EVALUATION OF HEALTH AND SAFETY PROGRAMMES ON EMPLOYEES PERFORMANCE IN AN ORGANIZATION: A CASESTUDY OF UASIN GISHU DISTRICT HOSPITAL

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ABSTRACT

Health and safety policies and programmes are concern with protecting employees and other people affected by what company produces and does against the hazards arising from their employment or their links with the company. Safety programmes deals with the prevention of accidents and with minimizing the resulting loss and damage to persons and property. They relate more to systems of work than the working environment, but both health and safety programmes are concern with protection against hazards, and their aims and methods are inter-linked(Armstrong, 2009).The purpose of this study was to determine the impacts of employees' health and safety on the performance of the organization at Uasin Gishu District Hospital. The study adopted a case study research design. A sample size of 45 respondents was selected from accessible target of 90 employees. The study used simple random sampling design. Data was collected through questionnaires and analyzed, presented in form of frequency distribution. The finding of this research helped in restructuring of the organizational policies of employee's performance by evaluating the extent to which health and safety facilitate employees' productivity. The study provided an insight into human resource managers who were able to communicate to the employees on health and safety programmes. The policy makers should come up with new policies pertaining to health and safety. It came out clearly that to have a comprehensive occupational health and safety it extends beyond the security for employees and employers to third parties or other stakeholders. The following recommendations were made based on the findings of the study: Education and Training: Management of the hospital should organize regular training, workshops, seminars on health and safety for staff, publish materials on safety and many other steps to inculcate safety consciousness in the minds of workers. Employees should be made to understand that safety and health practices are the responsibility of both management and staffs and this will go a long way to make the work area safe. Management should provide and maintain at the workplace, adequate plant and system of work that are safe and without risk to health. Workers should be given enough insight of the risk and dangers inherent in their work at the work places. Through education some of these accidents could be minimized if not eradicated entirely. Jobs can also be designed in such a way as to remove all inherent potential dangers to make the work safe for employees.

Key Words: *Health and Safety Programmes, Safety Rewards, Employee Performance, Uasin Gishu District Hospital*

Background of the Study

Hospital employees work constantly under conditions of great stress and it is therefore the responsibility of the hospital authorities to provide the good working conditions which meet the standards of cleanliness, ventilation, light, and air so as to ensure their safety (Gayal, 2003).The necessity of good working conditions in hospitals cannot be overemphasized. Hospitals employees are exposed to diseases as they work with patients. Providing good working conditions in hospitals will go a long way with improving the efficiency of the hospital employees, which in turn will improve the level of patient care.

According to International Labour Organization (ILO) and world health organization (WHO) committee of health, an industrial health is explained as the prevention and maintenance of physical, mental, social being of workers in all conditions. According to Henrich (2001), the term health has been stated as a complete physical, mental, social wellbeing and not merely absence of diseases or infirmity. Industrial health refers to the system of public health and preventive medicine which is applicable to be of industrial concern.

Armstrong *et al* (2012) stated that health program deals with prevention of ill health arising from working conditions and includes two elements: medicine-A specialized branch that is concerned with the diagnosis and prevention of health hazards at work and hygiene-This provide medicine in the engaged and measurement control of environmental hazards.

The Workplace (Health and Safety) Regulations 2002 cover a wide range of basic health, safety and welfare issues and apply to most workplaces (with the exception of those workplaces involving construction work on construction sites, those in or on a ship, or those below ground at a mine). They are amended by the Quarries Regulations 2002, the Health and Safety (Miscellaneous Amendments) Regulations 2002, the Work at

Height Regulations 2005, and the Construction (Design and Management) (Regulations 2007).

The Hasaw regulations (2001) implement EC Directives on health at work, they came up with health and safety regulations, and they include asses the risks to the health and safety employees and everyone else that may be affected at work activity. The regulations include making arrangements for putting into practice the preventive measures carrying out health surveillance of employees, giving employees'information about health and safety matters and providing adequate training on health and safety.

Research by Pirani and Reynolds (2003) indicated that the response to a variety of methods of safety persuasions –poster-campaign, film shows, fear technique, discussions was good in short term .Management initiative on safety will produce gratifying results in obeying the rules. Physical fatigue is minimized, as alert supervisors can often relate observations of employees, behavior and sentimental they express about physical conditions of work such as noise, heat, temperature, humidity, posture required to do the job, working hours and rest intervals (Gayal 2007).

Armstrong (2006) states that the essential elements of health and safety program include; analysis of health & safety performance, problems and potential hazards: Development of policies, organizational procedures and training; Implement of the program by means of training inspection invention and auditing: evaluation of control information reports, ineffective of the training: the evaluation should provide feedback to be used for improving performance; regular inspection to ensure that potential health risks are identified in good time Pre-employment medical examinations and regular checks on those exposed to risks. This does not mean transfer of responsibility to employees. The Safety and Health Act of 1970 clearly places responsibility for

safety and health protection on the employer. However, employees intimate knowledge of the jobs they perform and the special concerns they bring to the job give them a unique perspective which can be used to make the program more effective.

Under the current Public Health Act chapter 242 laws of Kenya section 10, health and safety is implied to be a function of Medical Department. Other relevant sections are: Sections in Part IX of the Act; Section 163 of the Act; Rules made under Section 169, rule No. 11; not forgetting 'Premises' definition as per the Act; Workers are no different from the general public since without workers; there will be no general public. All are exposed to risks and Risk management involves four steps: hazards identification, risk assessment, Hazard elimination or control and on-going evaluation and monitoring.

Statement of the problem

Many organizations fail to realize that as part of their human resource management practices, there is the need for management to ensure that personnel in the organization work in safe and healthy environment that will promote their optimum utilization. It should be emphasized that accidents are costly both to the affected worker and the organization. Therefore, every effort should be made by management and employees in order to avoid them from happening at the work place. According to Henrich (2001), the term health has been stated as a complete physical, mental, social wellbeing and not merely absence of diseases or infirmity. Industrial health refers to the system of public health and preventive medicine which is applicable to be of industrial concern.
As in the case of hospital setup the employees are exposed to varied kinds of hazards. Therefore, failure to institute adequate health and safety measures in place by management to protect employees from these hazards and risks will lead to avoidable deaths and ultimately lead to loss of

staff. Inadequate training on acceptance and compliance to safety and health measures also hinder its effectiveness. Armstrong (2006) states that the essential elements of health and safety program include; analysis of health & safety performance, problems and potential hazards. In fact, safety and health in the organization have to be everybody's concern. On the contrary, this is not the case in most organizations.
There is lack of cooperation between management and employees in making health and safety issues effective. Failure to identify these hazards and understanding their implications on the personal lives of all staff in the hospital will be consequential. Also, ensuring that regular monitoring and review of these measures are important to examine their effectiveness. Nonexistence of these measures hinders job performance and the employee suffers the ultimate consequence. In short, when the managers demonstrate their commitment to safety and their concern for employee well-being, the employees tend to extend their role in the organization to include safety related organizational citizenship behaviors (Clarke, 2006; Hofmann *et al.,* 2003).Employee attitudes play a significant part in health and safety. Most employees are not committed to the idea of safety and fail to cooperate with safety initiatives, hence making safety measures become ineffective. It is line with this that this research seeks to assess the health and safety measures on employee performance at Uasin Gishu District Hospital.

Objectives of the study

General Objective

The main objective of the study was to evaluate the effects of health and safety on employee performance at Uasin Gishu District Hospital.

Specific Objectives

Specific objectives of the study were:

- To establish whether health and safety policies are implemented and extent to which they influence employee performance.
- To find out whether safety rewards are given and how these influence employee performance.

LITERATE REVIEW

The purpose of this chapter is to examine various studies that highlight major factors that enhance health and safety program. This chapter discusses the meaning of health and safety as written by various management writers and authors. It emphasizes health and safety policies and the role of management in running health and safety programs.

Theoretical Framework

Behavioral Change Theories

A number of behavioral change theories exist to explain why people do and do not adopt certain health behaviors. Often, these theories examine the predictors and precursors of health behavior. Many of these theories have common elements such as Self-efficacy and motivation. Self-efficacy is one's belief in their ability to do something, such as change a health related behavior, and it is grounded in one's past success or failure in the given activity. One's self-efficacy is seen as predicting the amount of effort one will expend in trying to change (Bandura, 2008).

The Health Belief Model (HBM) was developed by Irwin Rosenstock has been identified as one of the earliest and most influential models in health promotion. It was inspired by a study of reasons people expressed for seeking or declining X-ray examinations for tuberculosis. Initially the model included four constructs: perceived susceptibility (a person's subjective assessment of their risk of getting the condition, as contrasted with thee statistical risk; perceived severity (the seriousness of the condition and its consequences); perceived barriers (both those that interfere with and facilitate adoption of a behavior such as side effects, time, and inconvenience), and perceived costs of adhering to the proposed intervention. Factors related to motivation were subsumed under susceptibility and fear of the disease (Rosenstock, 2002).This theory links to the researchers study in such a way that Self-efficacy is one's belief in their ability to do something, such as change a health related behavior, and it is grounded in one's past success or failure in the given activity.

Social Cognitive Theory

The concept of self-efficacy and outcome expectancy has been widely used in a variety of health-related settings (Bandura, 1997; Maddux, 1995). Even though there are many health related models that have had been used successfully to design interventions to achieve positive results (e.g., health belief model, theory of reasoned action, theory of planned behavior, protection motivation), self-efficacy was chosen because of the many successful applications of the theory in a variety of settings and also due to significant overlap of determinants between social cognitive theory and similar health related theories.

In a history of social cognitive psychology, Barone, Maddux, and Snyder (1997) traced the American forerunners of the sub-field to such early psychologists as John Dewey (1999-2003), James Baldwin (1861-1934), and George Mead (1863-1931). Although Dewey, Baldwin, and Mead were discussing such things as philosophy, developmental psychology, and sociology, these early psychologists laid the groundwork for two social cognitive theory tenets still used today. The first tenet describes how psychology needs to include the social context within the study of human behavior because people are essentially social in nature. The second principle illustrates how we use our cognitions for avenues of thinking and communicating to adapt to Improving Intervention Effectiveness 27 social contexts. Thus, "social cognitive psychology construes cognition as a part of social acts" (Barone, *et al*, 2001).

Self-efficacy, originally defined as a person's belief in his or her ability to perform a specific behavior to produce an outcome (Bandura, 2003), has since been expanded by Bandura (2003) to refer to "beliefs in one's capabilities to organize and execute the courses of action required to produce given attainment". Efficacy beliefs can vary in level (increasing difficulty of behavior), generality (similarity of behaviors), and strength (perseverance). Improving Intervention Effectiveness from Bandura's perspective, people's self-efficacy influences many aspects of their every-day life. Once an individual self-efficacy forms for a particular behavior or set of behaviors, these beliefs guide the person's aspirations, behaviors, efforts, and reactions. However, these behaviors are seen more as probabilistic rather than inevitability through reciprocal determinism (Bandura, 2003). In other words, three interdependent factors, behavior, person, and environment, influence each other depending upon the situation.

Outcome expectancies have also played an important role in social cognitive theory. Outcome expectancy is the belief that a particular behavior will result in a certain outcome. Outcome expectations take three different forms: physical, social, and self-evaluative. Physical outcomes of engaging in a behavior can be pleasant or aversive sensory experiences. There can also be positive social outcomes such as interest, praise, and recognition, as well as negative social outcomes like disapproval, rejection, or penalties. People also have certain outcome expectancies about how they view themselves. Whereas outcome expectancies have different forms (i.e., physical, social, and self-evaluative), all of these forms can vary in their importance or value.

Safety-related education occurs in industrial settings almost reflexively (Petersen, 2006). From a social cognitive standpoint this can have a variety of effects. For instance, typical safety education sessions focus either on giving employees information regarding hazardous conditions or use scare tactics to warn employees about dangerous safety-related situations.

The trans theoretical model was developed out of a comparative analysis of more than three hundred studies of psychotherapy and behavior change (Prochaska, 2005). The analysis identified ten techniques or "processes of change" used in attaining particular health behaviors. DiClemente and Prochaska (2005) compared two groups of individuals (self-treatment vs. professional treatment) trying to quit smoking. The authors assessed how often each group used a specific process of change.

The stage of change model has been criticized by Bandura (2003) as a "descriptive device" that "provides no explanation for why people do not consider making changes" (CF. Davidson, 2002). Smedslund (2002), however, argues that not all psychological research must have a theoretical base to be useful for producing beneficial behavior change. Although the stages of change may not be considered empirical, the "model can, however, be used to generate empirical research" (Smedslund, 2006). Prochaska, DiClemente, Velicer, and Rossi, (2002) address these concerns directly by arguing that the transtheoretical model's primary purpose is in achieving behavior change, not studying behavior acquisition.

DiClemente and Prochaska (2002; DiClemente et al., 1991; Prochaska, DiClemente, & Norcross, 2002) have examined self-efficacy's role in progressing through the stages of change and found that for addictive behaviors, individuals' self-efficacy was significantly related to their stages of change. Furthermore, DiClemente, Fairhurst, & Piotrowski (2005) suggest that self-efficacy enhancing strategies should be used for the latter stages (i.e., action and maintenance), while interventions addressing outcome expectancies for motivating decision making are better suited for the early stages of change. Whereas the stages of change model may be

viewed by some as only a descriptive tool that does not consider each employee's individual determinants for not performing a particular safe behavior, numerous studies have demonstrated the positive impact of customizing interventions to a recipient's stage of change (DiClemente, *et al.*, 2004; Prochaska, *et al.*, 2006). This is a second theory that directly links with my study in that safety-related education occurs in industrial settings almost reflexively but their safety is no guaranteed that is why the researcher was interested in conducting this research.
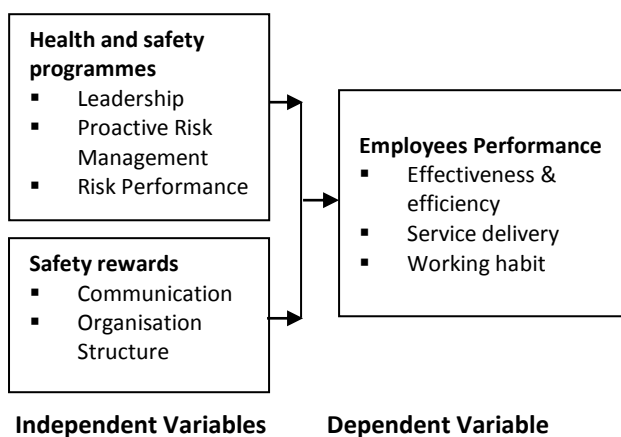
Conceptual Framework

Health and safety programmes
- Leadership
- Proactive Risk Management
- Risk Performance

Safety rewards
- Communication
- Organisation Structure

Employees Performance
- Effectiveness & efficiency
- Service delivery
- Working habit

Independent Variables   **Dependent Variable**

Figure 1: Conceptual Framework

Safety leadership and safety performance

Leadership is an ambiguous term that is difficult to define precisely.Northouse (2007) defines leadership as ''a process whereby an individual influences a group of individuals to achieve a common goal''. Martínez-Córcoles*et al.* (2011) review definitions of leadership and conclude that ''a common element is present in all of them, namely, that the leader does by means of others or induces others to perform activities that they would not carry to completion if this influence were not present in the first place''.Wu (2005) identifies two leadership styles via which leaders can influence their followers' behaviours: transactional and transformational leadership. The Multifactor Leadership Theory (Bass and Avolio, 2000) adds a third leadership style, laissez-faire, which in fact refers to a lack of leadership (McFadden *et al.*, 2009). The current work therefore focuses its analysis on transactional/transformational leadership. Transactional leadership refers to the exchange relationship between leader and subordinates in which both parties pursue their own self-interest(Zhu *et al.*, 2005). This leadership focuses on compliance with contractual obligations by establishing objective sand monitoring and controlling the results (Bass and Avolio, 2000).It may take the form of contingent reward, where the leader explains to the followers what they must do to be rewarded fortheir efforts (McFadden *et al.*, 2009) in other words, the leader establishes the goals and identifies the rewards the followers will obtain if they achieve the goals and the punishments if they fail(Zhu *et al.*, 2005). Thus transactional leadership helps organizations achieve their current objectives more efficiently by linking job performance to valued rewards and by ensuring that employees have the resources they need to carry out their work (Zhu *et al.*, 2005).

In contrast, transformational leadership motivates followers to improve performance by transforming followers' attitudes, beliefs, and values as opposed to simply gaining compliance (McFadden *et al.*, 2009). Transformational leaders, by strongly promoting leader–member exchange, make their followers aware of the importance of the results obtained, improve their employees' innovative and creative behaviours (Birasnav*et al.*, 2010; Krishnan, 2005), seek new ways of working, seek opportunities in the face of risk, prefer effective answers to efficient answers, and are less likely to support the statuesque. These leaders move their followers beyond their own self-interests for the sake of the group, organization or society (Bass, 1999; Kapp, 2012).The transformational style tends to be considered broader and more effective than the transactional style (Bass and Avolio, 2000; Bass and Riggio, 2006).

In recent years the concept of leadership is gaining increasing acceptance in the field of safety. Wu (2005)defines safety leadership as ''the process of interaction between leaders and followers, through which leaders could exert their influence on followers to achieve organizational safety goals under the circumstances of organizational and individual factors''. Previous studies (Kelloway*et al.*, 2006; Martínez-Córcoles*et al.*, 2011) stress the importance of the leader in improving employees' safety behaviour and safety outcomes. Wu (2005) suggest that employees have a greater propensity to commit themselves to safety and maintain an open communication about safety when they consider that the organization supports them and when they maintain high quality relationships with their leaders (Eid*et al.,* 2012).

In short, when the managers demonstrate their commitment to safety and their concern for employee well-being, the employees tend to extend their role in the organization to include safety related organizational citizenship behaviors (Clarke, 2006; Hofmann *et al.,* 2003).Both leadership styles can demonstrate management's commitment to safety. Transactional leadership involves contingent reward practices where the leader establishes appropriate goals, leads employees' behavior towards the achievement of these goals and gives employees rewards, punishments or corrective feedback (Kapp, 2012). These contingent reward leadership practices improve subordinates' safety behaviour (Zohar and Luria, 2003). Inness *et al*. (2010) suggest that in order to achieve safety compliance, formal control through rewards and punishments may be more appropriate than transformational leadership. Likewise, an organization in which safety is valued and rewarded conceivably encourages safety behaviour that goes beyond mere compliance with the rules.

Risk Management

Risk management, is the pre-analysis, prediction and control of risk, including risk identification, risk assessment, risk control and risk transference (Qing-gui*et al*., 2012). Thus, it can be considered that proactive risk management is integrated by the following dimensions: Preventive planning, which aims to develop an organized method of putting into practice policies and actions assigned to avoid accidents. Effective planning is concerned with prevention through identifying, eliminating and controlling hazards and risks (HSE, 2001). Active monitoring, which involves regular inspection and checking to ensure that the standards are being implemented and management controls are working (HSE, 2003). This control allows firms to check their level of compliance with the safety standards and procedures and the extent to which they have met their objectives (HSE, 2001; Hurst*et al.,* 2009).

We strum (2004) and Törner (2011), Stress the importance of open and rich communication for a good risk management reviewing. They argues that organizations with a good flow of information tend to be more creative, more harmonious and safer, since the conditions that create good information flow generally also benefit cooperation, creativity and safety. Moreover, open communication on safety influences employees' perception about the importance of safety for their organization with a consequent effect on safety behavior. (Vinodkumar andBhasi, 2010).Risk management requires managers' support, which should allocate resources to these activities and be personally involved in them (Fernández-Muñiz*et al.,* 2007). Thus the effective implementation of a proactive risk management requires management to be strongly committed to safety (McFadden *et al.,* 2009).

The practices and procedures that constitute the proactive risk management are thought to exert a strong impact on employees 'safety knowledge and motivation. These activities transmit to the employees the ability to comply with safety procedures and to work safely (Neal *et al*., 2000).

Moreover, risk management is an important precursor of the employees' perceptions about the importance of safety in their organization (DeJoy*et al*., 2004) and so motivates employees to engage in safetybehaviour (DeJoy*et al*., 2004). Likewise, several studies demonstrate that practices such as training or communication predict safety-related outcomes such as accidents and injuries (McFadden *et al*., 2009). In addition, implementing a proactive risk management transmits to employees the idea that their organization is safeguarding their well-being at work, which leads to an increase in their satisfaction.

Risk Performance

Risk performance can be defined as a way in which organization is able to predict occurrences of eventualities or events that may trigger it performance in a long run. Previous research has not produced a consensus about the constituents of safety performance. Indeed, Fernández-Muñize*et al,*(2012) point to the lack of an adequate measure of this concept as one limitation associated with evaluating the effectiveness of different safety programmes. Martínez-Córcoles*et al.* (2011) examine the safety research in depth, and identify two different ways of studying safety outcomes in organizations: through accident or injury indices,(Mearns*et al*., 2003) and through safety behavior (Fernández-Muñiz*et al*., 2012). Martínez-Córcoles*et al*. (2011) argue that evidence exists to suggest that safety behaviour and accident/injury rates are complementary safety outcomes. In this work, the authors take both approaches, measuring safety performance by accident rates and safety behaviour. The authors also include an additional dimension: employee satisfaction. This dimension has achieved little attention in the context of workplace safety (Fernández-Muñiz*et al*., 2012).
With regards safetybehaviour, Fernández-Muñiz*et al*., (2012) argue that a uni-dimensional model is inappropriate and propose to include not only workers' compliance with safety rules and

procedures, but also their safety initiatives (Clarke, 2006). In this line, Inness *et al*., (2010) propose a model of safety behaviour based on theories of job performance). (Vinodkumar and Bhasi, 2010).This model incorporates two dimensions of safety behaviour: safety compliance and safety participation. Safety compliance refers to behaviours focused on meeting minimum safety standards at work (Inness *et al*., 2010), such as following safety procedures, wearing personal protective equipment and carrying out work in a safe manner. Safety participation refers to behaviours that support the organization's objectives and goals in this area (Vinodkumar and Bhasi, 2010), such as helping co-workers, promoting the safety programmes within the workplace, participating in voluntary safety activities, demonstrating initiative, and putting effort into improving safety in the workplace (Vinodkumar and Bhasi, 2010).

While safety compliance includes behaviour that improves employees' personal health and safety, safety participation includes the behaviour that supports overall safety in the organization (Inness *et al*., 2010).Safety compliance involves behaviours that could be considered part of the employee's work role, while safety participation involves a greater voluntary element, including behaviours beyond the employee's formal role, in other words organizational citizenship behaviours (Clarke, 2006).

Organization's Policy on Health and Safety

Organization culture

For an organization to enhance effective health and safety measures, three parties must be able to work together and recognize themselves as partners. These parties are: Management, employees and trade unions that mostly work as watchdog for the welfare of the employees. Terms and conditions of work that enhance health and safety of employees like for example; work shifts, protective clothing, sick and maternity leaves and hours of work per day, is negotiated by

the three parties. Through collective bargaining, it is possible to avoid conflicts between employees and employer, (Armstrong, 2005).

Communication

Communication may also hamper or encourage implementation of health and safety issues in the organization. Effective communication can be a source of motivation and this in employee sense in implementing health and safety policies. Poor communication makes implementation almost impossible or nonexistent. The length of service of Employees in an organization is an easy influence, fellow employees' decision because it's likely that they have been with the company during all its ups and downs, (Armstrong, 2005).

A safety communication program should be promoted throughout the organization so that it receives a high level of visibility. Supervisors should strive to regularly discuss safety with their employees and provide them with timely feedback. Also of note – communication about safety typically incorporates visual materials; these are most effective when they include colorful, attention-grabbing graphics (Qing-gui*et al.*, 2012).

Organization Structure

Management styles will greatly influence the implementation of health and safety issues. Management styles, which subscribe theory x, exits doctorial act and the employees, are reluctant to put in place factors that should enhance health and safety measures unless forced to do so. This style of management would foster and enhance corporation between employees and employer as far as health and safety is concerned, (Armstrong, 2005).

The first step in establishing a health and safety management program is the development of formal policy. It is of utmost importance, according to Martin and Walters (2007), that the policy should be available to all personnel, state the purpose behind the health and safety

program, require the active participation of all those involved programs operation. (Walters, 2007)

Effective health and safety polices set a clear direction for the organization to follow. They contribute to all aspects of business performance as part of a demonstrable commitment to continuous improvement. Responsibilities to people and the environment are met in ways, which fulfill the spirit and letter of the law. Stake holder's expectations in the activity (whether they are shareholders, employees, or their representatives, customers or society at large) are satisfied. There are cost-effective approaches to preserving and developing physical and human resources, which reduce financial losses and liabilities. (Cole, 2002)

The achievement of a health and safety in place of work and the elimination of hazard are responsibility employed to everyone in the organization. Health and safety should be managed and go beyond management. The purpose of policies of health and safety should be followed by those in managing business and by individual managers within those business. It is emphasized strongly to management in prevention of accidents and elimination of health and safety hazards, (Armstrong 2005).Management must ensure that an adequate staff is in place to carrying out safety policies and rules and to provide means for the smooth upward and downward flow of health and safety information. According to Wegman and Levy (2008), the law management (department level) is responsible for execution of programs ensuring compliance standard and occupation. The requirements on equipment and tools and making certain that all injuries are promptly reported, treated and investigated.

Armstrong (2005) states that the essential elements of health and safety program include; analysis of health &safety performance, problems and potential hazards: Development of policies,

organizational procedures and training; Implement of the program by means of training inspection invention and auditing: evaluation of control information reports, ineffective of the training: the evaluation should provide feedback to be used for improving performance; regular inspection to ensure that potential health risks are identified in good time Pre-employment medical examinations and regular checks on those exposed to risks. This does not mean transfer of responsibility to employees. The Safety and Health Act of 1970 clearly places responsibility for safety and health protection on the employer. However, employees intimate knowledge of the jobs they perform and the special concerns they bring to the job give them a unique perspective which can be used to make the program more effective.

Empirical Studies

Human safety is a very important aspect in an organization performance .Unfortunately this aspect has not been given the attention it deserves. The existence of wages and conditions of employment act229, workmen compensation act cap 236 and factories act cap 514 of Kenyan law gives provision for health and safety of employees though not fully implemented. Kenya legislation has various which cater for health welfare of persons employed in factories and other places .The laws also stipulate conditions under which women and young person should be employed. In the same context, there are clearly stipulated legal provisions for workmen for injuries suffered in the same case of their employment.

A study by Nyakang'o (2005) revealed that most of the reported accidents are those seeking compensation under the Workman's Compensation Act. In the year 2003 data indicated that mining, construction and transport accounts for 41% of accidents in Kenya, machine operators and assemblers 28% while other occupations share 31% of workplace accidents. This shows that these occupations are injury prone while matters of safety are treated casually by both the employer and employees. The figures of accidents show that they are still high pointers that work environment are still unsafe.

The preservation of workers is a great concern of the law as stipulated in the factories act cap 514 laws of Kenya which for instance addresses the physical safety of the workers against danger from moving and dangerous machines, the hygiene and well-being of worker ,ventilation ,lighting conditions and general cleanness in the factory and other places of work. The employees also have a legal and binding duty to make sure that as far as it is practicable health and safety welfare of employees are safeguarded.Cote(2006)lies down that the principle duty lay down on employees by act is reasonably practicable the health safety and welfare at work of all his employees.

A study by Kessler et al, (2010) revealed that even if an employee is not absent from work, mental health problems can cause a substantial reduction in productivity. For example, in the United States, the number of "cutback" days (on which less work is done than usual) attributable to a mental disorder averaged 31 per month per 100 workers. In annual terms, this represents 20 million working days on which employees are not fully productive because of a mental health problem (World Health organization, 2003a).In their study Harnoiset al, (2007), reported that in a large financial services company in the USA, depression resulted in an average of 44 working days for each employee with depression lost because of short-term disability compared with 42 days for heart disease, 39 days for lower back pain, and 21 days for asthma. In the United States, each worker with depression costs his or her employers approximately US$3000. The majority of costs for employers are related to absenteeism and loss of productivity rather than treatment.

RESEARCH METHODOLOGY

This chapter introduces the research methodology employed by the study. The researcher used

statistics design. The purpose of this type of research is to asses and report the way things are. The targeted population were the staff of Uasin Gishu District Hospital, the total targeted population was 90 respondents.

The sample frame mainly consisted of representatives from all the groups involved in the organization specifically from employees, management and supervisors. Stratified random sampling technique was used in this study. This method was used due to flexibility and simplicity compared to other methods. The research employed questionnaires and interview schedules as the research instrument. To gather out data the research used both primary data and secondary data. The questionnaire was administered to all sampled 45 respondents. To improve the validity and reliability of the study of the research instruments and study as whole, the researcher conducted pilot test in order to test the questionnaires before actual research commences, this helped to reduce random error (Kothari 2004). Prior to data collection, the questionnaires were administered only once to a sample of 2 teachers, 2 parents and 2 pre – school children in two schools. To ensure validity of the research instruments, the instruments were developed under close guidance of the supervisors. Other experts in the Department of Human resource at Jomo Kenyatta University of Science and Technology evaluated the content, face and construct validity and advice accordingly. The input from these people was used to improve on the content and construction of the instruments. The study used quantitative and qualitative methods of data analysis.

ANALYSIS, DISCUSSION AND REPRESENTATION OF RESULTS

This chapter presents the findings from the study. Data from the field was coded and edited for completeness. It was then analyzed in form of percentages and presented in form of frequency distribution tables. From the data collected, out of 48 questionnaires administered,45 were filled and returned. This represented 93.75% response rate, which is considered satisfactory to make conclusion for the study. This corroborates Bailey (2000) assertion that a response rate greater than 70% is very good. Based on gender 27 respondents were male employees representing 60%, while only 18 respondents were female employees representing 40 %. The findings indicate a clear gender imbalance of employees in the hospital. It was established that 15% of employees aged below 25 years, 38% between 26-36 years, 29% between 37-45 years, and 18% above 46years.These findings show that majority of the employees were in their middle age, meaning that majority had experience in their current positions. Based on the level of education, majority of the respondents were diploma holders 28 respondents or 62%, eight employees or 38% of them held first degree. It also indicates that UGDH applies some professionalism in recruiting employees

Leadership on Safety Management

This show concern of policies organizing, planning, measuring of performance and auditing & reviewing performance of the health and safety department. Also the commitment of managerial staff on health and safety programmes. The researcher found that out of the 10 managers, 7 were well equipped in the awareness of the program and also found that 10 supervisors out of 15 were equipped in health and safety programmes in the organization which represent 70 and 66 percent respectively.

Policies Concerning Health and Safety Programme

The researcher wanted to know the types or nature of health, safety and welfare policies applied by the hospital. Majority of the respondents' i.e.20 respondents representing 44% indicated that the health policy put in place at the hospital was analysis of health and safety programme. Some16 employees or 36% cited training as the policy. The remaining 9

respondents or 20% of them felt that training was a policy adopted by the hospital.

Effects of Health and Safety Programmes on Performance of the Organization

There were some benefits that accrued from health, safety and welfare in an organization. The respondents gave the following feedbacks; *t*he findings indicated that a combined majority of the respondents cited productivity with 24% each as the factor affects health and safety progammes on performance in the hospital. Some 18% of the respondents cited that it had enhanced employee morale, another 24% felt that health and safety measures had enhanced teamwork, 14% cited improved employee turnover and the remaining 20% indicated that it had led to attainment of goals.

Rating the effectiveness of health and Safety programmes on performance of an organization

The researcher sought to determine the rating of effectiveness of health and safety in the hospital.

Challenges faced by the organization

The researcher found that the respondents cited the following challenges as commonly encountered when enhancing health and safety measures in the organization, lack of commitment, challenges in the funding of the program, reluctant of some employees and shortage of staffs. 18% of respondents said that there was lack of commitment**,** 16% on inadequate funds. Reluctance by the employee the findings were 22% and 44% was shortage of staff.

Current Health and Safety Measures

A questionnaire that was intended to find out from respondents how satisfied they are with the current health and safety measures put in place. 21 respondents representing 46.67% indicated that they were satisfied with the current health and safety measures in place, whereas 24 respondents with 53.33% stated that they are dissatisfied with the current health and safety measures in place in the hospital.

Responsibility for Health and Safety

A questionnaire that was intended to find out from respondents who they thought was ultimately responsible for their health and safety at the workplace. Respondents representing 46.67% of respondents indicated that health and safety was the ultimate responsibility of the head of the hospital. On the other hand, 25 respondents representing 43.10% indicated that health and safety is more of an individual staff member's responsibility than management, supervisors or any other person, department or unit. Nine respondents indicated that health and safety was the responsibility of their supervisors, whereas 4 respondents with a percentage of 6.90 showed that environmental health unit was responsible for their health and safety in the hospital. Analyzing the responses above, it was obvious to see that staff recognized the fact that as individuals their health and safety is in their own hands.

Lighting and Ventilation

A question posed with an intention of finding out from respondents if work areas may need Adequate lighting but ventilation was a secondary concern. 58 respondents indicated that ventilation was equally important as adequate lighting. It could be deduced from the interpretation above that health and safety cuts across a spectrum of issues hence, providing one of these facilities did not make it adequate.

Using of Protective Clothing

A question that sought to find out if staffs were required to put on protective clothing in the performance of their duties. 45 respondents indicated that they were required to put on protective clothing in the performance of their duties. It was clear that staffs knew that they were to be protected well while performing their lawful duties to avoid accidents and injuries.

Responsibilities of Employers and Employees

A question that sought to find out from respondents if they agreed that both employers and employees had responsibilities and rights for effective health and safety. 45 respondents, i.e. 100% indicated that both employees and employers had responsibilities and rights for effective health and safety.

Respondents indicated the following as responsibilities and rights of employees: wearing protective clothing and equipment, reporting any contravention of the law by management, the right to refuse unsafe work, respondents again indicated the following as responsibilities and rights of employers, filing government accident reports, maintaining records on health and safety issues and posting safety notices and legislative information, providing education and training on health and safety.

From the analysis, it could be seen that staffs understood that as their employers had responsibilities so did they under health and safety.

Accidents and Injuries Suffered

A question that sought to find out from respondents if they had suffered any accident or injury in the hospital since they were engaged. 5 respondents representing 11.11% showed that since their engagement by the hospital they had suffered accidents/injuries in different forms, whereas 40 respondents showing 88.89% stated that they had not suffered accidents or injuries.

The 5 respondents who had suffered accidents/injuries stated the following as the causes of the accidents. Lack adequate of training on health and safety, failure to follow instructions on the use of tools and equipment, on provision of requisite protective clothing and equipment and ignorance on health and safety matters.

Level of Satisfaction with Health and Safety

A question posed with an intention of finding out from respondents if they were satisfied with what management was doing currently to improve upon existing health and safety of the hospital. All 45 respondents stated that they were not satisfied with what management was doing to improve on health and safety. The respondents listed some of the things they thought management could do to improve upon health and safety of the hospital. This includes: Engagement of safety expert to re-design health and safety policies for the hospital, constantly reviewing health and safety practices, improve on good housekeeping and sanitation and supervision and safety management.

Impact of Health and Safety on Job

A question intended to find out from respondents if they thought effective health and safety policies had any impact on job performance in hospital. All 45 respondents showed that they thought effective health and safety policies have impact on job performance in hospital. The respondents stated the following as the benefits the hospital and employees derive from effective health and safety policies. Reduced accidents, reduced cost of compensation to injured employees, lost or death of staff, labour turnover was reduced and corporate image of the hospital is enhanced. It was clear that an organization cannot achieve its objectives without the workforce; hence the health and safety of the workforce should be a priority.

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATION

This chapter deals with the conclusions and recommendations. In addition, the chapter offers directions for future research.

Summary of Findings

The study found out that at the mortuary, one major inadequacy in health practices that was identified was the issue where workers have to lift up dead bodies to a considerable height before they could be placed in the morgue. The workers should have been provided with a jack lift so that

it could be used to send bodies up and also used to retrieve them when needed. Because they do not have it, they were compelled to do so using their physical strength and this they say went a long way to affect their health in the long run. Workers at the maternity/wards also faced a marginal risk in terms of lifting up sick people when their relatives were not around but needed to be attended to. It was obvious work stress can contribute to accidents at the work place. It was found out that the X-Ray department at the hospital had only one technician who attended to all the people who might need his services. This was an inadequacy because; apart from getting exhausted and thereby increasing the chances of accidents occurring, his health was also at stake since he was the only one taking all the possible radiation that came out of his normal duties. It was also found that there were no emergency exits to help people escape safely in case of fire outbreak. The administration block for example, had only one entrance that posed a great danger to staff in the event of fire outbreak. The entire hospital had no fire or smoke detectors fitted anywhere to help detect fire outbreak on time. There were no fire alarms also fitted to alert members of an impending danger in case of fire outbreak.

Establishing whether health and safety policies are implemented and the extent to which they influence employee performance.

It came out clearly that to have a comprehensive health and safety it extends beyond the security for employees and employers to third parties or other stakeholders. From this examination, one remarkable general safety and health precaution that had been put in place by the hospital authorities and which cut across all departments is the policy that every employee of Uasin Gishu hospital was to report to the authorities if he or she suspects his/her health has been compromised in any way in the discharge of his/her duties for immediate action to be taken. It came to light that health and safety measures put

in place at the hospital were not sufficient. Most of the staff were dissatisfied with the current health and safety measures.

For example, in most of the departments, it came to bear that there were no emergency exit to help people escape safely in case of fire outbreak. The administration block for example, had only one entrance that posed a great danger to staff in the event of fire outbreak. The entire hospital had no fire or smoke detectors fitted anywhere to help detect fire outbreak on time. There were no fire alarms also fitted to alert members of an impending danger in case of fire outbreak. Although some fire extinguishers were in place, they were not adequate looking at the size of the organization, the kind of work they did there and the number of people who came there every day to check on their health issues. Water was important in the pursuance of activities at the hospital. Inadequate supply of this commodity at the hospital affected various works from laboratory, laundry, mortuary, kitchen to the maternity/wards. Because water did not flow constantly as was expected to be, thorough washing of hands and other materials could not be undertaken thereby putting both workers and patients at risk of contamination. At the maternity ward for instance, the ideal way was for the nurse to wash her hands after attending to a particular patient, although gloves were used. This was not possible because water did not flow as expected. The story at the laboratory, kitchen, laundry and the mortuary was not different as they were also hooked on unto this problem.

Finding out whether safety rewards are given and how these influence employee performance.

Respondents confirmed that, the use of proper protective tools would prevent them from contracting communicable diseases likely to come from patients or chemicals. All staff agreed to the fact that both employers and employees had respective responsibilities and rights if health and safety is to be effective. It came out to bear that the rate of accidents/injury to staff in the hospital

was low. Some of the workers refused to protect themselves with protective clothing during their work and this posed a great danger not only to the person but his/her colleague workers. At the mortuary for instance, some workers refused to wear safety apparels given them. At the maternity too, some midwives preferred to do their work without the use of the goggles provided to them because they claimed they were not comfortable working with them.

It was important to report on accidents to the appropriate authorities for redress to be found and solutions found to avoid same or similar accidents in the future. Almost all the accidents that occurred were reported to the authorities. One major requirement in any health and safety programme was to constitute a safety committee. It was found out from the analysis that the hospital did not have safety committee constituted with the task of dealing with all health and safety issues for the hospital. It was however found out that an emergency committee was constituted any time there was a certain issue bothering on health and safety.

Conclusions

To begin with health and safety policies are implemented and extent to which they influence employee performance as illustrated by various factors: There cannot be any effective health and safety policies if both employers and employees fail to perform their respective responsibilities. The employer is supposed to file government accident reports, maintain records on health and safety issues, posting safety notices and legislative information, providing education and training on health and safety.

The employer is required to institute a safety committee to be in charge of all health and safety related issues. The safety committee is responsible for studying trends in accidents with the view to making suggestions for corrective actions, examining safety reports and making proposals for avoiding accidents, examining and discussing reports from safety representatives,

making proposals for new or revised safety procedures. It also acts as a link between the organization and the enforcement agency (the health and safety inspectorate), monitoring and evaluating the organization's safety policies, and making proposals for changes, if necessary.

Secondly in finding out whether safety rewards were given and how they influenced employee performance showed clearly that employees on the other hand are required to comply with all health and safety rules, knowing that the person ultimately responsible for his/her health and safety is himself/herself.

Recommendations

The following recommendations were made based on the findings of the study: Education and Training: Management of the hospital should organize regular training, workshops, seminars on health and safety for staff, publish materials on safety and many other steps to inculcate safety consciousness in the minds of workers. Employees should be made to understand that safety and health practices are the responsibility of both management and staffs and this will go a long way to make the work area safe. Management should provide and maintain at the workplace, adequate plant and system of work that are safe and without risk to health. There should be regular servicing of machines, plants and equipment to make them safe for use at the work place. Management should display warning notices on faulty machines and equipment or other potential hazard places to make workers aware of potential danger.

Provide the necessary information, instruction, training and supervision having regard to the age literacy level and other circumstances of the worker to ensure, so far as reasonably practicable, the health and safety at work of those other workers engaged on the particular work. Some industrial accidents that happen could have been avoided if effective supervision were carried out during the execution of duties at the work place.

Management must share hazard and risk information with other employers including those on adjoining premises, other site occupiers and all sub-contractors coming on to the premises. Proper dissemination of risk information is important in ensuring safe and healthy working environment. Visitors who come to the hospital must be made aware of the precautionary measures in order to prevent accidents and injuries.Ensure correct storage procedures of flammable liquids and other dangerous materials. Management should endeavor to provide safe and proper means of storing dangerous gases at the work place in order to protect the safety and health of employees. Correct procedures should be adhered to strictly. The offloading of petroleum products for example should not be compromised in order to avoid cases of fire outbreak.

The provision of fire extinguishers in itself is good but not enough. It is recommended that management should take it a point to train staff in the effective and efficient use of fire extinguishers. This may call in the regular conduction of fire drills to ensure that employees are ready to deal with any fire outbreak. This is more important in areas where highly inflammable gases are used like the filling stations.

Workers should be given enough insight of the risk and dangers inherent in their work at the work places. Through education some of these accidents could be minimized if not eradicated entirely. Jobs can also be designed in such a way as to remove all inherent potential dangers to make the work safe for employees.

The provision of protective clothing and putting in place safety and health measures is not enough. Management should put in place a regular monitoring team who will go round to check whether the employees really do put on their protective materials given to them before doing their duties and also observe in strict terms safety measures put in place in order to avoid any mishaps and accidents.

The government should also institute monitoring teams that will go round periodically to check whether employers go by the regulations as provided in the LabourAct. The factory inspectorate of Ghana should come up with a blue print to be used as guide for the design of health and safety policies for industries, companies and other institutions.A legislative framework on health and safety is recommended

Areas for Future Research

The researcher proposed that further research should be done on how rewards influence employee performance in the organization.

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