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HIV and AIDS policy implementation: the case of a major South African hotel group

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HIV and AIDS have a disrupting impact on all businesses by increasing costs and decreasing productivity. This applies, in particular, to South Africa, a country faced with extremely high HIV and AIDS infection rates which, in turn, are exacerbated by social and economic inequalities and poverty. Service-intensive industries such as the hospitality industry are more likely to be directly affected by the effects of HIV and AIDS, as their employees are expected to work long and strenuous hours. This study confirms that the effective implementation of HIV and AIDS policies could mitigate the detrimental effects of the disease in the hospitality industry, and presents the empirical findings of a study conducted at a major South African hotel group.

MIV en VIGS beleidsimplementering: die geval van 'n vername Suid-Afrikaanse hotelgroep

MIV en VIGS het 'n ontwrigtende impak op alle besighede aangesien dit koste verhoog en produktiwiteit verminder. Dit is veral van toepassing op Suid-Afrika wat met uitermatige hoë MIV- en VIGS-infeksiesyfers, asook gepaardgaande sosiale en ekonomiese ongelykheid en armoede, gekonfronteer word. Diens-intensiewe bedrywe, soos die gasvryheidsbedryf, kan meer direk deur MIV and VIGS geaffekteer word aangesien daar van werknemers verwag word om lang en veeleisende ure te werk. Hierdie studie bevestig dat die effektiewe implementering van MIV- en VIGS-beleide die impak van die siekte op die gasvryheidsbedryf kan verminder, en lewer die resultate van 'n empiriese ondersoek in 'n vername Suid-Afrikaanse hotelgroep.

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The hospitality industry takes pride in being hands-on and service-oriented – dedicated to service excellence and customer satisfaction. The hospitality industry has inherent challenges such as high staff turnover, as well as long and strenuous working hours that are exacerbated, especially in the South African context, by the prevalence of HIV- and AIDS-infected employees. Both HIV (Human Immunodeficiency Virus), which represents the initial stage of infection, and AIDS (Acquired Immune Deficiency Syndrome), which describes the advanced stage of infection, have an impact on the hospitality industry (Barrett-Grant *et al* 2003: 110; Hardy & Kleinsmidt 2004: 2; Stevens *et al* 2008: 614). This may result in increased sick leave, lower productivity and increased cost. In addition, South African companies are not compelled to have HIV and AIDS policies in place but are, instead, encouraged to do so by the Code of Good Practice as part of the Labour Relations Act 55 of 1996 (RSA 1995). This investigation aims to ascertain how well the HIV and AIDS policy of a major South African hotel group has been implemented by assessing how well employees have been informed with regard to the stipulation of the policy and the awareness/educational programmes the hotel has on offer, as well as the perceived impact of HIV and AIDS on job performance.

1. HIV and AIDS in the South African context

South Africa has the largest number of people infected with HIV and AIDS – an estimated 5.6 million.[1] The disease is incurable and has a continued debilitating effect on productivity and the financial sustainability of the South African business environment. Unfortunately, South Africa has not been pro-active in curbing the devastating effects of the illness. The former president of South Africa, Thabo Mbeki (1999-2008), and his then minister of health, Manto Tshabalala-Msimang, constantly denied the devastating impact of the pandemic. The resulting poor response from government aggravated the debilitating effects of the disease on both social and business levels. This also applied to the provision of antiretroviral medication. Access

1 See Avert 2012. HIV and AIDS in South Africa 2012 <http://www.avert.org/aidssouthafrica.htm>.

to treatment still remains low, and it was estimated that, in 2010, only approximately 55% of infected individuals received treatment.

Due to the prolific nature of the disease, HIV- and AIDS-infected individuals are inextricably part of the labour force. This is likely to have a more severe impact on service industries. The hospitality industry demands long hours and busy work schedules, which could be especially taxing on someone suffering from HIV and AIDS. An important first priority for hospitality establishments should thus be to have HIV and AIDS policies in place. The existence of HIV and AIDS policies could assist management in contemplating the effects of the pandemic and in managing its disruptive effects in the workplace (Grant 2003). A policy outlines authority provides instructions and assigns responsibility. Bernier & Clavier (2011: 112) describe a policy as a purposive course of action followed by an actor or a set of actors dealing with a problem or matter of concern. A policy, therefore, represents the organisation's position on a particular issue and should provide appropriate guidance to those who must implement it (Nobongoza 2006: 41; Smart & McKenna 2006: 12; Vass & Phakathi 2006: 77).

Policies alone will not mitigate the effects of the disease and have to be adequately implemented to have the desired effect. Adequately implemented policies require effective communication and a clear comprehension of policy stipulations from all constituents. The literature suggests that structured efforts should be made, especially in the hospitality industry, to institute HIV and AIDS awareness, counselling and prevention programmes and to show employees that their well-being is important.[2] Caring about the well-being of employees enhances commitment, morale and employee retention, which are pertinent challenges faced by the hospitality industry (Hartline & De Witt 2004; Rhoades & Eisenberger 2002). Studies on the effective implementation of HIV and AIDS policies in the hospitality industry are notably absent in the South African context. One study, conducted in the South African context, includes a focus on knowledge, attitudes and practices related to HIV and AIDS at selected hotel groups in Cape Town (Mohammed 2006), while

2 See Barrett-Grant *et al* 2003: 172; Bateesa 2009: 9; Roberts 2004: 1; WEF 2005-2006: 17.

another, carried out in the Asian context, focuses on the knowledge of hospitality managers with regard to HIV and AIDS (Yap & Ineson 2010). With this in mind, it is clear that this investigation contributes to a very critical issue within the hospitality industry.

2. HIV and AIDS policy implementation initiatives

In order to provide a sense of the HIV and AIDS policy implementation initiatives employed by organisations, this section provides some examples from the hospitality and other industries. In an international context, the ACCOR hotel group (with approximately 4 000 hotels worldwide) is one of the foremost leaders in the fight against HIV and AIDS, with the interests of their 145 000 employees taking precedence over the interests of the organisation (GBC 2007: 16). The ACCOR group's first initiative, in 2006, was to produce two educational films on HIV and AIDS for employees, travellers and guests of all cultures and educational levels. These films are estimated to have been viewed by 121 million individuals worldwide, and helped spread awareness of the disease.

Kerzner International Holdings Limited, which operates numerous resorts, casinos and luxury hotels worldwide, implemented an HIV and AIDS policy in 1991 with the emphasis on education, awareness and prevention campaigns (GBC 2007: 24). Recognising the limited funding available for antiretroviral treatment, the company, based in the Caribbean, partnered with the local business community to raise $1 million to assist local communities. This improved the lives of those infected, reduced transmission, and led to the development of a national/regional HIV and AIDS resource centre in the region. Warsaw Marriot Hotel identified HIV and AIDS as an issue not openly discussed in Poland and thus introduced successful staff education and training programmes to increase awareness and knowledge (UNAIDS 2000: 47). The International Hotel and Restaurant Association (IHRA) also developed policies to provide information, raise awareness, and solve practical problems related to HIV and AIDS in the industry (UNAIDS/IHRA 1999). This created a platform for numerous hospitality and tourism businesses to implement their own HIV and AIDS policies.

In Kenya, Serena Hotels lost 35 employees between 1998 and 2002 to AIDS (Lutalo 2007: 1). This prompted them to set clear objectives in managing the effects of the disease, including reducing infection, diminishing the impact on infected individuals, empowering individuals to respond to HIV and AIDS, and eliminating stigma and discrimination. In their view, regular awareness, education, prevention, care, treatment and voluntary counselling and testing campaigns helped maintain the good health of all employees (Lutalo 2007: 3). In an attempt to accelerate the response to HIV and AIDS in the Caribbean, the International HIV and AIDS Alliance (IHAA 2010) facilitated interviews with industry leaders to ascertain their needs, establish participation, and contemplate interventions such as formulating policies and procedures, improving communication, and reducing stigma and discrimination.

The IHAA and Glaxo Wellcome's Positive Action Programme launched a three-year partnership programme called 'Community Lessons, Global Learning' in 1997, aimed at sharing information and best practice, and moving beyond awareness, care and community support by constantly improving policies and programmes (UNAIDS 2000: 70). Other companies that deserve being mentioned for their successful implementation of HIV and AIDS policies are Pfizer Incorporated and ETC Crystal. Pfizer's HIV and AIDS policy is implemented by its global constituents and is locally adapted to meet the needs of stakeholders. They emphasise non-discrimination, confidentiality, education, awareness, a safe working environment, and access to treatment (Pfizer Incorporated 2011). Likewise, ETC Crystal has identified awareness, prevention, non-discrimination, confidentiality and education as crucial considerations for policy implementation. They also confirm the role of management as the drivers of HIV and AIDS policy implementation (ETC Crystal 2011).

Locally, the South African Business Coalition on HIV and AIDS (SABCOHA), established in 2000, has set up the AIDSOnline Knowledge Centre to provide South Africans with information and resources (UNAIDS 2000: 69). The petroleum company, Total South Africa, also seeks to minimise the social, economic and developmental effects of HIV and AIDS by emphasising protection, creating awareness, encouraging behavioural change, and enhancing fair and equal treatment. As such, the company provides employees with education,

training, pre- and post-testing, as well as counselling (Total South Africa 2002). Pick 'n Pay Supermarkets are another example of a South African company which has successfully implemented a comprehensive HIV and AIDS strategy (Ndobo 2006: 3).

To summarise, adequate policy implementation and the commitment of management could have a positive effect on the awareness of the disease and the organisational response to the pandemic. Working in partnership with business and industry, government is more likely to supply antiretroviral (ARV) and other treatment free of charge to infected individuals. In the long run, initiating preventative action is more cost-effective than treating infected employees. With policies in place, management has a better comprehension of the disruptive effects the disease is likely to have. This could also facilitate management's appropriate responses and actions, and compel them to create a non-discriminative environment that impacts positively on absenteeism, productivity, retention and profit. Chief Executive Officers (CEOs) and senior management are the driving force behind policy implementation, and their strategic buy-in is of the utmost importance.

3. Methodology

The principal aim of this investigation was to ascertain how well HIV and AIDS policies have been implemented by a major South African hotel group. The study employed a quantitative research design and data was captured by means of a structured questionnaire. The hotel group under investigation has individual hotels throughout the nine provinces of South Africa. In determining which geographical areas were to be included in the study, the HIV infection rates of the various provinces were taken into account. Based on the prevalence of HIV infection, the provinces were divided into worst-, medium- or least-infected areas (Table 1).[3]

Table 1: HIV infection rates in the nine South African provinces

3 Avert 2011. South Africa HIV and AIDS statistics. <http://www.avert.org/south-africa-hiv-aids-statistics.htm>

Province	HIV prevalence (%)	Level of infection
KwaZulu-Natal	39.5%	Worst-infected HIV and AIDS areas
Mpumalanga	35.1%	
Free State	30.6%	Medium-infected HIV and AIDS areas
Gauteng	30.4%	
Eastern Cape	29.9%	
North-West	29.6%	
Limpopo	21.9%	Least-infected HIV and AIDS areas
Western Cape	18.5%	
Northern Cape	18.4%	
National total	30.2%	

As most of the hotels are situated within cities, it was decided that one city from each of the worst-, medium- and least-infected areas would be included (in other words, three cities). Durban (representing KwaZulu-Natal) is part of the worst-infected area; Bloemfontein (representing the Free State) is part of the medium-infected area, and Cape Town (representing the Western Cape) is part of the least-infected area. It was determined that the hotel group under investigation has five hotels in these cities – one in Bloemfontein, two in Cape Town and two in Durban. Permission to undertake the research was granted by head office prior to the commencement of the study, and the researchers contacted each hotel individually in order to make the necessary arrangements. The researchers were furnished with the staff establishment for each individual hotel which enabled stratified random sampling to be carried out (Blumberg *et al* 2008: 244; Salkind 2006: 91). Stratified random sampling ensures that employees from all organisational levels are selected to form part of the sample. The strata for this investigation consisted of managerial, tactical (or front-of-house staff such as reception, reservation, restaurant staff, porters and concierges) and operational (or back-of-house staff such as housekeeping, cleaning, kitchen, maintenance and security staff) levels. Stratified random sampling further guarantees that the strata

or layers of the organisation are represented in the sample (Salkind 2006: 91).

The strata are mutually exclusive, but individuals are homogeneous with regard to specific characteristics. Stratified random sampling thus ensures that different segments of a population are sufficiently represented in the sample (Leedy & Ormrod 2010: 208). The desired number of individuals is proportionally selected in each stratum, which implies that each sample is drawn according to the number of persons in that particular stratum (De Vos *et al* 2005: 205). This ensures that each stratum is equally represented. The total population of the five hotels consisted of 206 employees, of which 107 formed part of the sample; thus, 52% of the population was included in the sample (Table 2).

Table 2: Population and sample for the study

	Bloem-fontein	Cape Town Grand West	Cape Town V&A	Durban Umhlanga	Durban	Total
Population per hotel	35	60	50	30	31	206
Sample	20	20	22	22	23	107

3.1 Design of the questionnaire

A structured questionnaire was used to collect data for this investigation. The questionnaire was based on the constructs identified by the literature and was divided into three sections. The first section captured the demographic composition of the respondents that included age, gender, race, educational level and current position. The second section captured the HIV and AIDS policy information and the offering of awareness and educational programmes, while the third section captured employees' perceptions with regard to the influence of HIV and AIDS on job performance. The researchers personally administered the questionnaires at the various hotels and assisted respondents who were not able to complete the questionnaire on their own (especially those on operational level). Respondents were further assured of the anonymity of their responses and that the information would be used for research purposes only. The data

was captured and analysed using Statistica and both descriptive and inferential statistics were applied to interpret the data.

3.2 Descriptive statistics

3.2.1 Section A: Demographics

Table 3: Demographic composition of respondents

	Count	Percentage
Age		
<24	8	7.5
25-34	52	48.6
35-44	28	26.2
45-54	12	11.2
>55	7	6.5
Gender		
Female	83	77.6
Male	24	22.4
Race		
Coloured	25	23.4
African	60	56.1
White	16	14.9
Indian	5	4.7
Asian	1	0.9
Educational level		
Tertiary	26	24.3
Secondary	81	75.7
Current position		
Management	17	15.9
Tactical	32	29.9
Operational	58	54.2

The majority of the respondents were female Africans between the ages of 25 and 34. A total of 24.3% of the respondents had tertiary-level qualifications and most were employed as operational staff.

3.2.2 Section B: Policy information and the offering of awareness/educational programmes

Table 4 captures the responses relating to policy information and the offering of awareness and educational programmes. This section yielded a Cronbach *alpha* score of .916 that confirms its reliability.

Table 4: Policy information

		Strongly disagree/ disagree	Don't know	Strongly agree/agree
4.1 Your hotel has an official HIV and AIDS policy	Count	21	51	35
	Percentage	28.6	47.7	32.7
4.2 The HIV and AIDS policy stipulations are communicated to all staff	Count	29	43	35
	Percentage	27.1	40.2	32.7
4.3 All employees clearly understand the HIV and AIDS policy	Count	20	43	44
	Percentage	18.7	40.2	41.2
4.4 Employees are important to the hotel	Count	8	10	89
	Percentage	7.5	9.3	83.2
4.5 The hotel uses awareness programmes to inform you about HIV and AIDS challenges	Count	31	25	51
	Percentage	29	23.4	47.6
4.6 The hotel regards HIV and AIDS prevention programmes as important to the wellbeing of employees	Count	21	36	50
	Percentage	19.7	33.6	46.7

		Strongly disagree/ disagree	Don't know	Strongly agree/agree
4.7 Treatment, care and support programmes are made available to all employees	Count	40	36	31
	Percentage	37.4	33.6	28.9
4.8 The hotel offers training and educational programmes	Count	41	29	379
	Percentage	38.3	27.1	34.6
4.9 Counselling is available to all employees	Count	49	31	37
	Percentage	36.5	29	34.6
4.10 Personal HIV and AIDS information remains confidential	Count	39	31	37
	Percentage	36.5	29.0	34.7
4.11 The hotel has arranged awareness/ educational programmes on HIV and AIDS for all employees	Count	13	27	67
	Percentage	12.1	25.2	62.6
4.12 I have attended awareness/ educational programmes on HIV and AIDS presented by the hotel	Count	42	14	51
	Percentage	39.3	13.1	47.6
4.13 I have attended three or more awareness/ educational programmes in the past year	Count	69	16	22
	Percentage	64.5	15.0	20.6

A total of 32.7% of the respondents were aware of the HIV and AIDS policy and the communication of its stipulations. A total of 18.7% of the respondents indicated that they did not clearly comprehend the HIV and AIDS policy, and 83.2% of the respondents indicated that

employees were important to the hotel. A total of 47.6% of employees were aware of HIV and AIDS awareness programmes, and 46.7% of the employees indicated that HIV and AIDS prevention programmes are important. The majority of the employees (71%) either disagreed or did not know whether treatment, care and support programmes were available to employees. A total of 34.6% of the respondents were aware of training, educational and counselling programmes being offered by the hotel, and 65.4% disagreed or did not know that counselling programmes were available to employees. The majority of the employees (65.5%) were unsure as to whether HIV- and AIDS-related information remains confidential, and 62.6% were conscious of awareness/educational programmes offered by the hotel. A total of 47.6% of the respondents have attended awareness/educational programmes offered by the hotel, and 20.6% have attended three or more awareness/educational sessions during the past year.

3.2.3 Section C: The influence of HIV and AIDS on job performance

Table 5 captures respondents' perceptions with regard to the influence of HIV and AIDS on job performance. This section yielded a Cronbach *alpha* score of .846 that could be regarded as adequately reliable.

A total of 36.4% of the respondents indicated that HIV and AIDS impact negatively on job performance and 32.7% indicated a negative impact on service delivery. A total of 49.5% of the respondents indicated that AIDS sufferers take more sick leave, and 28% of the respondents indicated that they feel resentful towards co-workers who suffer from HIV and AIDS. A total of 56.1% of the respondents indicated that they disagree or did not know whether the workload increases when fellow employees take sick leave. A total of 17.8% of the respondents indicated that HIV and AIDS impact negatively on sales, and 16.8% indicated a negative influence on profit. A total of 23.4% of the respondents indicated that HIV and AIDS impact negatively on service quality.

Table 5: Influence of HIV and AIDS on job performance

		Strongly disagree/ disagree	Don't know	Strongly agree/agree
5.1 HIV and AIDS impact negatively on job performance	Count	37	31	39
	Percentage	34.6	29.0	36.4
5.2 HIV and AIDS impact negatively on service delivery	Count	48	24	35
	Percentage	44.8	22.4	32.7
5.3 AIDS sufferers take more sick leave	Count	32	22	53
	Percentage	29.9	20.6	49.5
5.4 Employees feel resentful towards co-workers with HIV and AIDS	Count	35	42	30
	Percentage	32.7	39.3	28
5.5 Workload increases for employees when other employees are on sick leave (possibly AIDS-related)	Count	28	32	47
	Percentage	26.2	29.9	43.9
5.6 HIV and AIDS impact negatively on sales	Count	46	39	19
	Percentage	45.8	36.4	17.8
5.7 HIV and AIDS impact negatively on hotel profit	Count	55	34	20
	Percentage	51.4	31.8	16.8
5.8 HIV and AIDS impact negatively on service quality (cleaning, service, time management, and so on)	Count	49	33	25
	Percentage	45.8	30.8	23.4

3.3 Inferential statistics

In order to further interpret the findings, relationships between variables were tested using the Pearson *chi*-square test. A significance level of 0.05 was used throughout.

Table 6: The relationships between variables

	Pearson *chi*-square	Degree of freedom (df)	P
6.1 Gender versus current position	1.9	2	.4
6.2 Educational level and current position	27.8	2	.0*
6.3 Knowledge of policy existence and policy communication	70.29	4	.00*
6.4 Knowledge of policy existence and the offering of awareness programmes	28.59	4	.00*
6.5 Knowledge of policy existence and the offering of treatment, care and support programmes	27.53	4	.00*
6.6 Knowledge of policy existence and the offering of training, educational and counselling programmes	45.69	4	.00*
6.7 Knowledge of policy existence and the attendance of HIV and AIDS awareness/educational programmes	28.44	4	.00*

*Indicates a significance level of 0.05

Question 6.1 illustrates that there was no significant relationship between gender and the current position of respondents. As far as Question 6.2 is concerned, of the 17 respondents in managerial positions, 12 had tertiary-level education and five had secondary-level education. Of the 32 tactical-level employees, nine had tertiary-level education and 23 had secondary-level education. Of the 58 operational-level employees, five had tertiary-level education and 53 had secondary-level education. With a p-value of 0.0, it is clear that a significant relationship exists between the current position of employees and

their educational levels. Significant relationships can also be reported for knowledge of policy existence and its communication (Question 6.3), the offering of awareness programmes (Question 6.4), treatment, care and support programmes (Question 6.5), training, educational and counselling programmes (Question 6.6), and the attendance of HIV and AIDS awareness/educational programmes (Question 6.7).

4. Conclusions and recommendations

This investigation reflects on how well a major hotel group implements its HIV and AIDS policy. Following a quantitative analysis of the data, the following conclusions and recommendations are presented. Only 32.7% of the respondents were aware of the existence of an HIV and AIDS policy, and the same percentage of the respondents indicated that they do not fully comprehend the stipulations of the policy. This shows that the policy and its stipulations are either not clearly communicated by the different hotels or that the message does not reach employees. It is also clear from the responses to Question 4.5 that less than 50% of the employees are informed about the awareness programmes being offered by the hotel. The same applies to the question as to whether the hotel regards prevention programmes as important to the well-being of employees. In the hospitality industry, caring about the wellness of employees is crucial because of the busy work schedules demanded from employees.

A relatively small percentage (28.9%) of the employees were aware of treatment, care and support programmes offered by the hotel, as well as training, educational and counselling programmes offered by the hotel (34.6%). These findings are supported by the fact that 47.6% of the respondents (Question 4.12) have attended awareness/educational programmes offered by the hotel, whereas only 20.6% of the respondents (Question 4.13) have attended three or more sessions in the last year. The statistical analysis performed on the variables (see Table 6) did not produce any unexpected results that were not confirmed by the literature.[4] The *chi*-square test performed on the data indicated that there were significant relationships between

4 See Barrett-Grant *et al* 2003: 172; Bateesa 2009: 9; Roberts 2004: 1; Nyblade 2004: 5.

the existence of an HIV and AIDS policy and its communication, as well as with treatment, care and support programmes, training, educational and counselling programmes, and the attendance of these programmes.

It can, therefore, be concluded that, although it is commendable that the hotel has an HIV and AIDS policy and offers educational/training programmes to employees, the latter are neither adequately informed about the policy nor do they actively participate in these programmes. This supports the notion that a policy is as good as its implementation and highlights the important role management plays in policy implementation. This is especially crucial in the hospitality industry which is highly service-oriented and labour-intensive. It further emanated from the findings (Table 5) that respondents lack a clear understanding of the potentially disruptive consequences of the disease, especially relating to job performance (Question 5.1), service delivery (Question 5.2), sales (Question 5.6), profit (Question 5.7), and service quality (Question 5.8). It is disturbing that respondents have such a poor comprehension of the disruptive effects of a prolific disease such as HIV and AIDS. This finding highlights the significance of awareness/educational programmes and makes it imperative that all employees participate in these programmes.

Based on the above conclusions, the following recommendations are suggested:

- The HIV and AIDS policy needs regular revision to ensure that it continually meets the needs of the hotel.
- The inputs of management and employees should be considered when updating the policy.
- Policy stipulations and awareness/educational programmes offered by the hotel must be adequately communicated to all staff. Management of individual hotels must ensure that the message reaches all employees by using a variety of communication channels such as, for example, information sessions, notice boards and electronic media.
- A mobile clinic could travel to the various hotels annually in order to provide employees with the most up-to-date and accurate information on health-related issues and their HIV status.

- The CEO and senior management should participate in involuntary HIV and AIDS testing to create awareness among employees.
- The hotel could use celebrities and high-profile individuals to address employees on the advantages of a positive and healthy lifestyle and the importance of making appropriate life choices.

The above recommendations are not only applicable to the hospitality industry but can also be applied to other spheres – not only in South Africa but also in the global context.

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