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Influence of Leadership on Implementation of Occupational Health and Safety Programs in Thika Level 5 Hospital

Hirbe Solle Malle[1], Dr. Joyce Nzulwa[2]

Jomo Kenyatta University of Agriculture and Technology

Abstract: **The general objective of the study was to determine the influence of leadership on implementation of occupational health and safety programs in Thika level 5 hospital. The study targeted a population of 568 employees of Thika level 5 Hospital from which a sample of 113 respondents were drawn using 20% of the target population. The sample was selected using stratified sampling technique. The researcher collected primary data using a questionnaire while secondary data was collected through existing literature relevant to the study. The study employed both descriptive and inferential statistics to present and analyze the data. Quantitative data was analyzed using descriptive statistical tools namely frequencies, percentages, mean and standard deviation while inferential statistical tools such as correlation and regression were used to determine and explain variable relationship. A correlation analysis revealed a weak positive relationship between health and safety training and implementation of occupational health and safety programs. The study findings revealed that there was a statistically significant positive relationship between leadership in OHS. The study recommended that workplaces and working environments should be planned and designed to be safe and healthy, the management should show support, commitment and facilitate health and safety programs through visionary leadership in occupational health and safety.**

Keywords: **Leadership, Occupational Health, Safety Programmes.**

1. INTRODUCTION

Organizations world over strive to be competitive arising from forces such as globalization, technology and competitive workforce. HRM has been positioned as one of drivers of competitiveness for modern organizations. Key among HRM objectives is to enlist occupational health and safety for the workforce. Occupational safety and health deals with prevention of work related injuries and diseases, and the protection and promotion of healthy workers. It aims at the improvement of working conditions and environment. It entails the promotion and maintenance of the highest degree of physical and mental health and social well-being of workers in all occupations (Taderera, 2012). Occupational Safety and Health has recently gained position of higher priority in light of growing evidence of great loss and suffering caused by occupational diseases and ill-health across different employment sectors. It has also attracted concerns from managers due to increasing number of deaths and accidents occurring at work. Occupational health and safety is aimed at providing comfort whilst working and assuring a sense of security for the employees at the time of the production process and when dealing directly with their work environment (Rachmawati, 2013). Most of the world's population spend one third of their adult life at work. Work then is an important contributing factor to the wellbeing of workers but also to that of their families and society.

Health at work and healthy work environments are among the most valuable assets of individuals, communities and countries. OSH can be an important vehicle not only to ensuring the health of workers, but also to contributing positively to productivity, quality of products, work motivation, job satisfaction and thereby to the overall quality of life of individuals and society (WHO, 2002). Employees of an organization just like other resources need care and maintenance so as to maximize their productivity and improve performance (MakorietaI, 2012). Human resource managers are thus

these days faced with crucial issues of occupational health and safety than before (Makori et.al, 2012). Creating a work place that attracts, maintains and motivates the workforce is thus one of the biggest and modern challenges that organizations are facing today. This calls for the management team to explore new ways of countering this challenge by instituting drastic, accurate and up-to-date mechanisms that will make the workplace environment exciting; a work place environment where people enjoy what they do, reveal a purpose of work and give them a reason to be proud working and enabling them to reach their potential (Nowier,2009). In Kenya the status of occupational safety and health situation/conditions is an issue of growing concern by the employers, government, managers, industrialists, workers and other stakeholders. Health and safety has not been given increasing emphasis by managers, employers, employees, trade unions, employers' associations and other stakeholders in recent years (Nyakang'o, 2009). According to the Work injury and benefits Act, (2007) and the Occupational Health and Safety regulation, the employer is tasked with the responsibility to implement an occupational, health and safety program (OHS) program, to prevent injury, death or even occupational diseases which include, poisoning of lead, poisoning by benzene, anthrax, dystrophy of the corneal, subcutaneous cellulites of the hand, decompression sickness, bursitis, silicosis (WIBA, 2007).

2. STATEMENT OF THE PROBLEM

Health care workers are known to be at a higher risk of infection from blood-borne pathogens than the general population (MOH, Kenya, 2014). The enforcement of the relevant safety and health legislation in healthcare institutions in Kenya is inadequate in many parts of this country. Appropriate audits on the same are in fact rarely carried out, by the relevant authorities, in a significant number of hospitals in Kenya. Material and financial resources that would comprehensively address occupational safety and health issues are virtually unavailable in many government hospitals due to limited finances. (Kenya Ministries of Health and Intra Health International, 2013). Work plays a central role in people's life, since most workers spend at least eight hours a day in the work place. Therefore work environment should be safe and health. This is not yet the case for workers of the public hospitals in kenya. Everyday workers in all this hospitals are faced with a multitude of health hazards such as exposure to occupational diseases such as Tuberculosis, HIV (AIDS) and other communicable diseases. With various medical activities that take place at those hospitals both medical and non medical staffs are exposed to hazardous and risky conditions. Thika Level 5 hospital is one of the hospitals that are apparently adversely affected by the gaps that were identified by the countrywide OSH risk assessment within the health sector. A significant number of employees in that institution including a number of nurses are not comprehensively informed about the fundamental issues that are related to occupational health and safety in their respective places of work (Kenya Ministries of Health and IntraHealth International, 2013). Visual observations indicate that these employees are often exposed to air borne and blood borne diseases in the course of their duties, which is in contravention of the Kenyan OSHA Act, 2007. This is a clearly indication that occupational health and safety programs have not been fully implemented.

Several studies have been done in relation to occupational health and safety. Indakwa (2013) did a cross-sectional study on the perceived influence of occupational health and safety practices on job satisfaction among employees in the sugar industry. The research established that occupational health and safety influence job satisfaction, and the findings of the study was that occupational safety and health influences job satisfaction. A research done by Mawawasi (2012) established that safety education, work environment, legal requirements and leadership were among the factors influencing occupational health and safety practices in the private hospitals in Mombasa Island. He recommended similar research to be carried out in all government aided Hospitals. Further, Abuga (2012) in his study, effects of occupational safety and health programs on organization effectiveness in pyrethrum board of kenya also recommended further study to be carried out on implementation of occupational safety and health programs in organizations. The researcher's extensive review of the pertinent literature revealed numerous studies in the area of occupational health and safety but very little has been done on the challenges in the implementation of occupational health and safety programs and more so in health institutions.

3. LITERATURE REVIEW

According to Armstrong (2009), leadership is the process of inspiring people to do their best to achieve a desired result. It can also be defined as the ability to persuade others willingly to behave differently. The function of team leaders is to achieve the task set for them with the help of the group. According to Nzuve (2007), to a large extent the attitude of the rank and file towards safety is a reflection of the attitude of their supervisors. Line managers should set examples not merely by telling but by demonstrating the seriousness of safety and health measures. Accidents are partly the fault of individuals, partly of technology and partly of the result of such factors as group attitudes and improper supervision. In

light of this, safety must be considered as the responsibility of the whole organization (Cullen, 2002). Any attempt to departmentalize it one common technique for reinforcing safe practices is implementing a safety incentive program to reward workers for their support and commitment to safety goals .Initially programs are set up to focus on improving short term monthly or quarterly goals or to encourage safety suggestions (Gerhart, Hollenbeck, Noe &Wright, 2008), may inevitably lead to confusion and inefficiency. Safety program could succeed through formulation of safety policy that aims at making the place of work safe in all aspects. Such a policy should be in writing and issued as an official statement by top management, safety education for all levels accident analysis and enforcement of safety rules. Dohery& Tyson (2000) argue persuasively that managers are not innocent by standers with regard to employee health and wellbeing: their actions such as choice of production processes and substances, work speed –up extra work hours and performance based pay have adverse effects on employees work life balance, and their physical and mental wellbeing.

A major challenge to managers is clearly to provide a safe and Health work environment for employees. Economic and moral reasons dictate such a policy, but there is also a persuasive portfolio of legislation, regulations, codes of practice and guidance notes dealing with the occupational Health and Safety, and, as with other employment law, the HR practitioner has taken on the role of advising managers on the content and legal obligations of this(Bratton & Gold,2009). Health and Safety policies work better if senior managers set examples and show that they are committed to their upkeep (O'Brien, 2001). The policy will not be enforced if managers set a bad example. To avoid this they should involve staff in the health and safety process, through consultation with unions or workplace committees, ensure that employees are aware of the document and the specific contents hat applies to them for example newsletters and memoranda, visibly react to breaches of the policy (Kaplan Financial Times, 2009).

According to Hall Taylor & Torrington (2005), the Health and Safety Regulations 1996, require employers to consult collectively with the employees about Health and Safety matters irrespective of whether a trade union is recognized. Consultation is defined as discussing issues with employee representatives, listening to their views and taking into account when decisions are being made which have Health and Safety implications (Mearn&Hope, 2005). Where trade unions are recognized require that their representatives are consulted. Management's first duty is to formulate a safety policy. Its second duty is to implement and sustain this policy through a loss control program such a program has four components; a safety budget, safety records, Managements personal concern and management's good example (Cascio, 2006).

O'Toole (2002) conducted an employee safety perception survey over a 45 month period at a Concrete producer within the United States of America. The study found that leadership commitment to safety generated the strongest positive perception and that this perception was closely associated with a reduction in the workplace injury rate. A supervisor as the immediate hierarchical position for the worker plays a pivotal role in a company's health and safety practices. Most of the safety procedures and monitoring means, which are formulated by the senior management, are usually implemented by supervisors. Griffin and Neal (2010) noted that when supervisors engage in safety-promoting behavior's, employees perceive a positive safety climate and get more involved in appropriate safety behavior's thus avoiding more injuries and pain, due to increased awareness and focus on safety. Employees who observe their leaders behaving safely at work will more likely behave in a safe manner, while regarding their leaders as role models (Hofmann &Morgeson, 2004).

Recent research supports the value of taking a participative approach to the improvement of safety and empowering workers to manage and solve their own safety programs (safety Director's Report, 2012). The research focused on cleaners at a 600-bed hospital. Safety teams consisting of employees, supervisors and safety experts were formed. The employees were trained in the basics such as hazard identification and control and were faced with identifying and reducing safety risks. The teams identified and implemented solutions such as changing purchasing procedures so that floors would be easier to clean, purchasing safer equipment and more frequent job rotation to minimize repetitive strain. After implementation, it was found that worker's compensation claims rates fell by 67 percent, claim costs by 73 percent and injury duration by 43 percent. It was thus concluded that an empowered approach to safety would appear to be an effective means to improve safety and health in organizations.

4. RESEARCH METHODOLOGY

The study was guided by the positivist research philosophy and employed descriptive research design. Thika Level 5 hospital, which is the focus of the study, has a total of 568 employees comprising of medics, paramedics, technical staff, administrative and support staff. The sample was selected using stratified random sampling based on the job category. The data collection procedures involved getting the authority letter from the University to facilitate data collection. An authority letter was also sought from Thika level 5 hospital Human Resources for the study. The questionnaires were

administered through drop and pick method. For unfilled questionnaires, follow up was made through a phone call to a few coordinators and they were collected at a time that was conveniently arranged between the researcher and the coordinators. Data was analyzed using descriptive statistical tools namely mean as a measure of central tendency; standard deviation as a measure of dispersion while correlation and regression was used to analyze existence of relationships between and among variables.

5. FINDINGS

The study sought to establish the influence of leadership on implementation of occupational health and safety programs in Thika level 5 Hospital. According to study findings in Table 1, the respondents strongly disagreed that the leadership of the hospital is committed in ensuring good health and safety practices as shown by a mean of 1.23 and a standard deviation of 0.935; they strongly disagreed that management consults with employees regularly about work place health and safety issues as shown by a mean of 1.14 and a standard deviation of 0.717. They strongly agreed that managers/supervisors do not show interest in the safety of workers as shown by a mean of 4.74 and a standard deviation of 0.887. The respondents strongly disagreed that Management considers safety to be equally important as production as shown by a mean of 1.13 and a standard deviation of 0.716; they strongly agreed that Members of the management do not attend safety meetings as shown by a mean of 4.83 and a standard deviation of 0.711. They disagreed that they feel that management is willing to compromise on safety for increasing production as shown by a mean of 4.23 and a standard deviation of 1.591. Lastly they strongly disagreed that Leaders are proactive on matters of Occupational Health and Safety as shown by a mean of 1.13 and a standard deviation of 0.631.

Table 1 Responses on Leadership in OHS

	N	Minimum	Maximum	Mean	Std. Deviation
The leadership of this organization is committed in ensuring good health and safety practices	80	1	5	1.23	.935
Management consults with employees regularly about work place health and safety issues	80	1	5	1.14	.717
Managers/supervisors do not show interest in the safety of workers	80	1	5	4.74	.887
Management considers safety to be equally important as production	80	1	5	1.13	.716
Members of the management do not attend safety meetings	80	1	5	4.83	.711
I feel that management is willing to compromise on safety for increasing production	80	1	5	4.23	1.591
Leaders are proactive on matters of Occupational Health and Safety	80	1	5	1.13	.631

These findings are in line with those of Nzuve (2007) who stated that to a large extent the attitude of the rank and file towards safety is a reflection of the attitude of their supervisors. Line managers should set examples not merely by telling but by demonstrating the seriousness of safety and health measures. According to Hall Taylor & Torrington (2005), the Health and Safety Regulations 1996 require employers to consult collectively with the employees about Health and Safety matters irrespective of whether a trade union is recognized or not.

6. CONCLUSION AND RECOMMENDATION

From the findings and discussion most occupational safety and health programs were found to have been adopted by the organization while implementation was a continuous process that involved all levels of staff at Thika level 5 Hospital. The responsibilities of top management, middle level management, supervisors and union sable workers should be seen as complementary and mutually reinforcing in the common task of promoting occupational safety and health to the greatest extent possible within the constraints of company conditions and practice. Because occupational hazards arise at the

workplace, it is the responsibility of top management to ensure that the working environment is safe and healthy. This means that they must prevent, and protect workers from, occupational risks. But top management' responsibility goes further, entailing knowledge of occupational hazards and a commitment to ensure that management processes promote safety and health at work. For example, an awareness of safety and health implications should guide decisions on the choice of technology and on how work is organized. Management should allocate sufficient resources (financial and human) for the proper functioning of the occupational safety and health programme. Dynamic management strategies need to be developed and implemented to ensure the coherence, relevance and currency of all the elements that make up Thika level 5 Hospital OSH systems.

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