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Research Article

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Job-Related Activity Patterns, Health Status and Absenteeism-Related Factors of Star-Rated Hotels Staff

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Abstract: Hotel staff have been observed to be involved in workload for long hours with few break times, unpredictable shifting and lifting of heavy loads manually. Although these practices have the potential to reduce health and fitness status of staff thereby compromised productivity in hospitality industry and national development, it has, however, not been established whether the job-related activity patterns of the staff of star-rated hotels have implications on their health status and absenteeism factors.

In total, 70 staff (48.6% male, 51.4% female, mean age = 24.63 ± 12.06) of star-rated hotels in Kumasi were sampled. International physical activity (IPAQ), health status (HSQ-12) and Koen–Müller's employee absenteeism questionnaires were administered.

About 77.0% spent averagely two hours/day and four days/week on vigorous job-related physical activities (PAs), 90.0% spent averagely four hours/day and five days/week on moderate job-related physical activities (heavy lifting, digging, heavy construction work, climbing upstairs) and spent averagely 1.8 hours/day walking during weekly activity. Job-related activities of the participants correlate significantly with daily vigorous PA (F = 5.625, P-value = 0.000). Participants' self-reported results showed that vigorous- and moderate-job related activities amounted to good health status. Sleep deprivation, inadequate rest days, short time with close-knit family predisposed participants to absenteeism. The significant relationship between health status and absenteeism factors showed 87.2% variability. Participants strongly disagreed to being absent from work due to transport. Job-related activities of star-rated hotels staff are identical with vigorous daily PA, which could be harmful to health. Provision of functional and accessible health-care resources for staffers of star-rated hotels would attenuate unproductive absenteeism.

Keywords: Absenteeism; Health promotion; Workplace health; Leisure time; Lifestyle

1 Introduction

The hotel industry is made up of a chain of tasks and jobs that introduce diverse risks. Workforces in this business sector face numerous physical and psychosocial risks, which may include physically demanding work, slips, falls, violence, harassment, discrimination, drug abuse, high workload and stress (Denton et al., 2018; Burke, 2019; Mahomed & Rothmann, 2019). Although hotels create many career opportunities to reduce poverty in many parts of the world, demands of the hospitality industry necessitate long working conditions/hours characterised with irregular and unhealthy habits (Collins, 2018; Gupta, Coates, Dorrian & Banks, 2019). Staff of hotels work vigorously to meet the demands of employees and customers, thereby function in environments that make them susceptible to emotional exhaustion (Zhou, Ma & Dong, 2018; Jang, Jo & Kim, 2020).

The tourism industry is directly in charge of hospitality services in Ghana. For closed to five decades, the Ghana Tourist Board (GTB) has been managing and controlling the tourism industry in Ghana (Nimako and Mensah, 2013; Dzisi, and Otsyina, 2014). The GTB is under the backing of the Ministry of Tourism since 1993. The Ghana Parlia-

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ment passed the Tourism Law (Act 817) in 2011, which transformed the GTB into Ghana Tourism Authority (www.ghana.gov.gh) to give legal backing to infrastructural development of the tourism industry in Ghana. Tourism industry is a major source of foreign exchange in Ghana, contributing above 9% to the gross domestic product (GDP) (www.ghana.gov.gh). Tourism occupied third place in terms of foreign exchange earnings for Ghana (Havi, & Enu, 2013).

In Ghana, the services of the tourism industry are carried out through hotels, motels, resorts, restaurants, places of tourist attraction (http://www.ghanahotelassociation.com). There has been an increasing request for tourism services in Ghana because tourism is attracting visitors to the country (Nimako and Mensah, 2013; Dzisi, and Otsyina, 2014).

A study showed that 60% of the three-star hotels are owned majorly by Ghanaian companies, 20% are jointly owned, with Ghanaians serving as majority shareholders, whereas the remaining 20% are jointly owned, with foreigners being majority shareholders (Bokpin and Nyarko, 2009). Bokpin and Nyarko (2009) further reported that 40% of the four-star hotels are jointly owned, with majority foreigners as majority being shareholders, while Ghanaian shareholders jointly owned 40% of the other types of hotels.

Dzisi and Otsyina (2014) stated that the Ghana Hotels Association (GHA) is the vital organisation that championed the activities of hotel operators in Ghana. Dzisi and Otsyina (2014) further emphasised that the GHA promotes and regulates the operations of members to ensure effective delivery of hotel services to clients and customers. According to Dzisi and Otsyina (2014), membership of the GHA are hotels, motels and guest houses certified and licensed by the GTB, with the responsibilities of offering accommodation, catering and other tourism services in Ghana.

2 Literature review

Star-rated hotels work 24 hours per day and seven days per week during operating seasons and provide higher-quality range of services and facilities appropriate to their star category (Hallowell, Bowen & Knoop, 2016). Unlike small hotels, hotels with star ratings implement adequate measures for the security of guests and their properties. These categories of hotels also provide higher level of guest assistance; a number of permanent luxury suites with spacious, better-equipped bedrooms; attached private bathrooms; toilet facilities with refinements such as individual hand towels, high-quality toiletries and accessories; high-class decorations; well-maintained and tidy grounds; clearly defined parking areas; swimming pools; sports and exercise facilities; lounges; and restaurants with a comprehensive range of excellent quality hot and cold dishes (Sepula & Bello, 2019; Nunkoo, Teeroovengadum, Ringle & Sunnassee, 2019). The structures of star-rated hotels show diverse involvements of the industry and the need for its workers to pay thoughtful attention to the occupational health hazards associated with each arena of work in the industry. The workforce in the hospitality industry is driven by service management and service processes anchored on employees. Employees are uncompromisably required to ensure that service delivery is optimal and prompt regular to attract consistent patronage. In the view of Golubovskaya, Robinson and Solnet (2017), recognition is gradually emanating for employees to advance associations and open-handedness 'throughout host–guest interactions'. While employees continued to express readiness to satisfy customers directly and employers consequently, Murray et al. (2017) suggested that it is reciprocally needful for employers to advance better 'organisation cultures' where employees needs are aligned and supported with applying determination motivationally to bridge the complaint gaps.

Absenteeism, habitual non-attendance at work, often happens due to sickness, bereavement of closed relative and family member and industrial conflicts (Williams, 2018). Work absenteeism has been linked to many causative factors by studies that looked at the associations between individual or group behaviour, among other diverse factors. However, these causative factors vary with individuals, workgroups, workplaces, industries and societies; not every factor has a significant influence in every case (Kim et al., 2017; Bélanger, Edwards & Haiven, 2020). Studies shown that individual behaviours and organisational factors contribute to absenteeism in the workplace (Kristman et al, 2016; Salih, 2018). Individual and lifestyle factors include stress, illness, depression, personal belief in the legitimacy of absent-taking, alcohol or drug abuse, diet, lack of relaxation and exercise, non-scheduled routine activities, sleep deprivation and external responsibilities or personal problems outside of the workplace (Salih, 2018). Organisational factors include no policies on absence management, workgroup or department absence culture, lack of motivation, lack of supportive work-life programs, distance from work or transport difficulties, job dissatisfaction, staff bullying or conflicts, excessive workload, nature of work, lack of job–person-fit, increased

working hours or overtime and lack of co-worker or supervisory support (Kristman et al, 2016; Bosch et al., 2016).

In Ghana, long hours of working, work overload, time pressure, difficult or complex tasks, lack of breaks, lack of variety and poor working conditions, underwork or conflicting roles and boundaries, under-promotion, lack of promotion, lack of training and job insecurity contribute majorly to absenteeism are common (Basiru, 2013; Sampson, & Akyeampong, 2014).

Studies affirmed that healthy workplace is one in which employers and employees join forces to use a continual improvement process to protect and promote the physical, mental and social well-being and safety of all workers and the sustainability of the workplace based on identified needs (Sorensen et al., 2018; Gammage, Sultana & Glinski, 2020).

The Ghana Labour Act 651 (2003) mandates that "it is the right and duty of every employer to formulate policies and take all practical steps to ensure that the worker is free from risk of personal injury or damage to his/her health during and in the course of the worker's employment or while lawfully on the employer's premises." The Labour Act also states that "every worker has the right to work under satisfactory, safe and healthy conditions; have rest and leisure; reasonable limitation of working hours; and to receive information relevant to his/her work." Workers are also required to take reasonable care for the safety and health of fellow workers, proper care of the employer's property entrusted to the worker and to report for work regularly and at the proper time. The enforcement or negligence of these mandates suggests a major contributing factor to having a healthy workplace or low productivity through workers' absenteeism behaviour or bad health status.

Organisations must focus not just on augmenting physical activity levels among the workforce but also on reducing public health risks, especially in workers who do not meet the global physical activity recommendations for health (World Health Organization, 2019; Ozemek, Lavie and Rognmo, 2019; Ding et al., 2020). Do the activity and competitive natures of hospitality industries enable its employees to meet global physical activity recommendations? Do the workloads/activities of the employees result in quality physical activity, health status and decline in absenteeism-related factors of workers in star-rated hotels in Kumasi, Ghana?

Furthermore, most hospitality studies have explored business perspective and managerial abilities (Issahaku, 2012; Agyapong & Boamah, 2013; Narteh, Agbemabiese, Kodua & Braimah, 2013), hotel work-related stress (Sampson & Akyeampong, 2014; Rao & Goel, 2017; Bani-Melhem, Abukhait, & Mohd. Shamsudin, 2020) and leisure tourism (Chikwe, 2009; Rodrigues, Wada & Chueco, 2017), with little or no attention to physical activity patterns, health status and absenteeism. A focus on physical activity patterns, health status and absenteeism factors would ensure productively fit environment and individuals.

3 Methodology

3.1 Study design and setting

Descriptive survey research design was employed to investigate and present a concrete description of the observed phenomenon. The study was carried out in the Kumasi metropolis, a district in the Ashanti Region of Ghana. Kumasi metropolis is the second largest metropolis in Ghana. It is the most densely populated district in the Ashanti Region. It is the commercial, industrial and cultural capital of the Ashanti Region. Kumasi Metropolitan Area has a total surface area of 254 sq. km (2000 population census) with a population density of 5,419 persons per sq. km. The main lines of work in Kumasi are professional occupations, such as manufacturing and services. The 2000 census results show that 76.9% of the population aged 15 years and older in the Ashanti Region is economically active. These demographic characteristics of Kumasi made it one of the appropriate areas for conducting this study.

3.2 Participants

There were 24 star-rated hotels (three stars were four, two stars were 12 and one star were eight) in the Ashanti region at the time of the study (Table 1) http://www.ghanahotelsassociation.com). Half (12) of each of the star-rated categories were selected using the simple random sampling technique by way of balloting. Moreover, 50% of the total staff strength of each of the 12 star-rated hotels sampled were recruited using quota sampling technique to ensure that the members of different departments in the industry were included. Judgemental sampling method was also used to sample 15 workers from three-star, 35 from two-star and 20 from one-star, which gave 70 sample size from different departments in the industry.

Table 1: GHA membership categories for hotels in Kumasi

3-STAR HOTELS	2-STAR HOTELS	1-STAR HOTELS
Crystal Rose Ambassador Hotel	Ashanti Gold Hotel	Frems Lodge
Hotel Georgia	Durbar Court Hotel	Cozy Lodge
Silicon Hotel and Conference Centre	Hotel De Texas	Justice Hotel Limited
Royal Basin Hotel	Hotel Swaggart	Kings Hotel
	Lavicus Hotel	Hasta Lodge
	Miklin Hotel	Salisberg Hotel
	Noks Hotel Limited	Stadium Hotel
	Pink-panther Hotel	Sarfo Hotel Limited
	Sanbra Hotel	
	Star Hotel	
	Swiss Cottage Hotel	
	True Vine Lodge	

Source: http://www.ghanahotelsassociation.com

3.3 Instruments

International Physical Activity Questionnaire (IPAQ) by Booth (2000); Health Status Questionnaire (SF-36) by Doll, Petersen and Stewart-Brown (2000); and questionnaire on factors that influence the rate of employee absenteeism by Koen-Müller (2007) were administered.

The compiled research instrument had four sections. Section A comprised of seven statements on the demographic data of the respondents; Section B centred on the physical activity pattern in the last seven days, with 27 items divided into five parts. Section C was on the current health status and susceptibility to illness of the respondents, with 36 items. Section D contained absenteeism factors (individual background, habit and organisational) with 23 items. It solicited responses on a five Likert-type scales of strongly agree (1), agree (2), uncertain (3), disagree (4) and strongly disagree (5).

An introductory letter with an official letter head of the Department of Sports and Exercise Science, Faculty of Allied Health Sciences, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana, was sent to the management of each of the star-rated hotels selected to officially seek permission for the workers to participate in the study. After approval had been granted, the workers were briefed as to what the study was about in order to get their full cooperation and support. Those interested signed an informed consent form to confirm their commitment.

Statistical Analysis: Data collected were coded, entered into MS Excel, 2010, and transferred to Statistical Package for Social Science (SPSS) version 23.0, Chicago, IL, for analysis. The quality of physical activity was determined in mean and standard deviation. A linear regression test for significance was performed between job-related activities against most participated physical activities. Ordinal regression was performed on the opinion about health status and absenteeism factors (individual background activities, habits and organisational). Kruska–Wallis one-way ANOVA test by ranks was performed to test the significance of variance between health status and job-related physical activities. The level of significance was set at 0.05.

3.4 Results

As seen in Table 2, out of the 70 respondents, 51.4% were females and 48.6% males. This suggests that the majority of the employees of star-rated hotels in Kumasi are females. As seen in Table 2, majority (82.8%) of the respondents fell within the ages of 21–30 years. The mean age of 24.8 years gives a true reflection of the modal age group of 21–25 years, which indicates that most of the workers at star-rated hotels in this study were in their youthful ages. Furthermore, 47% have worked in the star-rated hotel business sector for between one and five years, while 40.1% have worked between 6 and 10 years; 11.4 and 1.4% of them have worked for between 11 and 15 years and between 16 and 20 years, respectively.

Most (45.6%) of the participants were in the cleaning, front desk, kitchen and restaurants departments.

The variance was normal and relatively high. The results revealed an explained 41.3% of variability model.

Table 2: Demographic information of respondents

Variables	N = 70	Frequency	Percentage
Gender	Male	34	48.6
	Female	36	51.4
Marital Status	Single	40	57.1
	Married	30	42.9
Age Groups	18–20	5	7.1
	21–25	33	47.1
	26–30	25	35.7
	31–35	2	2.9
	36–40	3	4.3
	41–60	2	2.9
Year of Work Experience	0–5	33	47.1
	6–10	28	40.1
	11–15	8	11.4
	16–20	1	1.4
Departments	Accounting	6	8.6
	Bar	6	8.6
	Cleaners	8	11.4
	Front Desk	8	11.4
	Gym and Fitness	3	4.3
	House Keeping	6	8.6
	Kitchen	8	11.4
	Pool Attendance	5	7.1
	Porters	4	5.8
	Purchasing	3	4.3
	Restaurant	8	11.4
	Security	2	2.8
	Supervision	3	4.3

Table 3: Quality of physical activities

Model	Unstandardised Coefficients		Standardised Coefficients	t	P-value
	B	Standard Error	Beta		
Constant	-0.939	1.122		-0.837	0.406
Vigorous Physical Activities	0.315	0.137	0.398	2.301	0.025
Moderate Physical Activities	-0.263	0.149	-0.215	-1.760	0.084
Walked at least 10 minutes during leisure time	0.157	0.168	0.177	0.938	0.352
Vigorous Physical Activities during leisure	0.220	0.148	0.176	1.482	0.144

Test F (ANOVA): R = 0.643, R^2 = 0.413, adjusted R^2 = 0.339, standard error of the estimate = 1.763, SS = 122.378, Df = 7, MS = 17.483, F = 5.625, P-value = 0.000

Table 4: Regression of physical activities

Model	Unstandardised Coefficients		Standardised Coefficients	t	Sig.
	B	Standard Error	Beta		
Constant	4.968	0.888		5.596	0.000
Vigorous Physical Activities	-0.220	0.108	-0.338	-2.030	0.047
Moderate Physical Activities	0.108	0.118	0.107	0.913	0.365
Walked at least 10 minutes during leisure time	0.062	0.133	0.084	0.465	0.644
Vigorous Physical Activities during leisure	-0.003	0.118	-0.003	-0.027	0.978

Test F (ANOVA): R = 0.676, R^2 = 0.456, adjusted R^2 = 0.388, standard error of the estimate = 1.396, SS = 91.546, Df = 7, MS = 13.078, F = 6.715, P-value = 0.000

There was a significantly direct relationship (0.643, F = 5.625, P-value = 0.000) between job-related physical activities and vigorous physical activities. Table 3 showed that the job-related physical activities of the participants positively correlated with moderate physical activities (p = 0.025). An estimated value of 0.315 increase in moderate physical activities in the garden corresponds to a unit increase in job-related vigorous physical activities.

The variance was normal, although not too high. The results revealed an explained 41.3% of variability model. Table 4 revealed 45.6% of variability explained model. There is a significant, strong and direct relationship (0.676) between job-related physical participations and vigorous PA (p = 0.047). Also, other job-related physical participation contributed significantly to vigorous physical activities, that is, F(7,56) = 6.715 (p < 0.05). An estimated value of 0.220 decrease in vigorous PA in the workplace corresponds to a unit increase in vigorous job- related physical activities.

In Table 5, a Nagelkerke pseudo-R^2 of 0.857 was seen, which indicates 85.7% of the variability explained. Table 5 showed the opinions of general health status at all levels. Vigorous job-related activity, moderate job-related activity and vigorous garden activity cumulated into good health status of the participants. On the other hand, moderate garden activity, moderate home activity, walking for 10 minutes and vigorous leisure activities predicted excellent health status of the participants. The distributions of the responses were not significant (P > 0.05).

In relation to individual background in absenteeism factors (Table 6), participants about 2.47 times $(e^{28.536})$ strongly agreed to not seeing family members regularly as a cause of absenteeism. General health status had the best estimation (29.826) as compared to 21.722 for excellent contribution to absenteeism rating. Strongly agree received the least negative response (-4.494) when participants were asked to response to getting enough sleep. The same could also be said on eating regular healthy meals and sparing time to relax and exercise as factors contributing to absenteeism. Participants agreed that they were part of a close-knitted family.

Table 7 showed that our model is significant (p < 0.05). A Nagelkerke pseudo-R^2 of 0.857 indicates that 85.7% of the variability is explained in the model. General health

Table 5: Kruska–Wallis test of health status and job-related physical activities

	Vigorous Job-Related Activity	Moderate Job Related Activity	Vigorous Garden Activity	Moderate Garden Activity	Moderate Home Activity	Walk for 10 Mins	Vigorous Leisure Activity	Mod. Leisure Activity
Health Status	Mean rank	Mean rank	Mean rank	Mean rank	Mean rank	Mean rank	Mean rank	Mean rank
Excellent	29.56	30.21	9.50	33.97	34.24	36.38	10.25	
Very Good	23.34	34.02	11.00	21.98	28.38	29.70	8.64	1.75
Good	36.17	36.83	15.00	25.17	19.13	25.93	8.50	2.50
Fair	27.81	22.57	7.00	29.88	38.39	34.44		
Chi Square (df)	3.792(3)	3.208(3)	2.056(3)	6.874(3)	7.724(3)	2.760(3)	0.417(2)	0.500(1)
P-value	0.285	0.361	0.561	0.076	0.052	0.430	0.812	0.480

Table 6: Ordinal regression of health and individual background activities absenteeism factors

		Estimate	Standard Error	P-value	95% CI
General Health Status	Excellent	21.722	5,381.514	0.000	-10,525.852, 10,569.296
	Very Good	26.209	5,381.514	0.000	-10,521.365,10,573.783
	Good	29.826	5,381.514	0.000	-10,517.749, 10,577.401
Get Enough Sleep	Strongly Agree	-4.494	9,701.659	0.000	-19,019.396, 19,010.409
	Agree	-14.569	4,850.831	0.000	-9,522.022, 9,492.884
	Uncertain	6.465	9,025.071	0.000	-17,682.348, 17,695.279
	Disagree	6.007	9,025.071	0.000	-17,682.807, 17,694.821
Eat Regular Healthy Meals	Strongly Agree	-11.787	4,850.830	0.000	-9,519.239, 9,495.665
	Agree	-1.728	1.637	0.053	-4.937, 1.482
Spare Time to Relax and Exercise	Strongly Agree	-31.093	4,850.830	0.000	-9,538.545, 9,476.358
	Agree	-10.059	4,850.830	0.000	-9,517.511, 9,497.392
	Uncertain	.458	1.946	0.055	-3.355, 4.271
	Disagree	-37.049	9,025.071	0.000	-17,725.863, 17,651.765
Part of a Close-Knitted Family	Strongly Agree	39.347	9,025.071	0.000	-17,649.467, 17,728.160
	Agree	28.846	5,381.513	0.000	-10,518.726, 10,576.417
Not seeing Family Members Regularly	Strongly Agree	10.959	4,850.830	0.000	-9,496.494, 9,518.411
	Agree	28.536	1.560	0.078	25.479, 31.593
	Disagree	29.287	2.734	0.065	29.287, 29.297

Table 7: Ordinal regression of health and habit absenteeism factors

Model	-2 Log Likelihood		χ2		P-value	
Intercept Only	164.526					
Final	51.738		121.897		.000	
			Estimate	Standard Error		95% CI
General Health Status		Excellent	-2.356	2,632.492	0.000	-5,161.945, 5,157.233
		Very Good	2.356	2,632.492	0.000	-5,157.232, 5,161.945
		Good	6.367	2,632.492	0.000	-5,153.222, 5,165.956
Medical Condition Reason for Absence		Strongly Agree	-18.431	2,149.421	0.000	-4,231.220, 4,194.357
		Agree	-32.942	2,149.423	0.000	-4,245.733, 4,179.850
		Disagree	4.362	2,632.491	0.000	-5,155.226, 5,163.950
Medical Certificate for Absence		Strongly Agree	42.927	7,445.808	0.000	-14,550.589, 14,636.442
		Agree	-.011	2,632.492	0.000	-5,159.601, 5,159.579
		Uncertain	32.942	3,722.906	0.000	-7,263.819, 7,329.703
		Disagree	-2.353E-8	2,632.491	0.000	-5,159.588, 5,159.588
Alcohol or Alcoholic Substances		Agree	-44.651	4,457.132	0.000	-8,780.470, 8,691.168
		Disagree	15.783	2,149.420	0.000	-4,197.004, 4,228.570
		Disagree	24.506	2,149.420	0.000	-4,188.280, 4,237.292
Absence on Monday due to much Alcohol on Weekend		Disagree	-28.868	3,722.904	0.000	-7,325.626, 7,267.891
Psychoactive Drugs		Disagree	8.734	0.000	.	8.734, 8.734
Absence due use of drugs other than Alcohol and Cigarette		Disagree	-24.506	2,149.420	0.000	-4,237.292, 4,188.280
Make Daily Master Schedule		Strongly Agree	-24.506	2,149.420	0.000	-4,237.292, 4,188.279
		Disagree	-9.258E-15	1.765	0.000	-3.459, 3.459

status was reported as merely good. On the issue of health and habits as absenteeism factors, many participants agreed that medical condition and the need to provide medical certificate were reasons for absenteeism at workplace. There was general disagreement to the statements about consumption of alcohol or alcoholic substances, absence on Monday due to much alcohol on weekend, psychoactive drugs use and absence due the use of drugs other than alcohol and cigarette.

Table 8 showed that our model is significant. A Nagelkerke pseudo-R2 of 0.872 indicates that 87.2% of variability is explained in the model. Table 8 also revealed the opinions of general health status at all levels in relation to organisational absenteeism factors. Thus, participants were about 4.14 times $(e^{-17.00})$ more likely to strongly disagree to absence due to transport than uncertainty. Participants disagreed with the statement that they were motivated to come to work, but rather strongly agreed they will not be absence if food is provided at work and will also be present if their monthly salaries are paid within the first and second day of the month.

4 Discussion

The study examined job-related physical activity (PA) patterns, health status and absenteeism factors of staff of star-rated hotels. This corroborates with the findings of the International Labour Office (2013) that women represent majority of the workforce in the hospitality industry in many countries. In view of the work structure of hotel vacancies, employers tend to employ more females for certain jobs such as chef, housekeeper, receptionist, bartender and waitperson. The findings showed that 42.9% worked between 81 and 100 hours (11.6 to 14.3 hours a day), 31.4% worked between 61 and 80 hours (8.7 to 11.5 hours a day), 22.90% worked between 41 and 60 hours (5.9 to 8.6 hours a day) in a typical seven days/week with mean hours of work equalled 77 ± 15.9 hours. However, employers require averagely 75 hours of work in a typical week. This suggests that staff of star-rated hotels worked 2.90% more hours in a typical week than it was required. The extra percentage could be accounted for extended hours of work as compared to most workers in many other industries. The implication of extra working hours would averagely indicate that four out of seven days in a week, 77.0% of the workers surveyed participated in activities like heavy lifting, digging, heavy construction or climbing upstairs as part of work demand and spent approximately 2 hours on such activities each day. Five out the seven days in a week, 90.0% participated in activities like carrying light loads as part of work and spent averagely 4 hours on such activities each day. Four out of the seven days in the past week, participants walked for at least 10 minutes as part of work for averagely 1.8 hours each day. The find-

Table 8: Ordinal regression of health and organisational absenteeism factors

Model	**-2 Log Likelihood**		**χ^2**	**P-value**		
Intercept Only	164.526		112.789	.000		
Final	51.738					
			Estimate	Standard Error	P-value	95% CI
General Health Status		Excellent	-50.720	4,713.688	.000	-9,289.378, 9,187.938
		Very Good	-46.007	4,713.687	.000	-9,284.665, 9,192.650
		Good	-41.997	4,713.687	.000	-9,280.654, 9,196.661
Sufficient Transport to Work		Strongly Agree	-48.364	4,713.687	.000	-9,287.021, 9,190.294
		Agree	.011	1.765	.000	-3.448, 3.470
		Uncertain	-22.847	6,938.359	.000	-13,621.781, 13,576.087
		Disagree	-48.364	4,471.796	.000	-8,812.924, 8,716.196
Absence due to Transport		Strongly Agree	1.724	8,254.561	.000	-16,176.919, 16,180.367
		Agree	43.991	6,938.360	.000	-13,554.944, 13,642.927
		Uncertain	-17.060	1.820	87.889	-20.626, -13.493
		Disagree	-1.037E-14	1.765	.000	-3.459, 3.459
Motivated to come to Work		Strongly Agree	-.011	8,388.067	.000	-16,440.319, 16,440.298
		Agree	-48.374	4,713.688	.000	-9,287.032, 9,190.284
		Uncertain	-48.374	4,713.688	.000	-9,287.033, 9,190.284
		Disagree	9.388E-15	2.609	.000	-5.113, 5.113
No Absence if Food is Provided		Strongly Agree	-21.134	6,938.359	.000	-13,620.067, 13,577.799
Present if paid 1st and 2nd day of Month		Strongly Agree	-1.713	1.969	.757	-5.572, 2.146

ings suggest that the job-related PA level of most workers of star-rated hotels exceeded recommended amount of 20 minutes three days per week, and 30 minutes five days per week of vigorous and moderate-intensity physical activities by Pate et al. (2002), Nelson et al. (2007), Pojednic et al. (2017). A study has shown that time and hours for work can put an individual's body in conflict with its natural rhythm (Arlinghaus et al., 2019).

All the workers surveyed travelled by motor vehicles six days for about 1.3 hours on each travel, 13.0% used bicycle for about two days on average of 1.4 hours each time out of the seven days. Although the few walking and cycling travelling hours of participants in the present study could provide some health benefits, lot of hours spent on active travel by vehicles would increase low back pain, musculoskeletal diseases, cardiovascular risk factors, blood pressure, visceral fats, percent body fat and body mass index, as reported (Khreis et al., 2016; Van Schalkwyk & Mindell, 2018). Few workers travel by bicycle, which may be due to what Quarshie (2004) remarked that many individuals in the southern part of Ghana do not patronise bicycles as compared to other regions, especially the north, due to the awareness of the dangers involved when using the roads.

On a five-point scale, 30.0% of the participants had excellent, 44.0% had very good, while 13.0% had good health status (efficient in meeting daily demands or stress). Furthermore, 47.0% reported that their health status, as at the time of data collection, was about the same, 9.0% had their health status much better, and none was much or somewhat worse compared to a year before. Studies have established that the strategies to promote effective, productive and healthy workplace, few workers who had negative conditions should not be neglected but rather motivated (Jilcha & Kitaw, 2017; Shanafelt & Noseworthy, 2017).

Working extra hours in most days of the week would impede sleeping patterns owing to the submissions that not getting enough sleep on working days, not having spare time to relax or exercise and pressure from close family members can influence the rate of workplace absenteeism (Alshahrani et al., 2017; Magnavita & Garbarino, 2017).

The findings from the present study showed that being part of a close-knit family, transportation difficulties, job dissatisfaction and lack of employee motivation and medical condition/illness predisposed participants to absenteeism as earlier reported (Ulleberg & Rundmo, 1997; Koen-Müller, 2007; Schaumberg & Flynn, 2017; Boulhosa & Casais, 2019).

Almost all the employees' PA participation levels corresponded with the global recommended amount for health benefits, but majority are less active in their homes and during their leisure times.

The sole aim of employers, especially private business owners, is to maximise profits while expenditure is minimised using the best human and material resources. In the case of hospitality industry, the workload and business culture of service delivery required optimal fitness, wellness and alertness from employees. These cultural instincts stand as core driving forces when potential employees are considered for employment. A study has shown that when employed, most staff of a star-rated hotel compete acquisitively to understand and gain insights into the hospitality paradigm, despite the awareness of role played by hospitality as vital part of service delivery (Golubovskaya, Robinson, & Solnet, 2017).

5 Conclusion

This study established that majority of the staff of star-rated hotels are youth, the housekeeping department work for more hours than usual in a typical seven days/week, with average working experiences in the hotel industry been five years. Job-related activities of star-rated hotels staff are identical with vigorous PA, which could be harmful to health. The job-related PA participation level corresponds to vigorous physical activity recommended. Participants are less active at homes and during leisure times, have sufficient health status that is efficient to cope with daily work demands and have no control over their health.

The physical and emotional health status of the participants interferes with their normal social activities, families, friends, neighbours or groups. Provision of functional and accessible health-care resources for staffers of star-rated hotels would attenuate unproductive absenteeism. Most of the participants experience substantial body pains, seek motivational award for punctuality, increase in work attendance and performance. Individual background, habits and organisational absenteeism-related factors contribute to absenteeism of staff in star-rated hotels.

The far-reaching contributions of this study to the body of knowledge have some constraints, which include coverage area, sample size and instruments of data collection. Although Ashanti is the largest region in Ghana, the regional nature of the data source may hinder its generalisation. The small sample size used in the study would also need to be considered when making reference to the work. Finally, questionnaire as an instrument of data collection

comes with demerits associated with inability to absolutely elicit deeply hidden information more than that the respondent has supplied. Further study with emphasis on larger sample size drawn from the entire country and employing interview and focus group discussions are recommended.

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