risks posed by landslide hazards using a systematic review study and found six critical indicators of social susceptibility to landslides in Malaysia.

5.2.2 Emergency Response Systems and Frequency of Visits

The second objective of the study was to determine the influence of emergency response systems on the frequency of visits by guests with mobility impairments to five-star hotels in Nairobi County, Kenya. The findings revealed the efficiency and reliability of the emergency systems in these hotels. A majority of respondents rated systems like fire protection, camera systems, alarm systems, and medic alert systems highly. The overall mean rating across all emergency systems was 4.330 out of 5, indicating that the staff of these hotels view their emergency preparedness positively. However, the presence of a standard deviation suggests some variance in experiences across hotels. This implies that while these emergency systems largely inspire confidence among guests, there is still potential for improvement.

The correlation analysis results revealed a strong positive association between efficient emergency response systems and the frequency of visits by guests with mobility impairments. With a Pearson

correlation of 0.698 and a significance of 0.005, there is strong evidence that the quality of emergency systems plays a pivotal role in influencing the decisions of guests with mobility challenges when choosing a hotel. This aligns with previous studies that highlight the significance of crisis management techniques in the hospitality sector.

From the regression analysis, it was evident that emergency response systems hold significant explanatory power over the frequency of visits by the mobility-impaired demographic. The R-squared value of 0.487 suggests that approximately 48.7% of variations in visit frequencies can be explained by the efficiency of emergency response systems. Furthermore, the study findings indicated that any unit improvement in emergency systems could enhance visit frequencies by 0.722 units, all other variables being constant. Such findings reinforce the vital role of top-notch emergency response systems in attracting and retaining guests with mobility concerns.

Finally, the hypothesis testing firmly rejected the null hypothesis, confirming that emergency response systems indeed have a significant influence on the frequency of visits by guests with mobility impairments. As the hospitality industry in Nairobi County strives for excellence, emphasis on continuous improvement and innovation in emergency response systems is crucial. Not only do these systems guarantee the safety of guests, but they also serve as a strategic advantage for hotels seeking to cater to a diverse clientele, especially those with mobility challenges.

The findings are in agreement with those of Waller and Abbasian (2022) who assessed the crisis management techniques employed at hotels in Stockholm and London in response to the financial effects of COVID-19 as part of their analysis and found that all destinations had a similar amount of lost travelers and revenue during economic crises. A more detailed and targeted analysis, however, revealed that destinations were impacted in various ways, prompting a change in CMTs.

The findings suggested that a variety of CMTs might be applied to decrease the negative economic effects of crises.

5.2.3 Sections Where Emergencies Occur

The third specific objective was to establish the sections of five-star hotels in Nairobi County, Kenya in which emergencies occur. The findings revealed that many hotel sections, including the kitchen, restaurant, bar, launch areas, playgrounds or fields, rooms, laundry, and swimming pool predominantly experienced either no emergencies or rare occurrences. For instance, 54.50% of respondents stated they never witnessed emergencies in the hotel kitchens, a sentiment mirrored in the swimming pool section. Similarly, the restaurant, bar, and launch areas had a significant majority claiming emergencies were either nonexistent or rare. These results suggest that these hotel areas are perceived as safe, potentially due to stringent safety measures employed.

However, a notable exception was observed in the parking area. While 36.80% of respondents believed that emergencies never occurred in the parking areas, 9.70% believed they happened quite frequently. This percentage is substantially higher compared to other sections of the hotel, resulting in the highest mean of emergency occurrences of 2.03 amongst all areas studied. This could be attributed to the unique challenges presented by parking areas, including vehicle movements, pedestrian interactions, or potential security issues.

The findings illustrate that most sections in the five-star hotels in Nairobi County are perceived as secure with minimal emergency incidents. Nonetheless, the parking bay or area emerged as a potential area of concern, indicating a possible need for enhanced safety measures or surveillance. These insights can guide hotels in resource allocation and refining their safety protocols to uphold their esteemed safety standards. The findings are contrary to the conclusion arrived at by Cebekhulu and Justice (2021) that, despite the establishment's security measures, the poll indicated

that hotel incidents and other types of crimes appear to be persisting. It was required to assess the effectiveness and sufficiency of security measures because they are intricate phenomena that are hardly ever observed in the context of a hotel facility. The research also revealed that after luring hotel guests into their rooms for their sexual favors, hotel prostitutes had increased their use of poison in their sexual activity.

5.2.4 Employees Training for Emergency Preparedness and Frequency of Visits

The fourth objective was to assess the relationship between employees training for emergency preparedness and the frequency of visits to five-star hotels by guests with mobility impairments in Nairobi County, Kenya. The study found that employees in five-star hotels in Nairobi County were frequently undergoing training in various emergency preparedness domains. The training programs largely leaned towards the often to quite often spectrum, particularly in the areas of hazard identification and spill response training. These findings underline the hotels' dedication to recognizing potential risks and addressing them promptly. The results showed a structured approach to training; however, there is potential for enhancing regularity, especially in vital areas for ensuring the safety and comfort of guests with mobility impairments.

A significant positive correlation was identified between the training of hotel employees for emergency preparedness and the frequency of visits by guests with mobility impairments, with a Pearson Correlation value of 0.598 (significant at the 5% level). This strong positive relationship suggests that as hotels increase their focus on emergency preparedness training for employees, they can expect a concurrent increase in the frequency of visits by guests with mobility impairments.

The findings revealed that employee training for emergency preparedness was satisfactory in explaining the frequency of visits by guests with mobility impairments to five-star hotels in

Nairobi County, Kenya The R coefficient of 0.598 indicated that employees training for emergency preparedness correlated 59.8 percent with the frequency of visits. This was supported by the coefficient of determination (R-squared) of 0.357. This means that employees training in emergency preparedness explain 35.7 percent of the changes in the frequency of visits by guests with mobility impairments to five-star hotels in Nairobi City County, Kenya.

The study also found that the model was statistically significant. Further, the results imply that the employees training for emergency preparedness are a good predictor in explaining the frequency of visits by guests with mobility impairments to five-star hotels in Nairobi County, Kenya This was supported by an F statistic of 87.884 and the reported p-value of $p < .001$ which was less than the conventional probability significance level of $p < .05$ implying that employees training for emergency preparedness were significant in predicting the frequency of visits by guests with mobility impairments to five-star hotels in Nairobi County, Kenya

Regression coefficient results revealed that employee training for emergency preparedness was positively and significantly related to the frequency of visits by guests with mobility impairments to five-star hotels in Nairobi City County, Kenya ($\beta = 0.595$, $p < .001$). This implies that a unit improvement in employee training for emergency preparedness in the hotels will lead to a corresponding improvement in the frequency of visits by guests with mobility impairments by 0.595 units all other factors held constant. The regression analysis revealed that the emergency preparedness training of employees substantially explained the frequency of visits by guests with mobility impairments. Specifically, such training accounted for approximately 35.7% of the changes in the visitation frequency. Furthermore, the model deemed this training as a robust predictor of these visits, backed by an F statistic of 87.884 and a p-value less than 0.001. It was further noted, that a unit enhancement in emergency preparedness training would result in a 0.595-

unit increase in the frequency of visits by guests with mobility impairments, holding other factors constant.

Based on the p-value from the regression results, the study rejected the null hypothesis, which posited no significant relationship between employee training for emergency preparedness and the frequency of visits by guests with mobility impairments. Thus, the study confirmed a significant association between the two variables, emphasizing the pivotal role of consistent and comprehensive training sessions in attracting guests with mobility impairments to these elite establishments in Nairobi County. These findings were found to be in line with those of Al-Khrabsheh, Al-Bazaiah, Al-Khrabsheh, and Alheet (2020) who indicated that disaster management plans should include numerous training areas for employees (2022). Regular training sessions where staff employees learn about general safety, evacuation, and shelter procedures should be part of a training program.

5.2.5 Frequency of Visits

The dependent variable of this study was the frequency of visits to five-star hotels by guests with mobility impairments in Nairobi County. The study found that the most frequent visitors among the differently abled categories were guests with physical impairments, with a mean frequency of 3.00; 23.10% of respondents stated they visited quite often. In contrast, guests with blindness or visual impairment were perceived to be less frequent visitors, with 23.40% indicating they never visited and an equal percentage visiting rarely. Their mean frequency stood at 2.84, one of the lowest among the categories. The highest mean frequency was observed for guests with mental disorders at 3.10, with 24.00% of the respondents suggesting they always visited. However, this category also demonstrated a high standard deviation, indicating a broad range of responses.

Guests with speech disorders and aged guests showed relatively central tendencies in their visitation frequencies, with means of 2.94 and 2.93 respectively. For both categories, the distribution of responses was wide, as evidenced by their standard deviations. The others category had a mean visitation frequency of 3.00, but 22.10% of respondents indicated that guests from this group never visited. Across all categories, the overall mean frequency of visits was 2.96. These findings affirm the varying perceptions of hotel staff about the visitation rates of guests with different disabilities. The findings point to the necessity for hotels to better comprehend and cater to the diverse needs of their differently abled guests, particularly those categories perceived to visit less frequently.

5.3 Conclusion

Based on the study findings, the study concludes that five-star hotels in Nairobi County have predominantly not faced high-risk emergencies like sniper or hostage incidents and fire outbreaks, which is a positive indication of the safety standards maintained by these establishments. However, other potential hazards, such as floods and utility failures, present a more varied response. The occasional rare occurrence of some hazards indicates the need for hotels to ensure comprehensive emergency preparedness, even for seemingly infrequent events.

The study revealed a high rating of emergency response systems in these hotels, indicative of the trust placed by the staff in these systems. Furthermore, there is a strong positive correlation between effective emergency response systems and visitation by guests with mobility impairments. This establishes that having an efficient emergency system is not just crucial for safety but also acts as a significant determinant in the hotel's choice of guests with mobility challenges.

Moreover, while most sections of these five-star hotels, like kitchens and swimming pools, are perceived as safe zones with minimal emergencies, the parking area emerges as a potential concern. This suggests a need to bolster security and safety measures, especially in parking areas, to ensure holistic safety throughout the hotel premises.

Similarly, the hotels' commitment to staff training in emergency preparedness is evident, especially in hazard identification and spill response. A significant correlation exists between such training and increased visits by guests with mobility impairments, highlighting the importance of continuous training. As hotels intensify their training focus, they can anticipate a rise in visitation frequency from the mobility-impaired demographic. The study further concludes that there are perceptible differences in the frequency of visits by guests with varied disabilities in the studied hotels. While some categories like those with physical impairments were frequent visitors, others, like those with visual impairments, were not. The variance suggests that while some needs of the differently abled guests might be met; there is room for improvement in catering to the requirements of all guests, ensuring inclusivity.

This study presents the importance of continuous improvement in both safety standards and inclusivity measures in Nairobi's five-star hotels. While many of the hotels show a positive trend in emergency preparedness and response, there are areas, both in safety and inclusivity that can be enhanced. As the hospitality industry in Nairobi strives for excellence, there's a clear need to prioritize both emergency preparedness and catering to a diverse clientele to ensure both safety and inclusivity.

The study highlights the role of staff training in emergency preparedness. The high frequency of training in areas like hazard identification and spill response underlines the hotels' commitment to safety. This is critical not only in managing potential emergencies but also in instilling a sense of

security among guests. Regular and comprehensive training ensures that hotel staff are well equipped to handle a range of emergencies, thereby enhancing the overall resilience of the establishments. This commitment to staff training reflects a proactive approach to risk management, which is essential in maintaining high safety standards. Furthermore, the study shows the importance of accessibility and inclusivity in the hotel industry. The varied frequency of visits by guests with different disabilities suggests that while some hotels are effectively catering to certain needs, others may require further improvements. The study also concludes that, the lower frequency of visits by guests with visual impairments points to potential areas for enhancement in terms of accessibility features and tailored services. As the hospitality industry continues to evolve, there is an increasing need for hotels to adopt inclusive practices that cater to the diverse needs of all guests, ensuring that everyone, regardless of their abilities, can enjoy a comfortable and safe stay.

Another critical observation from the study is the need for continuous evaluation and upgrading of emergency response systems. While staff rate the existing systems highly, there is always room for improvement, especially with evolving technologies and changing safety standards. Regular reviews and updates of these systems can further enhance their efficiency and reliability, thus bolstering the overall safety infrastructure of the hotels. The study also highlights the importance of adopting a holistic approach to safety and emergency preparedness. While certain areas like kitchens and swimming pools are perceived as safe, the concern raised about parking areas indicates the need for a comprehensive safety strategy that covers all areas of the hotel. This includes not only the physical infrastructure but also operational practices, staff training, and guest awareness programs. By addressing safety holistically, hotels can ensure a secure environment for both guests and staff.

In addition, the study brings to light the significance of understanding and catering to the specific needs of guests with mobility impairments. The correlation between effective emergency response systems and visitation by guests with mobility challenges underscores the necessity for hotels to be accessible and accommodating to all guests. This involves not only physical infrastructure adaptations but also staff sensitivity training and the implementation of specific services tailored to the needs of these guests. The findings of the study point towards a broader implication for the hospitality industry in Nairobi County and beyond. It calls for a strategic focus on enhancing both safety standards and guest experience through continuous improvement and innovation. This involves adopting best practices in emergency preparedness, investing in staff training and development, and embracing inclusivity and accessibility as core values. As the hospitality industry becomes increasingly competitive, hotels that prioritize these aspects are likely to gain a competitive edge, attracting a wider and more diverse clientele. The study presents an insightful overview of the current state of emergency preparedness, safety standards, and inclusivity in Nairobi's five-star hotels. It reveals areas of strength, such as staff training and certain safety measures, as well as opportunities for growth in inclusivity and comprehensive safety strategies. As the hotels continue to strive for excellence, focusing on these key areas will not only enhance their reputation but also ensure a safer, more inclusive and enjoyable experience for all guests

5.4 Recommendations for Policy and Practice

5.4.1 Recommendation for Practice

- i. While the lower occurrence of severe emergencies in these hotels is commendable, it is essential to maintain a state of preparedness for all potential hazards. Hotels should conduct thorough risk assessments, considering both high and low frequency hazards. Emergency protocols should be in place not only for situations like terrorist threats but also for

seemingly less immediate threats like floods and utility failures. Regular drills and simulations for various emergency scenarios should be carried out to ensure staff readiness and efficient guest evacuation.

- ii. Given that the parking areas have shown a higher frequency of emergencies compared to other hotel sections, there is a clear need to bolster safety measures in these zones. This could involve increased surveillance, improved lighting, clear demarcation for pedestrian pathways, and possibly deploying security personnel for constant monitoring. By addressing the unique challenges presented by parking areas, hotels can ensure a comprehensive safety environment throughout their premises.
- iii. Recognizing the diverse needs of guests with different impairments is crucial. The hotels should invest in staff training programs that focus on understanding and catering to the requirements of guests with various disabilities. This might include tactile pathways and Braille menus for visually impaired guests or offering specialized equipment for physically impaired individuals. A dedicated feedback mechanism for guests with disabilities could also be beneficial, ensuring that their specific needs and concerns are regularly addressed.
- iv. While the training programs on emergency preparedness are a step in the right direction, their regularity and comprehensiveness can be improved. Hotels should adopt a continuous learning approach, updating training content based on recent emergency trends and best practices. Additionally, a feedback loop should be established where employees can share their on-ground experiences, challenges, and recommendations post-training. This feedback can offer insights into areas that might require further attention or improvement in the training curriculum.

5.4.2 Recommendation for Policy

- i. The study recommends that regulatory bodies overseeing the hospitality sector in Nairobi County should enforce periodic safety and security audits for all five-star hotels. Hotels should be required to act on any gaps identified during these audits promptly. This policy will not only maintain a constant state of readiness but also create a standardized safety measure across all establishments.
- ii. There is need to implement a policy that requires hotels to have infrastructure accommodating guests with various disabilities. This can include mandating ramps, wider doorways, Braille signage, and emergency alert systems tailored for guests with hearing or visual impairments. Such policies would ensure that the hospitality industry is more inclusive, catering to the diverse needs of all its patrons.
- iii. Regulatory bodies should set a minimum standard for employee training in emergency preparedness. This policy can mandate that employees undergo certified training programs at regular intervals and pass competency tests. Such a policy would not only ensure that staff members are well equipped to handle emergencies but also provide guests with an added assurance of safety during their stay. The certification program could be developed in partnership with emergency response agencies and experts in the hospitality sector to ensure its relevance and effectiveness.
- iv. Policymakers should establish regulations that require regular safety audits for hotels. These audits should assess the effectiveness of emergency response systems, with a focus on areas like parking, where higher emergency frequencies were noted. Certifications

should be awarded to hotels that meet or exceed safety standards, encouraging a culture of safety and preparedness.

- v. Regulatory bodies should enforce strict accessibility standards in hotels, ensuring that they cater to the needs of guests with different impairments. This should include guidelines for physical infrastructure, such as ramps and tactile paths, as well as service provisions like sign language-trained staff and Braille materials.
- vi. There is need to provide incentives, such as tax breaks or subsidies, to hotels that implement comprehensive training programs in emergency preparedness. These programs should include specific modules for assisting guests with disabilities during emergencies.
- vii. Policy makers should develop standardized emergency protocols that cater to the diverse needs of all guests, including those with disabilities. These protocols should be enforced across all hotels and regularly updated to reflect best practices in emergency management and inclusivity.
- viii. There is need to encourage collaboration between the hospitality sector, emergency services, and disability advocacy groups. This can facilitate the sharing of knowledge and best practices, leading to more inclusive and effective emergency preparedness strategies in hotels.
- ix. There is need to introduce policies that require hotels to incorporate inclusivity in their marketing and guest services. This includes portraying a diverse range of guests in marketing materials and ensuring that service offerings cater to guests with various impairments.

- x. There is need to Implement policies that mandate regular training and certification for hotel staff in areas related to emergency preparedness and disability awareness. This will ensure a consistent level of competence and preparedness across the industry.
- xi. Policy makers should set up a dedicated body to monitor compliance with these regulations and policies. This body should also have the authority to penalize non-compliant establishments and recognize those that excel in safety and inclusivity standards.

5.5 Recommendations for Further Research

The present research focused on examining the influence of emergency response preparedness on the frequency of visits by guests with mobility impairments to five-star hotels in Nairobi County. The study specifically addressed factors such as the types of hazard occurrences experienced, the robustness of emergency response systems, areas within the hotel where emergencies are more frequent, and the extent of employee training in emergency preparedness. To enhance the breadth of understanding on this subject, future studies are encouraged to expand the scope to include hotels across various star ratings, rather than limiting the focus to five-star establishments. This broader perspective would help determine whether hotel classification correlates with differences in emergency preparedness and its impact on visitation patterns among guests with mobility impairments.

Furthermore, considering the growing role of technology in enhancing both emergency response and guest experience, future research could investigate the effectiveness of technological interventions—such as AI-driven surveillance systems, mobile emergency alert applications, and wearable safety devices tailored for guests with impairments—and their influence on perceived safety and visitation frequency. Another valuable avenue for future inquiry would be conducting

comparative analyses with hotels in other regions or countries. Such comparative research would illuminate global best practices and help determine whether the strategies employed in Nairobi County align with international standards or present unique, context-specific approaches.

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APPENDICES

Appendix I: Informed Consent Letter

Dear Respondent,

I am a master's student at Kenyatta University undertaking a Master's Science in Hospitality & Tourism Management. In partial fulfilment of this program, I am undertaking research on **'Emergency Preparedness for Guests with Mobility Impairments and Frequency of Visits in Five-Star Hotels in Nairobi County, Kenya'**. You have been chosen to participate in this research and I kindly request you to give responses to the questionnaires attached herein.

Kindly be assured that the information collected will be handled with almost complete confidentiality and utilized solely for this investigation. To further enhance confidentiality no name of respondents or institution is recorded anywhere.

Your answers will be most valuable for the research process.

Thanks,

Yours Sincerely,

Ketem Hillary Kwambai

RESEARCHER

Appendix II: Questionnaire

SECTION A: SOCIO-DEMOGRAPHIC INFORMATION

1. What is your gender?

Male () Female ()

2. What is your age?

18 – 30 years () 31 – 40 years () 41 – 50 years () 51 – 60 years () Over 60 years ()

3. What is your marital status?

Single () Married () Separated () Divorced () Widowed ()

4. What is your level of education?

Primary () Secondary () Certificate () Degree () Masters () Doctorate ()

Section B: Frequency of Visits of Guests with Mobility Impairments

Please indicate how often visit quests with the following disabilities.

S/N.	Disability	Always 5	Quite often 4	Often 3	Rarely 2	Never 1
1	Please indicate the frequency of visits by quests with physical impairments					
2	Please indicate the frequency of visits by quests with Deaf/Hard of Hearing					
3	Please indicate the frequency of visits by quests with Blind/Visual Impairment					
4	Please indicate the frequency of visits by quests with Mental Disorders					

5	Please indicate the frequency of visits by quests with Speech Disorders					
6	Please indicate the frequency of visits by aged guests.					
7	Others (Specify).....					

Section C: Types and Frequency of Occurrence of Emergencies

This section explores the common types of emergencies and sections of the hotel in which they frequently occur.

Types of Emergencies

Please indicate whether you have experienced the following emergencies occurring in the hotel.

S/N.	Emergency	Always 5	Often 4	Very often 3	Rarely 2	Never 1
1	Sniper/ Hostage situations					
2	Fire outbreaks					
3	Floods					
4	Terrorist threats					
5	Attacks (Bombs, Guns, etc.)					
6	Utility Failure e.g. blackouts					
7	Medical emergency					
8	Criminal attacks					
9	Others (Specify).....					

I. Sections of the Hotel in which Emergencies Occur.

Please tick the extent to which Emergencies occur in the following sections.

S/N.	Area/Place	Always 5	Often 4	Very often 3	Rarely 2	Never 1
1	Kitchen					
2	Restaurant					
3	Bar					

4	Launch					
5	Play Grounds/ Fields					
6	Rooms					
7	Laundry					
8	Parking bay/ Area					
9	Swimming Pool					
10	Others					

Section D: Emergency Systems

Please indicate your level of agreement on the efficiency and effectiveness of the following emergency systems in this hotel.

Very efficient VE, efficient E, fairly efficient FE, inefficient I, very inefficient VI

S/N.	Emergency system	VE(5)	E(4)	FE(3)	I(2)	VI
1.	Fire protection					
2.	Camera systems					
3.	Alarm systems					
4.	Medic alert systems					
5.	Room automation					
6.	Emergency lighting					
7.	Others (Specify).....					

Section E: Support Facilities

This section explores the effectiveness and efficiency of support amenities and features for persons with mobility impairments. Please indicate your level of agreement with the availability of the following support amenities and features in this hotel. Very efficient VE, efficient E, fairly efficient FE, inefficient I, very inefficient VI.

S/N.	Support Amenities	VE(5)	E(4)	FE(3)	I(2)	VI (1)
1.	Non-smoking rooms					
2.	Wheelchair accessibility					
3.	Handicap rooms					
4.	Air conditioning					
5.	Exercise facilities					
6.	Others (Specify)..... (Specify).....					

Section F: Employee Training for Emergency Preparedness.

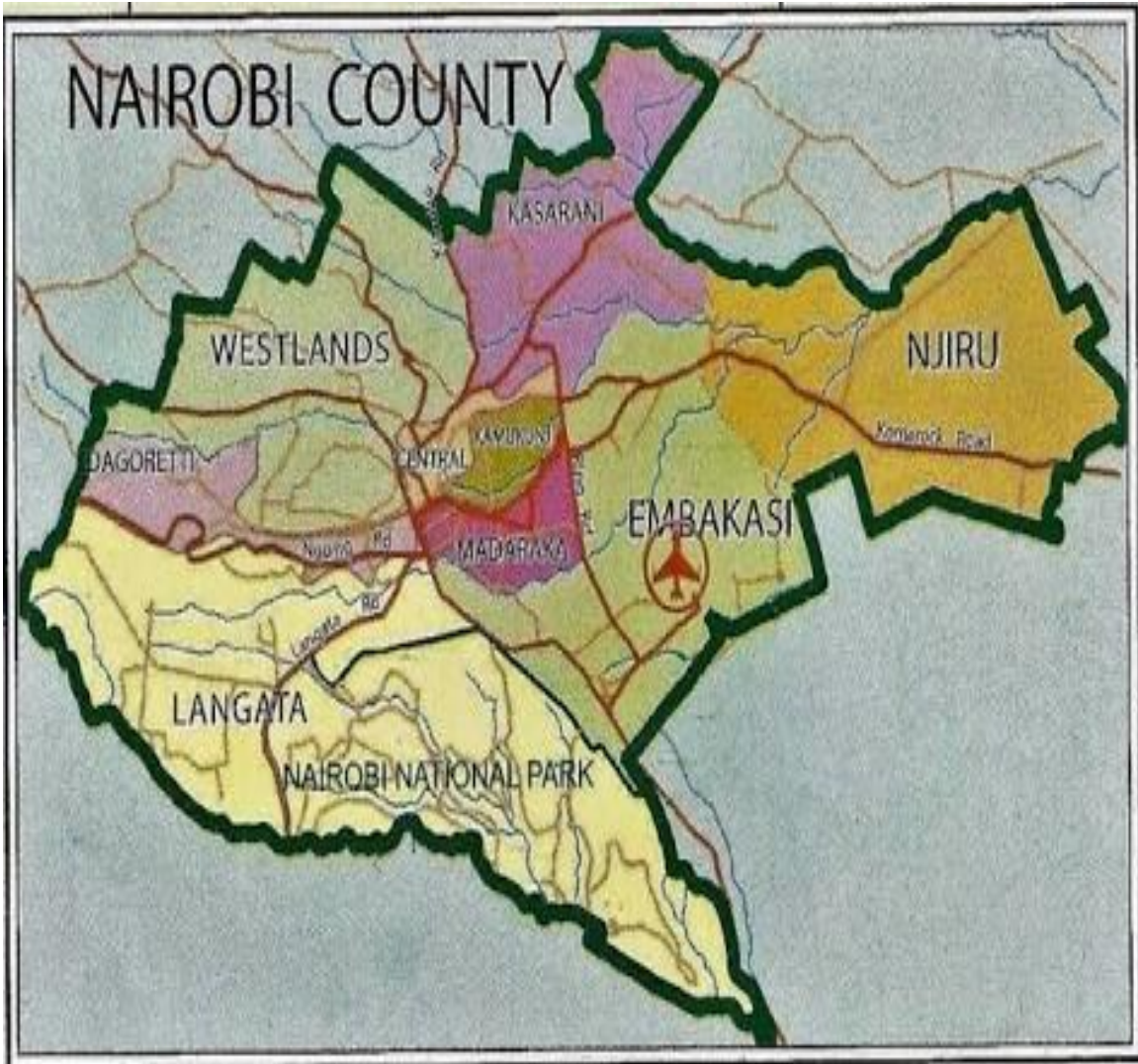
This section explores the frequency of employee training for emergency preparedness. Please indicate the extent to which employees undergo the following training for emergency preparedness.

S/N.	Training	Always (5)	Often (4)	Very often (3)	Rarely (2)	Never (1)
1	Hazard identification and risk, impact, and vulnerability analysis					
2	Life safety protection					
3	Property protection					
4	Emergency coping and restoration					
5	Confined space training					
6	Breathing apparatus training					
7	Spill response training					

Thank you.

E-N-D


Appendix III: Map of Nairobi County



Appendix IV

S.No.	Name of Hotel
1	Fairmount The Norfolk
2	The Sarova Stanley
3	Dusit D2
4	Radisson Blu Hotel Nairobi
5	Hotel Intercontinental
6	Tribe Hotel
7	Villa Rosa Kempinski
8	The Boma Nairobi
9	Sankara Hotel
10	Hemingway's Nairobi
	Total

Appendix IV: Authorization Letter from the University


KENYATTA UNIVERSITY
OFFICE OF THE EXECUTIVE DEAN GRADUATE SCHOOL

E-mail: dean-graduate@ku.ac.ke P.O. Box 43844, 00100
Website: www.ku.ac.ke NAIROBI, KENYA
Tel. 020-8704150

Internal Memo

FROM: Executive Dean, Graduate School **DATE:** 19th June 2023
TO: Mr. Ketem Hillary Kwambai **REF:** H60/OL/11177/2008
c/o Department of Hospitality and Tourism Management

SUBJECT: APPROVAL OF RESEARCH PROPOSAL
=====


We acknowledge receipt of your Research Proposal after fulfilling recommendations raised by the Graduate School Board of 14th June, 2023.

You may now proceed with your Data collection, subject to clearance with the Director General, National Commission for Science, Technology & Innovation.

As you embark on your data collection, please note that you will be required to submit to Graduate School completed Supervision Tracking and Progress Report Forms per semester. The forms are available at the University's Website under Graduate School webpage downloads.

Also, please ensure that you publish article(s) from your thesis before submitting it to Graduate School for examination as per the Commission for University Education and Kenyatta University guidelines.

Thank you.


DR. HARRIET ISABOKE
FOR: EXECUTIVE DEAN, GRADUATE SCHOOL

c.c Chairman, Department of Hospitality and Tourism Management

Supervisors:

1. Dr. Vincent Maranga
c/o Department of Hospitality and Tourism Management
Kenyatta University
2. Dr. Jane Bitok
c/o Department of Hospitality and Tourism Management
Kenyatta University

MSF/2008

