

UNIVERSITY OF CAPE COAST

EVALUATING THE SAFETY PRACTICES ON THE PERFORMANCE OF

WORKERS IN THE CATHOLIC HEALTH SERVICE OF JASIKAN

DIOCESE

CAESAR KWASI DZIGBEDE



2022

UNIVERSITY OF CAPE COAST

EVALUATING THE SAFETY PRACTICES ON THE PERFORMANCE OF

WORKERS IN THE CATHOLIC HEALTH SERVICE OF JASIKAN

DIOCESE

BY

CAESAR KWASI DZIGBEDE

Dissertation submitted to the Department of Human Resource of the School of Business, College of Humanities and Legal Studies, University of Cape Coast in partial fulfilment of the requirements for the award of Master of Business Administration degree in Human Resource Management.

OCTOBER 2022

## DECLARATION

### Candidate's Declaration

I hereby declare that this dissertation is the result of my own original work and that no part of it has been presented for another degree in this University or elsewhere.

Candidate's Signature..... Date: .....

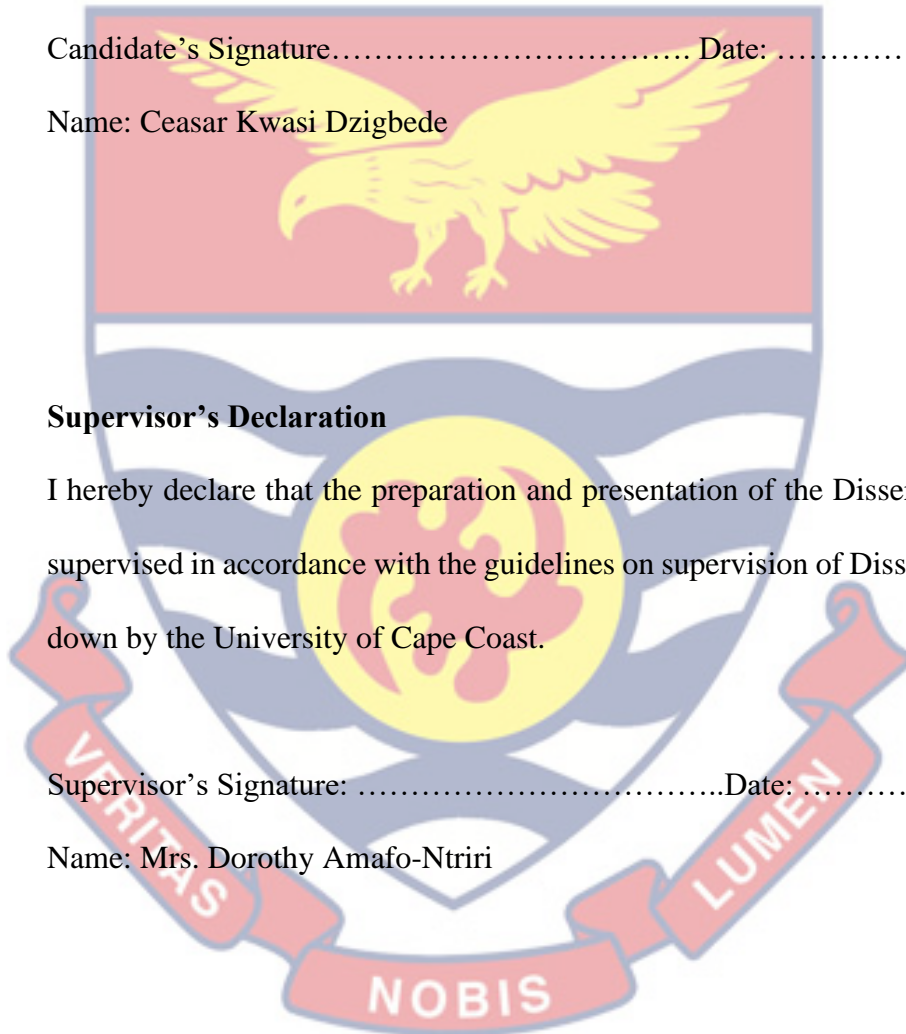
Name: Ceasar Kwasi Dzigbede

### Supervisor's Declaration

I hereby declare that the preparation and presentation of the Dissertation were supervised in accordance with the guidelines on supervision of Dissertation laid down by the University of Cape Coast.

Supervisor's Signature: .....Date: .....

Name: Mrs. Dorothy Amafo-Ntriri



## ABSTRACT

The study's main objective is to assess the impact of safety procedures on the productivity of employees at the Catholic Health Service of Jasikan Diocese. The specific objectives were, to: identify the occupational health and safety practices of Catholic Health Service of Jasikan Diocese; assess the performance of the employees of Catholic Health Service of Jasikan Diocese; examine the benefit of Health and safety practices (HSP) in Catholic Health Service of Jasikan Diocese; and examine the effects of occupational health and safety practices on employee performance in Catholic Health Service of Jasikan Diocese. The approach used by study is quantitative and the descriptive survey design was employed. Questionnaire was used for collecting data to address research objective. The simple random sampling was employed to choose a sample size of 97 respondents. The frequency and percentage were employed to analyse the demographic variables and mean, standard deviation and Linear multiple regression analyses were used to analyse the data on answer the research questions. The findings showed that health and safety practices have statistically significant positive effect on worker performance. The study also established that employees' knowledge on health and safety measures help to lessen injuries and damages that affected the performance of the workers. The study concluded that intensifying education on health and safety practices will leads to better workers performance. The study recommends that Management of Catholic Health Service of Jasikan Diocese should design effective hazards control mechanism and put in place emergency detection measures to detect emergencies to prevent injuries before they occur.

## ACKNOWLEDGEMENTS

I am very appreciative to my supervisor, Mrs. Dorothy Amafo-Ntriri, for her guidance, encouragement and support for making this dissertation writing a success. Finally, I am thankful to my extended family and everyone who supported me throughout this programme. I wish to direct my gratefulness to the entire management and staff of St. Joseph's hospital Nkwanta for their encouragement.



## DEDICATION

To my wife, Mrs. Stella Amoah Dzigbede and daughter, Sefakor Harriet

Dzigbede



**TABLE OF CONTENTS**

	Page
DECLARATION	ii
ABSTRACT	iii
ACKNOWLEDGEMENTS	iv
DEDICATION	v
TABLE OF CONTENTS	vi
LIST OF TABLES	ix
LIST OF FIGURES	x
CHAPTER ONE: INTRODUCTION	
Background to the Study	1
Statement of the Problem	6
The purpose of the Study	8
Objectives of the Study	8
Research Questions	8
Significance of the Study	9
Delimitation of the Study	9
Limitation of the Study	10
Organisation of the Study	10
CHAPTER TWO: LITERATURE REVIEW	
Introduction	11
Theoretical Review	11
Goal-Freedom Alertness Theory	11
Distractions Theory	13
Concept of Safety and Health	14

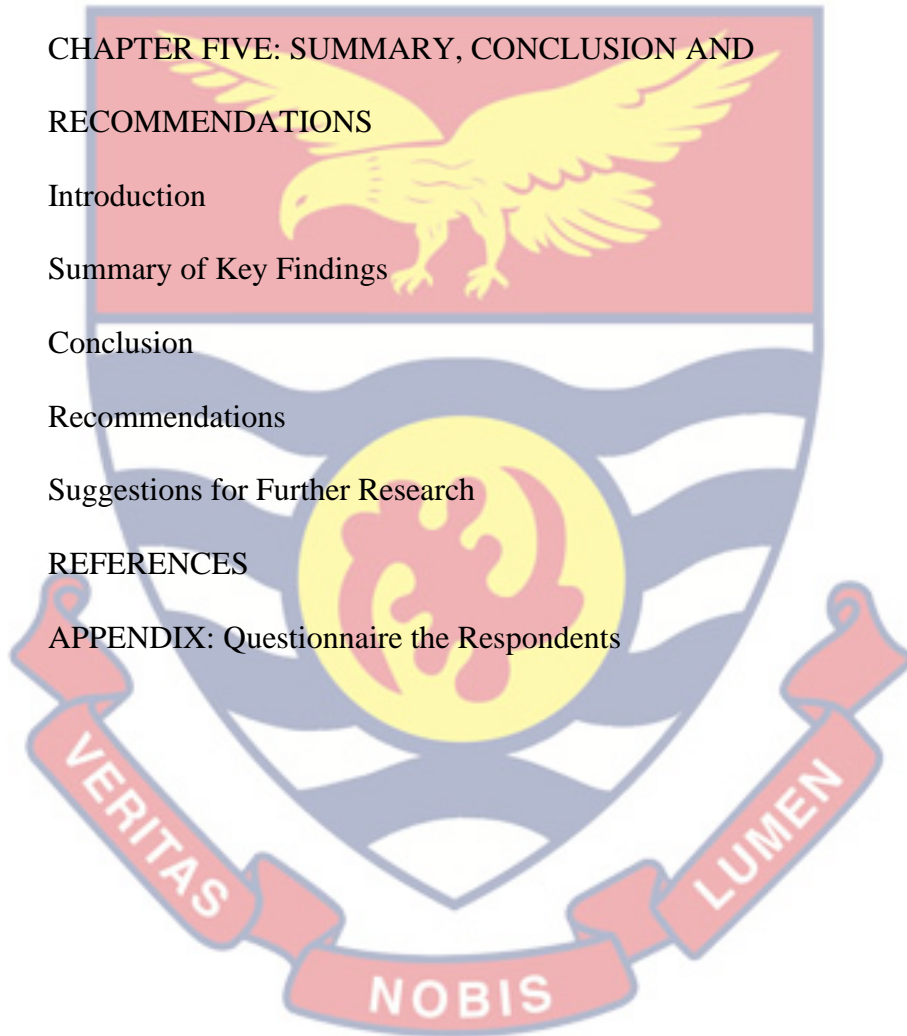
Occupational Safety and Health Practices (OHSP)	16
Health and Safety Training to Increase Employee Performance	16
Health and Safety Promotion Policies and Employee Performance	17
Employee Performance	20
The Effects of Safety and Health Programmes on Employee Performance	21
Empirical Review	23
Conceptual Framework	27
Chapter Summary	29
<b>CHAPTER THREE: RESEARCH METHODS</b>	
Introduction	30
Research Design	30
Research Approach	31
Population of the Study	32
Sample and Sampling Procedures	32
Data Collection Instrument	34
Pre-test of the Study	35
Validity and Reliability of the Instruments	35
Reliability of the Instrument	36
Data Collection Procedure	37
Data Processing and Analysis	38
Ethical Considerations	39
Chapter Summary	40
<b>CHAPTER FOUR: RESULTS AND DISCUSSIONS</b>	
Introduction	41
Demographic Information	41



Research Question One	44
Research Question Two	49
Research Question Three	52
Research Question Four	56
Durbin Watson Test	58
Chapter Summary	62

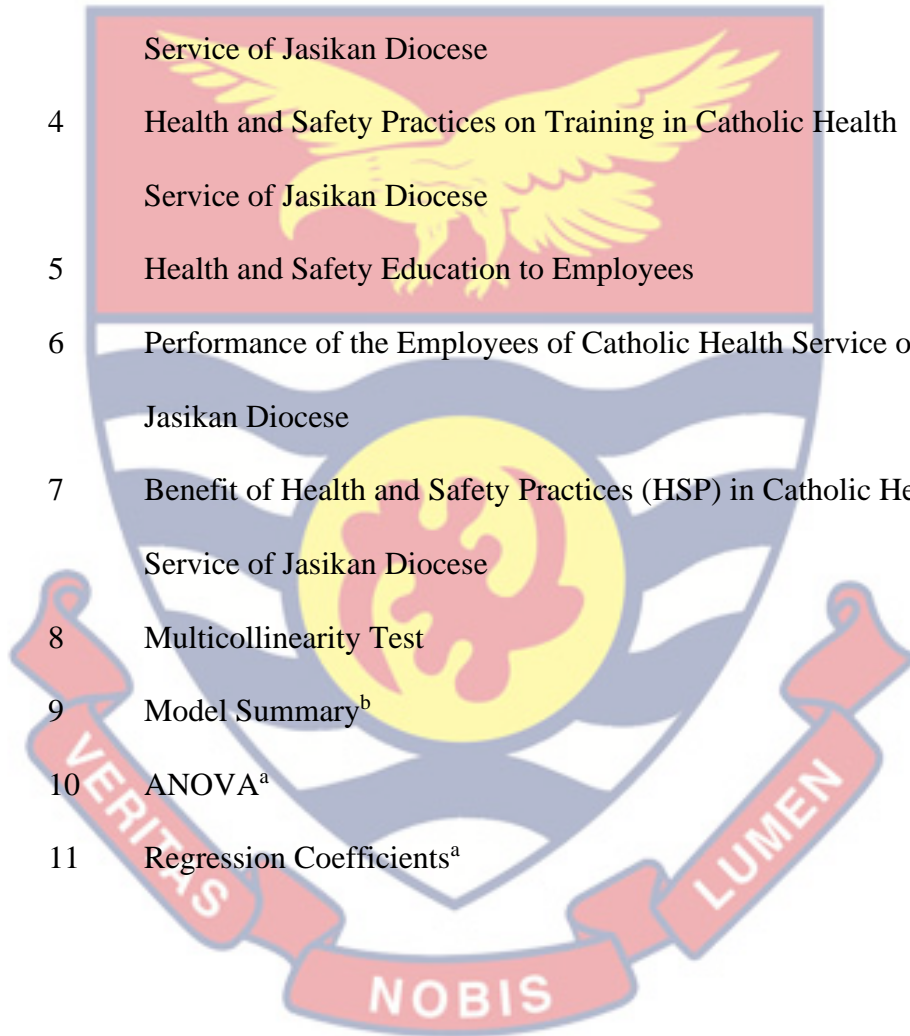
**CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS**

Introduction	64
Summary of Key Findings	65
Conclusion	67
Recommendations	68
Suggestions for Further Research	69
<b>REFERENCES</b>	70
<b>APPENDIX: Questionnaire the Respondents</b>	81



**LIST OF TABLES**

	Page
1 Cronbach Alpha of Health and Safety Practices on Training in Catholic Health Service of Jasikan Diocese	37
2 Demographic Information of Respondents	42
3 Occupational Health and Safety Practices of Catholic Health Service of Jasikan Diocese	45
4 Health and Safety Practices on Training in Catholic Health Service of Jasikan Diocese	47
5 Health and Safety Education to Employees	48
6 Performance of the Employees of Catholic Health Service of Jasikan Diocese	50
7 Benefit of Health and Safety Practices (HSP) in Catholic Health Service of Jasikan Diocese	53
8 Multicollinearity Test	58
9 Model Summary <sup>b</sup>	58
10 ANOVA <sup>a</sup>	59
11 Regression Coefficients <sup>a</sup>	60



## LIST OF FIGURES

	Page
1 Conceptual Framework	27
2 Regression Standardized Residual	57
3 Observed Cum Prob	57



## LIST OF ACRONYMS

OHSP	Occupational Health and Safety Practices
HSP	Health and safety practices
OHS	Occupational Health and Safety



## CHAPTER ONE

### INTRODUCTION

Now more than ever, businesses cannot afford to lose committed and experienced workers due to illness brought on by unsafe working conditions, because it is so expensive to find, hire, train, retain, and motivate new employees to replace experienced workers who leave the company due to illness related to their work. As a result, hospitals in particular must continue to prioritise employee health and safety. In addition to making the occupation safer, good health and safety regulations also increase productivity and morale among workers. Health and safe practices help to improve employee performance and enhancing the quality service.

#### **Background to the Study**

Employee's health and safety contribute significantly in enhancing the organisational performance which results in achieving the organisational objectives. Iheanacho, Maryjoan and Tom (2017) noted that health and safety practices is an imperative approach just not to safeguard the occupational health and safety (OHS) of employees, but also enhance efficiency, product quality, work incentive, and job happiness, improving both people's quality of lives as individuals and society as a whole.

The goal of OHS is to ensure that people are in excellent physical condition while they are at work. It aims to improve the ability of the workforce to deliver. The International Labour Organisations offers a variety of tools to advance OHS, including codes of conduct, international labour standards, information distribution and the provision of technical guidance through workshops and publications. These methods are intended to improve the

government's and its citizens' ability to avoid occupational illnesses and accidents at work by enhancing working conditions.

The major goal of any organisations is to increase productivity, but without the safety of the employees and employee service delivery, it becomes mirage. There are workplace dangers present in today's workplaces, and failing to control them puts employees' health and performance at risk, which would inhibit productivity growth via improved service (Health and Safety Executive, 2015). According to World Health Organisations (2013), more than 160 million new instances of diseases attributable to the workplace occur each year. The effective management of workplace safety is important to employees in any organisation because health and safety practices can help to reduce accidents in the organisation (Amponsah-Tawiah et al., 2011).

Businesses that prioritise health and wellness see fewer workplace accidents, increased worker retention rates, and improved corporate image (Amponsah-Tawiah & Dartey-Baah, 2011). This prevents the unpredictability and workload strain that results from production delays, hiring new people, and changing equipment, as well as the accompanying expenses (Amponsah-Tawiah & Dartey-Baah, 2011). Cudjoe (2011) lists several advantages of promoting OHS, including making people live better-off and longer lives, boosting economic activity, lowering the request for medical and public services, and lowering the expenses of illness and injury on a personal and societal level. Most organisations are concerned with providing an environment that are safe and advantageous for their workers to increase productivity (Ariza-Montes et al., 2019).

The human misery brought on to the employees' families, which cannot be made up for with money, is one of the most visible indirect expenses. There is no one reason for accidents; rather, a number of concurrently acting elements combine to produce them, according to Muchemedzi and Charamba (2006). Before someone is exposed to a potentially hazardous condition, an accident occurs. Unsafe behaviours or procedures result in accidents (the human factor, which includes bad attitudes, unhealthy physical circumstances, and a lack of knowledge or skills necessary for one to work securely). Additionally, they come from the usage of materials or equipment that are in dangerous circumstances.

Over the past 10 years, a lot of study has been done on illnesses, injuries, and fatalities at work. According to Hämäläinen et al. (2017), 2.78 million fatalities, 160 million illnesses connected to work, and each year, diverse workplaces record 313 million non-fatal accidents. (Takala et al. 2014). The majority of occupational hazards and injuries are a result of improper worker behaviour and a dangerous working environment (Liu et al. 2015). Iskanto, Ghazali, Afthanorhan and Narti (2020) found that work safety variable has a substantial impact on performance has a significant favourable on effect on employees' performance. Employees are exposed to several dangers and issues that jeopardize their safety, including vibrations, loud noises, operating potentially dangerous machinery, and numerous other circumstances that might result in accidents.

Amponsah-Tawiah and Mensah (2016) claimed that OHS accidents at work are on the decline in more developed nations but are rising in less developed ones. In research done in New Zealand, Lamm, Massey, and Perry

(2006) made the claim that there is an increasing and convincing indication that creating a safe and healthy workplace has the potential to boost labour productivity, which would then increase the provision of high-quality healthcare. These findings support the fact that institutions are working effective to reduce hazardous conditions by implementing health and safety precautions to reduce the expense of compensation. According to research done in Lesotho by Amweelo (2000), there is a connection between employee performance in a firm and health and safety. To put it another way, these findings support the idea that OSH should no longer be viewed as merely an expense but rather as a tool to enhance an organisation's overall performance.

A survey revealed that over one million workers have occupational illnesses and accidents, while another 500,000 experience short-term or long-term illnesses due to work-related conditions, including 500 000 who sustain significant non-fatal injuries (Muchiri, 2003). According to Jilcha and Kitaw (2016) who found that a total of one million employees recorded hurt at workplace, 2.4 million individuals die annually as a consequence of perilous or unhygienic working environments. Managers are required under the Health and Safety Regulations of 1981 to provide the necessary tools, infrastructure, and personal protections to guarantee that workers receive prompt medical care if they are hurt or unwell while at work.

Worker performance is significant to the success of the businesses since it helps in improving the quality of work, quantity of work and ensure that the attitude in which the employees are having as they carry out their tasks is the right attitude (Rivai, 2012). Employee performance refers to the timely, effective, and efficient accomplishment of responsibilities that have been



mutually agreed upon and are outlined by the employer. Employee productivity is also influenced by output quantity and quality, output timeliness, attendance and presence on the job, as well as output effectiveness and efficiency (Mathis & Jackson, 2009).

Nawawi (2009) asserts that an employee's performance may be viewed as his actions or inactions while carrying out his primary responsibilities. Making sure that employees have comfortable and secure working circumstances is key to achieving effective employee performance. Employee productivity is better when they are willing to work and are physically, emotionally, and mentally capable of doing so. Improved employee performance translates into higher production, which can therefore result in increased earnings. Because it will affect both employee and organisational performance, upholding the highest standards for employee safety and health is crucial. Marwansyah (2016). Employees are more productive and stay healthier in a safe workplace.

However, a rise in occupational illnesses and injuries has resulted in accident, sickness, time off work, absenteeism, and turnover rates, which has resulted in lower productivity for both the individual and the company due to compensation expenses (Riedel, 2001). In addition, Gemignani (2008) points out despite the fact that there is proof that workplace injuries and illnesses have an effect on production losses, there are gaps in the research that imply, it is unclear whether or not reducing injuries and illnesses will automatically have an impact on productivity gains. These methods include OHS training, OHS promotion policies, and orientation and teaching on OHS measures.

Although there are just a few companies in Nigeria that control work hazards, many other firms don't seem to have any management programs that might enhance this management. Furthermore, in order to study the management of work hazards in the Ghanaian working environment, it is essential the ability to comprehend the concept of OHS because every business is centered on the individual human being, whose output is partially influenced by his or her state of health. Filling this gap requires the evaluation of safety practices and performance of workers in the Catholic Health Service of Jasikan Diocese.

### **Statement of the Problem**

Due to disregard for safety laws and regulations, as well as the disregard for the immediate dangers associated with manufacturing Organisations, work-related accidents and incidents are common, thus posing a negative effect on employee performance. In the corporate world of today, the issue of safety and health at work is being addressed worldwide. However, in a situation where there is an absence of attention to safety precautions, the result has been a high level of industrial risks, which hamper economic development, as commodity production will be low. Workers in Ghana Health Service continue to have problems due to occupational accidents, illnesses, and infections (Paivi Hamalainen, 2006).

The potential for hospital losses as a result of poor OSH implementation includes the interruption of operations, the repair of equipment damaged by workplace accidents, and the firm missing out on possibilities to make money owing to underproductive staff. (Gbadago et al., 2017). Similarly, Wachter and Yorio (2014), and Gillespie (2016) study showed that some of the Health

Institutions have been keeping track of injury and death incidents, as well as high absence rates and high compensation expenditures. Accidents in the health service results in a series of severe injuries, financial burden, deformation and death of employees (Quartey & Puplampu, 2012).

The recent observation by the researcher showed that Catholic Health Service of Jasikan Diocese workers are exposed to harmful chemical, fire explosion, improper use of safety protecting equipment, skin disorder, respiratory problems, poisoning, hearing loss, which might lead to psychological distraction and even death of the workers. It appears health workers in Catholic Health Service of Jasikan Diocese faces a variety of risks, including safety risks, mechanical risks, biological risks, ergonomic risks, physical risks, and psychological risks, and management must overcome financial obstacles to successfully install and maintain OHS measures to address these risks.

The negative consequences of poor health and safety practices leads to loss of human lives, reduced output and a financial burden on the victims and the nation at large. A study by Fosu (2019) found that inefficiencies and inadequate use of OHS standards in the health service. Research on the evaluation of OHSP in Ghana done by Mustapha et al. (2018) revealed that inadherence to health and safety rules and regulations within the Ghanaian resulted in hazard. According to Kibe (2016), injuries and accidents result in absences, disruptions of the workplace, and poor employee morale. It also leads to loss of lives of employees, extra financial burden, early retirement of affected employees, loss of competent workers and excessive insurance premiums as a result of workplace accidents and illnesses

In the Ghanaian contexts Amponsah-Tawiah et al. (2016), Nana-Otoo (2016) and Bentil (2018) conducted similar studies and indicated that excellent safety procedures increase productivity in addition to creating a safer working environment. However, none of the studies have been done on health safety practices and employees' performance at Catholic Health Service of Jasikan Diocese. This study aims to address a research gap by assessing the effect of safety practices on the performance of workers in the Catholic Health Service of the Jasikan Diocese.

### **The purpose of the Study**

The main purpose of the study is to assess safety practices on the performance of workers in the Catholic Health Service of Jasikan Diocese.

### **Objectives of the Study**

Specifically, the study seeks to achieve these research objectives:

1. Identify the occupational health and safety practices of Catholic Health Service of Jasikan Diocese
2. Assess the performance levels of the employees of Catholic Health Service of Jasikan Diocese.
3. Examine the benefit of Health and safety practices (HSP) in Catholic Health Service of Jasikan Diocese.
4. Examine the effects of occupational health and safety practices on employee performance in Catholic Health Service of Jasikan Diocese

### **Research Questions**

These were research questions guiding the study:

1. What are the occupational health and safety practices of Catholic Health Service of Jasikan Diocese?

2. What is the performance of the employees of Catholic Health Service of Jasikan Diocese?
3. What are the benefits of Health and safety practices (HSP) in Catholic Health Service of Jasikan Diocese?
4. What are the effects of occupational health and safety practices on employee performance in Catholic Health Service of Jasikan Diocese?

### **Significance of the Study**

The outcome of the study would enable the management of Catholic Health Service of Jasikan Dioceses to review the health and safety measures of their employees. The study is to educate employees on the benefits of health and safety training education and promotion policies on good health and safety practices. Policy makers may find this research to be very important to revise and update the health and safety policies and keep employees abreast with the policies to minimize injuries at the workplace.

The study assisted Government and Ghana Health Service to provide conducive working environment to the health workers employees in Catholic Health Service of Jasikan Diocese. The study also assisted scholars and students who may use this work for further studies on OHSP.

### **Delimitation of the Study**

This study only investigated OHSP in the Catholic Health Service of Jasikan Diocese because none of the previous have done in this study area. The study gathered data only from the nurses, Doctors, Laboratory Technicians, Pharmacist and Dispensing Assistants, Physician Assistants, other Clinical staff and Paramedical staff of Catholic Health Service of Jasikan Diocese.

### **Limitation of the Study**

The study employed only questionnaire to gather data to present solution the research questions. The use of only questionnaire to gather data would not allow the respondents to give detailed information of the topic. To overcome this weakness, the researcher was able to collect enough data to address the problem. Also, this study was restricted to only the staff of Catholic Health Service of Jasikan Diocese which made it problematic to generalize the findings to the population as a whole.

### **Organisation of the Study**

The study is categorised into five main chapters. The first chapter highlights on background to the study, statement of the problem, research objectives, research questions, significance of the study, delimitations of the study, limitations of the study and the organisation of the study. Chapter two is the literature review which is divided into conceptual theories underpinning the research topic and some empirical studies on the study topics. In the third chapter, the research methods are outlined consisting of the research design, population definition, sampling techniques, procedures and instrumentation. It also defines the data sources and methods of data collection, ethical concerns and data handling procedures. Chapter four is the data discussion and results, and the final chapter presents summary of finding, conclusions and recommendations.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This chapter reviewed the literature on the occupational health and safety practices of Catholic Health Service of Jasikan Diocese, assessed the performance of the employees, examined the benefit of Health and safety practices (HSP), effects of OHSP on employee performance, the conceptual framework, empirical review and chapter summary of the study.

#### Theoretical Review

The study used the goal-freedom alertness theory and distractions theory which established that safe work achievement is the end result of psychologically profitable setting and a worthwhile psychological environment where employees are endorsed to participate, set sustainable goals and pick out methods or protection programmes to obtain protection and fitness goals. These two theories are reviewed below.

#### Goal-Freedom Alertness Theory

According to Kerr's (1950) development of the Goal-Freedom Alertness Theory, a work environment that is psychologically gratifying leads to safe job performance. According to this viewpoint, accidents are seen as instances of subpar job behaviour that take place in a demotivating psychological environment. Reduced attentiveness is a result of this. The notion holds that a fulfilling psychological environment is one in which employees are encouraged to engage, create long-term objectives, and choose strategies or safety initiatives to achieve those goals. They must be let to contribute to the formulation and resolution of issues.

According to the Goal-Flexibility Alertness Theory, management should provide employees to have clearly defined objectives and the freedom to work toward those goals. The end outcome is increased awareness and attention to the current duties. According to the principle, managers and other leaders should create job more enjoyable for workers. They could use a range of administrative strategies, such as goal-setting, participatory management, and explicit task assignments. The hypothesis is supported by Heinrich et al's (1980) assertion that employees would be safe in a supportive work environment. They contend that an environment where employees' attention is diverted compromises safe performance. They confirm that workplace dangers distract employees' attention during working hours, increasing their vulnerability to harm. Managers and supervisors may take steps to reduce workplace dangers, according to Heinrich et al. (1980). The response of employees to dangerous working circumstances relies on their ability to recognize the situation.

It is however, one of the major weaknesses of this theory as evident in literature lies in the allegations that the model is best suitable for clinical settings especially in the prevention of accidents, thus making its applicability in other contexts a problem. However, it is essential to establish that the theory has additional factors that positively reduce accidents within organisations given that it mainly focuses on the need to minimize environmental stressors as well as the psychological work climate. There are no studies that mention any modifications of this theory. The organisation should create positive attitudes among its employees harnessed to reduce that proneness to industrial accidents.



## Distractions Theory

According to Hinze (2007), the theory's proponent, safety is situational. Because mental distractions vary, there may need to be a variety of reactions to keep performance safe. Additionally, the worker may or may not be aware of risks or physical situations having characteristics that might hurt a person, which can have an impact on job safety. The hypothesis is applicable when there is a well-defined job task to complete and a known safety risk or mental distraction. There isn't much that can stop employees from performing their responsibilities in the absence of risks.

However, labour is really difficult when there are risks present. The idea has two parts: the first addresses risks brought on by dangerous physical environments, and the second addresses a worker's obsession with matters that are unrelated to the job at hand. In essence, the hypothesis contends that greater task accomplishment results from workers who have reduced injury risk. A worker is more likely to be hurt and do less well on a job when they are more focused on a mental diversion. Workers must avoid mental distractions in order to prevent harm and achieve high levels of productivity.

According to Petersen (2016), while delegating responsibilities to staff members, managers must take into account the human capacity for safety and health. He makes the case that accidents may be linked to certain socio-technical causes that affect how people perform. Employers must take into consideration employees' qualifications, as well as their degree of experience, education, and training in workplace safety and health. Distractions theory argues that to avoid harm and increase employee performance productivity, workers need to avoid distractions. The study established cost of health and safety programmes affect

the implementation of health and safety practice in the health services. The theory argues that management should establish the work environment that are safe and free from obstruction, making employee secure to work, minimizes the occurrence of accident and increases the performance of employees.

### **Concept of Safety and Health**

The study reviewed literature on the concepts of health and safety practices in organisations. OHSP, according to Vinodkumar (2010), are strategies, policies, actions, and procedures that a business may put into place to focus on the safety of its workers. There are several safety-related components included in OHSP. They are management commitment, safety education, employee participation, safety policies, regulations, and practices.

OHSP are ideas, policies, practices, and actions a business may use to ensure the safety of its personnel (Vinodkumar, 2010). Occupational safety and health measures may lessen the likelihood of accidents occurring in industrial settings (Hamid, 2015). According to the ILO, (2003), an occupational injury is defined as “death, any personal injury or disease resulting from an occupational accident” while Occupational illness is defined as “a disease contracted as a result of an exposure to risk factors arising from work activity”. The field of safety and health focuses on protecting and promoting healthy employees as well as preventing illnesses and injuries connected to the workplace (Foromo, Chabeli & Satekg, 2016). According to Mathis and Jackson (2004), occupational health is the whole level of a worker's physical, mental, and emotional well-being. Given the opinions of these authors, it can be assumed that they all have the similar belief that a healthy worker is one who is free from

ailments, accidents, and psychological or emotional issues that might interfere with his regular job activity or routine.

The greatest level of physical, psychological, and social well-being of workers in all vocations must be promoted and maintained, according to Taderera (2012). The same author also points out that occupational health and occupational safety are two parallel but connected extremes that make up safety and health. Mejia (2010) claims that workplace safety and health is a global issue that encompasses both physiological and psychological health. Reducing the incidence of workplace accidents and injuries is just one aspect of managing workplace safety and health effectively.

Depending on the country, a fatal occupational injury occurs when a work-related accident results in the victim's death, whether it happens right away or not. Any injury that the victim experiences during an accident but not one that results in death is referred to as a non-fatal occupational injury (ILO, 1998). The establishment and conservation of the greatest level of physiological, emotional, and social welfare of employees in all vocations is what WHO and ILO describe as occupational health and safety (Veltri, Pagell, Behm & Das, 2007).

By raising knowledge among workers, employers, and the general public, accidents may be avoided. Employees' performance in workplace safety may be improved by a company that offers a good OHSP. Additionally, an effective OHSP implementation in the company will lower the accident rate and have a number of positive effects on the company (Yueng-Hsiang Huang, 2006). By HRM practices that emphasize OHSP in the workplace, physical, mental, and social well-being may be enhance. According to a 2004 report by

Den and Verburg, OHS precaution is connected to all activities involving the augmentation and management of health and safety, as well as the stoppage and extenuation of possible health and safety risks and hazards at work.

### **Occupational Safety and Health Practices (OHSP)**

According to Vinodkumar (2010), OHSP are approaches, guidelines, activities, and measures that a business may establish to focus on the security of its personnel. The health and safety processes comprised management commitment, training in safety, worker participation, rules and procedures for safety, and policies for safety promotion.

### **Health and Safety Training to Increase Employee Performance**

The organization must present orientation to all levels of workers. Workers may enhance their behaviour, information, and abilities via training. A goal-setting and performance-feedback-based program must be used after training. Perhaps by providing safety advice, incidents can be avoided (Asepori, 2011). Promoting safety, preventing accidents, adhering to safety protocols, utilizing personal protective equipment, reacting to accidents and emergencies, handling chemical equipment and machinery, avoiding workplace dangers, and engaging employees should all be included in training sessions (Hamid, 2015). All that is required to increase worker safety awareness and prepare them to deal with everyday risks, hazards, and dangers at work is the provision of the proper kinds and quantities of safety training. The frequency of accidents, injuries, legal responsibility, worker compensation claims, property damage, and employee absences from work may all be decreased with the help of effective training programs (Othman, 2012).

## **Health and Safety Promotion Polices and Employee Performance**

To encourage employees to practice safety in the workplace, management use a variety of safety promotion tactics, including recreational activities, incentives, and rewards (Shamsudinb, 2016). Additionally, laws that support safety may inform staff about danger reduction initiatives and encourage them to embrace preventive safety management practices (Othman, 2012). Additionally, organisational processes should be enhanced by providing sufficient resources such gloves, PPE, and digital boards to guide patients, lessen burden, and lengthy working hours (Yassi et al., 2014).

Additionally, management has to organise counseling services to assist employees who encounter patient abuse deal with their stress and worry (McCaughey et al. 2015). Additionally, an overall enhancement to the workplace in terms of policies and procedures, supplies and tools, and interpersonal relationships at work might perhaps assist in reducing or eliminating the risky medication behaviour of nurses (Yu et al. 2018).

### **Benefit of Health and safety practices (HSP)**

McCunney (2001) stated that implementation of The OHSP at the construction projects has a considerable advantage in lowering the absenteeism rate in the Johor Bahru construction project, which was noted by prior study such as: a study by (Hussian, 2013) and Alli (2001) discovered that consciousness of health and safety procedures aids in the elimination of injuries and fatalities, and the majority of respondents concurred that using and executing OHSP eliminated injuries and fatalities among healthcare professionals.. Daniel (2011) posited that employees' awareness of health and safety practices and measures decrease compensation costs and reduce financial

burden on the health service. According to Warner (2013) implementing and promoting of OHSP at health service has increased the performance of employees. The finding furthered showed that Workplace OHSP promotion increases employee productivity. Furthermore, it encourages creativity and innovation of employees (Hudson, 2010).

It has been shown that implementing OHSP dramatically lowers the frequency of accidents, illnesses, injuries, and deaths (Hussian, 2013). Additionally, OHSP assists Institutions in demonstrating to all parties involved that their company is socially responsible via enhancements to the firm's reputation, image, and brand value (Warner, 2013). Additionally, it supports the development of constructive stakeholder interaction at all levels as well as the preservation and augmentation of investor trust. It helps Organisations to fulfill customer expectations and motivates staff to work longer hours (Federation, 2016). Additionally, OHSP contributes to the organization's increased competitiveness. OHSP generated the financial gain for the company (Work, 2007). Businesses that implement safety measures at work might profit from lower product loss and tools damage expenses as well as lower compensation costs (Daniel, Benefit of OHS, 2011).

Yoon et al. (2013) discovered that questionnaires in the research were used to determine the degree of knowledge of safety concerns among site general managers and OHS managers. The research also demonstrates that the introduction of an OHS precautionary system among the top 100 construction enterprises in South Korea resulted in a 67% drop-in accident rates and a 10.3% drop-in fatal accident rates from 2006 to 2011. The research demonstrates that implementing an OHS management system at various management levels leads

to considerably lower rates of fatal accidents and work-related accidents, which benefits organisational production.

According to research by Katsuro et al. (2010), issues with OHS have a detrimental impact on employees' ability to produce in the food business, which lowers worker production. According to Bilhah, Makokha and Namsonge (2018), accident reduction improves organisational effectiveness as well as development and survival. According to Akpan (2011), efficient health and safety management has been shown to positively correlate with improved organisational performance and profitability, as the expenses related to employee absences may be greatly reduced as a result of managed accidents. Health workers faced a variety of risks according to Gbadago, Amedome, and Honyenuga (2017), including safety risks, mechanical risks, biological risks, ergonomic risks, physical risks, and psychological risks. Management also faced financial difficulties in putting OHS measures into place and keeping them up to date.

According to a Simon (2020) research, productivity depends on one's health and safety. The marginal effects of employee productivity on health and safety were 21 and 27 percent, respectively. It was also obvious that one's presence, eminence, quantity, effort, and degree of attention at work are all favorably impacted by health and safety. The results of the Grepherson (2013) research showed a larger impact of OHS on growth in output, organisational profit, and employee happiness. It promotes employee awareness and unites management and staff objectives for the benefit of the company. The research also demonstrated how workplace health and safety initiatives may reduce illnesses, accidents, and fatalities connected to working conditions.

## Employee Performance

According to Aida and Listianingsih (2004), performance is the outcome of work that an individual or group of individuals within an organisation may do in line with their respective authority and duties in order to accomplish organisational objectives. Purnama and Subroto (2016) define performance as the achievement of the objective via efforts. According to the directions, functions, and tasks based on Martin's knowledge, attitude, and talents, performance is the appearance of doing, describing, and producing things that are both physical and non-physical (2013).

## Employee Performance

Employee performance is characterized as a person's contribution to an organization's overall success in achieving its goals. Additionally, it may be improved via careful task planning, checking, and evaluating how well each employee is contributing to the corporate objectives. Employee performance, according to Arulrajah, Opatha, and Nawaratne (2016), is all of the behaviour that employees exhibit in the workplace and contribute to the success and accomplishment of the organisation's objectives. Additionally, Fonkeng (2018) defined employee performance as the sum of all workers' financial and non-financial contributions to the organisations, which directly and indirectly help the organisations accomplish its objectives. Employee performance was described by Azmi, Shahid and Alwi (2016) as an activity in which an employee is able to carry out the assigned work successfully, subject to the usual constraints of the acceptable usage of available resources.



In a study done in the Netherlands, De Greef and Van den Broek (2004a) showed that health and safety measures had a favorable effect not only on safety and health performance but also on business efficiency. These results support the idea that there is a substantial connection between a productive workplace and a company's achievement. Therefore, productivity and profitability are significantly impacted by a workplace's quality.

From the different viewpoints on the aforementioned, it can be inferred that performance refers to the outcome or degree of success attained by the employee in carrying out a job activity in relation to the task at hand. For the next degree of success attained by the worker who served as a reference, Purnama (2014) devised tools for study that take into account quality, quantity, timeliness, and teamwork. Using worker efficiency as a gauge of success is one of the main problems confronting production organisations. More workloads, an unfavorable environment, unfavourable “human-machine” systems, scratchy working conditions, etc. are some traits that these firms have in common.

### **The Effects of Safety and Health Programmes on Employee Performance**

It goes without saying that there must be a fundamental concern for the wellbeing and safety of workers, as well as support for their self-interest and protection. Because of the idea that operational independence and productivity are restricted by health and safety, the workplace reality may diverge from this view. Higher performance HR methods acknowledge that fostering an atmosphere where individuals feel physically and mentally secure is a very basic sign of how much employers appreciate their employees (Pilbeam & Corbridge, 2010).

According to research by Kaynak et al. (2016), organisational commitment was positively impacted by OHS activities such as safety protocols and risk management, safety and health laws, first aid assistance and orientation, and organisational safety support. Additionally, it was shown that first aid training and assistance lowered job alienation, although safety and health regulations and organisational safety support increased it. Finally, organisational safety support, safety and health regulations, and safety procedures and risk management all indirectly impacted how well people performed their jobs.

De Koster et al. (2011) provided evidence that emphasizing safety contributed to a decrease in accidents. In this situation, direct costs are defined as first aid, ambulance and hospital costs, payments for temporary or permanent loss of capacity to work or death, monetary and non-monetary damages payable to the employee or the employee's family, and damages payable to insurance, whereas indirect cost items are defined as reputational impairment, diminished long-term productivity, and monetary costs associated with legal proceedings. In general, businesses should spend money on strategies that prevent workplace accidents in order to enhance their safety records (De Koster et al., 2011).

Additionally, OHSP gives both the business and its personnel the chance to function at a high level (Baterman, 2002). Nowadays, workplace risks are quite prevalent in both manufacturing and non-manufacturing industries. The right to a healthy, safe, and lawful workplace is guaranteed through OHS, according to Shannon et al. (2001). Employees that work in safe and secure environments have solid psychological foundations, which enhances productivity and job performance. In a similar vein, Black and Lynch (2000)

asserted that occupational health risks cause workers' job performance or productivity to decline in research conducted in the United Kingdom.

According to Taimela et al. (2008), administrative controls, such as personnel and training, are essential to removing or significantly reducing occupational risks. The need for engineering controls was highlighted by the introduction of automated systems for repetitive operations, sufficient ventilation, and reconfiguring work areas (Liberati, Peerally, & Dixon-Woods, 2018). According to research by Dropkin, Freund, Gorman, Kamen, Lowe, Milek, and Zuckerman (2013), personal protective equipment (PPE) including gloves, clothes, and eyewear are among the least effective and have the most serious repercussions if they fail by exposing the user to the risk.

### **Empirical Review**

Dodoo and Al-Samarraie (2019) looked at what causes employees to behave in a risky manner. Within OHSP research, a review of 70 significant empirical studies on unsafe behaviours was conducted. These studies were then grouped into eight job domains, including construction, healthcare, informal sector businesses, manufacturing, mining, energy, agriculture, and multidimensional context. Along with being reported and contrasted were the outcomes in each of these categories, as well as their repercussions and remedies. According to the research, the primary contributors to risky behaviours were a lack of fundamental information about safety and health, breaking safety regulations, job pressure, stress, and the failure to wear protective equipment.

The efficacy of OHS legislation and regulations in Ghana's construction sector was examined by Eyiah, Kheni, and Quartey (2019), who also identified the affecting elements. 49 stakeholders from four pertinent groups regulatory institutions, consultants, contractors, craftsmen, and labourers were interviewed in-person. The study's conclusions imply that the current legislative and regulatory framework for OHS is hardly functional. Stakeholders were aware that certain rules and regulations existed, but they were often unable to name the precise legislation and their pertinent provisions. As a result, irregular compliance is discovered. The main recurring factors affecting the efficacy of OHS laws and regulations are: carelessness and lack of priority for OHS, lack of training, lack of funding for OHS, incapacity of regulatory and supervisory institutions, and lack of OHS education within construction firms.

In the mining sector of Ghana, Kuranchie-Mensah and Amponsah-Tawiah (2016) investigated the link and effect of OHS on workers' organisational commitment. The research looks at organisational commitment in its many forms, as well as OHS. This research employed a cross-sectional survey approach. The link and influence between the variables were ascertained using correlation and multiple regression analysis. The results of this research showed a substantial and favorable association between emotional, normative, and ongoing commitment and OHS management. The findings also showed that workplace health and safety had a substantial influence on emotional, normative, and continuation commitment.

At the Kokompe Artisanal Centre in Accra, Appiah (2019) assessed the overall level of safety among car craftsmen as well as their degree of knowledge of the risks of occupational accidents and injuries they face and the preventative

measures in place. The occurrences of work-related accidents and injuries among the craftsmen were investigated using the qualitative in-depth interview and observational methodologies. In all, 58 artists were chosen using convenience and snowballing sample methods, including auto mechanics, auto electricians, auto welders, auto sprayers, and car spare parts sellers. The findings demonstrated that the artisans' working conditions were subpar due to haphazard, multiple exposures to various hazards, including physical, psychosocial, and ergonomic ones that can cause musculoskeletal disorders (MSDs), work-related illnesses, and a variety of work-related physical injuries. Accidents and injuries were caused by mechanical, environmental, and human causes.

The impacts of OHS rules on employee performance were the subject of another research carried out by Badakale (2012) at Larfage (WAPCO) PLC in Ewekoro, Ogun State, Nigeria. According to his research, it is more expensive to prepare for and provide a safe workplace and a sound safety policy than it is to squander time and money on unnecessary medical treatment. The research came to the conclusion that workplace health and safety should get considerable consideration on the shop floor, keeping in mind that it is a legal requirement and a right for the workers. Anbessie (2019) evaluated CIC's health and safety procedures using data from four of the company's chemical processing plants, all of which are situated in the Oromia area. Using an easy random sample approach, descriptive statistics were employed to examine the data, and 247 of the target 300 production department employees answered to the questionnaires. The results showed that the investigated firm is ineffective at carrying out occupational safety and health operations in an appropriate manner. The

research concluded that the company's safety and health procedures needed improvement.

In Kenya's Mombasa County, Musyoka (2014) investigated the connection between the efficiency of industrial companies' health and safety programs. According to the report, many businesses have executed health and safety measures, and such measures had a good impact on employee performance. Health and safety measures, social welfare programs, accident prevention programs, and occupational health programs were the four variables under investigation. The four criteria were strongly and positively correlated with employee performance.

Froko, Maxwell, and Kingsley (2015) looked at workplace health and safety procedures in the manufacturing and shipping sectors. The results indicate that management and workers had unfavorable views about workplace safety and health regulations. The research revealed that the shipping sector has more measures for worker health and safety than the manufacturing sector. The qualitative research also showed that whereas inadequate employee health and safety policies resulted in high medical and insurance costs and low production, good health and safety practices produced high profits and high productivity.

Research on the impact of OHS procedures on worker productivity was conducted by Jelimo in 2013. The study discovered that some OHSP, such as fire prevention and protection, lighting and ventilation, personal protective equipment, and good housekeeping, have a positive relationship with employee productivity, while others, such as chairs/tables and facilities for sitting, first aid kits and medical facilities, drinking water and sanitary facilities, have a negative relationship. According to the research, an organization's production increases

when OHS procedures are properly implemented. Additionally, it was recognized that a lack of OHS procedures may quickly lead to frequent accidents, high employee turnover, higher medical expenses, and increased insurance claims.

### Conceptual Framework

The Researcher uses a conceptual framework in answering research questions. The researcher argues that independent variables are the health and safety promotion policy, safety training and safety rules and procedures and the dependent variable is the employee performance.

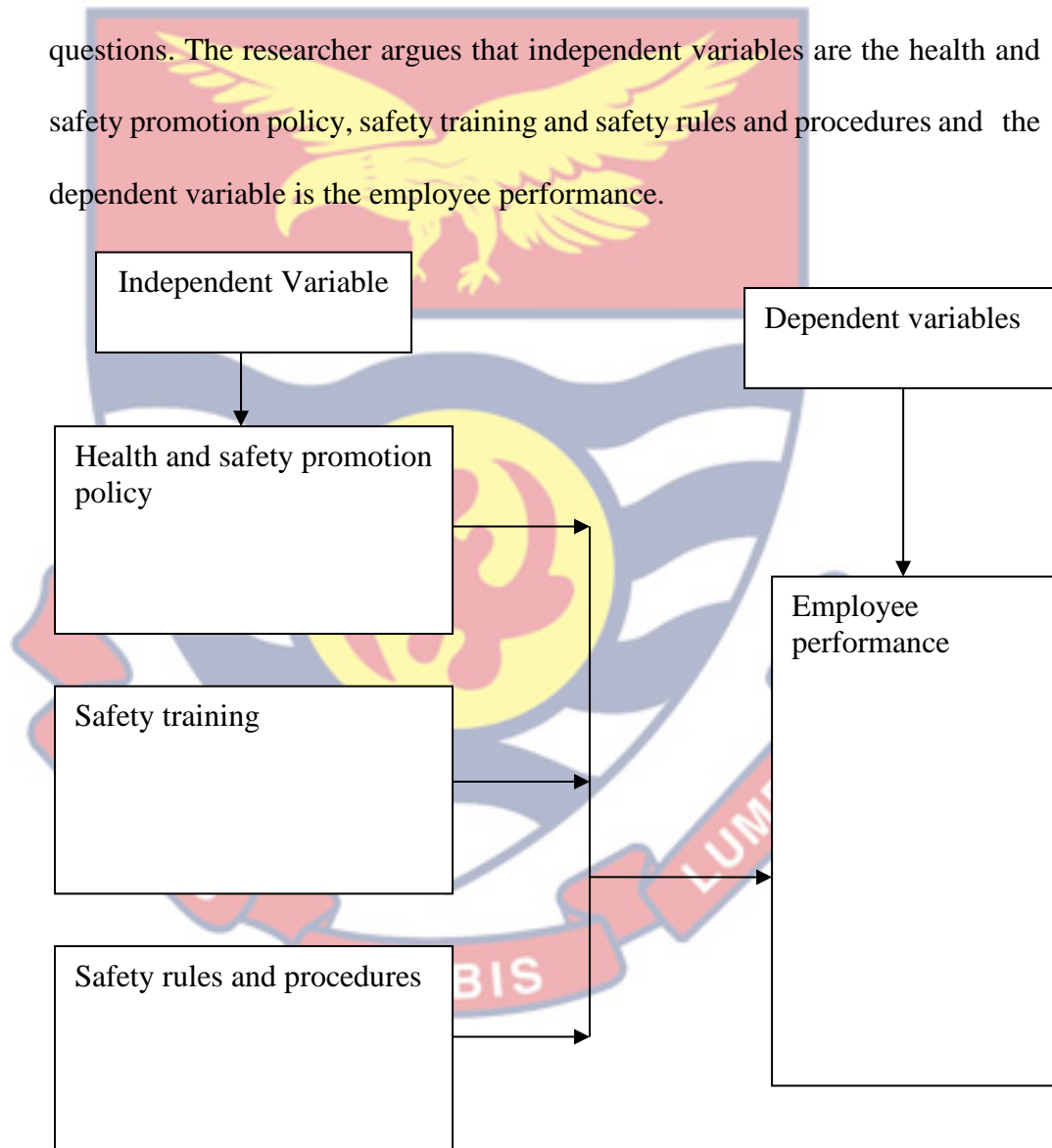


Figure 1: Conceptual Framework

Source: Caesar (2022)

Figure 1 is a conceptual framework that illustrates how workplace health and safety affect employee performance. The conceptual framework shown in Figure 1 was created to analyze the associations between independent variables based on the literature research. The researcher argues that independent variables are the health and safety promotion policy, safety training and safety rules and procedures can have effect on employee performance.

### **Research gap**

Dodoo and Al-Samarraie (2019) looked at the causes of employees' risky behaviour. The research discovered that the principal causes of hazardous behaviours were a lack of fundamental information about safety and health, breaking safety laws, job pressure, anxiety, and the failure to wear protective equipment.

In their investigation into the efficacy of OHS laws and regulations in Ghana's construction industry, Eyiah, Kheni, and Quartey (2019) discovered a lack of awareness of OHS among construction companies as well as neglect and a lack of priority given to it. In their 2016 study, Kuranchie-Mensah and Amponsah-Tawiah examined organisational commitment in its many aspects as well as OHS. shown a beneficial and substantial association between management of OHS. The results of Appiah's (2019) examination of the overall level of safety of automobile artisans at the Kokompe Artisanal Centre in Accra revealed that the artisans' working conditions were poor due to haphazard, multiple exposures to different hazards, including physical, psychosocial, and ergonomic hazards, which resulted in a variety of work-related physical injuries, musculoskeletal disorders (MSDs), and illnesses. Human, environmental, and mechanical variables all had a role in the accidents and injuries that occurred.



According to Anbessie (2019), the firm under study is ineffective at appropriately executing both occupational safety and health activities. According to the research, the company's safety and health procedures were insufficient. There is a research vacuum since each of these studies was conducted in a setting unrelated to the one used in the Catholic Health Service of the Jasikan Diocese. The objective of this study was to close a knowledge gap.

### Chapter Summary

Since a company's human resources are now its most important asset, the health and safety of its workers are of utmost significance since it has been shown that having poor workplace health and safety conditions has a negative impact on workers' ability to execute their jobs. Working people's health, well-being, and quality of life are of highest significance for overall socio-economic and sustainable development. These factors are also essential requirements for productivity (WHO, 1994).

According to the survey, pressure to fulfill deadlines and a hazardous working environment are two major variables that lead employees to act in a dangerous manner (Ghasemi et al., 2018). According to the research, safety education programs and reviews of the negative effects of dangerous workplace behaviour on employees' performance were shown to be effective. In turn, less risk-taking behaviour may result from employees using personal protective equipment (PPE). In order to alleviate stress and foster good coworker relations, Organisations should regulate working hours and create occupations that place an emphasis on employee wellness (Ghasemi et al. 2018; Irumba, 2014).

## CHAPTER THREE

### RESEARCH METHODS

#### Introduction

This chapter explains the research methods used for the study. The methodology basically covers the research design, area of the study, population of the study, sample and sampling technique, data collection instrument, validity and reliability of the instrument, data collection procedure, ethical consideration and data processing and analysis.

#### Research Design

Research design, in the words of Cooper and Schindler (2011) and Kothari (2011), refers to the organisations of data collecting and analysis in order to efficiently accomplish the goals of the study using empirical evidence. A research design is the overarching strategy for figuring providing a solution to the research questions and deal with some of the challenges that may arise while doing the study (Polit & Beck, 2004). The word "survey" may be used to describe any research activity in which the researcher collects data from a subset of a community in order to examine the traits, viewpoints, or intentions of that group, according to a study by Clark and Creswell (2008). The descriptive survey design study selects a small percentage of the overall population using sampling procedures for data collecting and analysis, and the research results are utilised to draw generalizations.

The descriptive survey approach is deemed suitable since it is good for acquiring original data for purposes of characterizing respondents' thoughts and attitudes (Mohajan, 2020). Because of the high level of generalisability and the simplicity with which a researcher could ascertain the respondents' opinions, a

descriptive design was chosen. The research variable is investigated in descriptive research since it already exists without any intervention from the researcher. The variety in data collecting is the survey approach's biggest virtue, according to Oso and Onen (2011) and Cooper and Schindler (2011). This gives the researcher the ability to make precise observations of the natural environment. Objectivity will be helped by this study's usage of the descriptive survey. In light of the survey's advantages, the researcher chose to use a descriptive survey design to answer the research question that had been developed for the study in accordance with the study's goals.

### **Research Approach**

This study's research methodology is quantitative, emphasizing measurement of the data in numerical form to offer a succinct summary. The scientific method, often known as the quantitative approach, has historically been regarded as the standard form of inquiry in both research and assessment, according to Omona (2013). For the purpose of testing hypotheses and making predictions, the quantitative approach emphasizes technique, process, and statistical metrics (Arvan, Fahimnia, Reisi & Siemsen, 2019). Researchers may readily assess the data using a typical statistical tool when using a quantitative method. Comparatively speaking, quantitative research is more trustworthy (Mohajan, 2020). Validity, reliability, and generalizability are the three criteria used to evaluate the rigor and robustness of a quantitative approach. This quantitative approach makes it easier to process large amounts of data, makes it simpler to compare data, and enables the research to use rigorous statistical analyses. This method analyzes and represents research and facts using

numerical data, which may not be influenced by subjective thoughts or judgments (Martin & Bridgmon, 2012).

### **Population of the Study**

The group of interest that a researcher most wishes to generalize about in a study is often referred to as the target population (Singh, Chan, & Sidhu, 2015). The target population consist of 128 workers in the Catholic Health Service of Jasikan Diocese. The population comprises nurses, Doctors, Labouratory Technicians, Pharmacist and Dispensing Assistants, Physician Assistants, other Clinical staff and Paramedical staff.

### **Sample and Sampling Procedures**

A comprehensive list in which each unit of analysis in a research project is only specified once is known as a sampling frame (Ospina, Esteve, & Lee, 2018). A sampling frame, in the words of Keraro (2014), is a list of the target population from which a sample is taken. A sample is a subset or segment of the relevant population. According to Wiersma (2008), the appropriate sample size should be sufficient to ensure the correctness and reliability of the results. That is, the same data will be acquired even if the research is undertaken with a different sample size. According to Cohen, Manion, and Morrison (2011), the sample size will vary depending on the objectives of the research and the characteristics of the population being studied. However, generally speaking, a sample's reliability increases with sample size. A sample size of 30% was recommended by Cohen, Manion, and Morrison (2011) as being reliable in situations when the population is not too diverse. The formula shown below, developed by Kothari (2004), was used to calculate the final sample size:

$$n = \frac{N}{1 + N(e)^2}$$

Where:

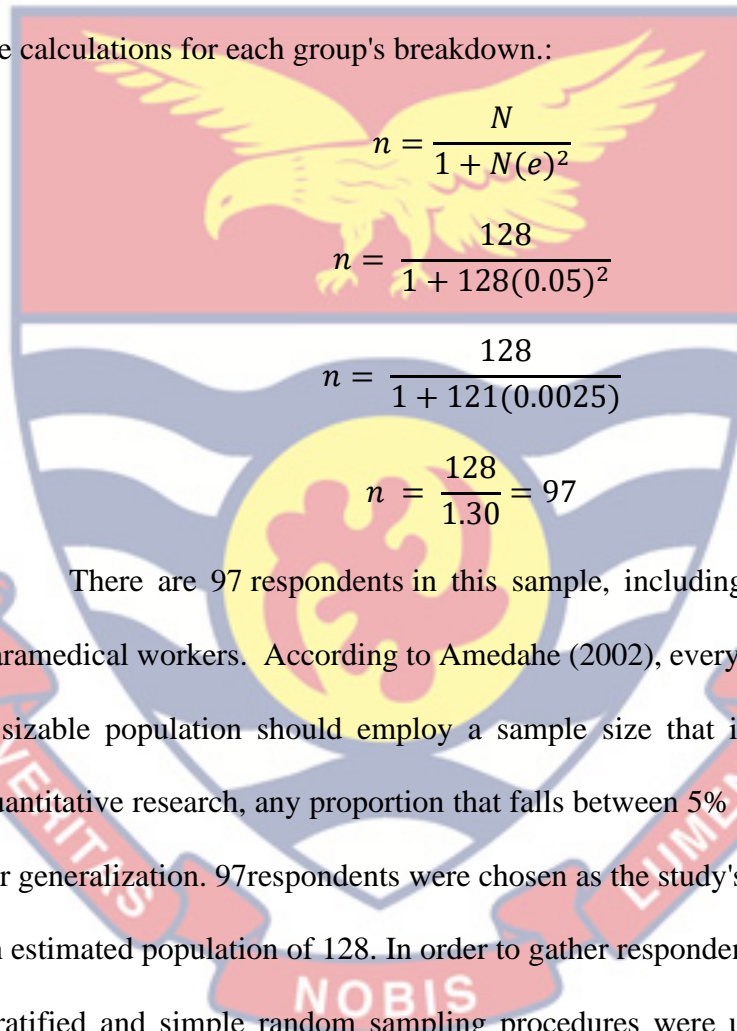
n = sample size,

N= population universe and

e= the confidence level

In social science research, a margin of error of 0.05% is considered acceptable since the calculation used a confidence level of 95%. Following are

the calculations for each group's breakdown.:



There are 97 respondents in this sample, including both clinical and paramedical workers. According to Amedahe (2002), every research involving a sizable population should employ a sample size that is at least 10%. In quantitative research, any proportion that falls between 5% and 20% is eligible for generalization. 97 respondents were chosen as the study's sample size out of an estimated population of 128. In order to gather respondents for the research, stratified and simple random sampling procedures were utilised, which is a probability sampling. The population was divided into strata, or homogeneous subgroups, and samples were randomly selected from each stratum. Each responder had an equal chance of being chosen using the basic random method (Kim & Wang, 2019). One significant benefit of this approach, according to

Klar and Leeper (2019), is that the researcher stratifies the respondents based on their attributes.

### **Data Collection Instrument**

The research made use of primary data sources. In order to get unique data from the respondents and apply it for the research, the study employed structured questionnaires. In order to answer the study questions, the researcher himself constructed the questionnaire using the examined literature. There were four parts to the questionnaire. The demographic data of the respondents, including age, experience, gender, and educational background, was covered in section A of the questionnaire. The information about Catholic Health Service of the Jasikan Diocese's OHS procedures was addressed in Section B. The criteria used to evaluate the work of the Catholic Health Service of the Jasikan Diocese's staff were described in Section C. The information on the impact of OHS procedures on employee performance at Catholic Health Service of the Jasikan Diocese was presented in Section D. The information about the Jasikan Diocese's personnel performance is included in Section E.

The questionnaire's questions were scored using a Likert scale with a range of 1 to 5. Using a scale from 1 = “Strongly Disagree” to 5 = “Strongly Agree”, the respondents were requested to indicate how much they agreed or disagreed with the statement. A 5-point Likert scale was employed because it is the most effective at capturing people's thoughts, is very simple to create, allows for quantification of responses, and increases the likelihood that respondents would react to every item in the instrument (Klar & Leeper, 2019).

A questionnaire has many benefits over other types of instruments, including the ability to gather data from large samples, the absence of bias since the results are provided in written form, and the maintenance of anonymity. There were two closed-ended questions on the survey. The purpose of the closed-ended questions was to get exact data that would reduce information bias and simplify data processing. By using a questionnaire, data gathering was made uniform, ensuring that each responder saw the same question and it was presented in the same way. A questionnaire also makes it possible for the researcher to quickly and cheaply get unique data from the sample of the population.

#### **Pre-test of the Study**

The questionnaire was pre-tested in order to guarantee content validity. Malhotra (2007) and Sekeran (2009) posited that pre-testing of the questionnaire was done to determine the reliability of the data collection instrument. Scooper and Schindler (2009) added that pre-testing of the instrument and assists in detecting the weaknesses of data collection instrument. Before distributing the questionnaire to the research respondents, it was revised in light of the comments received. The pilot study will aid the researcher to correct the difficult items on the questionnaire before the actual study. The questionnaire was paraphrased to correct any errors and omissions, ambiguity which may affect the study. The pre-test was conducted using the 10% of the population of nearby hospital who did not form part of the actual study.

#### **Validity and Reliability of the Instruments**

Maxwell (1992) explained validity as the degree to which the test's selection of items accurately reflects the information it was intended to assess.

The researcher checked the content validity to ensure that the instrument covered a broad range of areas within the concept under study. How effectively an instrument measures the specific notion it is intended to assess is referred to as an instrument's validity (Murphy et al., 2019). They also contend that in order for an instrument to be valid, it must be reliable, which implies that it must be consistently reproducible. Once this has been accomplished, the instrument may then be examined to see if it is what it professes to be (Eastwick, Finkel & Simpson, 2019). To ensure face validity, the copies of the instruments were given to the supervisor to read through and make the appropriate revisions and remarks (Wahyuni, 2012; Oluwatayo, 2012). Content validity was enhanced further by comparing study findings with the literature review.

### **Reliability of the Instrument**

According to Sekaran (2003), the degree of stability and consistency with which an instrument assesses a concept is a sign of a measure's reliability, which is used to judge the value of the measure. It is crucial to test an instrument's reliability in order to ensure the internal consistency of the objects. Since consistency of the instrument is important for reliability, an instrument is said to have high reliability if it can be relied upon to provide an accurate and reliable dimension of a constant value (Gerlach, e tal., 2019). Cronbach's Coefficient Alpha was employed to evaluate the instrument's reliability and confirm its reliability. Cronbach's alpha is a reliability coefficient that specifies how adequate items in a set are positively connected to one another. Higher alpha coefficient value means that scales are more reliable. Some researchers (e.g., Creswell & Clark, 2017; Creswell & Creswell. 2017) recommend that



acceptable alpha should be at least 0.70 or above. The Cronbach alpha was calculated and the findings will be shown in Table 1

**Table 1: Cronbach Alpha of Health and Safety Practices on training in Catholic Health Service of Jasikan Diocese**

Variables	<i>M</i>	<i>S</i>
Training employees on health and safety	.949	6
Education on health and safety practices	.974	5
Health and safety promotion policies	.816	3
Employees' performance	.795	6
Overall results	.834	20

Source: Field work, (2022).

The results presented show that employee education on health and safety practices had a Cronbach Alpha of 9.74, employees training on health and safety recorded a Cronbach Alpha of 9.49, health and safety promotion policies had Cronbach Alpha of 8.16 and employee performance also recorded a Cronbach Alpha of 8.16. The results showed that items were reliable to use since the Cronbach Alpha was above the threshold of 7.0

**Data Collection Procedure**

The instrument was solely distributed to the respondents in the chosen health facilities by the researcher. In order to distribute the questionnaire, the researcher obtained permission letter from the Department of Human Resource to explain the purpose of the study. Respondents assured of confidentiality of any information given by them on the questionnaire. Moreover, respondents who will decline to participate in this study were allowed to do so. Questionnaire was given to the appropriate respondents and they filled with the

aid of the researcher. The questionnaires were administered in November, 2021 and collected in December, 2021. The questionnaires were administered and filled by the respondents and retrieved.

### Data Processing and Analysis

The data collected from the field was amended, coded and organised with regard to specific objectives of the study. The researcher then utilised the SPSS software (version 26) to do the data entries. Descriptive statistics such as “frequency and percentage” were used to analyse the demographic variables. Amin (2005) asserts that descriptive statistics provide us methods for presenting data in a way that presents an overall picture of the data gathered via the use of numbers and graphics.

To evaluate the health and Safety Practices on the Performance of workers in the Catholic Health Service of Jasikan Diocese mean and standard deviations will be used to analyse the research question one, two and three. The study used linear multiple regression analysis to examine the effect of health and safety practices on employees’ performance of Catholic Health Service of Jasikan Diocese. The independent variables in the model are OHS practices, education on health and safety practices, training on health and safety measures, promotion of health and safety policies and dependent variable is the employee performance.

The linear multiple regression model was stated thus:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + e$$

Where Y= Employee performance

B0 = Constant of the model

X1 = Education on health and safety measures

X2 = Training on health and safety

X3 = Health and safety promotion policies

$\beta_1$  - is the slope or change in Y

$\varepsilon$  = error term

To conduct the linear multiple regression analysis, the regression assumptions will be checked to ensure that the study meet the assumptions.

Knowing the distribution's form and predicting the results of dependent variables are both made easier by the presence of normality (Paul & Zhang, 2010). Using a histogram and P-P plot, the data's normality was examined. This study looked at multicollinearity, heteroscedasticity, and normality. The implication of a time series with its own past and future values is known as autocorrelation (Box & Jenkins, 1976). Durbin Watson was used to examine the autocorrelation. Multicollinearity was also examined in this research. Strong correlations between the independent variables are known as multicollinearity, which is an undesirable scenario. The Variance Inflation Factor (VIF) was be used to check for multicollinearity. All VIFs will be 1 if there is no correlation between any two independent variables. There is multicollinearity associated with a variable if its VIF is close to or more than 5. In this situation, the regression model has to drop one of these variables (Cohen, Cohen, West & Aiken, 2003).

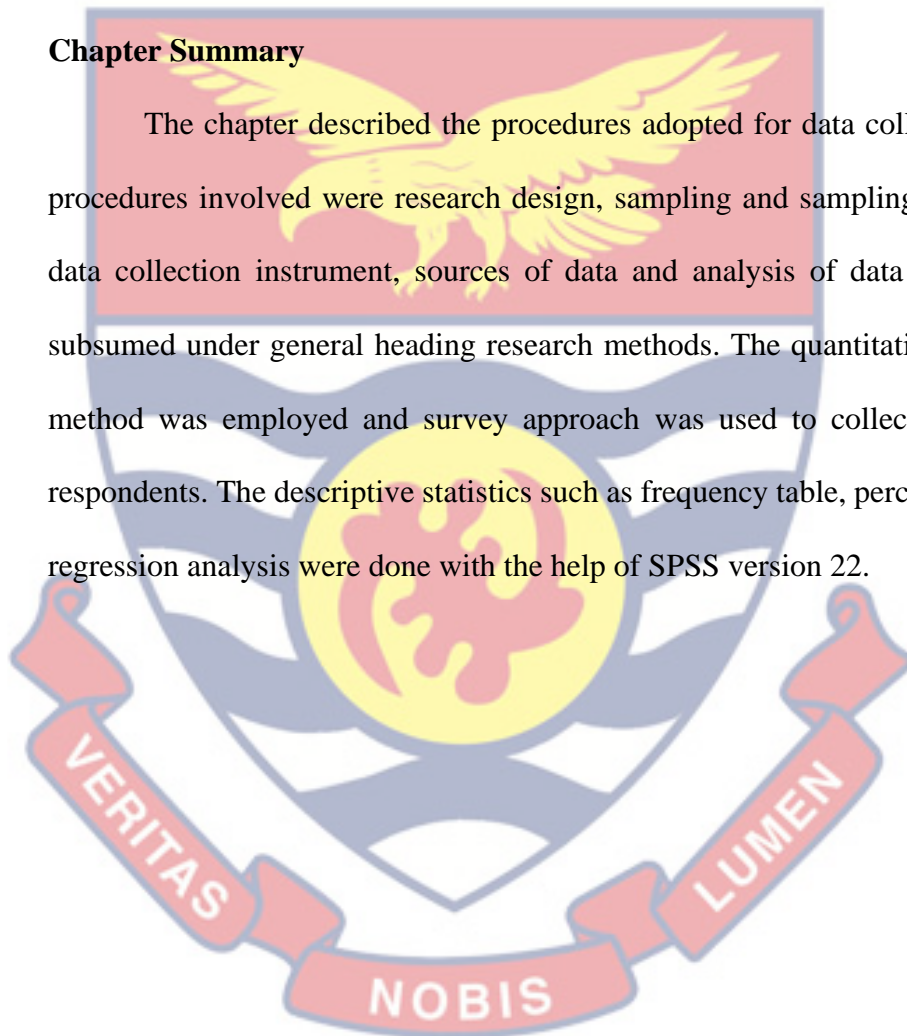
### **Ethical Considerations**

According to Jones and McGrath (2010), ethical issues refer to doing no harm, protecting the participant's well-being and maintaining their anonymity during the research process. Serem, Boit, and Wanyama (2013) reaffirm that it is the duty of researchers to protect the rights, interests, and sensibilities of their

survey respondents. A letter requesting permission to conduct the research was submitted to the institutions where the researcher would be studying. The researcher disseminated the questionnaire to the respondents. The researcher made the respondents aware of the purpose of the study and asked them to voluntarily participate the study without forcing them. The researcher informed respondents that the responses provided will be reserved private.

### **Chapter Summary**

The chapter described the procedures adopted for data collection. The procedures involved were research design, sampling and sampling technique, data collection instrument, sources of data and analysis of data which was subsumed under general heading research methods. The quantitative research method was employed and survey approach was used to collect data from respondents. The descriptive statistics such as frequency table, percentages and regression analysis were done with the help of SPSS version 22.



## CHAPTER FOUR

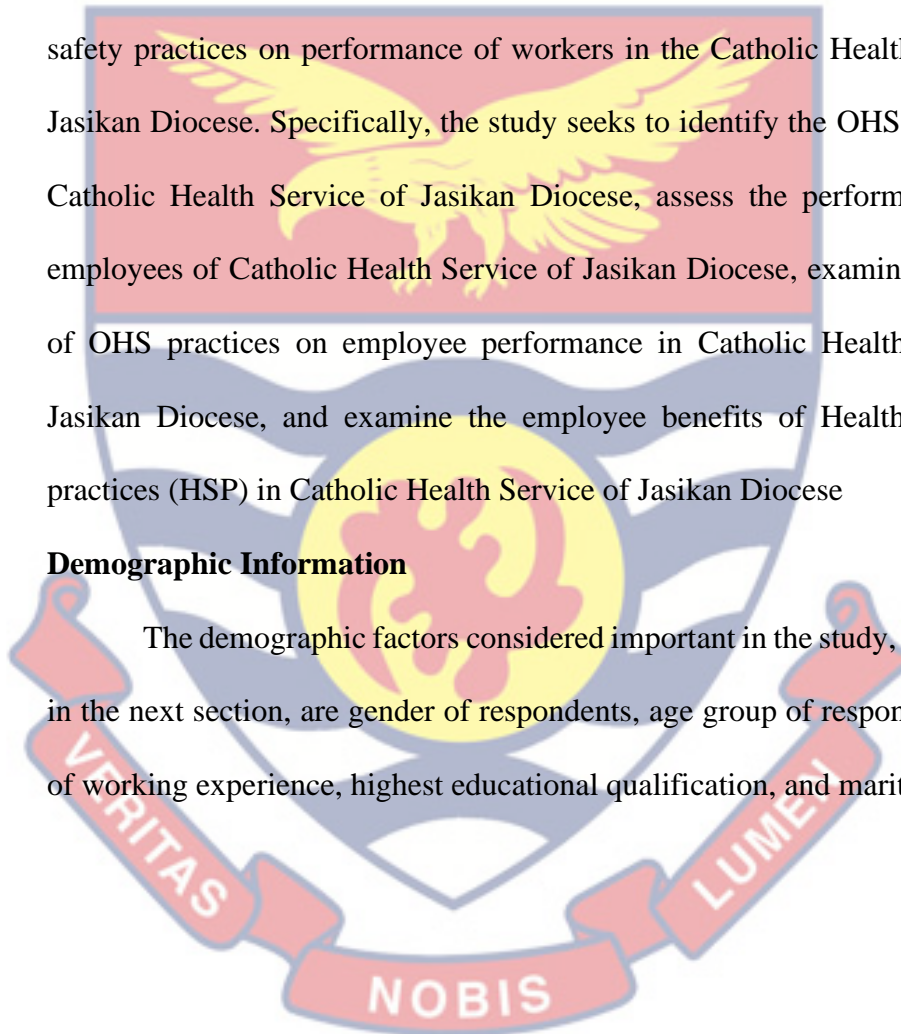
### RESULTS AND DISCUSSIONS

#### Introduction

This section of the study is focused on the analyses and presentation of field results. The data was analyzed with frequency, percentage, standard deviation and regression. The main purpose of this research was to evaluate safety practices on performance of workers in the Catholic Health Service of Jasikan Diocese. Specifically, the study seeks to identify the OHS practices of Catholic Health Service of Jasikan Diocese, assess the performance of the employees of Catholic Health Service of Jasikan Diocese, examine the effects of OHS practices on employee performance in Catholic Health Service of Jasikan Diocese, and examine the employee benefits of Health and safety practices (HSP) in Catholic Health Service of Jasikan Diocese

#### Demographic Information

The demographic factors considered important in the study, as discussed in the next section, are gender of respondents, age group of respondents, years of working experience, highest educational qualification, and marital status.



**Table 2: Demographic Information of Respondents**

Gender of Respondents	Frequency	Percentages %
Male	54	55.7
Female	43	44.3
Total	97	100
Age Group of respondents		
below 20 years	6	6.2
20-29	18	18.6
30-39	39	40.2
40-49	24	24.7
50-59	9	9.3
60 years and above	1	1
Total	97	100
Years of working experience		
0-5 years	25	25.8
6-10	22	22.7
11-15	26	26.8
16-20	19	19.6
21 years and above	5	5.2
Total	97	100
Respondents Highest Qualification		
SSCE/O' Level	6	6.2
GCE 'A' Level	4	4.1
Diploma	15	15.5
Bachelor Degree	53	54.6
Master's Degree	13	13.4
Other qualifications	6	6.2
Total	97	100
Marital Status		
Widowed	3	3.1
Single/ Not married	15	15.5
Divorced	12	12.4
Married	49	50.5
Separated	18	18.6
Total	97	100

Field Survey (2022)

According to the result revealed in Table 2, out of the 97 respondents, 54 representing 55.7% of the respondents were males and 43 respondents representing 44.3% were females. This implies that more males were involved in the study. The results also show that 40.2% and 24.7% of the respondents fell in the age group of 30-39 and 40-49 correspondingly. The results further show that 18.6% and 9.3% of the respondents were in the age groups of 20-29 and 50-59 correspondingly. Respondents in the age group below 20 years constituted 6.2% while the remaining 1.0% of the respondent was aged 60 years and above. The age distribution of the respondents indicates that majority (92.8%) of the study's respondents are employed working class individuals. Respondents were further asked to indicate how long they had been working in the health institution. The responses show that, 26 (26.8%) reported 11-15 years working experience, 25 (25.8%) reported 0-5 years working experience, and 22 (22.7%) reported 6-10 years working experience. 19 (19.6%) respondents, and 5 (5.2%) respondents reported 21 years and above 16-20 years of working experience respectively. This implies that most of the respondents had been working in the health institution long enough to be able to assess the safety practices and performance of workers in the Catholic Health Service of Jasikan Diocese.

The results presented further indicates that out of that 97 respondents, 53 (54.6%) were bachelor's degree holders, 15 (15.5%) were diploma holders, and 13 (13.4%) were Masters' degree holders. 6 (6.2%) respondents, 4(4.1%) respondents and 6(6.2%) respondents had SSCE/O' Level, GCE 'A' Level and other qualifications respectively. The responses imply that all the respondents are educated and are able to read and write to provide accurate information on

health and safety practices of the institution. Further on marital status, the responses showed that most of the respondents representing 49 (50.9%) were married, 18 (18.6%) respondents being separated. Also 15 respondents representing 15.5% were single, 12 (12.4%) respondents were divorced with the remaining 3(3.1%) respondents being widowed.

### **Research Question One: What are Occupational Health and Safety**

#### **Practices of Catholic Health Service of Jasikan Diocese?**

The purpose of this research question was to identify the OHS practices of Catholic Health Service of Jasikan Diocese. To address this research Question, questionnaire was used to collect data and the mean and standard deviation were used to analyse the data on the OHSP of Catholic Health Service of Jasikan Diocese. The scores were measured on the five-point Likert scale from 1 to 5. Standard deviation and composite mean were employed for comparison. On the one hand, the statement or the item had a negative impact on the result when the line item was discovered to be lower than the composite mean. On the one hand, a smaller standard deviation compared to the composite standard deviation was a sign of convergence among the respondents. The mean score of 1.00-1.49 were considered as “*Strongly Disagree*”; mean score of 1.50-2.49 represent “*Disagree*”; the mean score of 2.50-3.49 “*Neither agree nor disagree*”; 3.50-4.49 represent “*Agree*”; 4.5-5.00 represent “*Strongly agree*”.

The results are presented in Table 2.



**Table 3: Occupational Health and Safety Practices of Catholic Health**

**Service of Jasikan Diocese**

Statement	Mean	Std.D
My institution has put in place safety promotion policies	4.16	0.85
Health and safety promotion policies has helped the institution to establish committee on the hazard control issues	3.92	0.92
The health and safety committee carry out health and safety inspections regularly to reduce hazards and injuries	3.59	1.14
Composite Mean and Standard Deviation	3.89	0.97

Mean Scale: 1.00-1.49 “*Strongly Disagree*”; 1.50-2.49 “*Disagree*”; 2.50-3.49 “*Neither agree nor disagree*”; 3.50-4.49 “*Agree*”; 4.5-5.00 “*Strongly agree*”.

Source: Field Survey (2022)

The results from Table 3 presents that the composite mean and standard deviation were ( $M=3.89$ ,  $SD = 0.97$ ) respectively. Respondents agreed that the institution has put in place safety promotion policies to motivate employees to follow policies ( $M =4.16$ ,  $SD=0.85$ ). This is shown by the mean score of ( $M=4.16$ ) which is above the composite mean ( $M=3.89$ ). The standard deviation of ( $SD=0.85$ ) which is below the overall standard deviation ( $SD=0.97$ ) shows that the opinions of the respondents on this statement converged. The results also show that respondents agreed that Health and safety promotion policies has helped the institution to establish committee on the hazard control measures ( $M=3.92$ ,  $SD=0.92$ ).

These policies will educate employees on the hazard control measures and energise them to take self-defense action towards the safety precautions. This is shown by the mean score ( $M=3.92$ ) which is above the composite mean ( $M=3.89$ ). The standard deviation of ( $SD=0.85$ ) was below the overall standard deviation ( $SD=0.97$ ). On the contrary, respondents disagreed that health and safety committee carry out health and safety inspections regularly to reduce hazards and injuries ( $M=3.59$ ,  $SD=1.14$ ). The support a study of Hudson (2012) who found that promotion of OHS as having a positive effect on employee performance. Huston explain that good workplace health and safety precautions practices can help create a positive workplace culture which will improve the performance of all employees. For him, it also provides a place for high staff performance that encourages innovation and innovation. The finding further agreed with that of Ward et.al. (2008), who posited that organisations enjoy direct benefits in advancing workplace health and safety. In an organisation where workers internally feel that the management 'cares' them, they tend to work seriously to improve performance of the organisations. This means that good health and safety practice leads to better employee performance.

The study further examined respondent opinions on health and safety practices on training given to employees as one of the health and safety practices. The results are revealed in Table 3

**Table 4: Health and Safety Practices on training in Catholic Health**

**Service of Jasikan Diocese**

Health and Safety Practices on training	<i>M</i>	<i>S</i>
The institution provides training for employees on health and safety to reduce accidents	4.49	0.79
Training information aims to enlighten employees on all health and hazard control measures	4.74	1.35
The training information is adequate to enlighten employees on all health and hazard control measures	4.16	0.96
training given to employees are adequate to recognise and reduce hazard at work	3.55	1.27
The institutions organise refresher courses on how to use personal protective equipment	4.1	1.00
Composite Mean and Standard Deviation	4.008	1.074

Source: Field work, (2022).

The results presented in Table 4 show that the institution provide training employees on health and safety to reduce accidents ( $M=4.49, SD=0.79$ ). The results showed that new employees are taken through induction training on health and safety measures ( $M =4.16, SD=0.96$ ). The findings also demonstrate that the institutions provide retraining sessions for using personal protective equipment. ( $M =4.1, SD =1.00$ ). The result indicated that respondents agree that training information aims to enlighten employees on all health and hazard control measures ( $M =3.74, SD=1.35$ ). Additionally, the results established that respondents disagreed that training given to employees are adequate to recognise and reduce hazard at work ( $M =3.55, SD=1.27$ ). The finding is

inconsistent with Froko, Maxwell and Kingsley (2015) whose findings revealed that management and workers have unfavorable views about workplace safety and health regulations. The results support the contention made by Taimela et al. (2008) that administrative measures, such as staffing and training, are essential to removing or significantly reducing occupational risks. The study further sought to assess employees are given education as one of health and safety practices. The results are shown in Table 5

**Table 5: Health and safety education to employees**

Statement	Mean	Std. D
Education on health and safety is given to reduces injuries and illness	4.26	0.85
Effective health and safety education has influence on employee performance	4.25	0.98
The employees' knowledge on health and safety education helps to prevent accident	4.61	0.80
The education on health and safety to understand the benefits of having knowledge on health and safety issues	4.11	0.97
The Institution provide education on the usage of protective equipment	4.07	1.01
Management really support education on health and safety	4.39	0.78
Composite Mean and Standard Deviation	4.28	0.89

Source: Field work, (2022)

The results in Table 5 showed that respondents strongly agreed that health and safety education to employees reduce injuries and illness at the work place ( $M = 4.26, SD = 0.85$ ). This means that management is doing their best to educate employees on health and safety practices. The results also show that Management really support education on health and safety ( $M = 4.39, SD = 0.78$ ). The results also showed that respondents agreed that employees' knowledge on health and safety education helps to prevent accident ( $M = 4.61, SD = 4.80$ ). This education will equip employees with good knowledge health and safety issues. The results further show that effective health and safety education has influence on employee performance ( $M = 4.25, SD = 0.98$ ). The education on health and safety to understand the benefits of having knowledge on health and safety issues ( $M = 4.11, SD = 0.97$ ). The results also show that the Institution provides education on the usage of protective equipment ( $M = 4.07, SD = 1.01$ ). The findings of the study concur with a study by Andrew (2010) who found out that Organisations can deal with injuries by organizing trainings and education to assist in identification and elimination of hazards at the workplace. The study supported that of Anbessie (2019) whose finding established that safety and health education was not adequate

### **Research Question Two: What is the Performance of the Employees of Catholic Health Service of Jasikan Diocese?**

The purpose of this Research Question was to assess the performance of the employees of Catholic Health Service of Jasikan Diocese. To answer this research question, Questionnaire was used to gather data and mean and standard deviation were used to analyse the data collected on the performance of the employees of Catholic Health Service of Jasikan Diocese. The mean and

standard deviation were employed to assess the results in order to provide a thorough picture of the teachers' responses. The classifications proposed by (Rensis, 1932) was used to interpret the mean scores as follows: 1.00-1.49 was considered very low, 1.50-2.49 indicates low, 2.50-3.49 was seen as moderate, 3.50-4.49 was also considered as high and the mean scores range of 4.5-5.00 was considered as very high. The results are presented in Table 6.

**Table 6: Performance of the Employees of Catholic Health Service of Jasikan Diocese**

Statement	Mean	Std. D
I am always able to do better on my job to get maximal results	3.88	0.93
I am able to increase productivity	4.05	0.85
I am able to assist other co-workers who have difficulty in completing their work	3.98	0.95
I am able to come to work on time	3.53	1.14
I am able to render quality service to patients	4.04	0.91
I am able to finish work on time	3.92	1.09
Mean of means and standard deviation	3.90	0.98

Mean Scale: 1.00-1.49 “Very low”; 1.50-2.49 “Low”; 2.50-3.49 “Moderate”; 3.50-4.49 “High”; 4.5-5.00 “Very High”.

Source: Field Survey (2022)

The results in Table 6 show that employees’ performance was rated as high ( $M=3.90$ ,  $SD=0.98$ ). The respondents agree with the study, demonstrating their ability to boost productivity ( $M =4.05$ ,  $SD=0.85$ ). This is revealed by the mean score of ( $M=4.05$ ) which is above the composite mean ( $M =3.90$ ). The

standard deviation of ( $SD=0.85$ ) which is lower than the overall standard deviation ( $SD=0.98$ ) shows that the opinions of the respondents on this statement converged. The results further indicated that respondents agreed that they are able to render quality service to patients ( $M=4.04$ ,  $SD=0.91$ ). This is confirmed by the mean score ( $M=4.04$ ) which is above the composite mean ( $M=3.90$ ). The standard deviation of ( $SD=0.91$ ) was less than the overall standard deviation ( $SD=0.98$ ) which implies that the opinion of respondents on the statement was unanimous.

Similarly, respondents agreed that they are able to assist other co-workers who have difficulty on completing their work ( $M=3.98$ ,  $SD=0.95$ ). This is shown by the mean score of ( $M=3.98$ ) which is greater than the composite mean ( $M=3.90$ ). The standard deviation of ( $SD=0.95$ ) which is lower than the overall standard deviation ( $SD=0.98$ ) implies that the opinions of the respondents on this statement converged. The results also indicate that respondents agreed with the statement that they are able to finish work on time ( $M=3.92$ ,  $SD=1.09$ ). This is confirmed by the mean score ( $M=3.92$ ) which is above the composite mean ( $M=3.90$ ). The standard deviation of ( $SD=1.09$ ) was higher than the overall standard deviation ( $SD=0.98$ ) which implies that the respondents held dissimilar opinions about the statement.

On the contrary, respondents disagreed ( $M=3.88$ ,  $SD=0.93$ ) with the statement that they are always able to do better on their job to get maximal results. The mean score ( $M=3.88$ ) was lower than the composite mean of ( $M=3.90$ ) which implies that respondents disagreed with the statement. The standard deviation of ( $SD=0.93$ ) was below the composite standard deviation ( $SD=0.98$ ) which shows that the opinions of the respondents were unanimous.

Additionally, respondents disagreed ( $M=3.53$ ,  $SD=1.14$ ) with the statement that they are able to come to work on time. This is shown by the mean score ( $M=3.53$ ) which is lower than the composite mean ( $M=3.90$ ). The standard deviation of ( $SD=1.14$ ) was lower than the overall standard deviation ( $SD=0.98$ ) which implied respondents expressed similar views about the statement.

The findings agree with that of Ofoegbu et al. (2013) whose finding showed employees are able to render quality service to patients, complete their task on time and their performance increase when they are highly exposed to workplace dangers, and incidents and violence have an impact on productivity. The finding also implied that there is a link between employee output and health and safety practices in an organisation's health and safety practices at work. The performance of employee increased and boost when they are equipped on health and safety measures. The finding also supports that of Mohammad and Susanty (2016), and Anggoro et al. (2010) who found that employee performance are boosted when they have enough and adequate knowledge on health and safety measures. Their study concluded that poor knowledge of employees on health and measures decreases productivity in organisations.

**Research Question Three: What are the benefits of Health and safety practices (HSP) in Catholic Health Service of Jasikan Diocese?**

The purpose of Research Question was to examine the benefit of health and safety practices (HSP) to employees in Catholic Health Service of Jasikan Diocese. To address this research question, data was gathered using questionnaire and mean and standard deviation were employed to examine the data on the benefit of health and safety practices (HSP) in Catholic Health



Service of Jasikan Diocese. The scores were measured on the five-point Likert scale from 1 to 5. Standard deviation and composite mean were employed for comparison. On the one hand, the statement or the item had a negative impact on the result when the line item was discovered to be lower than the composite mean. On the one hand, respondents who had smaller standard deviations relative to the composite standard deviation were seen to be more convergent or consistent, and vice versa. The mean score of 1.00-1.49 were considered as “*Strongly Disagree*”; mean score of 1.50-2.49 represent “*Disagree*”; the mean score of 2.50-3.49 “*Neither agree nor disagree*”; 3.50-4.49 represent “*Agree*”; 4.5-5.00 represent “*Strongly agree*”. The results are presented in Table 7.

**Table 7: Benefit of Health and safety practices (HSP) in Catholic Health Service of Jasikan Diocese**

Statement	Mean	Std. D
It helps the institution to reduce compensation cost	4.25	0.68
I am able to increase productivity	3.56	1.34
It assists in reducing accidents in the organisation	4.16	0.94
It helps to reduce stress of the employees	4.18	0.88
I am able to render quality service to patients	4.12	0.95
It helps to reduce injuries and damages	4.21	0.90
Mean of means and standard deviation	4.08	0.95

Mean Scale: 1.00-1.49 “*Strongly Disagree*”; 1.50-2.49 “*Disagree*”; 2.50-3.49 “*Neither agree nor disagree*”; 3.50-4.49 “*Agree*”; 4.5-5.00 “*Strongly agree*”.

Source: Field Survey (2022)

The results from Table 6 reveals that, the composite mean and standard deviation were ( $M=4.08$ ,  $SD=0.95$ ). The results showed that respondents agreed that the health and safety practices in workplace helps the institution to reduce compensation cost ( $M=3.90$ ,  $SD=0.98$ ). The mean score of ( $M=4.25$ ) which is above the composite mean ( $M=4.08$ ). The standard deviation of ( $SD=0.68$ ) which is lower than the overall standard deviation ( $SD=0.95$ ) shows that the opinions of the respondents on this statement converged. Kuranchie-Mensah and Amponsah-Tawiah (2016) findings revealed that a good health and safety practices can also assist the organisations to occupational health increase productivity and reduce cost.

The findings support that of (Warner, 2013) who found that health and safety practices in workplace helps the institution to reduce compensation cost. These findings implied that a good OHSP assist the Institutions to reduce the compensation cost. According to Jelimo (2013), an organisation's productivity increases when OHS procedures are properly implemented.

The results also indicated that respondents agreed that the health and safety practices help to reduce injuries and damages ( $M=3.77$ ,  $SD=1.00$ ). This is confirmed the mean score ( $M=4.21$ ) which is above the composite mean ( $M=4.08$ ). The standard deviation of ( $SD=0.90$ ) was less than the overall standard deviation ( $SD=0.95$ ) which implies that the respondents held a common opinion about the statement. These findings of the stud are in line with a study that shows a considerable decrease in the frequency of accidents, illnesses, injuries, and fatalities has been found to result from the use of OHSP (Hussian, 2013). Additionally, respondents agreed that the health and safety practices in workplace helps to meet clients' expectations ( $M=4.18$ ,  $SD=0.88$ ).

This is shown by the mean score of ( $M=4.18$ ) which is higher than the composite mean ( $M=4.08$ ). The standard deviation of ( $SD=0.88$ ) is lower than the overall standard deviation ( $SD=0.95$ ). This implies that the opinions of the respondents on this statement converged. Moreover, respondents agreed that the health and safety practices in the workplace assists in reducing accidents in the organisations ( $M=3.75$ ,  $SD=1.12$ ).

Similarly, respondents admitted ( $M=3.66$ ,  $SD=1.19$ ) that the health and safety practices in the workplace enable them to render quality service to patients. This is revealed by the mean score ( $M=4.12$ ) which is higher than the composite mean ( $M=4.08$ ). The standard deviation of ( $SD=0.95$ ) was equal to overall standard deviation ( $SD=1.12$ ) illustrating that the opinions of respondents on the statement converged. On the contrary, respondents disagreed ( $M=3.56$ ,  $SD=1.34$ ) with the statement that the health and safety practices in the workplace enables employees to increase productivity. This is shown by the mean score ( $M=3.56$ ) which is below the composite mean ( $M=4.08$ ). The standard deviation of ( $SD=1.34$ ) was higher than the overall standard deviation ( $SD=0.95$ ) which implied that the opinion of respondents on the statement diverged. Warner (2013) implementing and promoting OHSP in the health profession leads to the benefit of developing an organisational image supported by. Findings about the increase in productivity were positive where the majority of respondents agreed that implementing and improving OHSP in the workplace leads to increased productivity of workers. In addition, encourage creativity and innovation (Hudson, 2010).

It also helps preserve and augment investor confidence and helps to promote good interpersonal relationships at all levels permits Institutions to meet customer prospects, and inspires employee resilience (Federation, 2016). In addition, OHSP also helps to increase organisational competition. OHSP has generated money for the company (Work, 2007). Reduced product loss, equipment damage, and compensation expenses are all advantages for businesses with workplace safety measures (Daniel, Benefit of OHS, 2011).

Warner (2013) implementing and promoting OHSP in the health profession leads to the benefit of developing an organisational image supported by. Findings about the increase in productivity were positive where the majority of respondents agreed that putting OHSP into practice and enhancing it make employees more productive. Encourage innovation and originality as well (Hudson, 2010).

**Research Question Four: The effects of occupational health and safety practices on employee performance in Catholic Health Service of Jasikan Diocese?**

To answer this research, question the effects of OHSP on employee performance in Catholic Health Service of Jasikan Diocese, linear multiple regression analysis was conducted. The researcher checked the classical regression assumptions such as normality test, multiolnearity, autocorrelation test to ensure that the assumptions are not violated and before running the regressions analyses and interpret the data. The study checked the normality test assumption using histogram as shown in Figure 2.

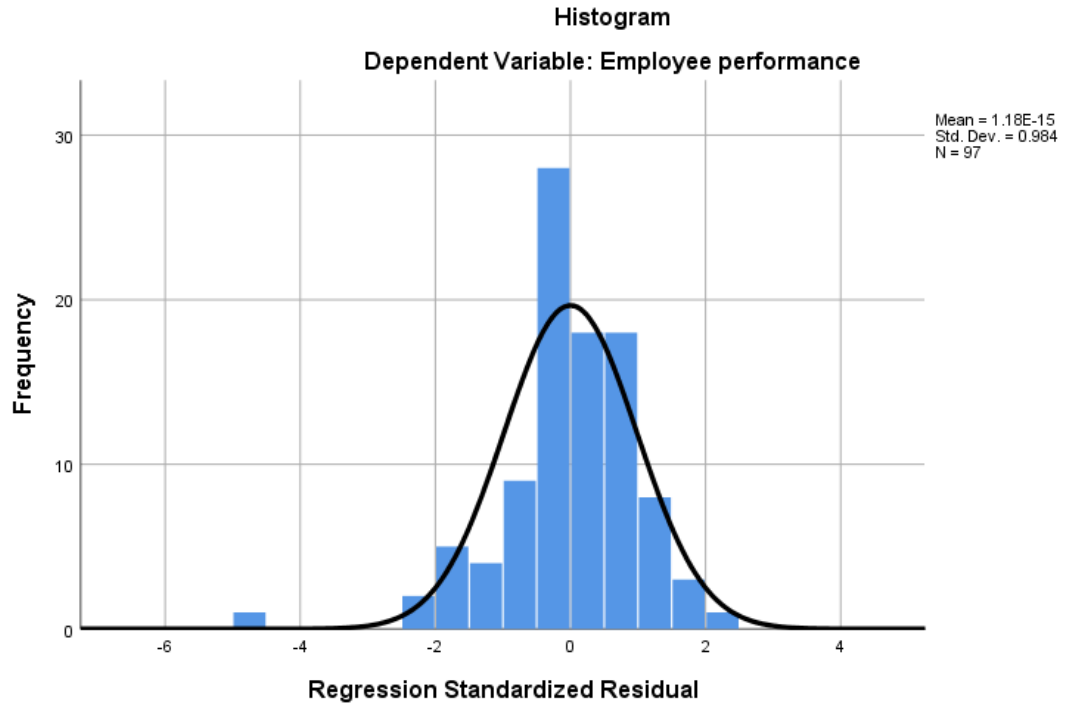


Figure 2: Regression Standardized Residual

The histogram showed that the data was normally distributed and does not violate the regression as assumption. The study also used the normal probability plot to check the normality of the data and results are revealed in Figure 3.

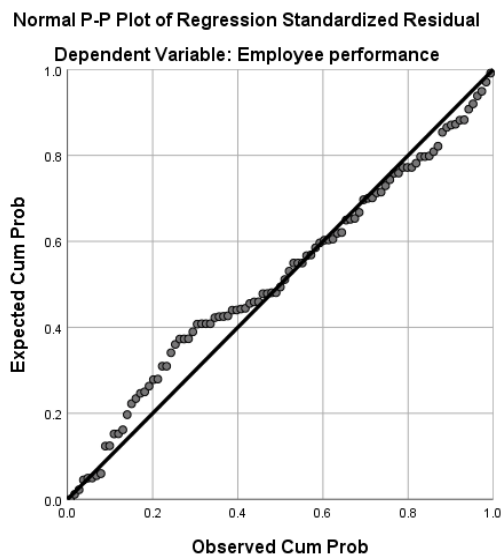


Figure 3: Observed Cum Prob

The results showed that the data is normal. The graph revealed that the points spread around the diagonal line and therefore follows the direction of the diagonal line and the points do not move away from the diagonal line.

**Durbin Watson Test**

A test statistic called Durbin-Watson is used to determine if there is an autocorrelation issue. There was no autocorrelation issue, as shown by the total Durbin-Watson score of 1.704. It is suggested that the Durbin-Watson value should range from 1.7 to 2.5. (Alseed, 2005). The result shown in Table 8.

**Table 8: Multicollinearity Test**

	Tolerance	VIF
Training on health and safety issues	.598	1.671
Edu cation on health safety measures	.500	2.002
Health promotion policies	.422	2.372

Source: Field Survey (2022)

The multicollinearity between the variables in a regression model was measured using the variance inflation factor (VIF). Study conducted Multicollinearity Test to ensure the regression assumption of Multicollinearity is not violated and the results. The results showed that tolerance is greater than 0.1 and VIF figures were < than 10 suggesting that there was no problem of multicollinearity.

**Table 9: Model Summary<sup>b</sup>**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.748 <sup>a</sup>	.559	.545	2.25623	1.616

a. Predictors: (Constant), health and safety promotion, Training on health and safety issues, Education on health and safety measures

b. Dependent Variable: Employee performance

Source: Field Survey, (2022)

The results in Table 8 shows the correlation coefficients which displays the association between the independent and dependent variables. The model summary presented that the R value was .748a representing that there is a positive relationship between health and safety promotion, training on health and safety issues, education on health and safety measures and employee performance. The Adjusted R Squared is the coefficient of determination which explains the variation in employee performance due changes independent variables.

From the regression model summary, the value of adjusted R<sup>2</sup> is .559. This means that health and safety promotion, training on health and safety issues, education on health and safety measures explain 55.9% of the variance in employees' performance. The other factors not studied in this study constitute 46.9% of the employees' performance. The study findings support that of Jelimo (2013) who found out that there are OHSP that have positive connection with productivity of employees. The study further agrees with that of Musyoka (2014) studied effect of health and safety practices on employee performance and found that institutions that health and safety measures show positive effect employee performance.

**Table 10: ANOVA<sup>a</sup>**

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	600.699	3	200.233	39.334	.000 <sup>b</sup>
	Residual	473.424	93	5.091		
	Total	1074.124	96			

a. Dependent Variable: Employee performance

b. Predictors: (Constant), health and safety promotion, Training on health and safety issues, Education on health and safety measures

Source: Field Survey, (2022)

The ANOVA results in Table 9, discovered that the total model was significant with the  $F(3, 93) = 39.334, p = 0.000 < 0.05$ . This is a sign that the model can be used to make predictions. The study found that OHSP has statistically significant positive effect on employee performance in Catholic Health Service of Jasikan Diocese. The findings of the study support the study of Kuranchie-Mensah and Amponsah-Tawiah (2016), Appiah (2019), Badakale (2012) who found that OHSP have statistically significant positive effect on employee performance.

**Table 11: Regression Coefficients<sup>a</sup>**

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF
1 (Constant)	5.343	1.421		3.759	.000		
Training on health and safety issues	.402	.071	.502	5.636	.000	.598	1.671
Education on health and safety measures	.791	.310	.248	2.549	.012	.500	2.002
health and safety promotion	.099	.097	.108	1.015	.313	.422	2.372

a. Dependent Variable: Employee performance

Source: Field survey, (2022)



The predictors were discovered employing multiple regression analysis with significance level of 0.000. The results are as revealed in Table 11 where all the two variables were utilised contributing significantly to the regression equation.

The Multiple regression model was as follows:

The regression equation was given as  $Y_i = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \varepsilon$

Y= Employee performance

C= Constant

X1= Training on health and safety issues

X2 = Education on health and safety measures

X3= Promotion on health and policies

E= error term

$$Y = 7.320 + .402X_1 + .360X_2 + e$$

The regression model showed that taken all the independent variable into account The workers' performance would be at 5.343. The results show that beta value is (beta=.402, t= 5.636, p<0.000). The results showed that a unit increase in training on health and safety practices while keeping all other factors constant, would lead to .402 increase in employee performance. The results implied that employee training on health and safety issues has statistically significant positive effect on worker performance.

The finding of the study further revealed that the beta value of education on health and safety measures is (b=.791, t= 2.549, p<0.12). This means 1unit increase in education on health and safety measures while holding all other factors constant would lead to 791 increases in employee performance in Catholic Health Service of Jasikan Diocese. This result showed that education of employee on health and safety measures has statistically significant positive

effect on employees in Catholic Health Service of Jasikan Diocese. The findings agreed with that of Mohamed (2017), who found that OHS training improves the performance of construction projects and reduces injury rates in construction sites. The finding is also consistent with that of Kibe (2016) who argues that when accidents are lower, fewer working hours are lost, litigations due to accidents are lower and absenteeism is reduced. The findings of the study support that of Eyiah, Kheni and Quartey (2019), Kuranchie-Mensah and Amponsah-Tawiah (2016), Appiah (2019), Badakale (2012) who found that occupational health promotion, health and safety training, education have statistically significant positive effect on employee performance. The findings mean that employees' performance as a of the institution paying much attention to the health and safety practices and following it.

### **Chapter Summary**

The purpose of the study was to assess the effect of health and safety practices on performance of workers in the Catholic Health Service of Jasikan Diocese. The study used questionnaire to collect data. The descriptive statistics such as frequency, percentage, standard deviation and linear multiple regression were used to analyse the data gathered to address the research questions. The result showed that 55.7% of the respondents were males and 43 respondents representing 44.3% were females. The results also show that 40.2% and 24.7% of the respondents were in the age group 30-39 and 40-49 correspondingly.

The study found that Catholic Health Service of Jasikan Diocese has Health and safety promotion policies, educate employees on the hazard control measures and provide training for employees on health and safety to reduce accidents, new employees are taken through induction training on health and

safety measures, organise refresher courses on how to use personal protective equipment, to enlighten employees on all health and hazard control measures. They established that employees' performance was high and this was seen in the performance such as being able to increase productivity due to higher knowledge on health and safety measures, able to render quality service to patients, assist other co-workers who have difficulty on completing their work, finish work.



## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### Introduction

This chapter draws the summary, conclusion and recommendations based on the findings. The main purpose of the study is to evaluate safety practices and performance of workers in the Catholic Health Service.

Unambiguously, the study seeks to attain these research objectives:

1. Identify the occupational health and safety practices of Catholic Health Service of Jasikan Diocese.
2. Assess the performance of the employees of Catholic Health Service of Jasikan Diocese.
3. Examine the Benefits of Health and safety practices (HSP) in Catholic Health Service of Jasikan Diocese.
4. Examine the effects of occupational health and safety practices on employee performance in Catholic Health Service of Jasikan Diocese.

#### Research questions

The following research questions guided the study:

1. What are the occupational health and safety practices of Catholic Health Service of Jasikan Diocese?
2. What is the performance of the employees of Catholic Health Service of Jasikan Diocese?
3. What are the benefits of Health and safety practices (HSP) in Catholic Health Service of Jasikan Diocese?
4. What are the effects of occupational health and safety practices on employee performance in Catholic Health Service of Jasikan Diocese?

The study administered 110 copies of questionnaire and 97 were considered valid for analysis. The study used descriptive survey designs and employed simple random sampling to select a sample size of 97 respondents. The study employed questionnaire to gather primary data to provide findings the objectives of the study. The study used a five-point Likert-type scale questionnaire to gather data. The questionnaire was validated by the researcher's supervisor for its content and face validity. A Cronbach's alpha of .970 was obtained which indicated that the instrument was reliable to gather credible data. Data was then coded into SPSS version 22.0 for data entry. The descriptive statistics such as Mean and standard Deviation and Linear multiple regression was used to analyze the data gathered for the study.

### **Summary of Key Findings**

The study found that the institution has put in place safety promotion policies to motivate employees to follow policies. The findings also showed that the catholic Diocese of Jasikan has Health and safety promotion policies which helped the institution to establish committee on the hazard control measures. These policies will educate employees on the hazard control measures and energise them to take self-defense action towards the safety precaution. The findings showed that the institution has established health and safety committee who carry on health and safety inspections regularly to reduce hazards

The findings showed that the institution provide training for employees on health and safety to lessen accidents, new employees are taken through induction training on health and safety measures, organise refresher courses on how to use personal protective equipment, to enlighten employees on all health

and hazard control measures. However, the findings disagreed that training given to employees on health safety are adequate to reduce hazard and injuries in Catholic Health Service of Jasikan Diocese.

The study further established that the institution give education on health and safety measures to the employees to lessen injuries and illnesses at the work place. This means that management is doing their best to educate employees on health and safety practices. The results show that the Management of the hospitals in Catholic Health Service of Jasikan Diocese really support education on health and safety practices.

The research also established that employees' performance was rated high. The findings revealed that employees are able to increase productivity due to high knowledge on health and safety measures. The study also found that workers are able to render quality service to patients, assist other co-workers who have difficulty on completing their work, finish work on time. These findings were attributed to their higher knowledge and awareness of OHS policies instituted by the Catholic Health Service of Jasikan Diocese.

Furthermore, the study found that the health and safety practices in helps the institution to reduce compensation cost and save the hospital from incurring extra financial burden. The study also established that employees' knowledge on health and safety measures help to lessen injuries and damages that affected the performance of the employees. The findings showed that some of the employees absent themselves from work due to injuries they sustained. This seriously affects the employees' performance which makes it difficult for them to meet clients' expectations. Their knowledge assists in reducing accidents and

injuries. It also enables them to render quality service to patients and as well enables employees to increase productivity.

Finally, the findings showed that operative training on health and safety measures has statistically significant positive effect on worker's performance. The finding of the study further revealed that education training on health and safety practices has statistically significant positive effect on worker's performance. On the contrary, the study established that health and safety promotion on policies does not have statistically significant positive effect on employee performance.

### **Conclusion**

The study made the following conclusion based on the findings:

The study concluded that Catholic Health Service of Jasikan Diocese has health and safety promotion policies, educate employees on the hazard control measures and provide training for employees on health and safety to reduce accidents. New employees are taken through induction training on health and safety measures, organise refresher courses on how to use personal protective equipment and to enlighten employees on all health and hazard control measures.

The research established that workers' performance was increase due to higher knowledge on health and safety measures, able to render quality service to patients, assist other co-workers who have difficulty in completing their work and finish work on time. The study also concluded that the health and safety practices at Catholic Health Service of Jasikan Diocese helps the institution to reduce compensation cost and save the hospital from incurring extra financial burden, reduce injuries and damages that affected the performance of the

employees. The study further concluded that employee training on health and safety measures has statistically significant positive effect on employee performance. The finding of the study concluded that education on health and safety measures will make employees very vigilant to observe the health and safety measures and can contribute to better employee performance. The study concluded that intensifying education and training on good health and safety practices leads to better employee's performance at Catholic Health Service of Jasikan Diocese.

### **Recommendations**

The study made the following recommendations based on the research findings

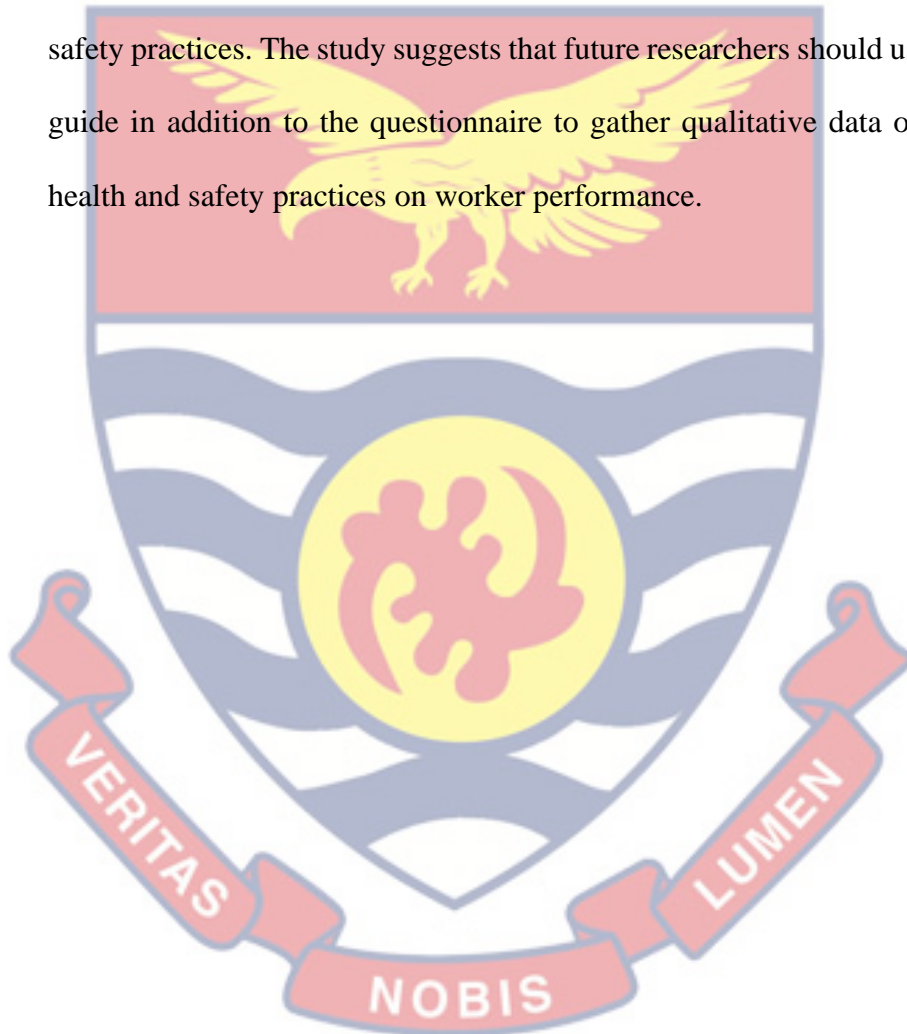
1. Management of St. Joseph's hospital, Nkwanta; St. Mary Theresa Hospital, Papase and St. Luck clinic, Chinderi should give adequate training on how to improve Health and safety practices.
2. The study further recommends that management of St. Joseph's hospital, Nkwanta; St. Mary Theresa Hospital, Papase and St. Luck clinic, Chinderi should have inspection committee who will carry out regular health and safety inspections to ensure that employees follow the health and safety policies of the diocese.
3. The study recommends that St. Joseph's hospital, Nkwanta; St. Mary Theresa Hospital, Papase and St. Luck clinic, Chinderi should give employees incentive to boost their morale to increase performance.
4. The study further recommends that Management of St. Joseph's hospital, Nkwanta; St. Mary Theresa Hospital, Papase and St. Luck clinic, Chinderi should design effective hazards control mechanism and



put in place emergency detection measures to detect emergencies to prevent injuries before they occur.

### **Suggestions for Further Research**

The study employed the descriptive survey to investigate the effects of OHSP on worker performance in Catholic Health Service of Jasikan Diocese. The study used only questionnaire to gather data on the issues on health and safety practices. The study suggests that future researchers should use interview guide in addition to the questionnaire to gather qualitative data on effects of health and safety practices on worker performance.



## REFERENCES

- Amponsah-Tawiah, K., & Dartey-Baah, K. (2011). Occupational health and safety: Key issues and concerns in Ghana. *International Journal of Business and Social Science*, 2(14), 3-16.
- Cudjoe, S. F. (2011). An assessment of occupational health and safety practices on job performance at the Tetteh Quarshie Memorial Hospital, Mampong-Akuapem. *An MSc Thesis Submitted to the Institute of Distance Learning, Kwame Nkrumah University of Science and Technology Ghana.*
- Iheanacho Maryjoan, U., & Tom, E. E. (2017). Effect of Industrial safety and health on employees' job performance in selected cement companies in cross River State, Nigeria. *International Journal of Business and Social Science*, 2(14), 56-78.
- Amponsah-Tawiah, K., & Dartey-Baah, K. (2011). Occupational health and safety: key issues and concerns in Ghana. *International Journal of Business and Social Science*, 2(14), 56-78.
- Ariza-Montes, A., Hernández-Perlines, F., Han, H., & Law, R. (2019). Human dimension of the hospitality industry: Working conditions and psychological well-being among European servers. *Journal of Hospitality and Tourism Management*, (2) 41, 138-147.
- Amponsah-Tawiah, K., & Mensah, J. (2016). Occupational health and safety and organisational commitment: Evidence from the Ghanaian mining industry. *Safety and health at work*, 7(3), 225-230.

Adei, D., Agyemang-Duah, W., & Mensah, A. A. (2021). Demographic and socio-economic factors associated with exposure to occupational injuries and diseases among informal sector workers in Kumasi metropolis, Ghana. *Journal of Public Health*, 1-9.

Adebiyi, R. T., & Rasheed, A. S. (2021). Strategies for Communicating Health and Safety Information on Construction. *Journal of Engineering, Project, and Production Management*, 11(1), 1-8.

Ammad, S., Alaloul, W. S., Saad, S., & Qureshi, A. H. (2021). Personal protective equipment (PPE) usage in construction projects: A scientometric approach. *Journal of Building Engineering*, 35, 102086.

Angland, S., Dowling, M., & Casey, D. (2014). Nurses' perceptions of the factors which cause violence and aggression in the emergency department: a qualitative study. *International emergency nursing*, 22(3), 134-139.

Agarwal, P., & Farndale, E. (2017). High-performance work systems and creativity implementation: the role of psychological capital and psychological safety. *Human Resource Management Journal*, 27(3), 440-458.

Appiah, S. O. (2019). Working conditions and exposure to work related injuries and accidents at Kokompe-Accra Ghana. *Ghana Journal of Geography*, 11(2), 52-76.

Bentil, R. A. (2018). *Occupational health and safety knowledge and practices of workers in the AngloGold Ashanti Iduapriem gold mine Ghana limited, Tarkwa* (Doctoral dissertation, University of Cape Coast).

- Black, S. E., & Lynch, L. M. (2001). How to compete: the impact of workplace practices and information technology on productivity. *Review of Economics and statistics*, 83(3), 434-445.
- Cudjoe, S. F. (2011). *An assessment of occupational health and safety practices on job performance at the Tetteh Quarshie Memorial Hospital*. Ghana: KNUST.
- Christian, M. S., Bradley, J. C., Wallace, J. C., & Burke, M. J. (2009). Workplace safety: a meta-analysis of the roles of person and situation factors. *Journal of applied psychology*, 94(5), 11-45.
- DeJoy, D. M. (1990). Toward a comprehensive human factors model of workplace accident causation. *Professional safety*, 35(5), 1-34.
- Dwomoh, G., Owusu, E. E., & Addo, M. (2013). Impact of occupational health and safety policies on employees' performance in the Ghana's timber industry: Evidence from Lumber and Logs Limited. *International Journal of Education and Research*, 1(12), 1-14.
- Den Hartog, D. N., & Verburg, R. M. (2004). High performance work systems, organisational culture and firm effectiveness. *Human Resource Management Journal*, 14(1), 55-78.
- Dodoo, J. E., & Al-Samarraie, H. (2019). Factors leading to unsafe behaviour in the twenty first century workplace: a review. *Management Review Quarterly*, 69(4), 391-414.
- Daniel, L. (2015). Safety leadership defined within the Australian construction industry. *Construction Economics and Building*, 15(4), 1-15.

De Greef, M., Van den Broek, K., Jongkind, R., Kenny, L., Shechtman, O., & Kuhn, K. (2004). *Quality of the working environment and productivity: Research findings and case studies.*

De Koster, R. B., Stam, D., & Balk, B. M. (2011). Accidents happen: The influence of safety-specific transformational leadership, safety consciousness, and hazard reducing systems on warehouse accidents.

*Journal of Operations management, 29(7-8), 753-765.*

Eyiah, A. K., Kheni, N. A., & Quartey, P. D. (2019). An assessment of occupational health and safety regulations in Ghana: A study of the construction industry. *Journal of Building Construction and Planning Research, 7(2), 11-31.*

Eichhorst, W., Portela de Souza, A., Cahuc, P., Demazière, D., Fagan, C., Araujo Guimarães, N., ... & Visser, J. (2018). The Future of Work-Good Jobs for All. In *Rethinking Society for the 21st Century: Report of the International Panel on Social Progress, 1(2)255-311.*

García-Herrero, S., Mariscal, M. A., Gutiérrez, J. M., & Toca-Otero, A. (2013). Bayesian network analysis of safety culture and organisational culture in a nuclear power plant. *Safety science, 53, 82-95.*

Gillespie, B. M., Withers, T. K., Lavin, J., Gardiner, T., & Marshall, A. P. (2016). Factors that drive team participation in surgical safety checks: a prospective study. *Patient safety in surgery, 10(1), 1-9.*

Giurgiu, D. I., Jeoffrion, C., Roland-Lévy, C., Grasset, B., Dessomme, B. K., Moret, L., ... & Tripodi, D. (2016). Wellbeing and occupational risk perception among health care workers: a multicenter study in Morocco

and France. *Journal of Occupational Medicine and Toxicology*, 11(1), 1-12.

Hämäläinen, P., Takala, J., & Kiat, T. B. (2017). *Global estimates of occupational accidents and work-related illnesses 2017*. World, 2017, 3-4.

Hämäläinen, P., Takala, J., & Saarela, K. L. (2006). Global estimates of occupational accidents. *Safety science*, 44(2), 137-156.

Hofmann, D. A., Burke, M. J., & Zohar, D. (2017). 100 years of occupational safety research: From basic protections and work analysis to a multilevel view of workplace safety and risk. *Journal of applied psychology*, 102(3), 375.

Hamid, H. A., Abdullah, M. N., Asmoni, M., Lokman, M. A. A., & Shaari, N. (2015). An overview of the management commitment to safety elements for mitigating accidents in the construction industry. *Jurnal Teknologi*, 74(2).

Huang, Y. H., Ho, M., Smith, G. S., & Chen, P. Y. (2006). Safety climate and self-reported injury: Assessing the mediating role of employee safety control. *Accident Analysis & Prevention*, 38(3), 425-433.

Hohnen, P., & Hasle, P. (2011). Making work environment auditable—A ‘critical case’ study of certified occupational health and safety management systems in Denmark. *Safety Science*, 49(7), 1022-1029.

Jiang, L., Lavaysse, L. M., & Probst, T. M. (2019). Safety climate and safety outcomes: A meta-analytic comparison of universal vs. industry-specific safety climate predictive validity. *Work & Stress*, 33(1), 41-57.

- Kerr, W. (1957). Complementary theories of safety psychology. *The Journal of Social Psychology*, 45(1), 3-9.
- Kirschenbaum, A., Oigenblick, L., & Goldberg, A. I. (2000). Well being, work environment and work accidents. *Social Science & Medicine*, 50(5), 631-639.
- Khosravi, Y., Asilian-Mahabadi, H., Hajizadeh, E., Hassanzadeh-Rangi, N., Bastani, H., & Behzadan, A. H. (2014). Factors influencing unsafe behaviours and accidents on construction sites: a review. *International journal of occupational safety and ergonomics*, 20(1), 111-125.
- Koopman, Cheryl, Kenneth R. Pelletier, James F. Murray, Claire E. Sharda, Marc L. Berger, Robin S. Turpin, Paul Hackleman, Pamela Gibson, Danielle M. Holmes, and Talor Bendel. "Stanford presenteeism scale: health status and employee productivity." *Journal of occupational and environmental medicine* 44, (1)14-20.
- Kuranchie-Mensah, E. B., & Amponsah-Tawiah, K. (2016). Employee motivation and work performance: A comparative study of mining companies in Ghana. *Journal of Industrial Engineering and Management (JIEM)*, 9(2), 255-309.
- Kebede, M. A., Anbessie, B., & Ayano, G. (2019). Prevalence and predictors of depression and anxiety among medical students in Addis Ababa, Ethiopia. *International journal of mental health systems*, 13(1), 1-8.
- Littig, B., & Griessler, E. (2005). Social sustainability: a catchword between political pragmatism and social theory. *International journal of sustainable development*, 8(2), 65-79.

- Lajini, P. (2014). *Importance of workers understanding of chemicals for safety-information, communication and safety culture*. African Newsletter, 60.
- Liu, X., Huang, G., Huang, H., Wang, S., Xiao, Y., & Chen, W. (2015). Safety climate, safety behaviour, and worker injuries in the Chinese manufacturing industry. *Safety science*, 78(1), 173-178.
- Lim, H. Y., & Abu al-Rejal, H. M. (2017). *Occupational safety and health practices in manufacturing industry*.
- Moyce, S. C., & Schenker, M. (2018). Migrant workers and their occupational health and safety. *Annual review of public health*, 39, 351-365.
- Muchemedzi, S., & Charamba, L. (2006). National health and safety training course. NSSA. *Harare*, 78-90.
- Moyce, S. C., & Schenker, M. (2018). Migrant workers and their occupational health and safety. *Annual review of public health*, 39, 351-365.
- Mugwenhi, S., Mafini, C., & Chinomona, E. (2019). Drivers Of Operational Performance And Customer Retention In The Chemicals Industry. *International Journal of Business and Management Studies*, 11(1).
- Marindany, A. A. A. (2011). *Safety awareness at workplace a case study at celcom axiata berhad* (Doctoral dissertation, Universiti Utara Malaysia).
- McCaughey, D., DelliFraine, J., & Erwin, C. O. (2015). Best practices to promote occupational safety and satisfaction: A comparison of three North American hospitals. In *International Best Practices in Health Care Management*. Emerald Group Publishing Limited.



- Nana-Otoo, A. (2016). *Occupational health and safety issues in the informal manufacturing sector of cape coast metropolis* (Doctoral dissertation, University of Cape Coast).
- Norman, D. A. (1982). Steps toward a cognitive engineering: Design rules based on analyses of human error. In *Proceedings of the 1982 conference on Human factors in computing systems* (378-382).
- Ojeme, J. A., & Raymond, E. (2021). Occupational Safety and Health Practices Required by Electrical/Electronics Technology Graduates in North Central Nigeria.
- Othman, A. A. E. (2012). A study of the causes and effects of contractors' non-compliance with the health and safety regulations in the South African construction industry. *Architectural Engineering and Design Management*, 8(3), 180-191.
- Olanipekun, L. O., & Jiboku, J. O. P. (2021). Occupational Health and Safety standards and employee performance in Nigeria: A Theoretical Exposition. *Texas Journal of Medical Science*, 1(1), 4-12.
- Pilbeam, S., & Corbridge, M. (2010). *People resourcing and talent planning: HRM in practice*. Prentice Hall.
- Riedel, S. M., & Field, W. E. (2013). Summation of the frequency, severity, and primary causative factors associated with injuries and fatalities involving confined spaces in agriculture. *Journal of agricultural safety and health*, 19(2), 83-100.
- Rigby, L. V. (1970). *Nature of human error* (no. sc-r-70-4318; conf-700576-1). Sandia Labs., Albuquerque, N. Mex.

- Subramaniam, C., Shamsudin, F. M., Zin, M. L. M., Ramalu, S. S., & Hassan, Z. (2016). *Safety management practices and safety compliance in small medium enterprises*. *Asia-Pacific journal of business administration*.
- Petersen, D. (1982). *Human error reduction and safety management*. Garland safety management series.
- Purnama, C., & Subroto, W. T. (2016). Competition intensity, uncertainty environmental on the use of information technology and its impact on business performance small and medium enterprises. *International Review of Management and Marketing*, 6(4), 984-992.
- Purnama, C. (2017). Emotional Intelligence and Occupational Health Impact on Employee Performance. *MIX: Jurnal Ilmiah Manajemen*, 7(3), 224-248.
- Purnama, C. (2014). Improved performance through empowerment of small industry. *Journal of Social Economics Research*, 1(4), 72-86.
- Sam-Mensah, R. (2018). *Occupational Health and Safety Management and Nurses' Productivity (Healthcare Delivery): Evidence from Public Hospitals in Ghana* (Doctoral dissertation, University of Ghana).
- Shafii, H. B., Bin-Shahna, E. A., Meryam, S., & Yassin, A. M. (2019). Study On Promote Occupational Safety And Health Practices In *Construction Projects*. *Journal of Technology Management and Business*, 6(3).
- Takala, J., Hämäläinen, P., Saarela, K. L., Yun, L. Y., Manickam, K., Jin, T. W., ... & Lin, G. S. (2014). Global estimates of the burden of injury and illness at work in 2012. *Journal of occupational and environmental hygiene*, 11(5), 326-337.

- Taderera, H. (2012). Occupational health and safety management systems: Institutional and regulatory frameworks in Zimbabwe. *International Journal of Human Resource Studies*, 2(4),1-19.
- Taufek, F. H. B. M., Zulkifle, Z. B., & Kadir, S. Z. B. A. (2016). Safety and health practices and injury management in manufacturing industry. *Procedia economics and finance*, 35, 705-712.
- Vinodkumar, M. N., & Bhasi, M. (2010). Safety management practices and safety behaviour: Assessing the mediating role of safety knowledge and motivation. *Accident Analysis & Prevention*, 42(6), 2082-2093.
- Veltri, A., Pagell, M., Behm, M., & Das, A. (2007). A data-based evaluation of the relationship between occupational safety and operating performance. *Journal of SH&E Research*, 4(1), 1-22.
- Vinodkumar, M. N., & Bhasi, M. (2010). Safety management practices and safety behaviour: Assessing the mediating role of safety knowledge and motivation. *Accident Analysis & Prevention*, 42(6), 2082-2093.
- Wang, Y., Wang, J., Su, T., Qu, Z., Zhao, M., Yang, L., ... & Shi, S. (2017). Community-acquired acute kidney injury: a nationwide survey in China. *American Journal of Kidney Diseases*, 69(5), 647-657
- Wachter, J. K., & Yorio, P. L. (2014). A system of safety management practices and worker engagement for reducing and preventing accidents: An empirical and theoretical investigation. *Accident Analysis & Prevention*, 68, 117-130.
- Weichbrodt, J. (2015). Safety rules as instruments for organisational control, coordination and knowledge: Implications for rules management. *Safety science*, 80, 221-232.

Warner, D. (2013). *What are the Benefits of Occupational Health and Safety Practices*. Retrieved September, 26, 2016.

Yu, M., Lee, H. Y., Sherwood, G., & Kim, E. (2018). Nurses' handoff and patient safety culture in perinatal care units: Nurses' handoff evaluation and perception of patient safety culture at delivery room and neonatal unit in South Korea. *Journal of clinical nursing*, 27(7-8), e1442-e1450.

Management Review, ISSN, 2052-6393.



## APPENDIX

### QUESTIONNAIRE THE RESPONDENTS

Dear Sir / Madam

This survey is a component of a research that seeks pertinent information on how to assess the safety procedures and productivity of employees at the Catholic Health Service of the Jasikan Diocese. Your open and frank answer will help me get the information we need to successfully complete this research. Regarding the information given, your privacy is completely protected. I appreciate your cooperation in ahead.

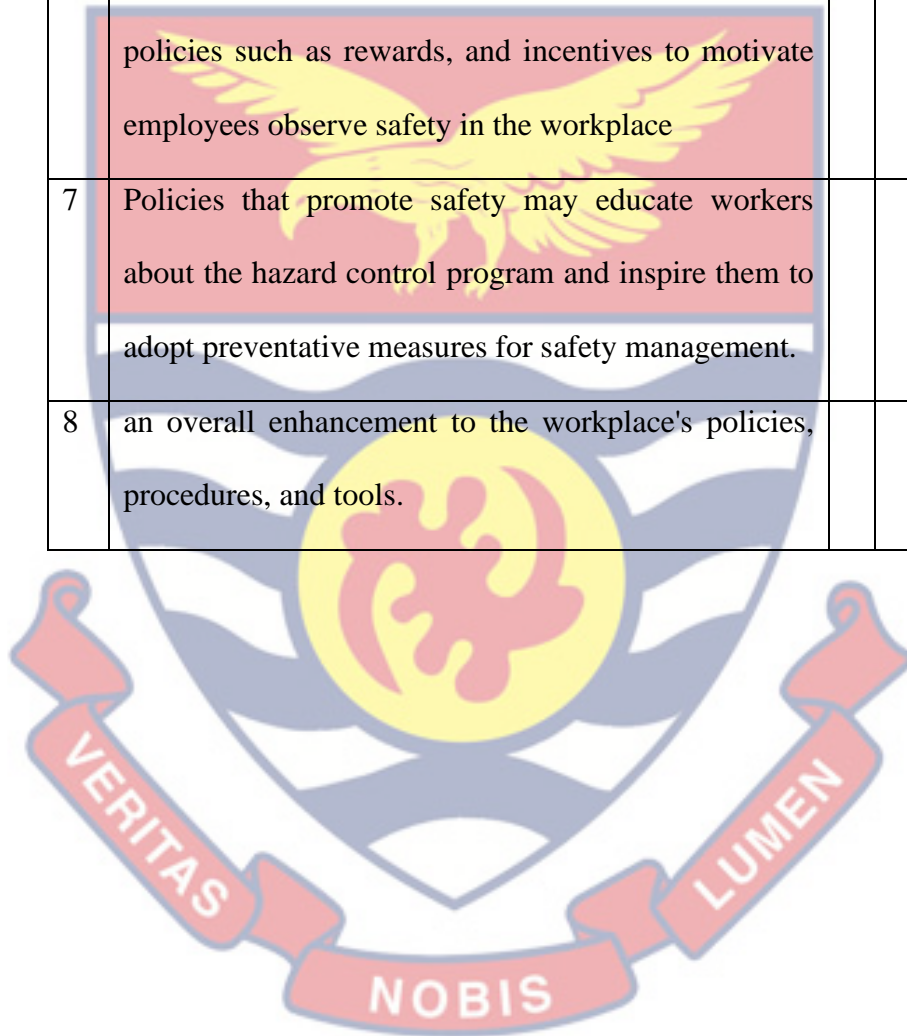
#### SECTION A: BACKGROUND INFORMATION OF RESPONDENT

**Tick and write where appropriate**

1. Gender: Male [ ] Female [ ]
2. Age group of respondents  
a) Below 20 years [ ] b) 20 – 29 years [ ]  
c) 30 – 39 years [ ] d) 40 – 49 years [ ] e) 50 – 59 years [ ]
3. How many years have you been working in this institution?  
a) 0 – 5 years [ ] b) 6 – 10 year [ ]  
c) 11 – 15 years [ ] d) 16 – 20 years [ ]  
e) 21 years and above [ ]
4. Highest Qualification  
a) S.S.C.E /O' Level [ ] b) G.C.E (A) Level [ ]  
c) Diploma [ ] d) Bachelor's [ ]  
e) Master's [ ] f) PhD [ ]

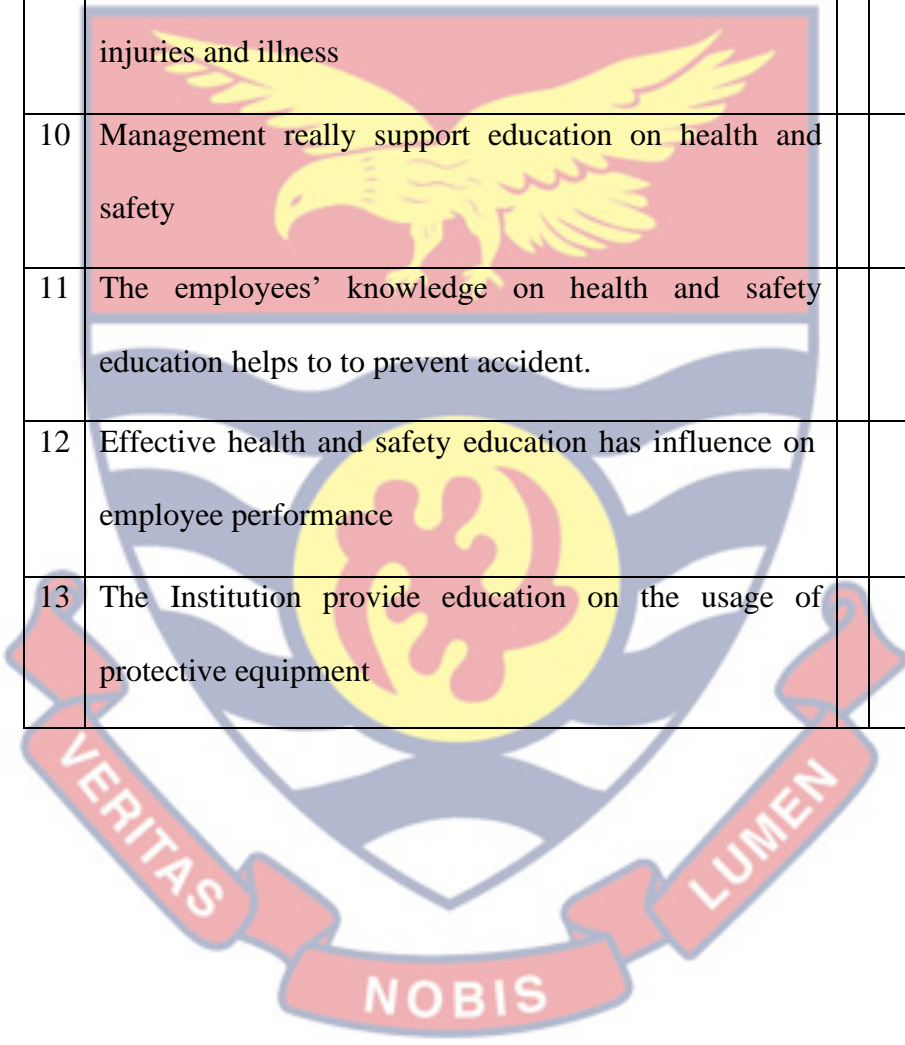
**SECTION B: Assessing the health and safety practices: Please rate how much you agree or disagree with each of the following statements. Do you (1)="strongly disagree"; (2)="disagree"; (3)="uncertain"; (4)="agree"; or (5)="strongly agree"**

5	Statements on promotion policies	1	2	3	4	5
6	My institution has put in place safety promotion policies such as rewards, and incentives to motivate employees observe safety in the workplace					
7	Policies that promote safety may educate workers about the hazard control program and inspire them to adopt preventative measures for safety management.					
8	an overall enhancement to the workplace's policies, procedures, and tools.					



**SECTION C: Assessing employee knowledge on health and safety education. Please rate how much you agree or disagree with each of the following statements. Do you (1)="strongly disagree"; (2)="disagree"; (3)="uncertain"; (4)="agree"; or (5)="strongly agree"**

	Statements	1	2	3	4	5
9	Education on health and safety is adequate to reduces injuries and illness					
10	Management really support education on health and safety					
11	The employees' knowledge on health and safety education helps to to prevent accident.					
12	Effective health and safety education has influence on employee performance					
13	The Institution provide education on the usage of protective equipment					



**SECTION D: Examining the effect of health and safety training employee performance. Please rate how much you agree or disagree with each of the following statements. Do you (1)="strongly disagree"; (2)="disagree"; (3)="uncertain"; (4)="agree"; or (5)="strongly agree"**

S/N	Statements	1	2	3	4	5
14	The institution provide training employees on health and safety to reduce accidents					
15	New employees are taken through induction training on health and safety measures					
16	The training information is adequate to enlighten employees on all health and hazard control measures					
17	The institutions organise refresher courses on how to use personal protective equipment					
18	Training given to employees are adequate to recognise and reduce hazard at work					
19	The management support training					



**SECTION E: Benefit of Health and safety practices. Please rate how much you agree or disagree with each of the following statements. Do you**  
**(1)–“strongly disagree”; (2)–“disagree”; (3)–“uncertain”; (4)–“agree”; or**  
**(5)–“strongly agree”**

	Statements	1	2	3	4	5
20	It helps the institution to reduce compensation cost					
21	I am able to increase productivity					
22	It assists in reducing accidents in the organisation					
23	It helps to meet clients’ expectations					
24	I am able to render quality service to patients					
25	It helps to reduce injuries and damages					



**SECTION E: Employee performance indicators. Please rate how much you agree or disagree with each of the following statements. Do you (1) = “strongly disagree”; (2) = “disagree”; (3) = “uncertain”; (4) = “agree”; or (5) = “strongly agree”**

	Statements	1	2	3	4	5
26	I am always able to do better on my job to get maximal results					
27	I am able to increase productivity					
28	I am able to assist other co-workers who have difficulty on completing their work					
29	I am able to come to work on time					
30	I am able to render quality service to patients					
31	I am able to finish work on time					

