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Emergency Preparedness for Guests with Mobility Impairments and Frequency of Visits in Five-Star Hotels in Nairobi City County, Kenya

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Abstract

The purpose of this study was therefore to establish the influence of emergency preparedness on the frequency of visits to five-star hotels in Nairobi City County, Kenya. The specific goals of this research were: to record the types of hazards encountered by five-star hotels in Nairobi City County; to identify the areas of those hotels where emergencies occur; to learn about the barriers to emergency response services for guests with mobility impairments in those hotels; and to identify the factors in emergency response systems that significantly influence visit by guests with mobility impairments. The study was informed by two theories; the theory of time constraints on leisure activities and the theory of social oppression. Ten five-star hotels in Nairobi County served as the sample for this census-style investigation. The sample size was determined by a systematic sampling procedure. The data was gathered through the use of semi-structured questionnaires that were administered by the researcher. Data was coded and analyzed in SPSS using both descriptive and inferential statistical methods. Relationships between the independent variable and the dependent variables were determined using multiple regressions. Tables, charts, and bars were used to show the study's findings. The findings showed that the majority of the five-star hotels had not frequently encountered several types of emergencies. The study found 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 at (β=0.595, $p<.001$). The study concludes that 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. The hotels' commitment to staff training in emergency preparedness is evident, especially in hazard identification and spill response. The study thus recommends that the management of five-star hotels in Nairobi City County should conduct thorough risk assessments, considering both high and low-frequency hazards. Emergency protocols should also be in place not only for situations like terrorist threats but also for seemingly less immediate threats like floods and utility failures.

Keywords: *Emergency preparedness, Risk assessment, Five-Star Hotels, Mobility impairments, Nairobi City County*

1.0 Introduction

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-evening 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).

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 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).

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).

According to Anichiti, Dragolea, Tacu Hârșan, 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). 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).

1.1 Problem Statement

Several studies have examined the challenges that residential populations suffer as a result 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).

As a result 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 Research Objectives

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 City County, Kenya.

iii. To identify the sections from which emergencies occur in five-star hotels in Nairobi City 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.

1.4 Research Hypotheses

H_{01}: Emergency response systems have no significant influence on the frequency of visits by guests with mobility impairments to five-star hotels in Nairobi City County, Kenya.

H_{02}: 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 City County.

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1.5 Conceptual Framework

The diagrammatic relationship between variables is summarized as shown in Figure 1.

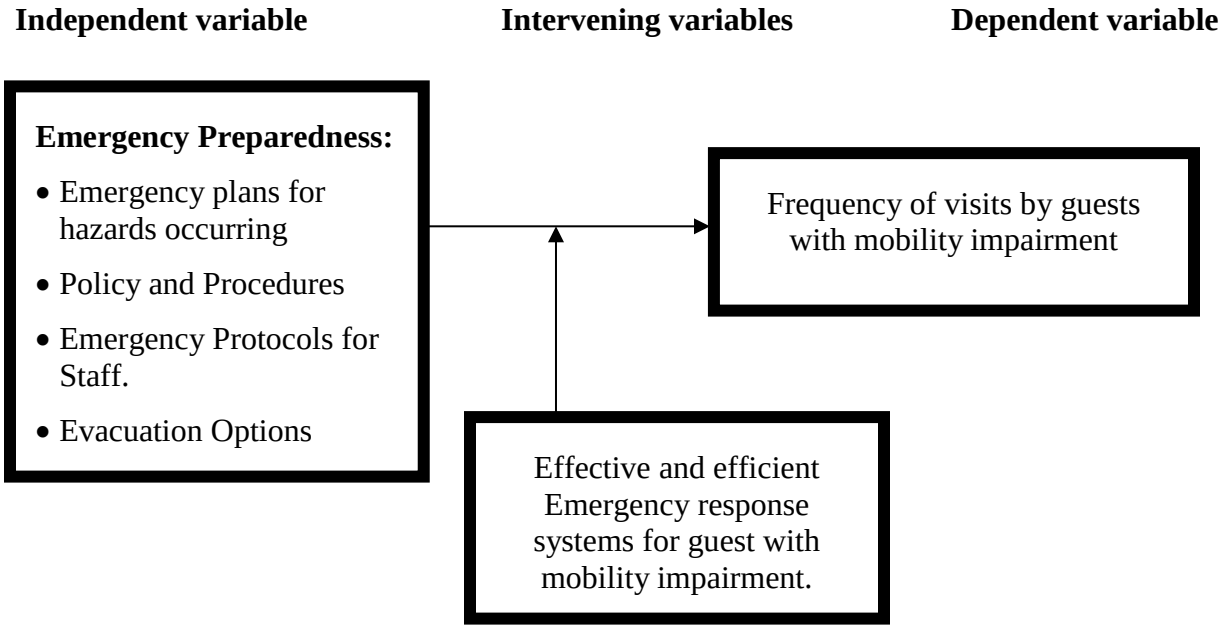

Figure 1: Conceptual Framework

Source: *Modified from Vestergren, 2011*

2.1 Theoretical Framework

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

2.1.1 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.

2.1.2 The Social Oppression Theory

This theory was pioneered by Abberley (1987). Argues that a social theory of disability can best be developed through the use of 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.

2.2 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.

2.3 Empirical Review

2.3.1 Hazard Occurrence in Hotels

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.

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.

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).

2.3.2 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 and 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 may 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.

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 which 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).

2.3.3 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).

2.3.4 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.

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 situation (National Fire Protection Association, 2021).

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'll have peace of mind knowing you're 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.

3.0 Research Methodology

The study used a census research design which involved the use of every unit in the study area to gather data since the study population is small and manageable (Kothari, 2004). 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). Guests with mobility impairments and employees training for emergency preparedness form all 11 hotels formed the study's target population. The Crown Plaza Hotel was used for pre-testing, while the other ten (10) five-star hotels were used for the study. The study's target population comprised the staff and guests with mobility impairments totaling to 3,466.

The systematic random sampling technique was utilized to pick respondents for the surveys. These respondents were the staff members of the selected hotels. To ascertain the appropriate size of the sample for this investigation, Krejcie and Morgan Sample Size Determination Formula was utilized. 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. 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.

4.0 Findings and Discussion

This study administered a total of 346 questionnaires to the sampled staff and guests. Out of the 346 administered questionnaires, 321 questionnaires were filled and returned, yielding a response rate of 92.8%. Demographic information results revealed that majority (168; 52.3%) were male and 153 (47.7%) were female. In addition, most of the respondents fell within the age bracket of between 18-30 years (70; 21.8%) followed by those aged between 31-40 years (68; 21.20%) then those who are within the age bracket of 51-60 years (64; 19.9%). In addition, 60 (18.7%) of the respondents were found to be aged between 41-50 years, and finally, those aged 60 years and above formed 18.4% of the study sample. The results imply that the majority of hotel staff in the studies hotels are aged between the ages of 18 to 40 showing a younger workforce which is likely to bring a fresh perspective on current industry best practices. The results further showed that most of the respondents (158; 49.20%) were holders of certificates, suggesting specialized training in specific fields. In the context of hospitality, these certifications likely equip them with practical skills and knowledge directly applicable to emergencies. Additionally, the respondents who had degrees (73; 22.70%) bring a higher level of education to the table. This attainment suggests a broader perspective and the potential for analytical thinking. Furthermore, 42 (13.10%) of the respondents had master's degrees, indicating advanced education and specialized knowledge. The results also show that 31 (9.70%) of the respondents completed secondary education, indicating a foundational level of formal education.

4.1 Hazard Occurrences Experienced

The first objective of the study was to identify the hazard occurrences experienced by the five-star hotels hotel Nairobi City County, Kenya.

Descriptive Statistics

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 1.

Table 1: Descriptive Analysis of Hazard Occurrences Experienced

	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**	

Based on the results in Table 1, 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 which 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.

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

Descriptive Statistics

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 2.

Table 2: Descriptive Analysis of Emergency Response Systems

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**	

Based on the results in Table 2, 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.

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 City County, Kenya. Table 3 shows the correlation matrix.

Table 3: 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	

The correlation analysis results in Table 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.

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 City County, Kenya. Table 4 presents the regression model summary.

Table 4: 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

As presented in Table 4, emergency response systems were satisfactory in explaining the frequency of visits by guests with mobility impairments to five-star hotels in Nairobi City 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 City County, Kenya. Table 5 provides the analysis of the variance (ANOVA) results.

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Table 5: ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	22.602	1	22.602	21.859	.000[b]
	Residual	23.788	23	1.034		
	Total	46.391	24			

a. Dependent Variable: Frequency Of Visits
b. Predictors: (Constant), Emergency Response Systems

The results in Table 5 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 City County, Kenya. This was supported by an F statistic of 21.859 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 City County, Kenya. The regression of coefficient results is presented in Table 6.

Table 6: Regression Coefficient Results

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		ß	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

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 and service recovery is provided by service innovation and that TQM significantly positively influences both service innovation and service recovery.

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 showed 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.

4.3 Sections of Hotels Where Emergencies Occur

The third objective of the study was to establish the sections of five-star hotels in Nairobi City County Kenya in which emergencies occur.

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Descriptive Statistics

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 7.

Table 7: Descriptive Analysis of Sections of Hotels Where Emergencies Occur

	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**	

Based on the results in Table 7, 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 showcased 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

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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.

4.4 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 City County, Kenya.

Descriptive Statistics

The respondents were asked to indicate how often they normally undergo various training for emergency preparedness and the results were as shown in Table 8.

Table 8: Descriptive Analysis of Employee Training

	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**	

Based on the results in Table 8, there is a clear trend in the responses indicating that a majority of hotel employees in Nairobi City 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.

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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. Also, 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.

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 City County, Kenya. Table 9 shows the correlation matrix.

Table 9: 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	

The correlation analysis results in Table 9 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.

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 City County, Kenya. Table 10 presents the regression model summary.

Table 10: 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

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As presented in Table 10, employee training for emergency preparedness was satisfactory in explaining the frequency of visits by guests with mobility impairments to five-star hotels in Nairobi City 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. Table 11 provides the analysis of the variance (ANOVA) results.

Table 11: ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	14.978	1	14.978	87.884	.000[b]
	Residual	26.928	158	.170		
	Total	41.906	159			

a. Dependent Variable: Frequency of Visits
b. Predictors: (Constant), Employees Training for Emergency Preparedness

The results in Table 11 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 City 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 City County, Kenya. The regression of the coefficient result is presented in Table 12.

Table 12: Regression Coefficient Results

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

a. Dependent Variable: Frequency of Visits

Results in Table 12 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. Hypothesis results showed 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 City County.

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4.5 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 City County. The respondents were asked to indicate the frequency of visits made by quests with varied disabilities in their hotels. The responses are shown in Table 13.

Table 13: Descriptive Statistics on Frequency of Visits

	Never	Rarely	Often	Quite Often	Always	Mean	Std. Dev.
Visits by quests with physical impairments	17.80%	22.70%	18.70%	23.10%	17.80%	3.00	1.37
Visits by quests with Deaf/Hard of Hearing	18.10%	25.50%	22.10%	19.30%	15.00%	2.88	1.33
Visits by quests with Blind/Visual Impairment	23.40%	23.10%	17.80%	17.80%	18.10%	2.84	1.43
Visits by quests with Mental Disorders	18.10%	21.20%	17.10%	19.60%	24.00%	3.10	1.44
Visits by quests 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**	

The results presented in Table 13 provide insightful observations regarding the frequency of visits to five-star hotels in Nairobi City 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's 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.

5.0 Conclusion

Based on the study findings, the study concludes that five-star hotels in Nairobi City 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's 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.

The study highlight 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.

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 City 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.

6.0 Recommendations

In light of the study findings, several crucial recommendations emerge to enhance the safety and preparedness of five-star hotels in Nairobi City County, Kenya. Firstly, it is imperative for hotels to maintain a state of readiness for all potential hazards, irrespective of their frequency. This can be achieved through comprehensive risk assessments encompassing both high and low-frequency emergencies. Emergency protocols should extend beyond immediate threats like terrorist incidents to include less apparent dangers such as floods and utility failures. Regular drills and simulations should also be conducted to ensure staff readiness and efficient guest evacuation. Moreover, given the higher frequency of emergencies in parking areas, hotels should prioritize safety measures in these zones, including increased surveillance, improved lighting, and clear pedestrian pathways.

Additionally, the training programs on emergency preparedness should be made more regular and comprehensive. Adopting a continuous learning approach, hotels should update training content based on recent emergency trends and best practices. Regulatory bodies overseeing the hospitality sector should enforce periodic safety and security audits, evaluating hotels' preparedness against a comprehensive list of potential emergencies. These audits should be complemented by enforcing minimum standards for employee training in emergency preparedness, ensuring certified programs and competency tests for staff. Additionally, strict accessibility standards should be enforced, covering physical infrastructure and service provisions to cater to the needs of guests with various impairments. Standardized emergency protocols that consider the diverse needs of all guests, including those with disabilities, should be developed and regularly updated. To oversee compliance, a dedicated regulatory body should be established, empowered to penalize non-compliant establishments and recognize those that excel in safety and inclusivity standards.

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