

**HEALTH AND SAFETY AWARENESS AMONG EMPLOYEES IN
STATE COROPRATIONS: THE CASE OF KENYA REVENUE
AUTHORITY**

**BY
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UNITED STATES INTERNATIONAL UNIVERSITY – AFRICA

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of the Requirement for the Degree of Executive Masters in Organizational Development
(EMOD)**

UNITED STATES INTERNATIONAL UNIVERSITY – AFRICA

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STUDENT'S DECLARATION

I, the undersigned, declare that this is my original work and has not been submitted to any other college, institution or university other than the United States International University – Africa in Nairobi for academic credit.

Signed: _____

Date: _____

Patrick Munuhe (ID No: 626230)

This research project has been presented for examination with my approval as the appointed supervisor.

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ABSTRACT

The purpose of the study was to determine the level of health and safety awareness among employees at Kenya Revenue Authority (KRA). The specific objectives of the research were to: determine existing occupational health and safety laws, policies and procedures; determine existing occupational health and safety equipment and facilities; and establish the staff preparedness and management in case of occupational health and safety incidents.

Descriptive research design was employed focusing on quantitative and qualitative characteristics and status of Occupational Health and Safety (OHS) Policy and management. The target population consisted of all permanent employees working for KRA at the organization's headquarters (HQs). This study employed the stratified sampling technique to select a cross section of staff at different departments. The sample size of the study was 280 employees (respondents) sampled from all departments at KRA. Primary data was collected primarily using questionnaire that contained both open and closed ended questions. Data collected was first cleaned, sorted and matched, coded and analyzed using the Statistical Package for Social Scientist (SPSS) to obtain descriptive statistics such as means, percentages and frequencies were used to describe the data.

The study revealed that there were no significant gaps between policies and actual control of workplace risks at KRA and that, there exists legal requirements that required KRA to put in place mechanisms that ensure employee health and safety. The study shows that KRA managers had the primary responsibility of managing employee safety and health and that the organization provided safety bulletin boards that were used for posting required safety posters and notifications. The study revealed that departments in the organization developed and maintained Emergency Evacuation and Operations Plan (EEOP) that would be used in cases of emergency and employees were trained on departmental emergency plan. The organization provided strategic locations where first aid kits were availed and there designated personnel assigned at different floors who had been trained on first aid and cardiopulmonary resuscitation (CPR). The study shows that organizational culture at KRA encouraged interpretation, improvisation and unique action of employees and the effectiveness of policies in light of management practices and employees' beliefs were

regularly examined. The management support of safety in the organization enhanced subordinate perceptions of the health and safety levels at work and the key determinant of employees' successful coping was driven by their perception of how much they could control the outcomes of their work environment.

It can be concluded that all employees at KRA have been engaged in training on employee health and safety procedures thus placing the organization in a better place in case an emergency occurs. The management support of the OHS indicates the importance of the OHS to employees and the organization in general thus enhancing the implementation of the same. It can be concluded from the study results that KRA as an organization are well versed and trained on OHS.

The study recommends KRA to ensure that its OHS program addresses the general requirements specified by OHS legislation as well as outline the objectives and scope of the organization's OHS program and demonstrate management's commitment to providing a safe workplace. The study also recommends KRA to ensure that its OHS plan is adjusted to fit the specific risks associated with its business. The organization should also obtain clear verbal and written agreement from all staff that they understand their OHS responsibilities - including OHS policies and procedures - in order to create a "safety culture" among all levels of staff.

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LIST OF ACRONYMS

- CPR: Cardiopulmonary Resuscitation
EEOP: Emergency Evacuation and Operations Plan
EMS: Emergency Medical Services
HQs: Headquarters
HR: Human Resources
HRM: Human Resource Management
KRA: Kenya Revenue Authority
OHS: Occupational Health and Safety
OSHA: Occupational Safety and Health Act
PPMC: Pearsons' Product Moment Correlation
SIP: Safety Improvements Programme
SMS: Safety Management Systems
SPSS: Statistical Package for Social Scientist
TQM: Total Quality Management
UK: United Kingdom

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background

Workplace otherwise also known as employee health and safety refers to the physical and mental well-being of people at work and involves management of workplace hazards (Walters & Nicols, 2006). According to Edwards and Holt (2008), workplace health and safety is about the physical and mental well-being of people at work. They also state that it embraces proactive management – identification, mitigation, removal – of workplace hazards as a means of striving to maintain that well – being. Its management is a legal requirement in some countries. Reville (2011) for example, explains that the United Kingdom’s Health and Safety Act, imposes a duty on employers under section 2 to ensure, as is reasonably practicable, the health, safety and welfare at work of all his employees and that breach may result in prosecution. He observed that this duty includes in particular: a) provision and maintenance of systems of work that are, as far as is practicable, safe and without risks to health; b) the provision of such information, instruction, training, supervision as is necessary to ensure, so far as is reasonably practicable, the health and safety at work of his employees; and c) the provision and maintenance of a working environment for his employees that is, so far as is reasonably practicable, safe, without risks to health, and adequate as regards facilities and arrangements for their welfare at work (Reville, 2011).

Several factors have influenced the need for countries and organizations to put in place legal and administrative provisions for management of employee health and safety. As noted by Kogi (2010), rapid industrial growth has prompted governments to pay increasing attention to employee safety and health. He mentions some of the enacted legislation dealing with employee safety and health as Labour Law in China, Factories Act (amended 2004) in India, Act on Employees social Security and Employee Health Act (2007) in Indonesia, Industrial Health and Safety Law (amended 2009) for employee Health activities) in Japan, Employee Safety and Health Law (amended 2006) in Korea, Employee Safety and Health Act (2007) in Malaysia, Health and Safety in Employment Act (2007) in New Zealand, Workmen’s compensation law (2007) in Thailand and Employee Health, Safety and Welfare Act (2004) in South Australia. He also identifies some of the employee health issues as being employee

diseases such as dermatitis, poisoning, employee asthma and silicosis, asbestosis and increasing incidence of musculoskeletal disorders and employee safety issues as employee accidents.

It is necessary for organizations to review and establish the level of employee health and safety in the workplace. A key factor that may assist in promoting such health and safety is enabling and empowering employees to become aware of their personal responsibility in this area. Pun, Law and Chan (2006) addressed identification of core decision criteria and safety management elements with respect to the effective implementation of safety management systems (SMS). The authors observed that safety and health protection has become a major positive factor in favor of economic growth and productivity and that industry lays emphasis on identification and assessment of potential risks and elimination of unacceptable risks. The authors also note that an SMS, contains elements such as safety policy, job hazard analysis, and safety and health facilities, employee safety and health management through continual identification and evaluation and control of hazards and risks. Pun, Law and Chan (2006) note the importance of individual safety, for example through safety training, use of safety rules and personal protective equipment. The authors, also made reference to Hong Kong Labour Department statistics which indicated that manufacturing industries accounted for some 17 per cent of the total number of industrial accidents in Hong Kong in 2004 and that the accident rate per thousand employees has been around 20 since 2007. Pun, Law and Chan (2006) further indicated that safety management practices and procedures should be implemented in organization's activities in order to achieve safety objectives.

Employers and employees both have a key role to play in safety and health. Walters & Nicols (2006) in a research conducted to examine the effectiveness of worker representation and consultation in employee health and safety in the United Kingdom (UK), established that joint arrangements involving representation by trade union representatives and consultation with employers on health and safety areas led to better results in terms of health and safety awareness than when left to employers alone. The researchers also noted that existing legal requirements covering employee health and safety on areas such as provision of training,

making representations to employers, receipt of information, and engagement in risk assessment are often not acted upon in practice.

The maintenance of employee health and safety is a legal requirement in Kenya. The Employee Safety and Health Act, 2007 was enacted in Kenya in 2007 and it is aimed at securing the safety, health and welfare of persons at work and protecting persons other than persons at work against risks to safety and health arising out of, or in connection with, the activities of persons at work. The main areas covered by the Act include sanitation, cleanliness, first-aid, lighting, fencing of dangerous machinery and equipment, maintenance of equipment of first aid, handling, storage and transport and safe means of access and exit.

1.2 Statement of the Problem

Employee health and safety is a major area of concern in various countries. According to Cole (2012), health and safety of employees are issues that have been the subject of public debate in Britain since the turn of the century. He adds that this is illustrated by Parliament passing a variety of Acts and regulations to define employee protection, and the occurrence of major accidents and disasters and their resultant costs. Employers have also made deliberate attempts to enhance the level of policies and procedures to govern employee health and safety in their respective organizations.

Failure to ensure appropriate employee health and safety leads to various problems. Cole (2012) writes that, for example, in Britain in the year 2008/2009 more than one million employees suffered an accident and thereby causing more than three days absence from work and that this represents an enormous waste of human resources and human suffering. He adds that the cost of accidents and work related illness to British employers has been estimated at 2.5 billion pounds at 2008/96 prices. Lind and Nenonen (2008) also state that in Finland, 90 maintenance crew members were severely injured during the period 2007 – 2004 and 37 died during the period 2004 – 2004, mainly as a result of crushing and falling. They state that among the factors that contributed to the accidents were deficiencies connected with machinery safety devices, work guidance and risk assessment and that risks are related to ergonomics, work environment, and direct injury. These facts show the importance of health

and safety of workers. Eyre (2007) also states that industrial accidents account for considerable loss of labour hours in addition to personal suffering and it is therefore economically sensible as well as human to ensure that working conditions are as safe and as healthy as possible.

In Kenya, the Occupational Safety and Health Act (OSHA) came into force in 2007. The Act provides for the safety, health and welfare of workers and all persons present at workplaces and provides a foundation for all employers, including public organizations such as the Kenya Revenue Authority (KRA) to promote employee health and safety in the workplace. The Authority's management in its fourth corporate plan identifies improvement of employees working environment as an important initiative for developing a dedicated and professional team. This has led to the development and approval of a working environment standards policy that provides for employee health and safety. The OSHA Act, 2007 and Working Environment Standards policy facilitates sound employee health and safety conditions in the Authority. In spite of existence of the legal provisions and policy, past experience in the Authority depicts health and safety incidents during which employees have not strictly followed laid down guidelines in managing the incidents.

Past research studies have recommended further research in areas such as organization safety culture and safety performance measurement. Pun *et al.* (2006) have for example identified organizational safety culture as an area for further study. In KRA, no research has been carried out on the area of employee health and safety. It was therefore necessary to undertake this research on employee health and safety awareness among employees of KRA.

1.3 General Objective

The general objective of the research was to determine the level of health and safety awareness among employees in the Kenya Revenue Authority.

1.4 Specific Objectives

The specific objectives of the research were to:

1.4.1 Determine existing occupational health and safety laws, policies and procedures;

1.4.2 Determine existing occupational health and safety equipment and facilities, and;

1.4.3 Establish the staff preparedness and management in case of occupational health and safety incidents.

1.5 Importance of the Study

Employee health and safety is a major concern for governments, employers, as well as employees. Researchers also need relevant information to establish current status, trends and future developments in the employee health and safety area. The study findings therefore may be of benefit to the mentioned parties.

1.5.1 Government of Kenya

The Government and in particular the Ministry of Labor's Occupational Safety and Health Department may benefit from findings of this research taking into account that its legal mandate to ensure the maintenance of sound employee health and safety conditions in Kenyan workplaces. Since it has a legal mandate to ensure sound workplace safety and health, the findings may assist to identify the need for any interventions required to ensure employee safety and health in KRA.

1.5.2 Kenya Revenue Authority

The Kenya Revenue Authority's management may be interested in the findings of the research on the basis that they may be able to understand the state of the existing awareness and thereby assist in formulation of strategies to address any gaps that have been identified so as to avoid losses that may be encountered through circumstances such as accidents, compensation, medical treatment and reduced productivity.

1.5.3 The Institute Of Human Resources Management of Kenya

The Institute of Human Resource Management (HRM) and HRM practitioners may be interested in understanding the awareness of health and safety by employees in the organization since this is an area of growing interest in Human Resources (HR) and Labor management. The findings may provide useful data on practical organizational health and safety case experience for HR professional studies.

1.5.4 Researchers and Academicians

Academicians and researchers may be interested in understanding the awareness of employee health and safety in the organization since this is an area of growing interest in HR and Labor management. The findings may provide data from a public organization for comparative and case study analysis.

1.5.5 Employees

The employees at KRA may be interested in knowing the existing employee health and safety awareness and how it was likely to impact on their individual health and safety at the workplace.

1.6 Scope of the Study

The study was carried out within KRA at the Times Towers building. It specifically involved a study of employee safety and health awareness level at the Times Tower building which housed the headquarter offices of the Authority. The staff to be included in the research study were permanent employees who were accommodated in the Times building. The study was conducted from January to May 2016 and it collected and analyzed information relating to the level of health and safety awareness among employees at KRA.

1.7 Definition of Terms

1.7.1 Workplace Health and Safety

Workplace health and safety refers to the physical and mental well-being of people at work (Edwards and Holt, 2008).

1.7.2 Risk Assessment

Risk assessment is the identification of challenges present in the workplace which threaten the health and safety of employees and making judgment about the nature of those challenges, how likely they are to cause accidents or ill-health and the scale of the potential outcome (Watermen, 2008).

1.7.3 Employee Stress

Employee stress refers to the gap between individuals coping skills and the demands of the environment the function in (Redfern, Rees & Rowlands, 2008).

1.7.4 Safety Management Elements

Safety management elements refer to the policy, organization, management practices and procedures, monitoring and auditing and management review (Pun, Law & Chan, 2006).

1.8 Chapter Summary

This chapter has provided a background to the subject of employee health and safety giving its growing importance and made reference to key theoretical approaches and findings from previous research studies. It makes reference to the legal framework for employee health and safety in Kenya and highlights the importance of employee health and safety at KRA. It further gives the background to the problem, statement of the problem, general and specific objectives of the research, importance of the study and scope of the research. Chapter two covers the review of literature while chapter three covers the research design and methodology. Finally chapter four provides the results and findings, followed by the summary of the findings, discussion, conclusions and recommendations in chapter five.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

This chapter reviews past studies on the employee health and safety area and mainly those making reference to aspects such as employee health and safety requirements, employee health and safety incidents, facilities and procedures and organizational management support. It also contains a summary of the information provided in the chapter.

2.2 Occupational Health and Safety Laws, Policies and Procedures

In order for sound employee health and safety to take root in organizations, a legal or regulatory foundation is necessary. Existing literature on this subject has illustrated the importance of enactment of legislation and formulation of regulations in various countries to ensure maintenance of employee workplace health and safety. It, however notes that in certain instances this has not guaranteed the intended benefits.

Research work by Kogi (2010) has, for example shown that rapid growth in the Asia – Pacific region prompted government and industries in the region to pay greater attention to employee health issues and that the enactment of legislations and regulations has assisted in upgrading of employee Health and Safety control. The employee Safety and Health Act of Malaysia, for example, focuses on employers' responsibilities in taking voluntary risk control measures. It is however noted that there exists significant gaps between the policies and actual control of workplace risks. In order to address this gap, it is noted that governments have made attempts bring about legislative changes, national campaigns and implement new programmes. It is, however, recommended that there is need to shift from the traditional approaches relying on regulatory measures and emphasize voluntary initiatives for enterprise level action and practical improvements such as enterprise level action programmes addressing multiple risks and action – oriented training activities involving managers and workers. There is also need to provide more financial and human resources, provide more intensive training to employee health and safety personnel, managers, and workers and more active information services and development of more cost effective programmes. These are indicated to have been found to lead to reduction of employee risks, improvement of

ergonomics and productivity. Voluntary initiatives involving managers and workers supported by enabling legislation, facilitating training and practical technical measures has been found to produce positive results (Kogi, 2010).

Legal requirements in various countries provide obligations to employers to put in place mechanisms to ensure employee health and safety. Legislation and law relating to responsibility for the safety of premises requires that an employer should take reasonable care for the safety of his employee and explains that an employee who has suffered loss due to lack of adequate training or equipment could sue his employer for damages for breach of contract. It has been established therefore that legislation therefore imposes a duty on employers to ensure that as far as is reasonably practical they should ensure health, safety and welfare at work of all employees. The employer also should provide a work environment that is safe, without risks to health and has adequate facilities and arrangements for welfare at work (Reville, 2011).

The responsibility for employers to ensure employee health and safety extends to both employees and non – employees. According to Aucott (2011), the UK health and safety legislation and regulations require employers to take suitable measures on risks to health and safety of their employees at work and to non-employees such as pupils. She states that the UK government through the, ‘The Health of the Nation Whitepaper’, indicated that it would rely primarily on information and education rather than legislation and regulation in meeting, for example, targets to reduce death rate for accidents among children under 15 years and realized the importance of finding ways of educating young people so that they could understand and manage risks and assume greater control over risks.

It is necessary to make employees and other affected parties aware of existing requirements on necessary safety measures to facilitate more effective compliance. Ahasan (2002), recommends that education and counseling for shift workers should be availed to make employees aware of risk factors and optimal work patterns and methods. He notes that labour legislation places great burdens on organizations to comply and that workers must be informed about possible risks of work related exposure to harmful substances or conditions.

Education and training programmes are therefore of critical importance to disseminate information and improvement of health behaviour and safety consciousness. He also notes that any recommendations must recognize local circumstances or context. It is noted in a study that, for example in Canada, employee health and safety is highly regulated and accompanied by active enforcement programmes and that training is a critical component in the successful employee health and safety programmes. It, however, observes that some workplaces have a culture that is contrary to the regulatory requirements and recognized safe practices.

The study emphasizes need to look to the culture of work and the learning processes inherent in working to identify fresh insights and opportunities for intervention. Discrepancies exist between what is stated in legislation or corporate policy and the actual experience in the workplace. There is need for regulators to have necessary legislation and resources to impose standards that will facilitate a positive safety culture in workplaces. These standards should be communicated to provide managers and workers with a threshold against which to test their practices and assumptions.

Whereas legislation and enforcement are an important component, it is culture and responsibility that will ensure compliance by organizations and individuals. Management in the workplaces should be expected to play a leading role as and should hold responsibility for the culture it creates. It should therefore offer necessary guidance in building a positive workplace safety culture. Managers, workers and regulators should recognize the importance of consistency in training policies and work practices in building the mentioned culture. Such culture change will require the commitment of everybody (Dodge, 2011).

A study makes reference to health and safety (Display Screen Equipment) regulations which among other requirements have stipulations for furniture dimensions, ergonomic design and provisions of adjustability which are aimed at protecting the user from back, neck and headaches caused by incorrect posture (Beckett, 2008). Communication is a key aspect that is likely to foster employee involvement and depict the level of the safety culture. Research has found out that with regard to employee perceptions of safety in the working environment for

example, aspects relating to communication and workforce involvement seemed to have most impact on reducing accidents and incidents (Mearns & Havold, 2003).

In an effort to entrench a positive safety culture it is necessary to have in place a suitable safety programme. A research conducted for the health sector aimed at predicting that all professions would favor safety improvements programme (SIP) and that their work and educational histories would result in doctors holding the least and nurses the most positive attitudes. It shows that health professional groups attending SIP courses for safety improvement strongly support the programme in spite of difference in enthusiasm from different professions. The SIP initiative was found to have contributed to change in attitudes towards safety improvement, safety skills and improvement of patient safety.

It however, recommends culture change programmes in the health system if the benefits will be sustained and recommends ongoing research in this area. The article provides guidance to employees and managers regarding their obligations under the law and interpretation of the labour code by courts and scholars. The study looks at theoretical and empirical evidence of the likely effects of changing employment arrangements on safety attitudes and behaviors and implication for organizational safety culture. It notes that group cohesion promotes safety behaviors and lower injury rates. However, presence of contingent (temporary) workers may be a barrier in this process. It recommends that safety training and development initiatives should be directed at teams rather than individuals since they improve implicit coordination between team members (Westbrook *et al.*, 2007).

The role of people in positions of responsibility in organizations in fostering the safety culture in organizations is critical. Team leaders have a key role to play in integrating contingent employees into teams and reduce the possibility of cultural barriers developing between different types of employees. A study by Dillier (2003), established that differences between high accident and low accident work groups were partly due to the different attitudes and actions of local supervisors who were concerned with their workers, made staff feel valued, kept them informed and treated them fairly. A sense of worker involvement can be fostered by team-based approach to safety training and contact with supervisor in day-to-

day tasks. Management commitment to safety and transfer of learning from a group training setting to individual work behaviour can facilitate positive safety results. There is need to orientate new or contingent staff into the safety culture.

Team leaders and supervisors should demonstrate support for workers and encourage employees to raise safety concerns. The study identifies reward and motivation strategies as some of the measures that can be used to promote safe work behavior and recommends areas that require further exploration such as safety subcultures at team level and how safety culture relates to organizational functioning (Connely and Kleiner, 2005).

There is need for a comprehensive approach to management of issues of employee health and safety. The study by Cooper and Philips highlights the importance of Total Safety Management, which focuses on accidents causation chain in an attempt to prevent the occurrences of accidents in near-miss incidents. It emphasizes need to formalize and adhere to a safety policy, planning for safety, establishing lines of responsibility and a two way communication, ensuring identification and assessment of hazards and risks and providing review and monitoring mechanism for safety performance (Cooper and Phillips, 2008).

The role of employee safety culture attitudes in facilitation of workplace safety is crucial. A study by Donald describes the use of safety attitudes as the basis for an intervention to safety performance in a power generating company. It notes that there is a correlation between safety performance and attitude and that although task and hardware approaches have assisted in industrial safety improvement in the past, safety attitudes, climate and culture have been found to play a key role in promoting work place safety (Donald, 2009).

Research has also established that joint arrangements involving representation by trade union representatives and consultation with employees on health and safety areas led to better results in terms of health and safety awareness than when left to employers alone. It is noted that existing legal requirements covering employee health and safety on areas such as provision of training, making representations to employers, receipt of information, and

engagement in risk assessment are often not acted upon in practice (Walters and Nicols, 2006).

A study also explains that the concept of safety culture can apply at group level and therefore training employees in teams can have advantages (Harvey, Bolam, Gregory, and Erdos, 2011). It is also observed that employees should also receive information about safety through consistent safety training programmes and safety information flows. Safety should also be included as a criterion in employee evaluation processes (Katz –Navon, Naveh and Stern, 2007).

The existence of legislation and regulatory mechanisms, training and communication as well as definite action by management to entrench and sustain a positive health and safety culture have been found through research to play a key role in enhancement of employee health and safety. There are various means through which employee health and safety can be enhanced and among them are provision of health and facilities and formulation of procedures to govern the area.

A study by (Ahasan, 2012), attempted to offer recommendations on design of shift work schedules that offer effective productivity levels and maintain safety and health of shift workers. It examined improvements being made to worker's health, safety and wellbeing through good work design and considered the impact of issues such as work related and health and safety-related training, levels of participation in task related decision making, levels and nature of control of work related hazards and specific work regulations (Ahasan, 2012).

Another study by Cantor (2008), notes a growing interest in exploring how workplace safety, environmental issues, diversity and human rights contribute to firm performance. It recommends that firms in the supply chain improve their safety practices to conform to federal and state regulations and to avoid catastrophic consequences of workplace safety incidents such as injury or loss of life, higher insurance costs, financial and legal consequences and loss of corporate goodwill. It notes that following a sound human resource

practices, from across the supply chain can promote a culture for safety that will lead to better workplace safety performance (Cantor, 2008). The study has highlighted important management and public policy concerns on workplace safety performance in the supply chain (Cantor, 2008).

A study by Vassie (2011), aimed at developing a continuous process for monitoring and improving workplace behaviors makes reference to the 'Total Quality Management' (TQM) approach and states that from a healthy and safety management perspective, "total quality" would imply a goal of injury free and healthy working environment. It notes that proactive risk control, through an assured healthy and safety management system is more effective than reacting to accidents and ill health after they have occurred. It points that in some improvement programmes based on modifying employee behaviour, importance has been established for need to achieve employee involvement. It also points out that employee willingness to become involved will depend on the organization's prevailing culture. Therefore by addressing the way individuals behave within their working environment and involving employee in identifying key behaviors, understanding behavioral influences, developing behavioral norms for their work activities and setting targets will enable employees to take ownership of the improvement process (Vassie, 2011).

The establishment mechanisms to offer necessary guidance in the area as well as continuously evaluate progress is necessary. A research paper looks at some lessons arising from the work of Sygol Environmental Management in conducting risk assessment and audit exercises. It emphasizes the need for organisations to look at their vulnerability in areas of health and safety and makes a case for audit or review of policies and practices and implementation of measures to ensure safety at work. It points toward need for development of a health and safety culture within health care (Waterman, 2008). Another study provides guidance initiatives on implementing risk assessment, work procedures and training to prevent acts of violence at work and generally create and maintain a safety-working environment (King, 2007). An article by Hunter (2004) also examines grievance handling and identifies safety and health violations as a grievance that is commonly handled in organisations (Hunter, and Kleiner, 2004).

The formulation and implementation of a comprehensive framework that gives due credence to employee health and safety issues in organisations is critical. A study by Waring (2009), identifies safety strategy both as a Journal Component of a safety management system and what actually happens in the organisation on day-to-day basis. It recommends a framework to ensure that policy objectives, strategy, organization planning, resourcing, risk assessment, implementation, monitoring and measuring, performance, audits and reviews can be handled coherently.

2.2.1 Employee Health and Safety Incidents

The rate of employee health and safety incidents in organizations would be reflective of the management's attention to such issues in organizations. A high rate of such incidents would be indicative of poor attention to health and safety issues and a negative health and safety culture. Such a scenario should create concern for government regulatory agencies and management.

The concerns can be illustrated in the increased reported employee accidents and diseases, growing awareness of the link between improved working conditions and productivity (Kogi, 2010). In a study by Aucott (2011), it was noted that the high incidence of accidents show that the measures in place are not sufficiently effective.

In another study negative effects have been found to result from occurrence of health and safety incidents in a particular industry. The study reviews existing literature and identifies areas of additional research in the area of workplace safety in the supply chain. It identifies various types of risks that a supply chain can face such as hurricanes, terrorist attacks, labour strikes and workplace accidents. It explains need for supply chain managers to take action to mitigate supply chain risk and provides examples of ways in which normal supply-demand coordination risk can be mitigated. It quotes 2011 Bureau of Labor statistics data which states that 25 per cent of truck drivers who sustain lost-work day injuries are away from work an average of ten days. It also notes that estimates indicate that firms' pay almost \$ 15 billion per week to injured employees and their medical care providers (Cantor, 2008).

Various types of health and safety incidents may occur and preventive action would therefore be necessary. A research paper by Lind and Nenonen (2008) aimed at describing the most important employee risks in maintenance operations identified rate of fatalities and injuries for maintenance crew members and noted most of the accidents were from crushing and falling. The factors that contributed to the accidents included working while a machine was in motion and dangerous work practices and deficiencies identified in machinery safety devices, work guidance and assessments

Mayhew and Quilan (2006) in a research carried out to analyze the relationship between economic pressure, multi-tiered subcontracting and employee health and safety outcome for employees and owner/driver in long haul trucking in Australia, found a connection between economic pressure, the expansion of contingent work and negative employee health and safety outcomes. This finding suggested a need for policy interventions aimed at improving employee health and safety to address commercial practices, which included elaborate subcontracting chains, more explicitly than is currently existing with road transport regulation.

A study by Pun et.al (2006), quotes Hong Kong Labor Department statistics which indicated that manufacturing industries accounted for some 17 per cent of the total number of industrial accidents in Hong Kong in 2004 and that the accident rate per thousand employees has been around 20 since 2007. It further indicates that safety management practices and procedures should be implemented in organization's activities in order to achieve safety objectives. Among other areas of employee health and safety which may indicate such incidents is employee stress. A study by Redfern (2008), analyzed current views about the nature and causes of employee stress as portrayed in the publications of employers and employee associations and found that there was an emerging consensus surrounding definitions of occupations stress based upon the UK health and safety executive definition but also differences in views on the causes of employee stress from analysis of publications and statements from trade unions and employers' representatives. The role of Human Resource professionals in stress reduction strategies is emphasized and there is need for them to guard

the well-being of employees by reducing levels of employee stress and promoting health and well-being. The researchers noted that stress prevention within the workplace may be addressed through training and development specialists carrying assessment based on their specific organizations and tailor the needs towards a suitable programme. The organizational stress issues may be reviewed through absence reports, assessing training records and accident reports. They also note that strategies for stress prevention should focus both on “executive burnout” as well as in the lower levels of organizational hierarchy.

2.3 Occupational Health and Safety Measures/Practices

A company is committed to providing a safe and healthy work environment that meets or exceeds the standards of the Provincial Occupational Health and Safety Act, Regulation and Code with a purpose of protecting employees, visitors, contractors, client’s company property and the environment. Everyone employed by this company (management, employees, contractors, and sub-contractors) is responsible for maintaining the health and safety management system by setting a good example as well as understanding their assigned responsibilities and the legislative requirements as they apply to their work site and job tasks.

It is the responsibility of management to provide leadership and the required resources to promote the health and safety management system. Management will: establish and maintain acceptable standards for the worksite; ensure that safety and health hazards are identified, controlled or eliminated; develop work procedures that will achieve operational targets without incidents or illness; provide training and required personal protective equipment where necessary; and monitor worker health and safety performance.

Back and Woolfson (2008) asserts that supervision has the primary responsibility of managing employee safety and health. Safety and health issues should be discussed at regularly scheduled staff meetings and at specific department safety meetings. It is the responsibility of every supervisor to set an example and provide leadership in the health and safety management system. Supervisors will: ensure that work site inspections are completed; employees receive appropriate training in safe work procedures; monitor worker

health and safety performance; correct unsafe practices or conditions; enforce site safety rules and legislation; and investigate all work site incidents.

2.3.1 Safety Bulletin Boards

One of the biggest tasks faced in ensuring good health and safety practice is the communication of information. It is vital that everyone concerned understands risks and how they should be dealt with. For this reason, the proper signage in a workplace is essential, as it is one of the main points of reference and contact for staff. These signs should be found anywhere in which a potential hazard might be found, and the aim is to clearly indicate the danger so that it may be avoided. Other signs actually explain the precautions to take in order to avoid the hazard.

Safety bulletin boards are used for posting required safety posters, safety notices, safety newsletters, safety committee minutes, training schedules, department approved safety posters, injury statistics, and other safety education material. Safety bulletin boards should be located where all employees can see them (Janssens and Smith, 2008).

2.3.2 Emergency Evacuation and Operations Plan

All departments should develop and maintain an Emergency Evacuation and Operations Plan (EEOP) which contains procedures for emergency evacuation and for responding to fires, bomb threats, chemical spills, earthquakes, natural disaster. The safety committee should be in possession of building floor plans of life safety equipment and exit pathways; evacuation procedures; identifies evacuation assembly points; describes methods of accounting for staff, students, and visitors; and identifies areas of refuge for occupants with a mobility impairment. All department staff should be trained in the department's emergency plan. If an employee moves to a new location, the above-mentioned information must be reviewed for the new worksite.

All departmental personnel are responsible to assure that all doors, exit pathways, and stairs are kept clear of all obstructions that could impede safe exiting. Fire separation doors,

particularly stairway doors, shall not be blocked or wedged open. Access to life safety equipment must be kept clear at all times.

When developing the emergency action plan, it's a good idea to look at a wide variety of potential emergencies that could occur in the workplace. It should be tailored to the worksite and include information about all potential sources of emergencies. Developing an emergency action plan means one should do a hazard assessment to determine what, if any, physical or chemical hazards in the workplaces could cause an emergency. If the organization has more than one worksite, each site should have an emergency action plan.

2.3.3 Departmental Participation in Health and Safety Committees

Health and Safety committees are an advisory group of management appointed and employee elected representatives who help determine unsafe conditions and methods of work, suggest corrective measures, and obtain the participation of all personnel. They generally include organizational health and safety committees and departmental health and safety committees. Health and safety committees and representatives play a vital role in preventing work-related injuries and diseases, and are an important part of what is called the internal responsibility system. This system, based on cooperation between employers and employees, improves the overall understanding of occupational health and safety issues in the workplace.

Depending on the size of the individual workplaces concerned, employers under the law must: establish a workplace health and safety committee; establish a policy health and safety committee; and/or designate a health and safety representative. In addition, employers with more than 300 employees across the country must have a Policy Committee that allows employees to more effectively participate in and contribute to the management of health and safety in the workplace.

These committees have many duties including the following: to consider and expeditiously dispose of health and safety complaints; to participate in all of the inquiries, investigations, studies and inspections pertaining to employee health and safety; to participate in the implementation and monitoring of a program for the provision of personal protective

equipment, clothing, devices, or materials, and, if there is no policy committee, participate in the development of the program; to participate in the implementation of changes that may affect occupational health and safety, including work processes and procedures, and, if there is no policy committee, participate in the planning of the implementation of those changes; and to inspect all or part of the workplace each month, so that every part of the workplace is inspected at least once a year. Employees sitting on the workplace health and safety committee must receive training and compensation for participating in meetings and carrying out their duties.

2.3.4 Access to First Aid and CPR

It is a requirement of OSHA that employees be given a safe and healthy workplace that is reasonably free of occupational hazards. However, it is unrealistic to expect accidents not to happen. Therefore, employers are required to provide medical and first aid personnel and supplies commensurate with the hazards of the workplace. The details of a workplace medical and first aid program are dependent on the circumstances of each workplace and employer.

All employees should be afforded quick and effective first aid in the event of an injury. This is accomplished by the strategic location of first aid kits and the availability of first aid certified individuals at or near where the employees are working. The institution should also designate personnel assigned as floor wardens who are first aid and CPR trained. They are identified by red first aid/CPR trained signs posted at their work stations. First aid kits should be regularly checked and re-stocked, and are located in easily accessed and clearly marked areas (ACSNI, 2007).

2.3.5 Hazard Assessment and Reduction

Hazard identification is the process of examining each work area and work task for the purpose of identifying all the hazards which are “inherent in the job”. Work areas include but are not limited to machine workshops, laboratories, office areas, agricultural and horticultural environments, stores and transport, maintenance and grounds, reprographics, and lecture theatres and teaching spaces. Tasks can include (but may not be limited to) using screen

based equipment, audio and visual equipment, industrial equipment, hazardous substances and/or teaching/dealing with people, driving a vehicle, dealing with emergency situations, construction. This process is about finding what could cause harm in work task or area.

In order to assure a safe and healthful work environment, the safety committee establishes the safe work practices and policies. These practices and policies are developed after an assessment of the employee, and visitor exposures to worksite hazards. Identified hazards are documented and reduced or corrected either by making engineering changes, to eliminate the hazard, or by establishing these safe work practices and policies. To maintain a safe and healthful work place, safety supervisors are required to conduct periodic inspections of the work areas under their supervision. In addition, supervisors and employees should continually check work areas for unsafe conditions and practices so immediate corrective action can be taken (Back and Woolfson, 2008).

The process of assessing the risk is undertaken by reviewing any available information about the hazard and by using personal work experience about what sort harm the hazard could create and how likely this would be to happen. When determining how likely it is that a person could be exposed to a hazard, consideration needs to be given to these “exposure factors”: Whether there are any other risk factors that increase the likelihood of exposure?; How often is the person exposed (frequency)?; or how long is the person exposed (duration)?; How many people are exposed?; the likely dose to which the person is exposed?; and any legislative or recommended exposure levels required by statutory authorities.

Having identified the hazards in your workplace, assessed their risks and reviewed the existing controls, all hazards must be managed before people are hurt, become ill or there is damage to plant, property or the environment. The management of risks in the workplace requires eliminating risks so far as reasonably practicable in the first instance. Where elimination is not possible, then risks should be minimized, so far as reasonably practicable. All hazards that have been assessed should be dealt with in order of priority. The most effective control option/s should be selected to eliminate or minimize risks.

2.3.4 Accident Reporting and Investigation

It is necessary to report every accident in order to learn the cause and adopt proper methods to prevent any similar accident. Any accident that requires more than minor first aid at the work site or that results in lost work time must be recorded in the OSHA log. It is the policy of the Environmental Health and Safety that all employees follow the established accident reporting procedures as follows: employees will report all accidents, injuries, near misses and property damage immediately to their supervisor; the supervisor, upon report of an accident, will immediately administer appropriate first aid or ensure employee(s) receives the necessary medical attention; and the supervisor will assure the area and/or equipment in the accident environment is properly secured until the accident investigation has been completed.

Although the Environmental Health and Safety department strives to be a safe and healthy environment, it is impossible to prevent every accident from occurring. Accident investigations are made to determine how and why these failures in the system happen, not to place blame on any one person or department. By using information found during an investigation, a similar or perhaps more serious accident may be prevented. It is the duty of the immediate supervisor to perform accident and incident investigations.

Accidents should be investigated as soon as possible after their occurrence (except when it delays medical treatment or the person involved is distraught). The longer the period of delay in the investigation, the more likely is the chance of witnesses not remembering the facts of the accident. Normally, the immediate supervisor should be the one to do the initial investigation because of his or her knowledge of the employees, equipment, and work practices in the area. There are five main methods of gathering accident information: (1) interviewing the accident victim, (2) interviewing accident witnesses, (3) investigation of the accident scene, (4) re-enactment of the accident, and (5) reconstruction of the accident.

Information obtained in the accident investigation should be used to develop plans and to change operations to prevent a more serious recurrence. The findings from the accident investigation should be recorded on an accident report form. Additionally, a serious injury or

fatality will require a more detailed investigation than indicated by the one page supervisor's report form although the overall approach should be the same.

2.3.5 Employee Health and Safety Training

A key factor for the safe conduct of work is safety and health training. It is also important to note that safety training should be accomplished for all levels of employees (that is, worker, supervisor, middle management, top management) so that everyone knows the nature and extent of the hazards they work with and their roles and responsibilities for establishing and maintaining safe work conditions. Training is an especially important aspect of safety and health programs since one of the most common causes of unsafe acts is a lack of knowledge or information.

To ensure an effective program, employees must be trained in safe work practices. Supervisors are responsible for seeing that these practices are followed. All departments should also maintain records of all safety activities covering the previous twelve months. Management involvement would require, among other things, quality assessment of training programs and enforcement of safety rules. If safety is not recognized as a management responsibility, then it will not be perceived by employees as an important part of their job. In some cases, behavior modification of all individuals involved may be required to ensure this emphasis.

2.4 Staff Preparedness and Management

2.4.1 Assuring Employee Safety and Health

Cooper and Phillips (2007) state that a good safety climate is characterized by 'a collective commitment of care and concern, whereby those in an organization share similar perceptions and positive attitudes to safety.

Whilst research evidence suggests that developing a positive safety culture will improve safety performance, there is less guidance on how companies might achieve such improvements through cultural change. Weick (2004) suggests that highly reliable performance can be achieved through the development of an organizational culture that

encourages 'interpretation, improvisation and unique action. For such a culture to exist there has to be trust, openness and mutual understanding, on the part of both workers and managers.

Better understanding of employees' and managements' reactions toward safety practices can help organizations align company-wide safety policies and regulations with human behaviors in order to create a safer work environment. It therefore seems logical to examine the effectiveness of policies in light of management practices and employees' beliefs.

2.4.2 Supervisor Safety Support

Supervisor support of safety represents the extent to which supervisors encourage safe working practices among their subordinates. Empirical evidence has demonstrated that supervisor support not only facilitates occupational health and safety practices (Cohen, Smith, & Anger, 1979; Lim, 2010) and perceived safety (Janssens, Brett, & Smith, 2008), but also serves to increase organizational commitment (Parker, Axtell, & Turner, 2001) and high job satisfaction (Viswesvaran, Sanchez, & Fisher, 2008). Supervisory attention and support has also been shown to be related to low turnover intentions (Bycio, Hackett, & Allen, 2008).

More relevantly, Hofmann and Morgeson (2008) also demonstrated that while perceived organizational support was related to improved safety communication, the perceived relationship with one's supervisor was shown to be related to high levels of safety communication and safety commitment as well as lower frequencies of injuries. Their results imply that supervisor support has effects that exceed perceived organizational support, which related only to improved safety communication. Finally, Zohar (2002) found that transformational leadership, characterized by value-based and individualized interaction, was related to lower injury rates.

Through providing information to subordinates or sharing their attitudes or opinions regarding safety, supervisors often act as a driving force affecting the safety of the workplace (Hofmann & Morgeson, 2008; Leiter & Harvie, 2010; Sulzer-Azaroff & De Santamara, 2004).

In particular, supervisory support of safety has been shown to enhance subordinate perceptions of the health and safety levels at work (Andries, Kom pier, & Smulders 2009). Evidence also exists that supervisory values about safety affect subordinates' internalization of similar values, which may extend to actual behavioral modeling of safe work practices (Maier hofer, Griffin, & Sheehan, 2008). In a similar vein, supervisory attitudes toward safety have been demonstrated to directly affect subordinates' perceptions of injury risk (Nelkin & Brown, 2004). Finally, supervisory safety practices have been related to an increase in subordinate compli ance with safety procedures as well as a decrease in subordinate accident rates (Hayes, Perandan, Smecko, & Trask, 2011). In light of such evidence, the role of supervisor safety support in predicting various key outcomes was proposed.

2.4.3 Employee Safety Control

An individual's perception of how much he or she can control the outcomes of the work environment or the work environment itself is regarded as a key determinant of successful coping (Karasek, 1979; Karasek & Theorell, 2006). In their job strain model, Karasek and Theorell contended that it is not the work environment per se which causes psychological strain. Instead, job strain results from demands at work in combination with the amount of perceived control or freedom of decision-making the individual has while facing the demands of the job. Autonomy, a surrogate of control, is also regarded as one of the five core job characteristics (Hackman & Oldham, 1975, 1976) thought to be important factors responsible for employee affect and behavior (Spector & Jex, 2007).

2.4.4 Risk Assessment

Risk assessment is the determination of quantitative or qualitative value of risk related to a concrete situation and a recognized threat (also called hazard). Quantitative risk assessment requires calculations of two components of risk: R, the magnitude of the potential loss L, and the probability p, that the loss will occur. It is the process of quantifying the probability of a harmful effect to individuals or populations from certain human activities.

A risk assessment is an important step in protecting workers and the business, as well as complying with the law. It helps you focus on the risks that really matter in the workplace – the ones with the potential to cause real harm. In many instances, straightforward measures can readily control risks, for example ensuring spillages are cleaned up promptly so people do not slip, or cupboard drawers are kept closed to ensure people do not trip.

2.4.5 Determination of Risk

Hazard identification, aims to determine the qualitative nature of the potential adverse consequences of the contaminant (chemical, radiation, and noise) and the strength of the evidence it can have that effect. This is done, for chemical hazards, by drawing from the results of the sciences of toxicology and epidemiology. For other kinds of hazard, engineering or other disciplines are involved.

Dose-Response analysis is determining the relationship between dose and the probability or the incidence of effect (dose-response assessment). The complexity of this step in many contexts derives mainly from the need to extrapolate results from experimental animals (e.g. mouse, rat) to humans, and/or from high to lower doses. In addition, the differences between individuals due to genetics or other factors mean that the hazard may be higher for particular groups, called susceptible populations.

An alternative to dose-response estimation is to determine an effect unlikely to yield observable effects, that is, a no effect concentration. In developing such a dose, to account for the largely unknown effects of animal to human extrapolations, increased variability in humans, or missing data, a prudent approach is often adopted by including safety factors in the estimate of the "safe" dose, typically a factor of 10 for each unknown step (Champoux and Brun, 2003).

Exposure quantification, aims to determine the amount of a contaminant (dose) that individuals and populations will receive. This is done by examining the results of the discipline of exposure assessment. As different location, lifestyles and other factors likely influence the amount of contaminant that is received, a range or distribution of possible

values is generated in this step. Particular care is taken to determine the exposure of the susceptible population(s). Finally, the results of the three steps above are then combined to produce an estimate of risk. Because of the different susceptibilities and exposures, this risk varies within a population.

2.4.6 Management Support

The establishment of a healthy and safe work environment and fostering of the appropriate health and safety culture will to a great extent be dependent on the support and commitment of various levels of management offers for this area. It has, for example been found that a caring supportive and empowering management can also significantly improve the impact and effectiveness of safety training (Harvey, Bolam, Gregory, and Erdos, 2001).

A research study also established that there were indicators that management commitment played a role in lowering accident rates (Mearns, and Havold, 2003). The level of employee health and safety in an organization or area is likely to be influenced by the priority management in organizations pays to it. A study notes that airline cost minimization and productivity maximization strategies have a degenerative effect on the health and safety standards leading to poor physical working conditions, heavy workloads and punishing work routines. They have however attempted to counteract any negative effects with culture management programmes (Boyd, 2001).

Another study recommends that risk management in maintenance operations must involve all organizational levels within an organization and that supervisors and managers must ensure that there are sufficient resources and knowledge for safe work. (Lind & Nenonen, 2008). A study aimed at suggesting a new self - efficacy construct and exploring its antecedents and interaction with standardization to influence in-patient safety observed that standardisation can facilitate patient safety but some situations may require improvisation. Safety self - efficacy can be used to enhance patient safety and can be supported through managers acting as role models (Katz –Navon, Naveh & Stern, 2007).

2.6 Chapter Summary

This chapter has reviewed existing literature contained in research articles on the subject of employee health and safety and looks at areas that have been studied in the past and other areas of concern and challenge that requires improvement. Such areas include employee health and safety requirements, employee health and safety incidents, management support and employee health and safety facilities and procedures. The next chapter covers the research design and methodology followed by results and findings in chapter four and summary, discussions, conclusion and recommendations in chapter five.

CHAPTER THREE

3.0 RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter outlines the general methodology used to conduct the study. It specifies the research design, target population, sampling design, data collection method and instruments, and data analysis and interpretation.

3.2 Research Design

A research design is a plan, structure and strategy conceived so as to obtain answers to research questions. It provides a framework for planning and conducting a study. There are various approaches to research design and they include: Exploratory, descriptive and explanatory. Gay (2014) defines descriptive research as a process of collecting data to test hypothesis or to answer questions concerning the current study. Hypothesis are made but not yet tested or questions are asked but not yet answered. The researcher has to collect data to answer questions to research questions in order to provide recommendations. Furthermore, descriptive research determines and reports the way things are. It portrays the facts as it really is; if another researcher goes to the field now, he or she will find the situation as described (Mugenda & Mugenda, 2003). Robson (2012) points out that descriptive study portrays an accurate profile of persons, events or situation. Furthermore, Chandran (2004) states descriptive study describes the existing conditions and attitudes through observation and interpretation techniques. These writers claim that the descriptive research design is one of the best methods for conducting research in human contexts because of portraying accurate current facts through data collection for testing hypothesis or answering questions to conclude the study (Robinson 2012, Chandran 2004).

Descriptive research design was employed focusing on quantitative and qualitative characteristics and status of Occupational Health and Safety (OHS) Policy and management. The focus was on OHS policies, procedures, facilities and equipment as well as OHS management systems existing at KRA. Staff preparedness to OHS incidents were explored. The descriptive design is description of state of affairs as they exists at present (Herve, 2005). He further noted that with this methodology, data about variables or subjects as they

are found in a social system or society are obtained. Generally these design deals with incidences of, distribution and relationships of variables.

3.3 Population and Sampling Design

3.3.1 Population

Borg and Gall (2012) define the target population as the universal count of all the members of a real or hypothetical set of people, events or objects to which an investigator wishes to generalize the results of the research study. Mugenda and Mugenda (2008) define the population as an entire group of individuals, events or objects having common observable characteristics. The unit of analysis for this study constituted employees of KRA. The target population consisted of all permanent employees working for KRA at the organization's headquarters (HQs). In total KRA had 2800 categorized in terms of management, junior and middle staff working in ten departments at the HQs. All the departments were represented at the KRA head offices located in Times Towers.

Table 3.1 Departmental Target Population Distribution and Sample Selected

Department	Target population (N)
1 Commissioner General's Office	322
2 Customs and Border Control	108
3 Domestic Taxes	586
4 Legal Services and Board Co-ordination	384
5 Corporate Support Services	190
6 Internal Audit	162
7 Investigation and Enforcement	182
8 Marketing and Communication	276
9 Strategy, Innovation and Risk Management	456
10 Ethics and Integrity	134
Total	2800

Source: KRA Payroll (2016)

3.3.2 Sampling Design

3.3.2.1 Sampling Frame

A sample is a small proportion of the target population selected using some systematic procedures for study. Sampling is the process of selecting a number of individuals for a study in such a way that the individuals selected represent the large group from which they were selected (Mugenda & Mugenda 2008). The sampling frame for the study came from KRA's HQs list of employees.

3.3.2.2 Sampling Technique

Sampling technique depends on the nature of the research and survey being undertaken. The method of sampling used in this study included stratified sampling in which the sampling frame was divided into non-overlapping groups or strata, for example geographical area, age-group, and gender. This study employed the multistage sampling technique to select a cross section of staff at different departments. First the employees were stratified into ten groups based on the ten departments at KRA. A total of 280 employees were sampled to participate in this study. Table 3.1 shows the sample distribution.

Secondly, to ensure all employees were represented, a percentage population distribution in each grade was calculated based on the 2800 employees. The total sample required was 280 and the percentage sample distribution by grade was also calculated. The staff sample proportions for KRA 1-4, KRA 5-7, KRA 8-10, KRA 11-13 and KRA 14-16 were shown in Table 3.2.

Thirdly, 280 employees were selected for 10 departments ensuring equal representation of all employees cadre using percentage sample distribution by grade provided above in each department. Since each department was separately positioned, simple sampling method was used to select the respondents, random number tables were used. The employees were asked to identify their grade/cadre before being issued with a questionnaire to ensure correct representation as indicated above.

Table 3.2 Employees' Population by Cadres Distribution

KRA GRADE	Target population by Cadre Distribution	
	Percent	Population
1-4	1.5	42
5-7	11.4	318
8-10	43.5	1220
11-13	36.4	1018
14-16	7.2	202
Total	100	2800

3.3.2.3 Sample Size

Cooper and Schindler (2012), state that the size of a sample should be a function of the variation in the population parameters under study and the estimating precision needed by the researcher. The sample size of the study was 280 employees (respondents) sampled from 10 departments at KRA. According to Mugenda & Mugenda (2008), 10% of the accessible population is adequate to serve as the study sample. The sample size distribution was as shown in Table 3.3.

Table 3.3 Employees' Sample Size Distribution by Cadres

KRA GRADE	Distribution		
	Population size	Percent	Sample Size
1-4	42	10	4
5-7	318	10	32
8-10	1220	10	122
11-13	1018	10	102
14-16	202	10	20
Total	2800	10	280

3.4 Data Collection Methods

Data collection is gathering empirical evidence in order to gain new insights about a situation and answer questions that prompt undertaking of the research (Flick, 2011). Primary and

secondary data are the types of data collected. Primary data is defined as firsthand information received from a respondent. Data that has been already collected and passed through the statistical process is secondary data (Chandran, 2003). Data collection methods involve operationalizing the research design into instruments of data collection with a view to collecting data in order to meet the research objectives. They include questionnaires, interviews, focus groups, observations and census (Chandran, 2004).

According to Chandran (2003), a questionnaire is a series of written questions on a topic about which the respondents' opinions are sought. Questionnaires provide a high degree of data standardization and adoption of generalized information amongst any population. They are useful in a descriptive study where there is need to quickly and easily get information from people in a non-threatening way (Davies, 2010; Patton, 2006). Flick (2011) holds that questionnaires are useful in establishing the number of people who hold certain beliefs and hence possible to gauge public opinion on an issue. The responses are gathered in a standardized way, so questionnaires are more objective, certainly more so than interviews. Generally, it is relatively quick to collect information using questionnaires. However, in some situations they can take a long time not only to design but also to apply and analyze. Potentially information can be collected from a large portion of a group. This potential is not often realized, as returns from questionnaires are usually low (Flick, 2011).

This study adopted questionnaires and interviews as the principal instrument for data collection. The questionnaire had two parts: the first, with closed-ended questions, sought to gather demographic information and other statistical data while the second, with open-ended questions sought to establish opinion from the respondents and gather more of the qualitative data. Personal interviews were conducted with the HR management to establish general information and in-depth analysis of policy issues concerning study area which staff would not be aware of. Every step was taken to ensure that the final survey instrument was clearly understood by the respondents. A pilot study was carried out one week earlier among 20 staff to test the reliability and validity of the instrument.

A sample survey was administered to KRA staff working at HQs, Nairobi. Primary data was collected and using questionnaires. The questionnaires were administered through drop and pick method. The instruments were left with the respondents, as they required time to respond to the questions. The date and the time when the completed questionnaires were to be picked was agreed upon by respondents and the researcher. The researcher sought assistance from research assistants to collect the responses after the agreed period.

3.5 Research Procedures

The questionnaires was designed by the researcher based on the research questions and were pre-tested to ascertain the suitability of the tool before the actual administration. The reason for conducting pilot testing was to detect weakness in design and instrumentation and to provide proxy data for selection of a probability sample. Pre-testing was done by administering the questionnaire to 10 respondents who were not included in the actual study. This enabled the researcher to fine tune the questionnaire for objectivity and efficiency of the process. The questionnaire was estimated to take twenty minutes to complete.

Data was collected through a drop and pick method. Respondents were informed of the exercise and permission was sought from the company before the exercise commenced. To ensure a high response rate, the employees were asked to take a break from their work-shift and respond to the questionnaire. The respondents were given forty-five minutes to answer so as to ensure that they did not rush through.

3.6 Data Analysis Methods

Data analysis is the process of systematically searching, arranging, organizing, and breaking data into manageable units, synthesizing the data, searching for pattern, discovering what is important and what is to be learned. Data collected was first cleaned, sorted and matched, coded and analyzed using the Statistical Package for Social Scientist (SPSS) to obtain descriptive statistics such as means, percentages and frequencies were used to describe the data. Presentation was done by use of figures and tables. Brief explanations were given to describe the numerical figures obtained.

3.7 Chapter Summary

This chapter has addressed the research methodology that was used in the study. It has identified the research design, population and sampling design, sampling technique and sampling size, data collection methods, research procedures and data analysis methods. The next chapter presents the results and findings of the study followed by summary, discussion, conclusion and recommendations in chapter five.

CHAPTER FOUR

4.0 RESULTS AND FINDINGS

4.1 Introduction

This chapter reviews details of the results and findings of the study on the employee health and safety at KRA. It makes reference to aspects of the study questionnaires that were distributed to the employees.

4.2 Response Rate and General Information

4.2.1 Response Rate

The researcher handed out 280 questionnaires to the target population. After collection and cleaning, the complete questionnaires obtained were 204. These results indicate that the study had a response rate of 72.9% which was above the required threshold of 50%.

4.2.2 General Information

The researcher sought to identify the demographics of the responses to ascertain their viability for the study. This section presents the results of the general information of the respondents in terms of gender, age, level of education, marital status, among others.

4.2.2.1 Gender

The researcher asked the respondents indicate their gender, and the results were as follows: Figure 4.1 indicates that 62.5% of the respondents were female while 37.5% were male. This shows that KRA had more female employees.

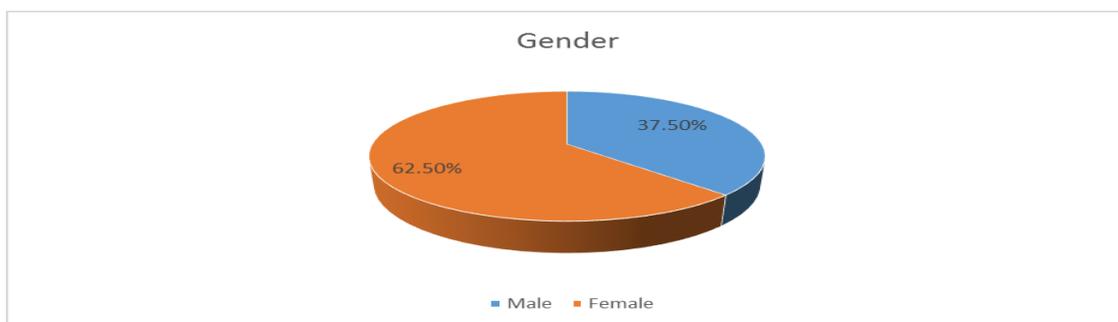


Figure 4.1 Gender

4.2.2.2 Marital Status

The respondents were asked to indicate their marital status and the results were as follows: Figure 4.2 indicates that 74.4% were married, 22.5% were single, 3.1% were widowed and none were divorced. This shows that KRA had more married employees.

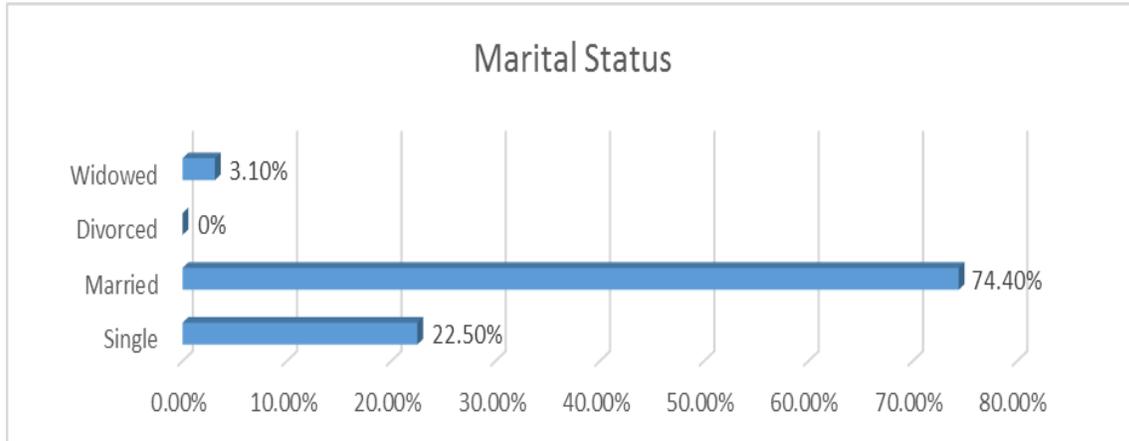


Figure 4.2 Married Status

4.2.2.3 Age Group

The respondents were asked to indicate their age bracket and the results were as follows: Figure 4.3 indicates that 33.2% were aged between 31-40 years, 28.2% were aged between 41-50 years, 22.9% were aged between 21-30 years, 9.2% were aged between 51-60 years and 6.5% were aged below 20 years. This results show that majority of the employees were mature.

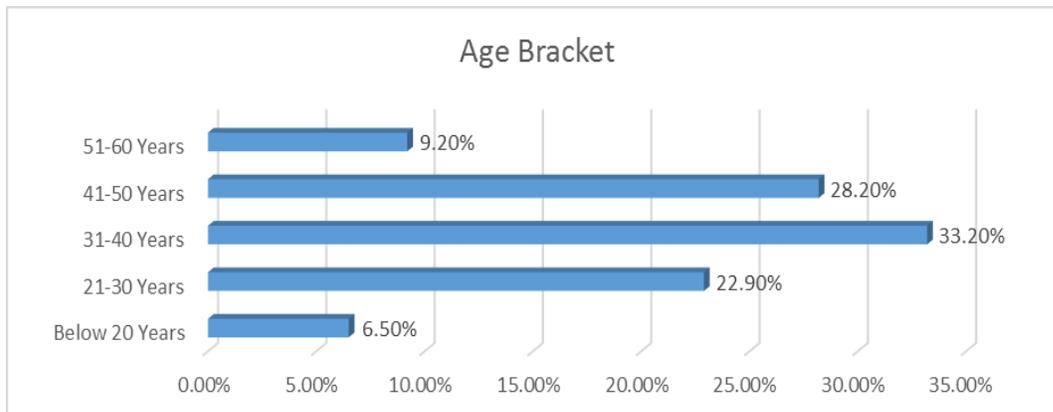


Figure 4.3 Age Bracket

4.2.4 Education Level

The respondents were asked to indicate their level of education and the results were as follows: Figure 4.4 indicates that 39.4% had degrees, 32% had CPAs, 22.3% had master degrees and 6.3% had diplomas. This results show that all employees at KRA were well educated.

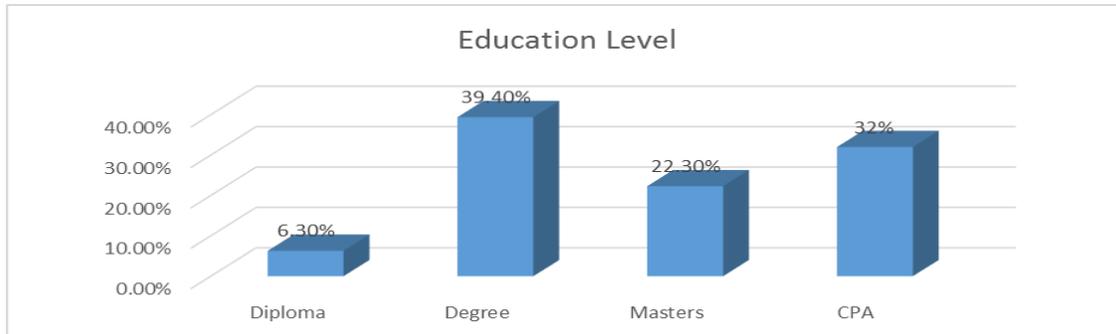


Figure 4.4 Level of Education

4.2.5 Years at KRA

The respondents were asked to indicate the number of years they had worked at KRA and the results were as follows: Figure 4.5 indicates that 37.5% had worked at KRA for 16-20 years, 33.2% had worked at KRA for 11-15 years, 16.8% had worked at KRA for 6-10 years and 12.5% had worked for KRA for over 21 years. This results show that majority of the employees had been with the organization for a long time.

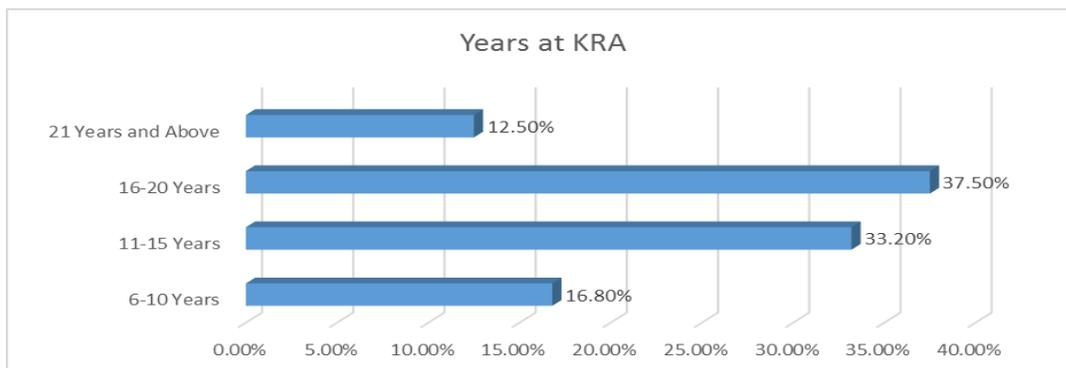


Figure 4.5 Years Worked at KRA

4.3 Occupational Health and Safety Laws, Policies and Procedures

The first objective of the study was to determine existing occupational health and safety laws, policies and procedures at KRA. This section presents the findings of the same.

4.3.1 Rating of Existing Occupational Health and Safety Policies and Procedures

The respondents were asked rate statements about existing occupational health and safety laws, policies and procedures at KRA. The results were as tabled and had a mean result of 3.0 and above and a standard deviation of less than 1.0 showing that KRA had implemented good occupational health and safety laws and policies.

Table 4.1 shows that there are no significant gaps between policies and actual control of workplace risks in the organization and that there exists legal requirements that require KRA to put in place mechanisms that ensure employee health and safety. KRA provides a work environment that is safe and has adequate facilities and arrangements for employee welfare and it ensures employee health and safety for both employees and non-employees. KRA has a culture that follows the government regulatory requirements and recognizes safe practices and its safety standards are communicated to provide managers and workers with a threshold for testing their practice.

Table 4.1 also shows that communication is used in KRA to foster employee involvement and depict the level of the safety culture and the organization has team leaders who integrate contingent employees into teams to minimize cultural barriers between employees. Management commitment to safety and transfer of learning facilitates positive safety results at KRA and employees receive information about safety through consistent safety training programmes and safety information flows.

Table 4.1 Rating of Existing Occupational Health and Safety Policies and Procedures

	SD	D	A	SA	Mean	Std. Dev
	%	%	%	%		
There are significant gaps between policies and actual control of workplace risks in the organization.	23.4	25.8	26.1	24.7	3.00	0.651
There are legal requirements that require KRA to put in place mechanisms that ensure employee health and safety.	12.6	9.8	50.1	27.5	3.12	0.844
KRA provides a work environment that is safe and has adequate facilities and arrangements for employee welfare.	4.6	9.8	33.6	52.0	3.02	0.986
KRA ensures employee health and safety for both employees and non-employees.	12.6	16.9	41.4	29.1	3.04	0.976
KRA has a culture that follows the government regulatory requirements and recognizes safe practices.	23.2	16.9	25.6	34.3	3.05	0.244
KRA's safety standards are communicated to provide managers and workers with a threshold for testing their practice.	15.9	21.7	39.9	22.5	3.76	0.359
Communication is used in KRA to foster employee involvement and depict the level of the safety culture.	9.7	16.9	49.2	24.2	3.17	0.199
KRA has team leaders who integrate contingent employees into teams to minimize cultural barriers between employees.	23.2	16.9	25.6	34.3	3.18	0.729
Management commitment to safety and transfer of learning facilitates positive safety results at KRA.	6.3	8.2	45.7	39.8	3.68	0.924
KRA employees receive information about safety through consistent safety training programmes and safety information flows.	3.3	4.9	45.9	45.9	3.62	0.414

Source: Survey Data, 2016

4.3.2 Correlations for Existing Occupational Health and Safety Policies and Procedures

A Pearson correlation test was done to determine the significance of the existing factors for KRA. A p value of <0.05 was used to determine significant factors. Table 4.2 shows that significant gaps between policies and actual control of workplace risks in the organization was significant to the existence of occupational health and safety policies (P=0.000). Legal requirements that require KRA to put in place mechanisms that ensure employee health and safety was significant to the existence of occupational health and safety policies (P=0.000).

KRA providing a work environment that is safe and has adequate facilities and arrangements for employee welfare was significant to the existence of occupational health and safety policies (P=0.000).

Table 4.2 shows that, KRA ensuring employee health and safety for both employees and non-employees was significant to the existence of occupational health and safety policies (P=0.000). KRA having a culture that follows the government regulatory requirements and recognizes safe practices was significant to the existence of occupational health and safety policies (P=0.000). KRA's safety standards being communicated to provide managers and workers with a threshold for testing their practice was significant to the existence of occupational health and safety policies (P=0.000).

Table 4.2 also shows that, communication being used in KRA to foster employee involvement and depict the level of the safety culture was significant to the existence of occupational health and safety policies (P=0.000). The table also shows that, KRA having team leaders who integrate contingent employees into teams to minimize cultural barriers between employees was significant to the existence of occupational health and safety policies (P=0.000). Management commitment to safety and transfer of learning facilitating positive safety results at KRA was significant to the existence of occupational health and safety policies (P=0.000). KRA employees receiving information about safety through consistent safety training programmes and safety information flows was significant to the existence of occupational health and safety policies (P=0.000).

Table 4.2 Correlations for Existing Occupational Health and Safety Policies

	Correlations
There are significant gaps between policies and actual control of workplace risks in the organization.	.659** .000
There are legal requirements that require KRA to put in place mechanisms that ensure employee health and safety.	.657** .000
KRA provides a work environment that is safe and has adequate facilities and arrangements for employee welfare.	.755** .000
KRA ensures employee health and safety for both employees and non-employees.	.633** .000
KRA has a culture that follows the government regulatory requirements and recognizes safe practices.	.643** .000
KRA's safety standards are communicated to provide managers and workers with a threshold for testing their practice.	.337** .000
Communication is used in KRA to foster employee involvement and depict the level of the safety culture.	.331** .000
KRA has team leaders who integrate contingent employees into teams to minimize cultural barriers between employees.	.244** .000
Management commitment to safety and transfer of learning facilitates positive safety results at KRA.	.188** .005
KRA employees receive information about safety through consistent safety training programmes and safety information flows.	.400** .000

Source: Survey Data, 2016

4.4 Occupational Health and Safety Measures/Practices

The second objective of the study was to determine existing occupational health and safety equipment and facilities availed at KRA and the results of the same were as presented.

4.4.1 Rating of Occupational Health and Safety Measures/Practices

The respondents were asked rate statements about occupational health and safety

measures/practices at KRA. The results were as tabled and had a mean result of 3.0 and above and a standard deviation of less than 1.0 showing that KRA had proper occupational health and safety measures and practices.

Table 4.3 Rating of Occupational Health and Safety Measures/Practices

	SD	D	A	SA	Mean	Std. Dev
	%	%	%	%		
KRA managers have the primary responsibility of managing employee safety and health.	2.4	8.6	39.7	49.3	3.16	0.299
KRA has safety bulletin boards used for posting required safety posters and notifications.	26.3	22.4	29.9	21.4	2.98	0.389
KRA departments develop and maintain Emergency Evacuation and Operations Plan (EEOP) in case of emergency.	16.7	18.3	38.4	26.6	2.71	0.931
KRA department staff are trained on departmental emergency plan.	16.7	19.0	36.4	27.9	2.74	0.904
KRA provides strategic locations where first aid kits are available.	23.4	21.7	28.7	26.2	3.05	0.308
KRA has designated personnel assigned at different floors who have been trained on first aid and CPR.	10.1	22.7	36.8	30.4	3.12	0.484
KRA identifies and documents safety hazards to reduce and correct the flaws.	27.6	32.1	23.4	16.9	3.02	0.646
KRA conducts periodic inspections of the work areas to ensure safety is maintained at all times.	2.4	4.7	56.5	36.4	3.75	0.619
KRA employees continually check work areas for unsafe conditions and practices.	16.7	21.4	36.7	25.2	2.51	0.539
Effective program is ensured at KRA through employees training of safety in the work place.	10.3	19.1	35.3	35.3	3.16	0.242

Source: Survey Data, 2016

Table 4.3 shows that KRA managers have the primary responsibility of managing employee safety and health and the organization has safety bulletin boards used for posting required safety posters and notifications. KRA departments develop and maintain Emergency Evacuation and Operations Plan (EEOP) in case of emergencies and the organization's department staff are trained on departmental emergency plan.

Table 4.3 shows that, the organization provides strategic locations where first aid kits are availed and it has designated personnel assigned at different floors who have been trained on first aid and CPR. The organisation identifies and documents safety hazards to reduce and correct the flaws and also conducts periodic inspections of the work areas to ensure safety is maintained at all times. The table shows that KRA employees continually check work areas for unsafe conditions and practices and that an effective program is ensured at the organisation through employees training of safety in the work place.

4.4.2 Correlations for Occupational Health and Safety Measures/Practices

A Pearson correlation test was done to determine the significance of the existing factors for KRA. A p value of <0.05 was used to determine significant factors. Table 4.4 shows that KRA managers having the primary responsibility of managing employee safety and health was significant to the existence of occupational health and safety policies (P=0.000). KRA having safety bulletin boards used for posting required safety posters and notifications was significant to the existence of occupational health and safety policies (P=0.000). KRA departments developing and maintaining Emergency Evacuation and Operations Plan (EEOP) in case of emergency was significant to the existence of occupational health and safety policies (P=0.000). KRA department staff being trained on departmental emergency plan was significant to the existence of occupational health and safety policies (P=0.000).

KRA providing strategic locations where first aid kits are availed was significant to the existence of occupational health and safety policies (P=0.000). KRA having designated personnel assigned at different floors who have been trained on first aid and CPR was significant to the existence of occupational health and safety policies (P=0.000). KRA identifying and documenting safety hazards to reduce and correct the flaws was significant to

the existence of occupational health and safety policies (P=0.000). KRA conducting periodic inspections of the work areas to ensure safety is maintained at all times was significant to the existence of occupational health and safety policies (P=0.000). KRA employees continually checking work areas for unsafe conditions and practices was significant to the existence of occupational health and safety policies (P=0.000). Effective program ensured at KRA through employees training of safety in the work place was significant to the existence of occupational health and safety policies (P=0.000).

Table 4.4 Correlations for Occupational Health and Safety Measures/Practices

	Correlations
KRA managers have the primary responsibility of managing employee safety and health.	.314** .000
KRA has safety bulletin boards used for posting required safety posters and notifications.	.291** .000
KRA departments develop and maintain Emergency Evacuation and Operations Plan (EEOP) in case of emergency.	.245** .000
KRA department staff are trained on departmental emergency plan.	.314** .000
KRA provides strategic locations where first aid kits are availed.	.876** .000
KRA has designated personnel assigned at different floors who have been trained on first aid and CPR.	.576** .000
KRA identifies and documents safety hazards to reduce and correct the flaws.	.323** .000
KRA conducts periodic inspections of the work areas to ensure safety is maintained at all times.	.426** .000
KRA employees continually check work areas for unsafe conditions and practices.	.779** .000
Effective program is ensured at KRA through employees training of safety in the work place.	.185** .005

Source: Survey Data, 2016

4.5 Staff Preparedness and Management in Cases of OHS Incidents

The third objective of the study focused on establishing the staff preparedness and management in case of occupational health and safety incidents. The results were as follows.

4.5.1 Rating of Staff Preparedness and Management in Case of OHS Incidents

The respondents were asked rate statements about staff preparedness and management in case of occupational health and safety incidents at KRA. The results were as tabled and had a mean result of 3.0 and above and a standard deviation of less than 1.0 showing that KRA had proper occupational health and safety measures and practices.

Table 4.5 shows that KRA's organizational culture encourages interpretation, improvisation and unique action of employees and it examines the effectiveness of policies in light of management practices and employees' beliefs. The table also shows that management support of safety at KRA has enhanced subordinate perceptions of the health and safety levels at work and the employees' perception of how much they can control the outcomes of the work environment at KRA has been a key determinant of their successful coping.

Table 4.5 also shows that risk assessment helps KRA to focus on the risks that really matter in the workplace and that KRA carries out hazard identification with the aim of determining contaminant effects. Employee health and safety roles in KRA are influenced by the priority that management pays to it and risk management in maintenance operations involves all organizational levels within KRA, and that the organization uses standardization to influence its safety and health policies.

Table 4.5 Rating of Staff Preparedness and Management in Case of OHS Incidents

	SD	D	A	SA	Mean	Std. Dev
	%	%	%	%		
Our organizational culture encourages interpretation, improvisation and unique action of employees	12.7	16.1	39.8	31.4	3.56	0.786
KRA examines the effectiveness of policies in light of management practices and employees' beliefs	22.1	12.7	43.2	22.0	3.04	0.909
Management support of safety at KRA has enhanced subordinate perceptions of the health and safety levels at work	9.7	12.7	38.8	38.8	3.96	0.981
Employees' perception of how much they can control the outcomes of the work environment at KRA has been a key determinant of their successful coping	2.4	2.4	56.4	38.8	3.72	0.706
Risk assessment helps KRA to focus on the risks that really matter in the workplace	2.4	4.6	60.1	32.9	3.72	0.721
KRA carries out hazard identification with the aim of determining contaminant effects.	2.4	4.6	57.7	35.3	3.69	0.647
Employee health and safety roles in KRA are influenced by the priority that management pays to it.	0.0	0.0	73.2	26.8	3.84	0.452
Risk management in maintenance operations involves all organizational levels within KRA	2.4	4.7	56.5	36.4	3.75	0.619
KRA uses standardization to influence its safety and health policies	16.7	21.4	36.7	25.2	3.51	0.539

Source: Survey Data, 2016

4.5.2 Correlations for Staff Preparedness and Management in Case of OHS Incidents

A Pearson correlation test was done to determine the significance of staff preparedness and management in case of occupational health and safety incidents at KRA. A p value of <0.05 was used to determine significant factors. Table 4.6 shows that KRA organizational culture encouraging interpretation, improvisation and unique action of employees was significant to the existence of occupational health and safety policies ($P=0.000$).

KRA examining the effectiveness of policies in light of management practices and employees' beliefs was significant to the existence of occupational health and safety policies ($P=0.000$). Management support of safety at KRA having enhanced subordinate perceptions of the health and safety levels at work was significant to the existence of occupational health and safety policies ($P=0.000$). Employees' perception of how much they can control the outcomes of the work environment at KRA having been a key determinant of their successful coping was significant to the existence of occupational health and safety policies ($P=0.000$).

Risk assessment helping KRA to focus on the risks that really matter in the workplace was significant to the existence of occupational health and safety policies ($P=0.000$). KRA carrying out hazard identification with the aim of determining contaminant effects was significant to the existence of occupational health and safety policies ($P=0.000$). Employee health and safety roles in KRA having influenced by the priority that management pays to it was significant to the existence of occupational health and safety policies ($P=0.000$).

Risk management in maintenance operations involving all organizational levels within KRA was significant to the existence of occupational health and safety policies ($P=0.000$). KRA using standardization to influence its safety and health policies was significant to the existence of occupational health and safety policies ($P=0.000$).

Table 4.6 Correlations for Staff Preparedness and Management on OHS Incidents

	Correlations
Our organizational culture encourages interpretation, improvisation and unique action of employees	.400** .000
KRA examines the effectiveness of policies in light of management practices and employees' beliefs	.424** .000
Management support of safety at KRA has enhanced subordinate perceptions of the health and safety levels at work	.692** .000
Employees' perception of how much they can control the outcomes of the work environment at KRA has been a key determinant of their successful coping	.253** .000
Risk assessment helps KRA to focus on the risks that really matter in the workplace	.558** .000
KRA carries out hazard identification with the aim of determining contaminant effects.	.261** .000
Employee health and safety roles in KRA are influenced by the priority that management pays to it.	.640** .000
Risk management in maintenance operations involves all organizational levels within KRA	.348** .000
KRA uses standardization to influence its safety and health policies	.311** .000

Source: Survey Data, 2016

4.6 Chapter Summary

The study findings from the analyzed response collected have been presented starting with the response rate and background information. Correlation coefficients have been done to show the relationships of the variables not clear. The next chapter provides the summary, discussion, conclusions and recommendations based on the study findings.

CHAPTER FIVE

5.0 SUMMARY, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter discusses the study findings with regards to employee health and safety requirements, employee health and safety incidents, facilities and procedures and organizational management support. It also provides recommendations.

5.2 Summary

The general objective of the research was to determine the level of health and safety awareness among employees in the Kenya Revenue Authority. The specific objectives of the research were to: determine existing occupational health and safety laws, policies and procedures; determine existing occupational health and safety equipment and facilities; and establish the staff preparedness and management in case of occupational health and safety incidents.

Descriptive research design was employed focusing on quantitative and qualitative characteristics and status of Occupational Health and Safety (OHS) Policy and management. The target population consisted of all permanent employees working for KRA at the organization's headquarters (HQs). This study employed the multistage sampling technique to select a cross section of staff at different departments. The sample size of the study was 280 employees (respondents) sampled from 10 departments at KRA. This study adopted questionnaires as the principal instrument for data collection. Data collected was first cleaned, sorted and matched, coded and analyzed using the Statistical Package for Social Scientist (SPSS) to obtain descriptive statistics such as means, percentages and frequencies were used to describe the data.

The study revealed that there were no significant gaps between policies and actual control of workplace risks at KRA and that, there exists legal requirements that required KRA to put in place mechanisms that ensure employee health and safety. The study also shows that KRA provided conducive work environment including adequate facilities, employee welfare and safety training that KRA ensured employee health and safety for both employees and non-

employees within their headquarters. This was encouraged by the organizational culture that followed the government regulatory requirements and recognized safe practices and ensured that safety standards were communicated to provide managers and workers with a threshold for testing their health and safety practices.

The study shows that KRA managers had the primary responsibility of managing employee safety and health and that the organization provided safety bulletin boards that were used for posting required safety posters and notifications. The study revealed that departments in the organization developed and maintained Emergency Evacuation and Operations Plan (EEOP) that would be used in cases of emergency and employees were trained on departmental emergency plan. The organization provided strategic locations where first aid kits were available and there designated personnel assigned at different floors who had been trained on first aid and CPR.

The study shows that organizational culture at KRA encouraged interpretation, improvisation and unique action of employees and the effectiveness of policies in light of management practices and employees' beliefs were regularly examined. The management support of safety in the organization enhanced subordinate perceptions of the health and safety levels at work and the key determinant of employees' successful coping was driven by their perception of how much they could control the outcomes of their work environment. Risk assessment had helped the organisation to focus on the risks that really matter in the workplace thus facilitating the creation of better policies.

5.3 Discussions

5.3.1 Rating of Existing Occupational Health and Safety Policies and Procedures

The study revealed that there were no significant gaps between policies and actual control of workplace risks at KRA. According to Kogi (2010), employee Safety and Health Act focuses on employers' responsibilities in taking voluntary risk control measures. It is however noted that there exists significant gaps between the policies and actual control of workplace risks. In order to address this gap, it is noted that governments have made attempts bring about legislative changes, national campaigns and implement new programmes. This was not the

case for KRA showing that their implementation was properly managed.

The study showed that there exist legal requirements that required KRA to put in place mechanisms that ensure employee health and safety. The results concur with Reville (2011) who states that, legal requirements in various countries provide obligations to employers to put in place mechanisms to ensure employee health and safety. This indicates that legal requirements facilitate the implementation of health and safety acts in organizations.

The study showed that KRA provided a work environment that was safe and had adequate facilities and arrangements for employee welfare. This results concur with Reville (2011) who notes that legislation therefore imposes a duty on employers to ensure that as far as is reasonably practical they should ensure health, safety and welfare at work of all employees and that, the employer also should provide a work environment that is safe, without risks to health and has adequate facilities and arrangements for welfare at work. This shows that KRA cared for its employees and had moved beyond the government regulations.

The study showed that KRA ensured employee health and safety for both employees and non-employees. The finding supports Aucott (2011), who states that in the UK, health and safety legislation and regulations require employers to take suitable measures on risks to health and safety of their employees at work and to non-employees. This shows that KRA focused on ensuring safety for all stakeholders including their clients and suppliers.

The study showed that KRA had a culture that followed the government regulatory requirements and recognized safe practices. It is noted in a study by Dodge (2011) that, for example in Canada, employee health and safety is highly regulated and accompanied by active enforcement programmes. It, however, observes that some workplaces have a culture that is contrary to the regulatory requirements and recognized safe practices. This results show that KRA being a government institution had implemented the OHS regulation to the core and had integrated the same to its culture.

The study showed that safety standards were communicated to provide managers and

workers with a threshold for testing their practice. According to Beckett (2008), there is need for regulators to have necessary legislation and resources to impose standards that will facilitate a positive safety culture in workplaces. These standards should be communicated to provide managers and workers with a threshold against which to test their practices and assumptions. This results show that having the OHS in place is not enough, unless communication is done to inform and teach the affected people about the existence of the policies.

The study showed that communication was used in KRA to foster employee involvement and depict the level of the safety culture. This study concurs with Mearns & Havold (2003) who state that, communication is a key aspect that is likely to foster employee involvement and depict the level of the safety culture. Research has found out that with regard to employee perceptions of safety in the working environment for example, aspects relating to communication and workforce involvement seemed to have most impact on reducing accidents and incidents. This results support the base that employee engagement is facilitated by organizational communication.

The study revealed that, the organization had team leaders who integrated contingent employees into teams to minimize cultural barriers between employees. According to Dillier (2003), team leaders have a key role to play in integrating contingent employees into teams and reduce the possibility of cultural barriers developing between different types of employees. This results show that policies and procedures in an organization cannot be fully implemented without team leaders who integrate the policy culture in employees.

The study showed that management commitment to safety and transfer of learning facilitated positive safety results at KRA. The findings support Westbrook *et al.* (2007) who state that management commitment to safety and transfer of learning from a group training setting to individual work behaviour can facilitate positive safety results. These results show the need of orientating new and/or contingent staff into the safety culture with the main support coming from the top of the organization that includes management and supervisors.

The study showed that employees received information about safety through consistent

safety training programmes and safety information flows. According to Harvey *et al.* (2011), it observed that employees should also receive information about safety through consistent safety training programmes and safety information flows. This results show that knowledge about health and safety procedures is not enough without the improvement of the employees' capacity through training.

5.3.2 Occupational Health and Safety Measures/Practices

The study showed that KRA managers had the primary responsibility of managing employee safety and health. Back & Woolfson (2008) asserts that supervision has the primary responsibility of managing employee safety and health. Safety and health issues should be discussed at regularly scheduled staff meetings and at specific department safety meetings. These results show the need of support coming from the top of the organization that includes management and supervisors since they have the primary responsibility of ensuring employees and non-employees' safety within their organizations.

The study showed that KRA had safety bulletin boards used for posting required safety posters and notifications. According to Janssens & Smith (2008), safety bulletin boards are used for posting required safety posters, safety notices, safety newsletters, safety committee minutes, training schedules, department approved safety posters, injury statistics, and other safety education material. Safety bulletin boards should be located where all employees can see them. This results show that having the OHS in place is not enough, unless communication is done to inform and teach the affected people about the existence of the policies.

The study revealed that KRA departments developed and maintained Emergency Evacuation and Operations Plan (EEOP) in case of emergency. According to Back & Woolfson (2008), all departments within an organization should develop and maintain an Emergency Evacuation and Operations Plan (EEOP) which contains procedures for emergency evacuation and for responding to fires, bomb threats, chemical spills, earthquakes, natural disaster. This results show that training alone is not complete when dealing OHS in organizations, but having an emergency evacuation plan that is understood across the board

is mandatory.

The study showed that KRA departmental staff were trained on departmental emergency plan. Back & Woolfson (2008) also note that, all department staff should be trained in the department's emergency plan. If an employee moves to a new location, the above-mentioned information must be reviewed for the new worksite. The results show that having the OHS in place is not enough and training needs to be conducted on all employees, for it to be effective.

The study showed that KRA provided strategic locations where first aid kits were available and that the organization had designated personnel assigned at different floors who had been trained on first aid and CPR. ACSNI (2007) recommends that an organization should ensure that all employees are afforded quick and effective first aid in the event of an injury. This is accomplished by the strategic location of first aid kits and the availability of first aid certified individuals at or near where the employees are working. It further states that, the institution should also designate personnel assigned as floor wardens who are first aid and CPR trained. They are identified by red first aid/CPR trained signs posted at their work stations.

The study showed that KRA identified and documented safety hazards to reduce and correct the flaws. This study concurs with Back & Woolfson (2008) who states that, in order to assure a safe and healthful work environment, the safety committee establishes the safe work practices and policies. These practices and policies are developed after an assessment of the employee, and visitor exposures to worksite hazards. Identified hazards are documented and reduced or corrected either by making engineering changes, to eliminate the hazard, or by establishing these safe work practices and policies.

The study showed that KRA conducted periodic inspections of the work areas to ensure safety was maintained at all times and KRA employees continually checked work areas for unsafe conditions and practices. This concurs with Back & Woolfson (2008) who recommends that, to maintain a safe and healthful work place, safety supervisors are required to conduct periodic inspections of the work areas under their supervision. In addition,

supervisors and employees should continually check work areas for unsafe conditions and practices so immediate corrective action can be taken.

The study showed that effective program was ensured at KRA through employees' training of safety in the work place. According to Back & Woolfson (2008), to ensure an effective program, employees must be trained in safe work practices. Supervisors are responsible for seeing that these practices are followed. The results show that having the OHS in place is not enough and training needs to be conducted on all employees, for it to be effective.

5.3.3 Staff Preparedness and Management in Cases of OHS Incidents

The study showed that organizational culture at KRA encouraged interpretation, improvisation and unique action of employees. This result support Weick (2004) who suggests that highly reliable performance can be achieved through the development of an organizational culture that encourages interpretation, improvisation and unique action. For such a culture to exist there has to be trust, openness and mutual understanding, on the part of both workers and managers. This result shows that an integrated culture of innovation in health and safety policies is necessary for effectiveness.

The study showed that KRA examined the effectiveness of policies in light of management practices and employees' beliefs. According to Weick (2004), better understanding of employees' and managements' reactions toward safety practices can help organizations align company-wide safety policies and regulations with human behaviors in order to create a safer work environment. It therefore seems logical to examine the effectiveness of policies in light of management practices and employees' beliefs. These results show the need of support coming from the top of the organization that includes management and supervisors for polices being implemented to be effective.

The study showed that management support of safety at KRA had enhanced subordinate perceptions of the health and safety levels at work. This finding concur with studies that show a relationship between supervisor support of safety and the extent to which supervisors encourage safe working practices among their subordinates. Empirical evidence has

demonstrated that supervisor support not only facilitates occupational health and safety practices (Cohen, Smith and Anger, 1979; Lim, 2010) and perceived safety (Janssens, Brett and Smith, 2008), but also serves to increase organizational commitment (Parker, Axtell and Turner, 2001) and high job satisfaction (Viswesvaran, Sanchez & Fisher, 2008). These results show the need of support coming from the top of the organization that includes management and supervisors to enhance the buy-in attitude of employees towards a new culture.

The study showed that employees' perception of how much they can control the outcomes of the work environment at KRA had been a key determinant of their successful coping. This concurs with Karasek (1979) and Karasek and Theorell (2006) who state that, an individual's perception of how much he or she can control the outcomes of the work environment or the work environment itself is regarded as a key determinant of successful coping. This result shows that employee empowerment is necessary for effective and efficient implementation of any OHS policy framework.

The study showed that risk assessment helped KRA to focus on the risks that really matter in the workplace. According to Spector and Jex (2007), a risk assessment is an important step in protecting workers and the business, as well as complying with the law. It helps you focus on the risks that really matter in the workplace – the ones with the potential to cause real harm. In many instances, straightforward measures can readily control risks, for example ensuring spillages are cleaned up promptly so people do not slip, or cupboard drawers are kept closed to ensure people do not trip. Regular assessment leads to proper preparation by organizations as shown by the results, thus a need for regular risk assessment checks.

The study showed that KRA carried out hazard identification with the aim of determining contaminant effects. According to Spector and Jex (2007), hazard identification, aims to determine the qualitative nature of the potential adverse consequences of the contaminant (chemical, radiation, and noise) and the strength of the evidence it can have that effect. This is done, for chemical hazards, by drawing from the results of the sciences of toxicology and epidemiology. The study showed that employee health and safety roles in KRA were

influenced by the priority that management pays to it. This concurs with Mearns, and Havold (2003) who states that, the level of employee health and safety in an organization or area is likely to be influenced by the priority management in organizations pays to it.

The study showed that risk management in maintenance operations involved all organizational levels within KRA and that the organization used standardization to influence its safety and health policies. Lind and Nenonen (2008) recommends that risk management in maintenance operations must involve all organizational levels within an organization and that supervisors and managers must ensure that there are sufficient resources and knowledge for safe work. A study by Katz–Navon, Naveh and Stern (2007) that aimed at suggesting a new self-efficacy construct and exploring its antecedents and interaction with standardization to influence in-patient safety observed that standardization can facilitate patient safety but some situations may require improvisation. These results show that, when dealing OHS in organizations, involving all levels of the organization is necessary to facilitate an effective policy.

5.4 Conclusion

5.4.1 Rating of Existing Occupational Health and Safety Policies and Procedures

The study showed that there were no significant gaps between policies and actual control of workplace risks at KRA and there were legal requirements in place that required KRA to put in place mechanisms that ensured employee health and safety. The study therefore concludes that KRA provided a work environment that was safe and had adequate facilities and that arrangements such as employee training, health and safety communication and provision of notice boards for employee welfare were in place. It can be concluded that KRA ensured employee health and safety for both its employees and non-employees and that it had a culture that followed the government regulatory requirements and recognized safe practices that were communicated to provide managers and workers with a threshold for testing their practice.

5.4.2 Occupational Health and Safety Measures/Practices

The study showed that KRA managers had the primary responsibility of managing employee

safety and health within the organization and the organization had safety bulletin boards that were used for posting required safety posters and notifications. It can be concluded, therefore, that, KRA departments developed and maintained Emergency Evacuation and Operations Plans (EEOP) and that staff were trained on departmental emergency plans. The study concludes that organization identified and documented safety hazards to reduce and correct the flaws and also conducted periodic inspections of the work areas to ensure safety was maintained at all times.

5.4.3 Staff Preparedness and Management in Cases of OHS Incidents

The study showed that KRA's organizational culture encouraged interpretation, improvisation and unique action of employees and it examined the effectiveness of policies in light of management practices and employees' beliefs. It can be concluded that, the management support of safety at KRA had enhanced subordinate perceptions of the health and safety levels at work and the employees' perception of how much they could control the outcomes of their work environment. Employee health and safety roles at KRA were influenced by the priority that management paid to it and the risk management and maintenance operations involved all organizational levels within the organization.

5.5 Recommendations

5.5.1 Recommendations for Improvement

5.5.1.1 Rating of Existing Occupational Health and Safety Policies and Procedures

KRA should have an effective OHS program that address the general requirements specified by OHS legislation as well as outline the objectives and scope of the organization OHS program and demonstrate management's commitment to providing a safe workplace. The organization should ensure that its OHS plan is adjusted to fit the specific risks associated with its business.

5.5.1.2 Occupational Health and Safety Measures/Practices

The study recommends KRA to ensure that they have a procedure that identifies the formal qualifications required for staff working for them in terms of OHS training in order to identify any additional health and safety training that may be needed. This procedure should

also cover the induction provided to new staff to ensure that they are aware of all relevant safety procedures. Management and the human resource should ensure that appropriate records are kept of any required qualifications or training provided.

5.5.1.3 Staff Preparedness and Management in Cases of OHS Incidents

The study recommends KRA to integrate its OHS programs in its normal operations of the business. The organization should also obtain clear verbal and written agreement from all staff that they understand their OHS responsibilities - including OHS policies and procedures - in order to create a “safety culture” among all levels of staff.

5.5.2 Recommendations for Further Studies

This study focused on employee health and safety at KRA and the results are limited to KRA as an organization. The study therefore recommends that further studies be carried out on other organizations as well as industries in order to comprehend in detail the nature and practice of employee safety and health in various industries.

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APPENDICES
APPENDIX I: COVER LETTER

Dear Sir/Madam,

RE: REQUEST TO RESPOND TO QUESTIONNAIRE.

I am a student pursuing Master's Degree in Organization Development at United States International University – Africa. As part of the requirements, I am conducting a research on **Health and Safety Awareness among Employees at Kenya Revenue Authority**. As a key stakeholder in the organization, you have been selected objectively to be part of this study. I do hereby humbly request you to take part in responding to the questions contained herein.

The information being sought is solely meant for research purposes and will be analyzed on aggregate basis and the information thereafter treated with utmost confidentiality. No name of individuals is required from you. The report emanating from the study may be made available on request.

In case you have any queries, kindly contact me through email patrick.munuhe@kra.go.ke or cellphone number 0722814812.

Thank you in advance.

Patrick N. Munuhe

APPENDIX I: QUESTIONNAIRE

This questionnaire is divided into various sections, please fill or mark with an X in the blank spaces provided.

Section A: General Information

1. Gender _____
2. Marital status _____
3. Age bracket _____
 Under 20 Years () 21-30 Years () 31-40 Years () 41-50 Years ()
 51-60 Years ()
4. Highest level of education
 Secondary () Diploma () Bachelors Degree () Masters () Other _____
5. How long have you been employed at KRA?
 6-10 Years () 11-15 Years () 16-20 Years () Over 21 Years ()

Section B. Existing Occupational Health and Safety Laws, Policies and Procedures

6. Using the Key: SD-Strongly Disagree, D-Disagree, A-Agree and SA-Strongly Agree; rate the following existing occupational health and safety laws, policies and procedures at KRA.

	SD	D	A	SA
There are significant gaps between policies and actual control of workplace risks in the organization.				
There are legal requirements that require KRA to put in place mechanisms that ensure employee health and safety.				
KRA provides a work environment that is safe and has adequate facilities and arrangements for employee welfare.				
KRA ensures employee health and safety for both employees and non-employees.				
KRA has a culture that follows the government regulatory requirements and recognizes safe practices.				

KRA's safety standards are communicated to provide managers and workers with a threshold for testing their practice.				
Communication is used in KRA to foster employee involvement and depict the level of the safety culture.				
KRA has team leaders who integrate contingent employees into teams to minimize cultural barriers between employees.				
Management commitment to safety and transfer of learning facilitates positive safety results at KRA.				
KRA employees receive information about safety through consistent safety training programmes and safety information flows.				

Section C: Occupational Health and Safety Measures/Practices

7. Using the Key: SD-Strongly Disagree, D-Disagree, A-Agree and SA-Strongly Agree; rate the following occupational health and safety measures/practices at KRA.

	SD	D	A	SA
KRA managers have the primary responsibility of managing employee safety and health.				
KRA has safety bulletin boards used for posting required safety posters and notifications.				
KRA departments develop and maintain Emergency Evacuation and Operations Plan (EEOP) in case of emergency.				
KRA department staff are trained on departmental emergency plan.				
KRA provides strategic locations where first aid kits are availed.				
KRA has designated personnel assigned at different floors				

who have been trained on first aid and CPR.				
KRA identifies and documents safety hazards to reduce and correct the flaws.				
KRA conducts periodic inspections of the work areas to ensure safety is maintained at all times.				
KRA employees continually check work areas for unsafe conditions and practices.				
Effective program is ensured at KRA through employees training of safety in the work place.				

Section D: Staff Preparedness and Management in Case of Occupational Health and Safety Incidents

8. Using the Key: SD-Strongly Disagree, D-Disagree, A-Agree and SA-Strongly Agree; rate the following staff preparedness and management in case of occupational health and safety incidents at KRA.

	SD	D	A	SA
Our organizational culture encourages interpretation, improvisation and unique action of employees				
KRA examines the effectiveness of policies in light of management practices and employees' beliefs				
Management support of safety at KRA has enhanced subordinate perceptions of the health and safety levels at work				
Employees' perception of how much they can control the outcomes of the work environment at KRA has been a key determinant of their successful coping				
Risk assessment helps KRA to focus on the risks that really matter in the workplace				
KRA carries out hazard identification with the aim of determining contaminant effects.				

Employee health and safety roles in KRA are influenced by the priority that management pays to it.				
Risk management in maintenance operations involves all organizational levels within KRA				
KRA uses standardization to influence its safety and health policies				

THANK YOU