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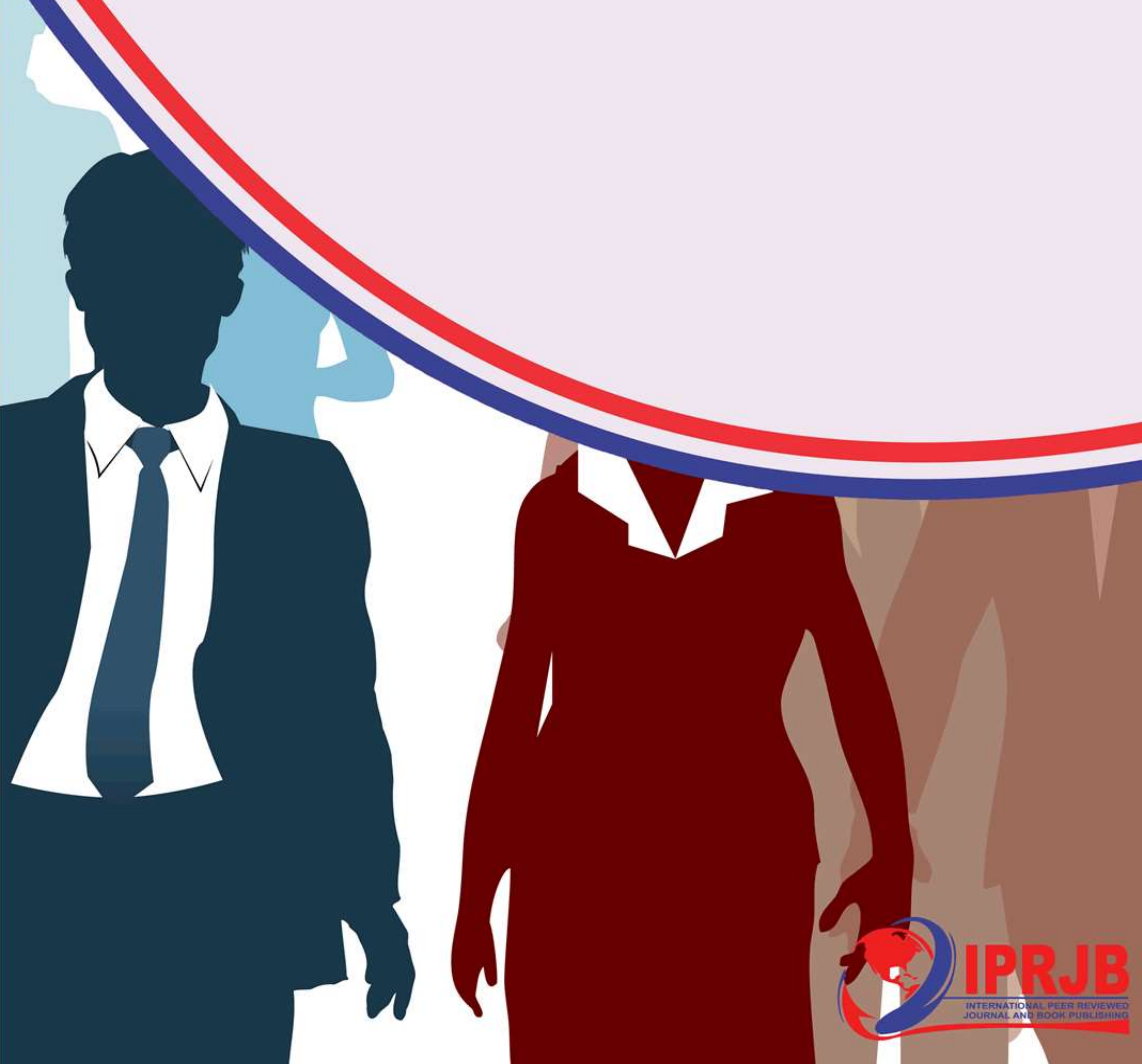

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Prevalence of Employee Wellness Programs in Banking Institutions under the Prevailing Work Trends: A Case of Bankers in Nairobi County, Kenya

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Abstract

Purpose: The study sought to assess the prevalence of employee wellness programs under the prevailing work trends amongst bankers in Nairobi County, Kenya

Methodology: The study applied a mixed methods approach using a concurrent research design for both quantitative and qualitative data. The concurrent design was particularly suited for this study endeavor as it enabled a comprehensive understanding that extended beyond what could be gleaned from either quantitative or qualitative data in isolation.

Findings: The study focused on the prevalence of wellness programs offered by the commercial banks in Nairobi County. These included workplace support, mental health training, mental health support, and quiet spaces for recovery. The results showed that most employees had a perception of very limited organizational support in the area of wellness because the mean scores in all the subscales were very low. Mental health training and organized support services such as counseling and employee assistance programs registered low access and coverage in the quantitative responses. In addition, the qualitative responses showed that there was minimal leadership engagement, low program utilization because of stigma, and absence of spaces designed specifically for trauma-informed emotional recovery. The employees demonstrated the need for holistic wellness programs that were visible, inclusive and empathetic frameworks within the context of the recently adopted hybrid model of work and the severely overworked environment in the banking sector.

Unique Contribution to Theory, Practice and Policy: The study highlighted the importance of having a holistic employee wellness strategy that tackles the increasingly sophisticated job demands that impact productivity, especially concerning the work trends of bankers in Nairobi County. It is important for employers to bridge the generational complexities, by fostering diverse organizational climates that offer psychological safety for more young employees. Additional studies might look into the evolving consequences of stressors in the workplace and how wellness policies shift with time in the banking industry, given the incessant global instabilities that increase stress and anxiety on bank workers. Policy makers and government might need to enforce employee wellness as a mandatory compliance requirement for organizations with robust guidelines that prohibit stigmatization.

Keywords: *Bankers, Tier, Employee Assistance Programs (EAPs), Presenteeism, Job Demands, Job Resources, Work Trends, Employee Wellness Programs*

JEL Codes: *G21, G21, M54, J24, J22, J81, J28, C83, C80, I31, C01*

INTRODUCTION

Employee wellness has increasingly become a focal point for organizations seeking to enhance productivity and sustain workforce engagement, particularly in high-pressure sectors such as banking. Wellness is the multidimensional aspect of employee health which includes physical, emotional, mental, and spiritual health. Wellness Programs are therefore essential in ensuring that employees are able to fulfill their roles competently. Globally, focusing on employee health and wellness has become a key area of concern for organizations seeking to enhance productivity and long-term workforce retention (De Vries et al., 2023). As noted by the World Health Organization in 2024, there is a significant lack of employer intervention in managing psychosocial risks which centers on mental health and burnout by nurturing environments that enable full physical, emotional, and psychological health. Here, the urgency is greatly heightened by the intricacies of modern work, which include rapid technological changes, the blurring of work and life boundaries, and the global trend toward hybrid and fully remote work. Locally, in sub-Saharan Africa, there is growing recognition regarding the significance of employee wellness, however, systematically developed programs are lacking or not consistently implemented.

There is a growing need to address psychosocial wellness risks in the banking sector and wellness programs play a crucial role to mitigate against the job strains that come with the demanding nature of the profession (Goetzel et al., 2018). Banking employees in Nairobi County work under a combination of long hours, aggressive performance targets, and constant pressure to meet both financial and compliance obligations. These factors contribute to chronic stress and burnout, leading to mental health issues. Wellness programs in banking are, therefore, critical not only for improving work-life balance and job satisfaction but also reducing absenteeism, which is a strategic need for the industry.

The Kenya Bankers Association’s just-released 2023 state of the Banking Industry Report classifies the national banking universe into three distinct tiers. By the close of 2022 the records show 28 licensed lenders: 4 positioning themselves in Tier I, 7 fitting into Tier II, and the remaining 17 assembled in Tier III. Across the same timespan the system’s total asset base climbed by 8.2 percent, swelling from KES 6.0 trillion in 2021 to KES 6.5 trillion in 2022. Such steady, tiered asset growth signals the pressing imperative for a coherent wellness strategy that can be calibrated for scale and fairness across all banking categories. Complementing this growth narrative, the Central Bank of Kenya consistently publishes Banking Sector Reports that break down individual bank operating figures, workforce structures, and profit-and-loss indicators. These datasets emerge as valuable proxies for estimating the volume of employee activity and the intensity of occupational stress.

Nairobi County is arguably the East Africa's financial center having a high concentration of banking practitioners and institutions. It serves as a case study to analyze the prevalence and influence of employee wellness programs in a particular institution. Although banks have embraced wellness programs as part of human resource activities, concerns remain about the degree to which these programs are available, their access and effectiveness in addressing the multifaceted needs of staff under the emerging work trends. In as much as there is an increasing awareness of the need for wellness programs in the workplace, there is still inadequate empirical evidence about its occurrence in the banking sector in Nairobi. The emergence of coronavirus, along with the shift to hybrid and remote work models, has complicated the traditional approaches hence requiring the wellness frameworks to be more flexible and mobile (Kariuki & Wamwayi, 2023). This study therefore aims to assess the prevalence of employee wellness programs in the banking institutions of Nairobi County under the prevailing work trends. It also seeks to assess the types of wellness programs that exists, the levels of their adoption among the banking tiers and the bank's employees' perceptions of the programs concerning their access and relevance. With the above objective, the study aims to fill the knowledge gaps that policymakers and planners may need, to inform evidence-based decisions, ultimately contributing to a healthier and more productive banking workforce.

Statement of Problem

New dynamics in the world of work are reshaping the demands that organizations make of their staff. Persistent economic instability, accelerated digital transformation, and soaring pressure to perform are consolidating high-stakes work cultures, namely in the banking sector. Although several financial institutions have rolled out wellness initiatives, concrete information on their uniform application and on how well they meet employee expectations is scarce. Studies from Kenya (Wachira & Anyieni, 2017) indicate that, even where well-being programs are instituted, their scope frequently omits psychosocial support and comprehensive wellness services that staff identify as essential.

Within Kenya, Nairobi County serves as the nation's financial nucleus; it is home to a dense cluster of domestic and foreign banking institutions. Within this environment, banking personnel are reporting heightened occurrences of burnout, absenteeism, presenteeism, and pervasive job dissatisfaction. Publications from the Kenya Bankers Association indicate that, despite the presence of wellness initiatives, engagement levels and staff perception of their efficacy remain disappointingly low. The findings indicate a disconnect: staff demand elements like mental health services, better work-life management, and training for personal resilience, yet the sector continues to deliver programs that fall short of these priorities. Alongside these anecdotal observations, credible data on the actual footprint, ease of access, and applicability of the offerings remains sparse, especially in a workforce transformed by automation, hybrid systems, and evolving cultural expectations.

More critically, the available academic analyses fall short of mapping the discrete mismatches between available services and employee requirements in Kenya's commercial banking environment. Apart from this knowledge deficit, a systematic survey of how initiatives differ between tiered institutions and how staff evaluate their availability and perceived utility is virtually nonexistent. By quantifying the scope and suitability of the wellness interventions now on record, the present investigation seeks to fill the observed vacuum, examining how deeply these measures are rooted in Nairobi County's banking context and how effectively they keep pace with present work norms and staff anticipations.

Theoretical Framework

This study is anchored in two key theories: the Job Demand-Resources (JD-R) model by Bakker and Demerouti (2006) and the Social Exchange Theory introduced by George Homans in 1958.

Job Demand-Resources (JD-R) Model

The JD-R model by Bakker and Demerouti (2006), illustrates the balance between job demands and job resources within the workplace and its impact on employees. In relation to banking professionals, it aids in analyzing the interaction between the demands of the profession, the supporting employee wellness programs, and overall performance in the banking sector.

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Job demands in this model include workload, deadlines, heavy workloads, high-pressure environments, and strained workplace relations. All of these contribute to the employee's stress and burnout. Job resources, on the other hand, are a set of supportive factors provided by the organization that help reduces the stress of employees and relate to the job in question. Supportive workplace relationships, wellness programs, feedback, personal development, and policies that foster employee independence are a few examples.

The impact of a lack of resources outweighs having high job demands. Employees will experience burnout and fatigue, on the other hand, having plenty of resources will help buffer the negative outcomes of the demand and instead improve motivation and dedication. The JD-R framework emphasizes that identifying stress-inducing job demands is a necessary first step for organizations to enable them implement targeted resources that mitigate adverse outcomes and promote positive performance.

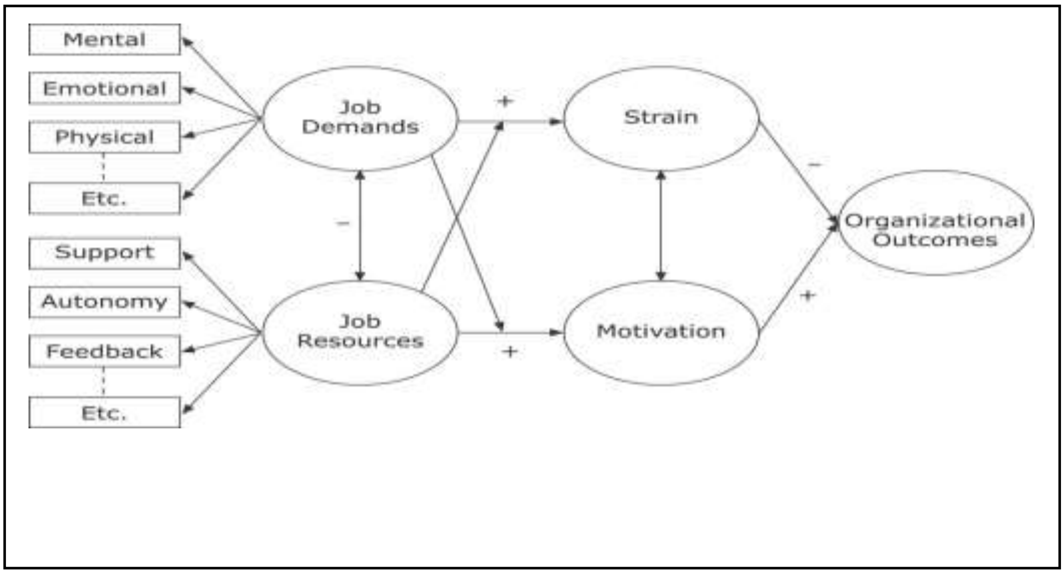

Figure 1: The Job Demands - Resources Model

Social Exchange Theory

George Homans (1958) introduced the Social Exchange Theory in his work "Social Behavior as Exchange." This theory suggests that the consequences of social interaction are the result of an exchange process. This means people go into social relations and interactions expecting to get something in return. The key notion of the theory is reciprocity; people always appreciate something of value and as a result, they feel an obligation to repay. Trust is also crucial in these exchanges; if both parties trust each other, see the benefits as genuine concern, the parties are more willing to respond, and engage in healthy relationships. In the context of this study, Social Exchange Theory clarifies why employees may regard wellness programs at work as worthwhile, that is, when they sense true intent and tangible gain for themselves and their colleagues, they become inclined to return the favor through heightened morale, unwavering commitment, and sharper productivity.

Furthermore, in collectivist cultures such as typical work environments across Africa and particularly in Kenya, reinforce this dynamic, that is, bonds between people, shared ideals, and the expectation of mutual give-and-take are foundational (Wachira &

Anyieni, 2017). Within this filter, workers interpret wellness initiatives not as isolated rewards but as evidence of communal enterprise and care. Hence, the very framework of the Theory, which centers on the urge to reciprocate perceived kindness or equity, finds firm grounding in the Kenyan workplace ethos, where collaboration, trust, and the sense of balanced treatment constitute central drivers of employee attitudes and the willingness to engage with such programs.

Research Gaps

Although there exists literature and reliable insights into the different aspects of this topic, gaps were still evident on the specific programs available and their effectiveness on employees under the emerging work trends. None of the mentioned studies specifically investigated the prevalence of employee wellness programs especially where the ever-increasing job demands have resulted to heavy burnout on banking employees under the current work trends. This study sought to address this gap by examining the existence of such wellness programs and how they are being experienced by banking employees in NAIROBI County, in the wake of hybrid models of work and fast evolving digital systems than minimize the traditional social interface in the workplace.

METHODOLOGY

Mixed Methods Approach

The study applied a mixed methods approach using a concurrent research design to gather both quantitative and qualitative data. The concurrent design was particularly suited for this study endeavor as it enabled a comprehensive understanding that extended beyond what could be gleaned from either quantitative or qualitative data in isolation. By concurrently collecting and analyzing both types of data, the study leveraged the strengths of each method while mitigating their respective weaknesses. In doing so, it provided a more nuanced and robust exploration of possible wellness strategies that could help improve work productivity under the prevailing work trends in Kenya among bankers in Nairobi County, Kenya.

Study Area and Population

The research was conducted in Nairobi County, which is a key leading financial hub in the East African region. The area has both domestic and foreign banks, which makes it easier to consider the employee wellness issues in the banking sector. There was also good enough reasoning to study the links between employee wellness and productivity in programs offered within the sector, especially in regard to the county's economic growth. The focus of the research was employees of specific banks in the county with a projected population of 1,820 bankers.

Sampling Procedure

The participant selection process was based on a multi-stage cluster sampling technique. The Branch Bank of Kenya grouped the banks into three categories: "Tier 1", "Tier 2" and "Tier 3" based on a bank's asset size, capital, customer deposits, and its loan portfolio. As highlighted in the Bank Supervision Annual Report (2022), Tier 1 banks command 50% of the market share while Tier 2 and Tier 3 hold 16.29% and 8.58% respectively. This study targeted only Tier 1 and Tier 2 institutions because they had a larger workforce along with a relatively more developed wellness infrastructure. Both of these tiers had 2 banks each that the study sample was drawn from. The employee distribution of the banks was: Bank A (600), Bank B (510), Bank C (410), Bank D (300), making a total of 1,820. With the population identified, a sample of 328 respondents was picked for the Quantitative data in the study. Moreover, purposive sampling was used to identify ten (10) participants with a minimum of eight years of experience in HR and Employee wellness management. Each of the Tier 1 banks, Bank A and Bank B, was represented by three (3) employees each. Tier 2 Bank C and Bank D each had two (2) employees each representing them all making a total of 10 participants.

Measures

Data collection was done using two methods corresponding to a mixed methods approach, that is; structured questionnaires for the quantitative component of the study and interview guides for the qualitative component. The quantitative questionnaire adopted the free online workplace mental wellness assessment tool by Spencer-Thomas and McClatchey (2018). This tool provides a framework for employers to build a resilient workforce as well as understand the appropriate wellness questions that may inform effective employee wellness. Interventions. The measurable components of wellness program implementation with regard to employee productivity were captured in the questionnaires. In addition, the interviews provided in-depth perspectives from key informants. This approach aided the study in capturing quantitative and qualitative trends as well as capturing detailed stories to increase understanding of the research variables.

Data Analysis

Statistical analyses for this study were performed using SPSS version 25 with both descriptive and inferential statistical techniques being applied including Analysis of Variance (ANOVA) for the group comparisons. The qualitative results were themed to obtain the insights that were more telling in relation to the employee experiences with the various wellness programs processes in the organization. The results from the two methods were then merged to strengthen the triangulation of the quantitative 'what' interpretation and the qualitative 'how' of the wellness programs in place under the current work trends in Nairobi County.

Ethical Considerations

The study was conducted with adherence to recognized ethical research considerations so at to protect the dignity and privacy of all the participants. Approvals were obtained from the appropriate ethics governing bodies which, in this case, included National Commission for Science, Technology and Innovation (NACOSTI), the Catholic University of Eastern Africa (CUEA), and the relevant banking institutions. The researcher ensured that participants were briefed on the objectives of the study, their participation being voluntary, and their option to withdraw with no repercussions. In this study, all respondents were sought for their informed consent to participate prior to the study. The consent process involved a clear explanation of the aims of the study, the procedures involved, potential risks and the intended use of the collected data. Participants were also assured that their responses would remain anonymous and that all data would be used solely for academic purposes.

Further, participants were guided not to include names, titles or any identifying details related to their workplace for the purposes of ensuring privacy and confidentiality. All the data collected was anonymized using unique identifiers which could not be traced back to individual respondents. The anonymization process aided during data analysis to maintain neutrality and safeguard the identities of the participants. The study did not employ any methods that could be classified as invasive or unethical like using distressing or intrusive questions or contacting participants without their consent. No respondent was observed or engaged without prior notification. The aim of these methods was to enhance trust and transparency while minimizing the risk of any discomfort or distress.

Security and confidentiality of data was observed as the primary concern throughout the different stages of the research process. Completed questionnaires were stored safely, and digital data was encrypted to avoid any form of unauthorized access. In the reporting phase, findings were presented as aggregates to protect the identity of individuals and institutions. In upholding academic integrity, all secondary data sources and literature were duly cited and referenced according to the research writing standards. Upon completion, the study findings were shared with NACOSTI, CUEA and the Nairobi County Director of Education. It was also made available for publication in line with national research dissemination policies.

FINDINGS

This section presents the quantitative and qualitative results relating to the scope and coverage of wellness programs for employees in commercial banks in Nairobi County. To provide appropriate context for the data, relevant literature has been incorporated.

Sample Characteristics of Participants

The sample size consisted of a total of 328 bankers from Tier 1 and Tier 2 banks located in Nairobi County. Out of this, 275 participants provided feedback which was used in the analysis. Important demographic features captured included, sex, age, religion, marital status, education, work experience, and position. The distribution of sex showed that the sample was composed of 54.5% males and 45.5% females. The distribution of age was as follows: 18-25 (9.1%), 26-30 (24.4%), 31-35 (20.7%), 36-40 (24.4%), 41-45 (16.4%), and above 45 (5.1%). In terms of religion, 93.5% reported as Christians, 5.5% as Muslims, 0.4% as Hindus, and 0.7% as belonging to other religious groups. In marital status, 63.3% were married, 33.8% single, 1.8% divorced, and 1.1% widowed. Concerning the education, 90.9% reported having a tertiary education, while 7.6% reported having secondary education, 1.1% primary education, and 0.4% below primary education. According to the tenure distribution, 28% of respondents worked between 1 to 5 years, 24.4% worked 6 to 10 years, 21.8% worked 10 to 15 years, and 25.8% worked beyond 15 years. The distribution of job levels indicated that 35.3% were in management, 25.5% were in supervisor positions, clerical positions were held by 21.5%, and 17.8% were in secretarial and other support roles. For the qualitative data, participants were Christians, and all had a tertiary education aged between 37 and 50 years. Males and females were evenly proportioned with 60% being male and 40% female. 80% of the participants were married besides 20% who were single. All the participants held management positions with 8 to 27 years of experience.

Examining the Employee Wellness Programs in Place for Bankers in Nairobi County

The comprehensive assessment of the availability and scope of wellness programs for employees was done under the following four subscales: Workplace Support, Mental Health Training, Mental Health Support, and Quiet Spaces for Recovery. The perception of employees regarding the presence, access, and use of these programs in their institutions was captured using a set of Likert-scale items structured for each subscale.

Descriptive Statistics

Workplace Support

The Workplace Support subscale measured perceived organizational and supervisory support for mental wellness. The overall mean was M =2.01 indicating low perceived support in the banking workplace.

Table 1: Workplace Support

	Mean	Std. Deviation
Our bank has conducted a needs assessment to identify employees' mental health strengths and challenges.	2.07	.801
Leadership understands the connection between physical and mental health and promotes integrated wellness programs.	2.04	.794
Leadership fosters a caring culture through recognizing mental health initiatives and peer support.	1.97	.789
Leadership models emotional resilience by promoting community and social connection at work.	2.02	.806
Managers support work-life balance, job learning, recognition, and a respectful work climate.	1.96	.782
Leadership has a clear strategy for early detection and intervention of mental health issues.	2.01	.819
Our bank's employee handbook outlines mental health accommodation policies clearly.	1.99	.797
Employees facing mental health challenges are reassured they have organizational support.	1.98	.817
Composite Mean	2.01	.691

The mean scores, ranging between 1.96 and 2.07, indicated a lack of support for mental health care services within the banking sector, meaning all employees believed the sector had no tools or mental health programs to assist them. Even the most positive response, to whether the bank conducted a needs assessment to identify mental health needs, was barely above 2, meaning that there was no or little confident effort to address the issues. Other important measures, such as the leader's role in exercising emotional intelligence as the model for positive coping response to work-related stress (M = 2.02), nurturing a responsiveness to and a caring organizational culture (M = 1.97), promoting employees and their families to a healthy balance between their social and work lives (M = 1.96), and active and proactive mental health encouraged early intervention (M = 2.01) all scored into the range that is well below the mid-point of 3. The relatively low standard deviations indicate that the lack of trust in organizational leadership to make real positive changes on organizational mental health issues is indeed a prevailing culture.

These quantitative findings are corroborated with the employee's stories that describe lack of adequate support and involvement from leadership. One of the participants stated:

"We offer counseling programs for employees, but that is not enough support when colleagues are going through life challenges. The leaders should be more involved as employees take quite some time to recover." (JW9, Personal Communication, January 28, 2025)

This shows a perceived lack of leadership empathy, which diminishes the sense of support that is felt collectively. Social support is crucial for enhancing resilience and the workplace psychological well-being, which is usually modeled from the top, as noted by Katrinli et al. (2008).

Other participants raised similar issues concerning the utilization and the overall visibility of the available services. One participant stated:

"Our organization provides access to professional counseling services for employees dealing with stress, anxiety, and depression, but not many employees use them." (JW6, Personal Communication, January 14, 2025)

This emphasizes concerns put forth by Wang et al. (2006) that mental services, regardless of their existence, are insufficiently used because of stigma, ignorance, and insufficient backing from the top management.

Another participant highlighted the difficulty of managing new work-life dynamics:

"We have family therapy sessions for employees struggling with personal issues like relationships, but I feel we need additional strategies to tackle work-life integration and balance issues that come with the new ways of work like remote working. Employees are struggling with this." (JW5, Personal Communication, January 14, 2025)

This is supported by Pillay et al. (2005) that goes further to recommend the integrated wellness models which encompass mental and physical health and is important as organizational work models change to include hybrid and remote work.

Even though a majority of the feedback was critical, a handful of participants noticed the attempts made by their organizations to acknowledge and celebrate life events with compassion:

"Our organization acknowledges life events such as marriages, childbirth, and bereavements by offering moral and financial support." (JW5, Personal Communication, January 14, 2025)

These forms of recognition have been linked to increased employee morale and engagement, as highlighted by Bryson et al. (2017) who noted how recognizing key life events significantly enhances an employee's well-being.

Motivation to engage with the wellness initiatives appeared weak, pushing participants to call for better organization and incentivization of these initiatives. One suggestion stated:

"I feel that leaders could provide incentives by setting wellness goals against which they can measure progress of individual employees and reward those who do well. Employees generally struggle to make effort when there is no recognition for their efforts." (JW10, Personal Communication, January 28, 2025)

This recommendation supports the claims made by Goetzel et al. (2018) where participation and accountability were shown to be significantly improved by strong incentives, visible leadership and measuring wellness outcomes against one's performance. The comments are a testament that employees in the banking sector not only appreciate the need for employee wellness programs but equally consider critically, the need for leaders to be more intentional about creating a mentally healthy workforce through strategic initiatives.

Mental Health Training

This subscale assessed whether banks provided formal training opportunities related to stress management, emotional regulation and also mental health awareness.

Table 2: Mental Health Training

	Mean	Std. Deviation
Wellness programs include mental health literacy and resilience training for all employees.	1.98	.808
Managers are trained in basic mental health literacy, support skills, and referral procedures.	1.96	.805
Managers, HR, and legal staff are equipped to handle reasonable accommodations effectively.	1.96	.814
Mental health training provided is evidence-based, culturally sensitive, and practical.	1.97	.792
Suicide prevention training is offered as routinely as other workplace safety programs.	1.97	.817
Managers follow a set protocol specifically for handling suicide-related workplace crises.	1.97	.834
Composite Mean	1.97	.709

The concerning perception identified in the organization's readiness to provide adequate support for mental health issues is particularly troubling. Each of the items assessed concerning the training was noted to have low mean scores indicating mental health literacy, suicide prevention, and reasonable accommodation procedures scored between 1.96 and 1.98 with a composite mean of 1.97 (SD = .71). The training gaps have a rather small range of standard deviations (.792–.834) which indicates strong agreement among respondents, suggesting that the training is inadequate or poorly designed. This indicates a fundamental lack of the training that enables staff and managers to aid employee mental health issues.

These gaps were clearly echoed in the qualitative responses with one of participant stating:

"Managers don't always know how to refer employees for mental health support. There's a lack of training on how to recognize early symptoms and how to support until the issues get out of hand." (JW4, Personal Communication, December 18, 2024)

This aligns with Dewa et al. (2003) which underscored the need for ongoing and systemized mental health training for supervisors and HR personnel. Failure to having such basic training, results to early signs of psychological distress going unnoticed while attempting to mitigate issues within the organization. Consequently, this increases the chances of intervention failing and the well-being of the employees diminishing.

Even where evidence-based and culturally sensitive training exists with a mean of 1.97, the score remains below satisfactory pointing to the limitations that exist in either; relevance, accessibility or the quality of these offerings. Another participant shared:

"We're not well trained to offer the appropriate accommodations needed by employees experiencing mental health challenges." (JW8, Personal Communication, January 24, 2025)

This addresses the fact that the deficits extend beyond facing a crisis and that they are instead operational and forgetting the workload and the attention to the mental health needs of the employees.

In spite of the highest-rated item scoring a mean of 1.98 pertaining to training of HR, legal personnel, and managers for the handling of training and accommodations, the score suggests that their coverage and application was inconsistent. Integration of training into routine practices and daily activities was a consistent theme among participants with a lack of structure. As one employee put it:

"I wish we could incorporate mental health awareness sessions as part of daily morning routines like other business priorities." (JW1, Personal Communication, December 13, 2024)

This shows the desire to normalize discussions around mental health as well as practices instead of seeing them just as occasional issues within the organization. Another participant reported:

"We occasionally have wellness talks on mental health and stress coping skills, but no further integration and follow-up is done for employees after that." (JW1, Personal Communication, December 13, 2024)

Given the mental health initiatives within organizations, employees seem to have feedback about the initiatives being "one-off" efforts, thus indicating insincerity or a lack of genuine, sustained integration within organizational frameworks. Over time, such inconsistency cultivates disengagement or even foster a cynical attitude among employees. One participant noted:

"The leaders should provide moral and social support to employees experiencing mental health challenges. But mostly they leave such for junior employees to tackle." (JW5, Personal Communication, January 14, 2025)

The mental health gaps on employees explain the lack of mental health competency for the entire organization rather than specific employees or roles, thus indicating the training gaps. Such perceptions explain the phrase, mental health may be endorsed in principle, but ignored in practice, meaning employees do not trust their leaders or colleagues regarding effective support for psychological needs.

Eisenberger et al. (2016) supports the important role of management training in emotional resilience by highlighting supportive leadership as a strong predictor of psychological safety. The findings support that there is need for a comprehensive change in mental health practice throughout the banking industry. The banking sector being one that is highly dependent on digital systems must embrace inclusive cultures where employees can easily vent and decompress for high engagement.

Mental Health Support

This subscale measured the actual support mechanisms available to employees such as counseling services, professional referrals, and emotional check-ins. It had a slightly higher overall mean of M = 2.04, but still falls below the threshold for moderate availability.

Table 3: Mental Health Support

	Mean	Std. Deviation
Mental health benefits are accessible to all staff and treated equally as physical health benefits.	2.03	.785
Our bank participates in local or national mental health awareness campaigns.	2.04	.810
We have a well-known and easily accessible Employee Assistance Program (EAP).	2.05	.818
Leadership promotes EAP and mental health resources through multiple communication channels.	2.07	.817
Mental health screening days are organized, with confidential self-assessment opportunities.	2.02	.810
Employees are allowed medical leave for mental health crises without stigma.	2.04	.807
Reintegration plans exist for employees returning from mental health-related medical leave.	2.02	.808
Composite Mean	2.04	.702

The findings highlight a considerable gap between the mental health support frameworks put in place in Nairobi's banking industry and the actual employee utilization and acceptance of these frameworks. The composite mean score of 2.04 (SD = 0.702) indicates a lack and, to an extent, a perception of support across all organizations loomed thin but was consistent.

Composite mean of 2.03 indicates that most banks that have Employee Assistance Programs (EAPs) in place have not integrated these assistance programs into the culture of the organization and therefore have not fully utilized the programs. One participant noted:

"We have a dedicated counselor to consult for help but only a few employees go for therapy sessions. Others, find it intimidating and don't bother." (JW5, Personal Communication, January 14, 2025)

This follows Goetzel et al. (2018)) who argued that structural availability does not guarantee service use in the presence of safety deficits. Barriers to engagement include the stigma and fear of being judged, coupled with the absence of anonymity.

Although mental health was promoted by leadership through various channels, the rating on that was equally low at a mean of 2.02. Participants repeatedly expressed that there was no empathy in the managerial reaction to the matters. As one respondent remarked:

"Most managers do not seem to notice when employees are experiencing mental health challenges, they only focus on work targets and are unable to pick mental health issues early enough." (JW4, Personal Communication, December 18, 2024)

These statements highlight a deficiency not only in the emotions related to empathy in the leadership roles, but also indicate a culture within the organization that discourages vulnerability or openness. Leadership in workplaces that empathetically support their employees, as addressed by Katrinli et al. (2008), helps in the resilience of the employees and the subsequent discussions related to their mental health.

The comments suggest a high-pressure environment where the focus is largely performance targets driven and bottom line focused, leaving no room for emotional expression and human leader- team member interactions in the work place.

The lowest rated item in this subscale was the participation in national or local mental health campaigns that had a mean of 1.86, indicating a lack of outward involvement. One participant commented:

"The company rarely takes part in national events like National Suicide Prevention Week, even when they do, it's minimal and without active engagement. The regulators need to enforce mental wellness as a mandatory compliance requirement for organizations." (JW2, Personal Communication, December 17, 2024)

The absence of participation lowers the profile of mental health not only within the organization, but also at a societal level. Wu et al. (2021) emphasized that active participation in mental health promotion campaigns helps to reduce stigma and equally increases the inclination to seek help, both of which are lacking in the current banking scenario.

Mean scores of other proactive measures like confidential screening days (mean = 1.93) and the plans to reintegrate employees who are on leave for mental health reasons (mean = 1.95) also ranked low. These low scores highlight the lack of investment in both preventative and restorative strategies. Dewa et al. (2003) noted that these are essential to a comprehensive and ethical mental health system, particularly in the financial industry which is characterized by high stress and pressure.

One participant illustrated this implementation gap:

"Our company organizes wellness talks focusing on mental health awareness and stress management, but there's a lack of consistent follow-up and integration into daily routines." (JW1, Personal Communication, December 13, 2024)

Additionally, the perception that medical leaves for mental health issues are given the same consideration as physical health leaves was rated at mean = 1.99. This indicates that employees feel there is a difference in the treatment given to mental health as opposed to physical health. A respondent noted that:

"There's fear of being judged or sidelined if you mention mental health struggles, even if the policies are there." (JW7, Personal Communication, January 23, 2025)

Such perceptions reinforce the impression of ongoing discrimination, ineffective workplace communication, and inadequate safeguards for employees who are psychologically at risk. This is in alignment with the research done by Goetzel et al. (2018), which stressed that accessing mental health services must not come with stigma and must be truly equitably accessible as part of the employee health benefits package.

Therefore, despite the presence of some basic policies and structures within banking organizations, the narrative and consistently low quantitative scores suggest that mental health support is underdeveloped, poorly communicated and inconsistently executed. The results highlight the urgency for organizations to move beyond policy frameworks and documentation to visibly and actively foster, as well as cultivate, psychologically safe environments. This requires regular communication, leadership that demonstrates empathy and culturally competent mental health programming. The need for increased awareness and leadership role modelling on matters mental health is well highlighted by the findings.

Quiet Spaces for Mental Recovery

This subscale assessed whether the physical environment supported mental recovery, including the presence of calm workspaces, quiet zones, and break-friendly policies.

Table 4: Quiet Spaces

	Mean	Std. Deviation
Our bank has protocols to help employees cope with trauma during critical incidents.	2.00	.783
Communications staff are trained on responsible messaging about suicide and mental health issues.	2.02	.819
The bank provides grief support and accommodations for staff bereaved by suicide.	1.95	.811
Composite Mean	1.99	.573

The Quiet Spaces for Mental Recovery was the lowest scoring subscale which brought out the psychological and physical gaps as far as the work environment in banks in Nairobi County is concerned. Trauma protocols and grief support systems as well as designated areas for employees to emotionally decompress were noted as absent. The quantitative findings were corroborated with rich qualitative data indicating that employees often felt emotionally unsupported in times of grief or crise.

One participant shared:

"We offer grief counseling for employees dealing with loss to help them cope better. However, most colleagues do not seem to utilize this as much and leaders seem not to care beyond the loss as long as the employee is back to work." (JW9, Personal Communication, January 28, 2025)

This statement highlights the existence of a peculiar service gap duality framed as a formal service provision and service neglect, where grief support is provided but is viewed as lacking genuine compassion. This indicates how organizational attempts to respond to bereavement leave often fail to meaningfully engage employees, viewing emotional recovery as an afterthought to work. This reasoning explains the relatively low mean score for grief support accommodations (M = 1.95) and aligns with findings of Katrinli et al (2008) that emphasize compassion and social support at the workplace is vital for resilience and recovery.

The absence of trauma protocols along with fragmented communication also showed up in the narratives qualitative data. For instance, the communication department was reportedly untrained in responsible messaging concerning suicide and mental health, which is consistent with the low mean score (M = 2.02) for this item. For other employees, their frustration stemmed from the limited visibility of the mental health services offered and an absence of trauma-informed organizational leadership. These findings strengthen the work of Goetzel et al. (2018), who established that poor access and weak communication is in itself a deterrent for employees to seek for mental health services even when programs are available.

In addition, participants reported that the space provides no dedicated areas for emotional healing. These high-stress space lacking mental quiet zones with turbulent work leads to a constriction both physically and mentally during intense emotional turmoil. The minimal score for trauma coping protocols (M = 2.00) also reflects this gap. As emphasized by Wang et al. (2006), dedicated recovery areas and psychologically safe workplaces are vital toward long-term workforce sustainability. One participant shared;

"I feel mentally prepared for the challenges at work, but by midday, I notice my energy levels dip, and I find it harder to keep up. It is sometimes difficult to take a break in the day due to work pressure" (JW3, Personal Communication, January 25, 2025).

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Another participant mentioned,

"Most colleagues are motivated to get up and start their day, but they don't always feel that energy throughout the day. It's tough to stay energetic for the entire day. Bank work is a bit draining due to the stringent control environment that requires one to remain on high alert." (JW7, Personal Communication, January 23, 2025).

The gaps highlighted in quiet spaces for mental recovery point to a serious crisis in the banking sector, a high - pressure environment and hosting a majority of young employees, who are more prone to stress and anxiety. A number of participants expressed that despite being able to complete tasks, the focus, energy and quality they felt at work had significantly declined.

> *"I don't always perform at my best when I'm dealing with anxiety. I know I can do better, but sometimes my mental health holds me back from doing my job as efficiently as I want to."* (JW2, Personal Communication, January 29, 2025)

Furthermore, the findings may indicate a level of emotional disengagement normally associated with presenteeism amongst bankers, attributable to the high pressure and bottom-line focused cultures that bear no space for emotional expression. According to Kigozi et al. (2017), presenteeism is more about the emotional and mental absence that one experiences even if they are physically present at work.

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Summary

The purpose of this study was to assess the prevalence and effectiveness of wellness programs for employees of commercial banks situated in the County of Nairobi with special focus on program design, implementation, communication, and utilization. The study was conducted using a mixed methods design where qualitative data in form of interviews was combined with quantitative data in form of a survey based on structured Likert scale items from four key subscales - Workplace Support, Mental Health Training, Mental Health Support, and Quiet Spaces for Recovery.

Workplace Support: Quantitative findings revealed that perceived organizational support concerning mental health issues within the institution is low, with an overall mean score of 2.01 (SD = .691). Every item within the subscale fell beneath the neutral midpoint, indicating that there is lack of adequate participation from management concerning clear rules, defined policies, and holistic well-being frameworks. Respondents uniformly shared that within the banking context, the mental health needs-assessment, early intervention, and promotion of emotional resilience were insufficiently covered. Qualitative data provided additional support to the findings. Participants specifically mentioned the absence of caring management and provided examples of how employees felt deserted from emotional support during difficult personal circumstances. While some employees noted that there was some psychosocial support provided for significant life events such as childbirth and death of family members, the dominant viewpoint was lack of adequate psychosocial support, proper follow through, and insufficient organizational incentives. This mirrors earlier research which has noted the lack of adequate managerial presence and emotional appreciate work as contributing factors for low psychosocial aspects of work (Katrinli et al., 2008; Goetzel et al., 2018).

Mental Health Training: The Mental Health Training subscale yielded a composite mean of 1.97 (SD = .709) suggesting a uniform lack of adequacy across all items. Respondents showed a complete lack of variance in opinion regarding the assessment of wellness literacy programs, suicide crisis protocols, and managerial mental health training, indicating a shared organizational lack. Their opinions were corroborated in the interviews; for example, it was common for both the managers and human resources to have insufficient skills to identify and/or provide appropriate early intervention referrals. Employees voiced a preference for comprehensive sessions and regular activities devoted to mental health in the context of day-to-day work activities, rather than ad hoc sessions. As Dewa et al. (2003) and Eisenberger et al. (2016) illustrate, proactive, comprehensive training frameworks are needed to foster a culture of responsiveness and competency regarding workplace mental health.

Mental Health Support: This subscale focuses on how well support mechanisms like EAPs, professional counseling, and mental health days are provided, and it recorded the highest composite mean of 2.04 (SD = .702) which is still below the midpoint. While most banks seemed to have EAPs, participants pointed out that the programs were underused because of stigma, lack of awareness, and no managerial support. Many participants described feeling unsupported with personal and emotional difficulties, and most were anxious about disclosing mental health issues. Even fewer organizations actively participated in the mental health campaigns, (M= 1.86) which indicates lack of outwards engagement and advocacy. Along with Wang et al. (2006) and Wu et al. (2021), the results of this study show that lack of psychological safety and effective organizational communication inhibits the utilization of mental health support services.

Quiet Spaces for Recovery: The Quiet Spaces subscale was the lowest scoring subscale with a composite mean of 1.99 (SD = .573). This demonstrates lack of physical or emotional recovery support in the banking industry as a whole with respondents describing lack of and ineffective triage for grief support systems, trauma reaction protocols and areas to decompress. Where support was offered, there was little to no active participation. Employees talked about the need for recovery areas and trauma-informed leadership which is consistent with best practice guidelines for psychological resilience (Katrinli et al., 2008; Goetzel et al., 2018). The lack of training for communication staff on suicide messaging and mental health literacy also revealed institutional unpreparedness for crisis intervention and recovery.

Conclusion

The study findings indicate that commercial banks in Nairobi County have wellness programs in place but these initiatives mostly operate at the surface level and lack meaningful alignment with everyday organizational life. Satisfaction and participation are distinctly muted across the four examined domains: mental health training, mental health support, designated quiet recovery areas, and systemic workplace backing. Tools such as Employee Assistance Programs and counseling services are nominally present yet poorly advertised, infrequently accessed, and devoid of ongoing visible prioritization from the executive tier.

The widening rift between espoused mental health commitments and actual workplace experience is aggravated by societal taboos, inadequate training for staff at all levels, and meager managerial engagement. Such dissonance erodes the effectiveness of any wellness program and reinforces the prevailing view that employee mental health is peripheral to operational objectives. Respondents across the sample unequivocally advocate for leadership that model’s empathy and for incorporation of wellness-oriented practices into the fabric of daily work arrangements rather than their relegation to side initiatives.

For wellness programs to yield meaningful outcomes, banking institutions must shift from tokenistic interventions to comprehensive and proactive frameworks that prioritize mental wellbeing as a core component of organizational performance. This includes enhanced awareness campaigns, stronger executive sponsorship and also incentive structures that encourage mental health engagement. Therefore, incorporating wellness within corporate strategy is essential in cultivating a resilient, productive and also sustainable workforce in the banking sector.

Recommendations

The findings of this study indicate a significant gap in how commercial banks in Nairobi County approach the wellness and mental health support of their employees. Even though there are frameworks designed for wellness, their implementation is very limited. Consequently, these frameworks are not widely utilized, and there is a lack of integration into the day-to-day organizational culture. Therefore, some recommendations were made in this study to resolve these gaps.

Among the gaps identified, the lack of leadership engagement and empathy were very startling. There is always some form of expressed appreciation of support to the employees, however there is zero engagement. Here, support goes as far as rhetoric. Engagement other than rhetorical support is critical for leadership to be viewed as answering the distress signal from the employees. Bank top and middle level leadership should be trained in emotional intelligence, trauma-informed care, and mental health to assist in the gaps identified. These competencies are recapacitating, and are needed to realize employee distress, model resilience, and enhance psychological safety at the workplaces (Wu et al., 2021). Moreover, leadership personnel should be rewarded and praised for the wellness of their "subordinates" shall be rewarded. By institutionalizing care by offering wellness-linked performance assessments, organizations are able to enable care culture.

The study also identified a gap in the training of staff and management on mental health topics. Banks should therefore try and institutionalize comprehensive training programs that cover the basic mental health literacy, identification of early warning signs, suicide prevention and procedures for reasonable accommodation. These programs must also be made continuous, culturally sensitive, and inclusive of all staff levels and particularly the human resources (HR), legal and supervisory personnel (Wu et al., 2021). Equipping employees with the right knowledge and tools will foster early intervention, reduce stigma and increase confidence when it comes to dealing with mental health challenges. This training should not be treated as a one-off event but as an ongoing investment in organizational well-being.

Finally, wellness initiatives also need to be managed and evaluated more proactively. As such, banks should identify the changing mental health dynamics of their staff through annual or biannual assessments. There should be processes to capture staff perceptions using confidential surveys or focus groups aimed at evaluating the impact of wellness initiatives. The collected data can be used to inform the redesign or scaling up of the programs to ensure they address the changing and evolving needs appropriately and remain impactful (Wu et al., 2021). Moreover, banks should adopt global benchmark considerations and best practice comparisons with a purposive interdisciplinary approach to wellness initiatives. Moreover, the need to align the programs to the emerging trends in the workplace, bearing in mind the rising job strains and intergenerational complexities is highlighted with a sense of urgency for banks to action.

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