UNIVERSITY OF CAPE COAST

EFFECTS OF OCCUPATIONAL HEALTH AND SAFETY MEASURES ON

EMPLOYEES' PERFORMANCE AT THE ACCRA PSYCHIATRIC

HOSPITAL

AKOSUA AMPOMA BOAHENE

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2015

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EFFECTS OF OCCUPATIONAL HEALTH AND SAFETY MEASURES ON EMPLOYEES' PERFORMANCE AT THE ACCRA PSYCHIATRIC HOSPITAL

BY

AKOSUA AMPOMA BOAHENE

Dissertation submitted to the Department of Management Studies of the School of Business, University of Cape Coast, in partial fulfillment of the requirements for the award of Masters of Business Administration in Human Resource Management

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DECEMBER, 2015

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.

Name: Akosua Ampoma Boahene

Candidate's Signature…………………………… Date: ……………………

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.

Name: Mr. John E. Seddoh

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

ABSTRACT

The purpose of the study was to find out the effects of occupational health and safety on employees' performance. Structured questionnaires and interview guide were used to collect data from the selected population of 180 health workers through purposive sampling. The descriptive survey was used for the study. The statistical method used in the analysis was descriptive statistics. Percentages were calculated for the summary of the various responses.

The study found out that the kinds of health and safety measures practiced at the Accra Psychiatric Hospital among others are safety training as part of orientation for first employees, proper disposal of waste, regular monitoring of safety and health standards, using protective clothing, prompt reporting of accidents/injuries and re-training on safety and health practices. It is also important to mention that the challenges facing the management in health and safety policy practice were lack of adequate safety materials, lack of supervision, inadequate staff, exposed electric wires, lack of fire extinguisher, lack of computers to store information and lack of security personnel beds with strips to restrict aggressive patients.

Finally, there is a positive and a stronger relationship between employees' health and safety and their level of performance. Based on the findings of the study the following recommendations were made; employees should be made to understand that safety and health practices is a shared responsibility for both management and staff and management should display warning notices on faulty machines.

ACKNOWLEDGMENTS

I wish to thank the following people for their moral support in the preparation of this dissertation. On top of the list is my supervisor, Mr. Jonh E. Seddoh of UCC, who took pain to read through this lengthy dissertation.

I am very grateful to the entire staff of the Accra Psychiatric Hospital, especially Dr. Kwasi Oseithe Medical Superintendent in charge of the hospital for his invaluable assistance.

I thank Mr. Foster Asong Bridjan of Ministry of Health (MOH), not forgetting Praise Akosua Larbi and her husband for their never ending support and encouragement.My next thanks go to Mr. Andrew Acquah of UCC and Mr. Asante Asare Kojo of Ussher Polyclinic who assisted in diverse ways and reminding me always to concentrate on my dissertation.

DEDICATION

To my parents, Mr. and Mrs. P.I.K. Boahene who assisted in diverse

ways and Rev and Mrs. Amfo Akonnor the Ashanti Presbytery Chairman

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER ONE

INTRODUCTION

Background to the study

Occupational Health and Safety was not considered to be a matter of public concern in ancient times, when accidents were regarded as inevitable or as the will of the gods. Modern notions of safety were only developed in the 19th century as an outgrowth of the Industrial Revolution, and when a terrible toll of factory accidents aroused humanitarian concern for their prevention. Today, the concern for safety has been worldwide and was the province of numerous governmental and private agencies at the local, national, and international levels.

The Agency of the United States (US) Department of Labour formed in 1970 was charged with ensuring that employers furnished their employees with a working environment that was free from recognized health and safety hazards. It enforced occupational safety and health standards, developed regulations, conducted investigations and workplace inspections, and issued citations and penalties for noncompliance.

In Great Britain the foundation for the system of regulating health and safety at work was introduced by the Health and Safety at Work ACT, 1974 (HASAWA). HASAWA was mainly an enabling measure which stated general principles of safety but also provided the power for the Secretary of State to make detailed safety regulations, based on advice from the Health and Safety Commission. This power may be used to update previous health and safety legislation and streamline its source.

1

If employers provided employees with quality health and safety measures, it would help them to work hard to boast the productivity of the Organizations they work for. This would improve their performance because they would know that any hazards that they were involved in, risk or injury, would be taken care of by their employers. This is supported by Maslow's hierarchical theory of needs by Abram Maslow (1968) which concludes that individuals' needs are arranged in a hierarchy and when one need has been fulfilled another need emerges and seeks satisfaction. Health and Safety had not been given enough attention in most of the manufacturing industries in Africa thereby making the employees on site prone to accident. As a result of this poor attitude, it was found necessary to create a solution to the problem encountered in the provision of health and safety of employee's (Scribd, 2012).

Occupational health, the well-being and quality of life of workers were crucial prerequisites for productivity and were of utmost importance for the overall socio-economic and sustainable development World Health Organization (WHO, 1994). Health at work and healthy work environments were among the most valuable assets of individuals, communities and countries. Occupational health was an important strategy not only to ensure the health of workers, but also to contribute positively to productivity, quality of products, work motivation, job satisfaction and thereby to the overall quality of life of individuals and society as a whole (WHO, 1994:2). In spite of this, conditions at work and in the work environment of many organisations in Ghana still involve a distinct and even severe hazard to health that reduces the well-being, working capacity and even the life span of working individuals.

Facilities for providing occupational health services in Ghana consisted basically of government and private and faith based health facilities in the communities. However, a few companies had their own facilities that catered for the health and safety needs of their employees. Services provided by the existing facilities were very limited as compared to those prescribed by the international

Primary medical care has been the norm globally and has necessitated in the provision of basic curative care and first aid. As a result of this global phenomenon, only few multinational companies undertake comprehensive preventive occupational activities, such as medical surveillance and risk assessment. It has been noted that employees education on health and safety to some extent are grossly lacking in Ghana. Since Ghana did not have a national policy on occupational health and safety. In order to address this challenge, the Ghana Labour Act, 2003 (Act 651) had made provision for occupational health and safety under Part XV Section 118 of the Act. Employers are charged under the Act with the responsibility of ensuring a safe and healthy working environment. In the same vein employees are oblige to use safety appliance provided by the employer in line with the employer's directives.

Statement of the problem

Until recent years, the concept of Occupational Health and Safety was not one of the priorities of employers. Many researchers have focused to a larger extent on occupational policy and the consequences, sanctions or punishment regarding the area. This research, therefore, looks at what both the

3

employee and the employer could benefit from health and safety practice, in order to improve performance at the workplace.

It must be emphasized that accidents are costly, affecting both employees and the organization. When it happens, employees are unable to work effective to achieve the objectives of the organizations as it affect the individual health physically, emotionally psychologically and could cause even death. In the Accra Psychiatric Hospital in Ghana, the employees are exposed to various kinds of hazards, therefore, failure to put adequate health and safety measures in place by management to protect employees from such hazards and risks, could be detrimental to them and reduce productivity enormously. When it comes to health and safety issues, there is lack of cooperation between management and employees in making health and safety effective.

Occupational health and safety are necessary if management of the Psychiatric Hospital is to meet the organization's aims and objectives for the formulation of correct policies which are key to the development of every organization that is on its way to success. It was in view of this that the study sought to assess the health and safety practices at the Psychiatric Hospital in Accra and its effects on both the organization and employees.

Objectives of the study

The broad objective of the study was to examine the effect of occupational health and safety measures on employees' performance at the Accra Psychiatric Hospital. The specific objectives were to:

4

1. Identify the kind of health and safety measures in place at the Accra Psychiatric Hospital

2. examine some of the challenges of Health and Safety in the Accra Psychiatric Hospital.

3. Establish a relationship between health and safety and employees performance.

Research questions

Based on the objectives, the study sought to answer the following questions:

1. What are the kinds of health and safety measures practised at the Accra Psychiatric Hospital?

2. What are the challenges management faces in the practice of health and safety policy?

3. What is the relationship between employees' health and safety and their level of performance?

Significance of the study

The significance of the study was to be seen in diverse ways. The research was to serve as the basis for increasing the awareness of health safety as well as identifying the weaknesses of the various strategies that employers adopted to enhance health and safety standards and to recommend the achievable ways of improving them. It was also to provide some basis for other facilities or organizations to adopt the recommendations and use them. It was to make employers know the consequences that occupational health and safety had on employees' performance.

5

It study will further help policy makers in their amendments as well as management in their decision making and serve as a reference point for all including the Government. It was to provide the management of the Accra Psychiatric Hospital the extent to which occupational health and safety could add more value to the image of the Hospital. This was to help employers know how to invest in employees' health and safety rather than other alternative attempts to solve their productivity problems by application of various management techniques.

Delimitations of the study

This research was carried out to investigate occupational health and safety on employee performance at the Accra Psychiatric hospital. The research was attained through identifying the occupational health and safety measures, find out how occupational health and safety practices influence employee performance and determine the challenges that both the employer and employee faced as well as the impact on implementing health and safety in the hospital. The targeted respondents are the Para medicals and none Para medicals. In view of this, questionnaire and interviews were used.

Limitations of the study

As in all human endeavours, the study was not without shortcomings. Some of the interview questions were sensitive and as such, employees and employers were reluctant in answering such critical questions. In view of that, providing the right answers became a challenge to them because they were not sure whether it may affect them directly or indirectly.

6

Organisation of the study

The research was organized into five chapters. Chapter One presented the background to the study, statement of the problem, study objectives. It also outlined the research questions, significance, as well as the limitations and delimitation of the study. The second chapter reviewed relevant literature on the concepts and core issues as well as the theoretical framework underlying the concept and issues. Chapter Three explained how the study was conducted. It included the study design, study population, sample size and sampling procedure and sources of data and procedure for data analysis and presentation. Historical analysis of the study area was also treated. Chapter Four analysed and discussed the results and Chapter Five summarized, offered recommendations and conclusion for the study. It also offers suggestions for future work.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter presents the literature review with respect to the study. It examines issues on occupational health and safety at work place and its impact on health and safety measures on employee performance at the Accra psychiatric hospital. These also assisted the researcher to identify the research Gap. It also gives theoretical, empirical evidence and conceptual frame work of the study.

Theoretical review

The researcher adopted the Maslow's hierarchical theory of needs by Abram Maslow (1968) which states that individuals' needs are arranged in a hierarchy and when one need has been fulfilled another need emerges and seeks satisfaction. Maslow's theory of motivation has frequently been applied within the industrial and organizational context (Maslow, 1965). Yet empirical research conducted to assess its validity and utility in industry does not adequately support such an application (Wahba & Bridwell, 1976). Maslow's theory implicit assumption to the individuals necessarily believes that they can satisfy their needs both at work and through their work.

Maslow's theory (1970) of motivation suggests a hierarchy of safety needs. These have to do with establishing stability and consistency in a chaotic world. These needs are mostly psychological in nature. We need the security of a home, family and job. However, if a job is dysfunction, i.e., an abused

8

employee - cannot move to the next level as she is continuously fearful for her safety. Love and a sense of belonging are postponed until she feels safe.

Overview of occupational health and safety

The health concerns of an employee have to be valued more than any other thing in an organization; there is an adage that says "health is wealth." All other factors involved in the running of an organization depends on money, material and machines that are to be spent, utilized and controlled by man. It is of great importance to note that the state of health of an employee is directly related to his level of performance, therefore, a healthy worker is a productive worker. According to Goetzel (1999), improving employee's health and safety practice at work is directly related to their productivity and profitability in an organization.

Cole (2002) asserts that every employer is required to keep proper and up-to-date written statement of safety policy. This statement reflects the employer's commitment to safety and health at work and should indicate what standards of behaviour are to be aimed for in health and safety matters. The policy statement should be drawn to the attention of all employees. This can be achieved by issuing employees handbooks which indicate details of the policy. However, a stated policy not drawn to the attention of all employees may have little impact in safeguarding employee's safety and health.

Evolution of occupational health and safety

In the late 19th and early 20th centuries, employers ran their businesses as they saw fit to make profit. Employee safety and health were not their

9

concern. In fact, in official terms these things were nobody's concern. In the U.S. injured employees had to litigate to obtain compensation for their injuries. The cost of doing so effectively prevented employees from going to court. Besides, employees were rarely successful since, under common law, if the employee knew of the hazards the job entailed or if the injuries were brought about as a result of the negligence of the employee or a co-worker, the employer was not liable.

From these origins, there has emerged an approach and practice with regard to health, safety and welfare issues. The national safety council had been established in 1913 in the U.S. after safety conscious managers and engineers spearheaded its founding (major disasters led to changes in thinking). Significantly, the International Labour Organization in 1959, provided that occupational health services should be established in or near a place of employment for the employee welfare (International Labour Organisation, 1959).

Factors that affect occupational health and safety

Again, high productivity, job performance and job satisfaction are the outcome of healthier workplaces and efforts are made to connect better Occupational Health and Safety with enhanced firm output and performance driven by state agencies, trade unions and employer. Health hazards typically associated with the employees at workplace can be chemical, physical, biological or psychological (Sikpa, 2011). There are many factors that are most likely to affect health and safety in organizations. The three most

common factors that affect occupational health and safety at work places are: the workplace itself, health hazards and safety hazards.

Karen (1999) state that threats related to workplace can endanger the employees' health and safety which could cause a negative impact on the employees' health as well as their performance. In the same way, if there were existence of good health and safety workplace policy that could positively affect the health and safety of employees, it will encourage employees to put up their maximum best. The existence of workplace hazards is very common now-a-days in both manufacturing and non-manufacturing sectors (Bamutire, 2007).

Non-manufacturing sector hazards include hazards which are present in machines and equipment like chainsaws, forklifts, ladders, electric poles and transformers. Furthermore, there is slipping, tripping, inappropriate machine guarding, equipment malfunctions or breakdowns. In many cases employers do not provide safety wear which can help minimize the impact of accidents. There is also psychological stress and violence in the workplace resulting from threatening behaviour and harassment.

Karen (1999) for instance intimate that if the workplace is not health hazard proof, it will cause a disease among workforce hence negatively affect the employee's job performance. Researchers and managers have generally recognized that health and well-being can potentially affect both workers and organizations in negative ways. For example, workers experiencing poor health and well-being in the workplace may be less productive. The intervention of new technology at workplaces in developed countries has improved the output of organizations, but on the other hand it also affects the

employees' health and safety at workplaces due to the danger associated with modern technology (Rizwan & Marosszeky, 2008).

David and Stephen (1999) indicate that unhealthy work environment should be a concern to us all. If workers cannot function properly at their jobs because of constant headaches, watering eyes, breathing difficulties, or fear of exposure to materials that may cause long term health problems, productivity will decrease. Consequently, creating a healthy work environment not only is the proper thing to do, but it also benefits the employer. Often referred to as sick buildings, office environments that contain harmful airborne chemicals, asbestos, or indoor pollution (possibly caused by smoking) have forced employers to take drastic steps. For many, it has meant the removal of asbestos from their buildings.

According to Goetzel (1999), improving employees' health and safety practice at work, is directly related to the productivity and profitability of organizations. Webb (1989) also says that a central belief in most of the occupational medicine/health promotion literature is that people perform better when they are physically and emotionally able to work and want to work which in turn leads to higher productivity. More substantial links between the implementation of health and safety programmes and their beneficial impact on a business's productivity and profits are emerging both directly (such as reduced sick pay and compensation claims) and indirectly (for example, reduced absenteeism, improved corporate reputation and reduced staff agitation).

Definition of occupational health and safety

Health is a positive concept that includes social and personal resources as well as physical capabilities (Nutbeam, 1990). It has been conceptualised as the ability to have and to reach goals, meet personal needs and cope with everyday life (Raphael, Brown, Renwick, & Rootman, 1997). The World Health Organization (WHO) defines health as not just the absence of disease but as a state of complete physical, mental and social wellbeing (WHO, 1986). A joint definition of occupational health endorsed by the International Labour Organisation (ILO) and WHO (as revised in 1995) states that:

"Occupational health should aim at: the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations; the prevention amongst workers of departures from health caused by their working conditions; the protection of workers in their employment from risks resulting from factors adverse to health; the placing and maintenance of the workers in an occupational environment adapted to their physiological and psychological capabilities; and, to summarize : the adaptation of work to man and of each man to his job" (WHO, 1995, p.3)

Cascio (1996) defines safety hazards as those aspects of the work environment that have the potential of immediate and sometimes violent harm to an employee. He gives examples as loss of hearing, eye sight, or body parts, cuts, sprains, bruises, broken bones, burns and electric shock. Health hazards are those aspects of work environment that slowly and cumulatively (and often irreversibly) lead to deterioration of an employee's health; for example: cancer, poisoning and respiratory diseases. Typical causes include physical

13

and biological hazards, toxic and carcinogenic dusts and chemicals and stressful working conditions (Cole, 1991).

As defined by the World Health Organization (WHO), "occupational health deals with all aspects of health and safety in the workplace and has a strong focus on primary prevention of hazards." Health has been defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Occupational health is a multidisciplinary field of healthcare concerned with enabling an individual to undertake their occupation, in the way that causes least harm to their health.

Bokinni (2006) in his own view described Safety as "a control of recognized hazards to attain an acceptable level of risk". Safety is a factor that goes beyond the control of hazards alone. Most writers as well view safety as a process of avoiding and preventing accidents.

Safety management

The ILO has designed these guidelines as a practical tool for assisting organizations and competent institutions as a means of achieving continual improvement in Occupational Health and Safety (OSH) performance. The guidelines have been developed according to internationally agreed principles defined by the ILO's tripartite constituents. The practical recommendations of these guidelines are intended for use by all those who have responsibility for OHS management. The guidelines call for coherent policies to protect workers from occupational hazards and risks while improving productivity. They present practical approaches and tools for assisting organizations, competent national institutions, employers, workers and health management systems,

14

with the aim of reducing work-related injuries, ill health, diseases, incidents and deaths.

The Guidelines may be applied on two levels – national and organizational. At the national level, they provide for the establishment of a national framework for OHS management systems, preferably supported by national laws and regulations. They also provide precise information on developing voluntary arrangements to strengthen compliance with regulations and standards, which in turn, lead to continual improvement of OHS performance. At the organizational level, the Guidelines encourage the integration of OHS management system elements as an important component of overall policy and management arrangements.

Organizations, employers, owners, managerial staff, workers and their representatives are motivated in applying appropriate OHS management principles and methods to improve OHS performance. Employers and competent national institutions are accountable for and have a duty to organize measures designed to ensure occupational safety and health. The implementation of these ILO guidelines is one useful approach to fulfilling this responsibility. They are not legally binding and are not intended to replace national laws, regulations or accepted standards. Their application does not require certification.

Regarding security, Human Resource Managers and specialists can coordinate their efforts with those in other operating areas to develop access restrictions and employee identification procedures, contract or manage organizational security services such as guards and train all managers and supervisors to handle potentially volatile situations (Robert and John, 2004).

15

Effective safety management requires an organizational commitment to safe working conditions. But more importantly, well designed and managed safety programmes can pay dividends for associated costs such as worker's compensation and possible fines. Furthermore, accidents and other safety concerns usually decline as a result of management efforts emphasizing safety (Salon, 2001).

Role of the employer

According to Jorma (2004) management is responsible for most of the safety issues within organisations because they control the assignment of resources, establish and implement the methods of work as well as develop the policies. From the view point of Beach (2000), safety improvement of an organisation is the responsibility of top management, though an important role is played by workers and team members in order to achieve the overall objectives of the company. Beach (2000), also revealed that management's commitment to safety is a major factor affecting the success of safety programmes in industries and this parameter is capable of discriminating between high and low accident rate organizations. Management commitment remains a key component of contemporary safety climate research (Lees, 2002).

Robert and Cardy (2004) state that at the heart of safety management is an organizational commitment to a comprehensive safety effort. This effort should be coordinated from the top level of management to include all members of the organization. It should also be reflected in managerial actions. The Employers in an organization can prevent some accidents by having

16

machines, equipment and work areas so that workers who daydream periodically cannot injure themselves or others. Providing safety equipment and guards on machinery, installing emergency switches, installing adequate ventilation, swivel chairs and desks, installing security lights, keeping passageway clear, lighting, heating and air conditioning can all help make work environment safer.

In the view of Knight (2005), a positive working environment for employees is the common goal of all good owners and managers of an organisation. Such an environment encompasses favourable working conditions, good ventilation, timely management feedback and an understanding of job goals. He also states that creating a working environment in which employees are productive is essential to increased profits for an organisation, corporation or small businesses.

A well designed job properly requires consideration of physical setting, conducive environment and the way the work space surrounding a job is utilized can influence the workers performance of the job itself. Several factors that affect safety have been identified; including size of work area, kinds of materials used sensory conditions, distance between work areas, and interference from noise. Designing safety policies and rules and disciplining abusers are important components of safety.

According to Aswathappa (2005) Legal reasons for safety of employees cannot be undermined. There are laws covering occupational health and safety, and penalties for non-compliance have become quite severe; the responsibility extended, to the safety and health of the surrounding community too. To a large extent, safety promotes productivity. Employees in safe plants

17

can devote more time to improving the quality and quantity of their output and spend less time worrying about their safety and well-being. It can be concluded that both managers and employee thrive to maintain safety and health of employees at workplace and none wish to have accidents to occur.

In the views of Vencevich (1995), employees must be given a workspace that they can call their own whether it is an office, cubicle, workshop or even a desk in an open space. There should be a high level of importance placed on helping workers foster a sense of "place" in a company.

The employees' performance and the working environment

According to Moos (1994) work environment preferences can be measured using three dimensions of work environment settings: system maintenance, goal orientation, and relationship dimensions. System maintenance refers to how orderly and organized the work setting is, how clear it is in its expectations, and how much control it maintains. Goal orientation assesses the degree to which an environment encourages or stifles growth through providing for participation in decision making and autonomy, maintaining a task orientation, and providing job challenges and expectations for success and accomplishment. The relationship dimension measures the degree of interpersonal interaction at the work environment, such as the social communication exchanges and cohesion among workers, and the friendship and support provided by co-workers and management. These work environment preferences have been shown to affect individuals' personal functioning at work (Billings & Moos, 1982). Examination of work environment preferences can help identify organisational factors that may be

18

problematic and can guide interventions aimed at reducing employee stress and increasing the health and safety in a variety of work setting.

Mills (1983) cited that until recently, organizations attempted to avoid employees' problems that were not job related. Although aware of the existence of these problems, most managers did not believe they should interfere with employees' personal lives. In the past, organizations tended to get rid of troubled employees. In recent years, however, cost considerations, unions and government legislation altered this approach. The accepted viewpoint now is that employees' personal problems are private until they begin affecting the job performance. When and if that happens, personal problems become a matter of concern for the organization. As a result of this, many large organizations and a growing number of smaller ones are attempting to help employees with personal problems. These problems include not only alcohol and drug abuse but depression, anxiety, domestic trauma, financial problems, and other psychiatric/medical problems. This help is not purely altruistic; it is largely based on cost savings.

All employees have the right to work in a healthy and safety environment. It is the key duty of the employers to give their labour force with a working environment that is safe, healthy and friendly. Employees' health and safety should be a key concern of all the employers. A worker of an industry or organisation is liable to work in an environment where safety and health are properly taken care of.

Cohen and Michael (1999) cited that, Workers involvement may be termed as the willingness of employees" to accept the responsibility for their behaviour in creating an accident free workplace. From a management

19

perspective, workers involvement refers to the ability of workers to directly influence or form the management and work process in an enterprise. The term employee refers to every employee in the organisation at every level and in every department. Workers involvement is a process involving behaviour that is dynamic, action oriented and problem solving that continuously seeks for improvement in a in a safety conscious environment.

The workplace is the setting in which many people spend the largest proportion of their time. Indeed, for many people, particularly in developing countries, the boundary between their home and workplace environments is blurred, since they often undertake agricultural or cottage industry activities within the home. Growth of the latter has often been spurred by population growth and rapid urbanization, in combination with economic development, and in parallel with larger, more conspicuous industrial development (Pantry, 1995).

In an encouraging situation, occupation contributes to good health and economic achievements. On the other hand, the work environment exposes many workers to health hazards that contribute to injuries, respiratory diseases, cancer, musculoskeletal disorders, reproductive disorders, cardiovascular diseases, mental and neurological illnesses, eye damage and hearing loss, as well as communicable diseases (Weeks, Levy & Wagner 1991). It has been noted by a lot of authors that, the physical layout of the workspace, along with efficient management processes, is playing a major role in boosting employees' productivity and improving organizational performance (Vancevich, 1995)

20

Aswathappa (2005) put forward the reason for establishing occupational health and safety practices at work place are; mangers must undertake accident prevention measures to minimize the pain and suffering the injured worker and their family are exposed to as a result of the accident. The happiness of the employees depends upon the health and safety of the worker who normally is the bread winner.

Some workers experience Spinal Spondyliosis back, neck, leg or arm pain discomfort. There is now a recognition that safer and healthier workplaces translate into increased productivity, more job satisfaction and stronger bottom-line results. There are four factors that explain the link between productivity and employees' overall health and safety (Brandt-Rauf, Burton & McCunney2001):

1. The need for more innovative ways to reduce the high rates of workplace injury and illness.

2. The pressure to reduce the social and economic costs of injury and ytillness, particularly compensation costs.

3. The need to improve labour productivity without employees working longer hours.

4. The need to offer good working conditions as an enticement to recruit and retain skilled workers in a tight labour market.

Challenges facing health and safety policy practice

According to Dorman (2000), it has become clear that the very nature of work has changed in the past few generations. Just about everything has changed as a result of a technological revolution that has swept over the

developed world in the last quarter of a century. The changes have impacted our day today life and they have impacted our workplaces. Perhaps, the biggest challenge of occupational health safety is simply keeping up with progress. One of the features of the modern technological age is rapid change. This rapid change presents two distinct problems to occupational health and safety programs.

Injuries at the place of work and occupational diseases are increasing every year due to emerging trends. Ill health and accidents are costly to workers and their families and they can also hurt companies because of the cost of personal injuries they incurred from damage to property and equipment hence loss of production. Organizations loose skilled and qualified employees through such incidents. Health and safety of employees if not improved organizations might end up losing the most expensive assets that is human capital. This has led to the study influence of occupational health and safety practices on employee productivity, (Dorman, 2000). Sakari (1999) indicated lack of funding, recruitment of staff as per establishment professional training for OHS practitioners provision of adequate tools and equipments, and lack of political goodwill are some of the constrains that hinder the development of OHS services in Kenya.

In policy and law OHS is well stipulated but practically nothing is taking place. Most organizations do not implement these because of the expenses incurred during implementation and even maintenance. Saleemi (2008) cites typical activities that have high risks in organizations. These include movement of people on floors and lifts, maintenances of and buildings and using electricity. Dealing with emergencies like spillage, fires and health

22

hazards arising from use of equipment like computers are also mentioned as sources of risks.

These risks may lead to loss of lives and cash for treating work related illness and employees may not cope with demands of the job and they reduce employee effectiveness and therefore organizational productivity. The HIV/AIDS epidemic has changed the look of first aid kits around the industrial world. Rubber gloves and blood clean up kits became standard as a reaction to the possibility of blood borne infection. What the next disease might require is a bit hard to predict. It is going to be necessary to keep flexibility in health planning in order to be able to quickly respond to changing situations.

According to Cole (2002) employee attitude if negative may become impairment in the OHS practices most of the workers are provided with the equipment's but they tend to misuse because they are oblivious of the dangers they are exposed to. More challenges that hinder the OHS practices include; poor work ergonomics, lack of systematic training high injury rates, misuse of personal protective equipment also lack of adequate communication and consultation between management and the workers regarding decisions on OHS matters. Another problem as noted by Cole (2002) is the ever increasing cost of health care. An occupational health and safety management plan that includes the providing of health services must be constantly aware of the rising costs and the efforts of the insurance industry to provide alternative plans for coping with them.

One thing is certain. Over the entire world, the government has taken an interest in worker health and safety. Government regulation becomes more and more demanding, and compliance becomes more and more essential. All

health and safety management systems undergo regular review. Changes in the law, production systems or working methods normally trigger an evaluation of existing arrangements. IGAD (1998) observes that changes in the in government can radically disrupt both preparedness plans and the administrative structures of occupational health and safety practices planning. Such radical changes normally interfere with the smooth running of health and safety practices in terms of management and budgetary control in the organization.

According to Koopman et al. (2002), presenteeism is a common concept amongst the workforce. Presenteeism is one of the major results of poor OHS practices. Some infections and illnesses are not reported to the industrial nurse. Some workers are also reluctant to seek medical attention. These workers come to work as if everything is normal but in actual fact their health and fitness is poor. This concept should be eliminated in order to increase productivity.

Costs and benefits involved in occupational health and safety

According to Wayne (1992), employers frequently complain that there is no systematic method of quantifying costs and benefits when dealing with employees' health and safety needs. Technically, that is true, but there is a behaviour costing model that may provide a useful start. According to Boyd (2003), for each of these levels of safety and health programmes, investment costs are measurable. Unfortunately, the benefits to be derived from such health and safety cannot be traced as easily to the bottom line.

24

The most quantifiable benefit resulting from the successful introduction of a safety and health programme is a reduction in casualty and workers' compensation insurance rates. Less measurable benefits involve the avoidance of the "indirect" cost of accident, including; cost of overtime work required by the accident and costs of decreased output of the injured worker after she or he returns to work. Another less measurable benefits include costs associated with the time it takes for a new worker to learn the job and cost of labour spent on the employee engaged to replace the injured.

Lukkonen (1996) assessed the cost and benefits to organizations of stress prevention in the workplace and found that stress prevention presents a means whereby an organization cannot only reduce or contain the cost of employee health but also positively maintain and improve organizational health and productivity.

According to research done in UK by HSE (2004), it was revealed that organizations believed that improving health and safety of employees was integral risk management. Improvement of safety and health of employees and customers ploughs back to the organizations productivity in general. These benefits included a mix of both tangible and intangible benefits, such as maintain ace of brand and reputation, client's requirements, and staff morale, as well as health and safety.

OHS practices according to Liukkonen (1996), play a great role in reduction of cost for the organization the cost through the Work-related accidents or diseases which very costly and can have many serious direct and indirect effects on the lives of workers and their families. For workers some of the direct costs of an injury or illness are: the pain and suffering of the injury

25

or illness; the loss of income; the possible loss of a job; health-care costs been estimated that the indirect costs of an accident or illness can be four to ten times greater than the direct costs, or even more. An occupational illness or accident can have so many indirect costs to workers that it is often difficult to measure them. One of the most obvious indirect costs is the human suffering caused to workers' families, which cannot be compensated with money.

Reduction of costs to employers on occupational accidents or illnesses is also estimated to be enormous and this is realized through the implementation of OHS practices. For a small business, the cost of even one accident can be a financial disaster. For employers, some of the direct costs are: been estimated that the indirect costs of an accident or illness can be four to ten times greater than the direct costs, or even more. An occupational illness or accident can have so many indirect costs to workers that it is often difficult to measure them. One of the most obvious indirect costs is the human suffering caused to workers' families, which cannot be compensated with money, payment for work not performed, medical compensation payment, repair or replacement of damaged machinery and equipment, reduction of temporary halt in production, increased training expenses and administration, (Robbins 2003).

According to McCunney (2001), the primary beneficial impact of occupational health and safety on productivity is reduced absenteeism. McCunney demonstrates that the health risks and failure of employees to participate in fitness and health promotion programmes are associated with higher rates of employee absenteeism. There is need for much emphasis on the employer's participation in ensuring that OHS programmes and policies are

26

existent. If these OHS practices are set, it is more likely that the worker participates in order to preserve his/her life.

However, absenteeism may be encountered but may be completely neither unjustified on medical grounds nor attributable to unsafe conditions or hazardous events in the workplace. It is difficult to demonstrate conclusively the extent to which business prosperity benefits from good health and safety or on the contrary, to say that prosperous businesses have good health and safety because they are able to afford it (Health and Safety Executive, 2006). However, based on available evidence, the Occupational Health and Safety Reports argue that there is clearly a vicious circle in that a healthy and happy workforce is more productive, leading to increased investment in health and safety to reduce accidents, which in turn leads to further productivity gains.

Effective workplace health and safety practices according to Robbins (2003) can help to save the lives of workers by reducing hazards and their consequences. Health and safety programmes also have positive effects on both worker morale and productivity, which are important benefits. As Occupational health and safety encompasses the social, mental and physical well-being of workers in all occupations, poor working conditions have the potential to affect a worker's health and safety. Unhealthy or unsafe working conditions can be found anywhere, whether the workplace is indoors or outdoors. Poor working conditions can affect the environment workers live in. This means that worker, their families, other people in the community, and the physical environment around the workplace, can all be at risk from exposure to workplace hazards. All these can be eliminated by the implementation of OHS practices in the organization.

27

Impact of health and safety on employees' performance

According to Dorman (2000), it is clear that the nature of work has changed in the past few generations. Just as everything has changed as a result of a technological revolution that has swept over the developed world in the last quarter of a century. The changes have impacted our day today life and they have impacted our workplaces.

Chabra (2005) emphasizes that occupational safety has an important influence particularly in hazardous industries. Safety measurers prevent accidents which are disastrous to both employees as well as employers. Where these are provided, labour productivity is much higher in such units than in others where safety is lacking because employees perform fearlessly and with confidences. When employees' are assured that safety precautions are taken they perform without tension and this raises the productivity of labour and boosts employee morale. Consistency in production in the short run results into upward trend in productivity into long run.

De Greef, and Van de Broek (2004) argues that OHS measures have important implications on company profitability by affecting revenue and production costs. These will result to decrease of the production costs (owing to fewer accidents, damages and less absenteeism etc) and increase in revenue (due to better productivity, efficiency, quality, effectiveness etc). These will translate to increase in revenue hence profitability. Goetzel (1999) introduced a method called "Health productivity management" which aims at establishing links between today's business climate, people, operational challenges and ultimately the productivity of an organization. Goetzel (1999) method will

28

assist a great deal in the implementation of occupational health and safety ion organizations so as to enhance employee productivity.

Appropriate techniques of implementation of occupational health and safety practices in the organization

Towers (2003) explain that it is important to empower, educate and persuade workers to exercise their powers in the protection of their OHS. Employees are left to form their own OHS committees which are not taken seriously by the management. Most OHS statutory instruments state that it is the employer's obligation to provide a safe working environment for the workers. These regulations further clarify that it is the duty of the employer to disclose accident statistics and to keep appropriate records. An employee should be informed of the dangers that are eminent in their work. These statutes, further, stipulate that this information should be posted on areas that all workers can see, for example notice boards.

According to Armstrong (2010) Occupational Health and Safety programmes deal with the prevention of accidents and diseases and minimizing the resulting loss and damage to persons and property from working conditions. He says they relate more to systems of work than the working environment and that health and safety policies are required to demonstrate that top management is concerned about the protection of the organizations employees from hazard at work and to indicate how this protection will be provided.

Section 2(3) of HASAWA requires every organization with five or more employees to have a written health and safety policy. A safety policy

29

should state the organization's commitment to making the health and safety of employees a priority (London Hazards Center Fact sheet, 1997) .Thus the present study Occupational Health and Safety practices in employee productivity. Employers must ensure that employees use chemical goggles or other appropriate eye protection when working with chemicals when exposure to these chemicals is likely to cause injury to the. It also advises that chemical-resistant gloves and sleeves, or other protection for exposed skin must be used when handling liquid paste or powdered flavouring ingredients that could cause dermal injury.

Organizational planning and control are crucial in managing safety and health of employees. Organizations have to design and establish systems and allocate responsibilities. Managers must integrate health and safety matters into their planning and decision making procedures, identify and choose methods and techniques that can be used to train and communicate with staff Inter Governmental Authority Development (IGAD, 1998). Two types of types of monitoring systems can be implemented as reported by International Federation of Red Cross and Red Crescent (1995) to aid disaster management.

One is a system to monitor the achievements of objectives and the extent of compliance with standards. This involves regular and carefully conducted inspection, covering one or all parts of the premises or one specific work activity. The other is reactive systems which monitor accidents; ill-health, incidences and other evidence of deficient health and safety productivity can be used. The association points out that a written record must be taken and circulated to others with specific health and safety responsibility and made available to employees.

United Nation of Environmental Programme (UNEP) (1998) points out that every employer shall assess the risks to the health and safety of his or her employees to which they are exposed at work. Where the employer employs five or more people, the significant findings of the assessments must be written down. When conducted properly, risk assessments can facilitate a structured approach to identifying risks and determining control measures. Risk assessments may be thematic (stress, violence, manual handling), task-centered (keyboarding, cleaning, driving) or relate to particular aspects of the working environment (hot working conditions). People at risk should be recorded, minimum legal standards, existing control measures and the need for further action while doing this worker must be consulted as part of the risk assessment. They will often know the hazards and risks of their jobs better than anybody else. All health and safety management system need regular review.

Hazard pre-employment health and workplace health, identification examinations safety education committees engineering return-to-work training health, surveys controls examinations and audits ergonomics, medical behavior work intervention monitoring modification reorganization, protective biological administrative ,on-site health clothing and monitoring, controls and safety equipment centres, environmental stress health, promotion monitoring management, environmental individual and organizational safety are all examples of health practices present in the modern organizations.

Environmental Health Division in the Ministry of Health should start thinking safe at the planning stage. This should be reflected in all stages. The Medical departments as envisaged in the Public Health Act Chapter 242 Laws

of Kenya seem to be focusing on curative services. We all know that preventive, promotive and rehabilitative, including research and information is inclusive but hidden, there is need to bring them on the surface by changing to department of health.

The International Labour Organization ILO aims at the reduction of poverty in Africa by promotion of employment, social protection and protection of workers' health and safety, and by promotion of democracy through social dialogue and participation, by promotion of human rights and standards, strengthening of training and education and promotion of enterprise generation (Lehtinen, *et al*, 2001). Modification screening, behavior strategies and monitoring change is an essential quality of health promotion, this include the direct involvement of people in maintaining or improving their own health.

Management has responsibility to ensure workplace is free from unnecessary hazards and that conditions surrounding work place are not hazardous to employees' physical or mental health. From moral point of view, according to Aswathappa (2005) employers have an obligation to maintain workplace that will minimize any negative aspect of situations affecting employees' health and safety but are not able to provide such an enabling environment always. There is increasing and compelling evidence that providing a healthy and safe working environment has the potential to increase labour productivity and in turn increase business profits. There are, however, a number of issues that cannot be overlooked, for example, what are the negative outcomes, how best to evaluate OHS measures in terms of increased productivity and are there economic benefits? It is also evident that there are certain necessary ingredients required, such as a good level of cooperation

between the management and employees, to ensure the success of an OHS intervention and the subsequent increases in productivity.

Relationship between employees' Health and Safety and Performance

Wilson and Rosenfeld (2004) asserted that integrated health, safety and productivity management programmes are emerging as a business imperative aimed at improving the total value of human resource investments. These programs rely upon the joint management of human resources benefits and programs that employees may access when they are sick, injured or balancing work/life issues. They include health insurance, disability and workers' compensation, employee assistance, paid sick leave, and occupational safety programs. Wilson and Rosenfeld (2004) cited that also included are activities meant to enhance morale, reduce turnover, and increase on-the-job productivity**.** An integrated health, safety and productivity management model evolved over the past five to ten years. What led to its emergence? What prompted business leaders to actively pursue an integrated approach as a business imperative? Below we review some of the forces that supported a growing interest in, and adoption of, integrated health, safety and productivity management programs among American businesses.

An employee's safety and health practice influences all the activities including selection of employees, equipment and materials, the way work is done and designed and provide goods and services, (Managing Health and Safety Journal 2001). A written statement of any occupational Health and safety, and the organization, and arrangement should show arrangements for implementing and monitoring, it should also show the employees and anyone

else. Those hazards have been identified and risks assessed, eliminated or controlled (Health Safety Journal 2001). The sort of events and incidents that cause injuries and illness can equally lead to property damage and interrupt production. So business organizations should aim at controlling all of accidental loss this can be done by identifying hazards and assessing risks.

De Greef (2003) argues that OSH measures have important implications on company profitability by affecting revenue and production costs. These will result to decrease of the production costs (owing to fewer accidents, damages and less absenteeism etc) and increase in revenue (due to better productivity, efficiency, quality, effectiveness etc). These will translate to increase in revenue hence profitability.

A workstation change can increase productivity; however, it is misleading to conclude that this change results in the improvement of OHS standards. New machinery can also be hazardous to health. For instance, a noisy machine may be replaced by a new machine that is more efficient but produces dust. This shows a mere shift from one hazard to another. A workstation change can cause increased efficiency and productivity leading to an ignorance of the resultant OHS implications. It is therefore misleading to conclude that a workstation change improves OHS standards in light of the increased productivity. Some workers experience back, neck, leg or arm pain discomfort. There is now a recognition that safer and healthier workplaces translate into increased productivity, more job satisfaction and stronger bottom-line results.

There are three factors that explain the link between productivity and employees' overall health and safety (Brandt-Rauf, Burton & McCunney,

2001). These include the need for more innovative ways to reduce the high rates of workplace injury and illness and pressure to reduce the social and economic costs of injury and illness, particularly compensation costs. The last factor includes the need to improve labour productivity without employees needing to work longer hours and/or taking on more work.

The current set up in most food factories is such that workers have to perform strenuous tasks and work longer hours in order to increase productivity. This may result in work related stress and muscular-skeletal disorders (Oxenburg, Marlow & Oxenburg, 2004). For instance, workers manually load long trucks using their shoulders, necks and heads. They also work longer than their normal eight hours up to twelve hours with a benefit of overtime money at the end of the month. Twelve hours are too long because of factory heavy work.

Cockburn, Bailit, Berndt and Finkelstein (1999) documented differences in workers' productive output when treated for allergies with different types of antihistamines. Burton, Conti, Chen, Schultz and Edington (2002) showed a direct relationship between modifiable health risk factors and work output for telephone call centre operators at a bank. Several investigators have developed innovative methods to quantify these productivity losses and translate them into dollar terms, for specific health and disease categories or across multiple health conditions. These and other studies have set a framework for future research that examines the relationship between employee health, organizational productivity and work output.

According to Wilson and Rosenfeld (2004) when one couples individual health concerns with organizational stressors such as downsizing,

lacklustre senior management, poorly communicated policies, and an environment without clear purpose, the potential for productivity losses becomes even more pronounced. Negative organizational announcements and adverse business developments may occur within a larger socio-economic context and may further dampen worker enthusiasm and motivation to perform at peak productivity levels. Job and personal stresses, along with other job pressures, may manifest themselves as symptoms reflecting increased health, safety and productivity risks for the individual and organization. Such symptoms may present themselves as medical conditions such as chest and back pain, heart disease, gastrointestinal disorders, headaches, dizziness, weakness, repetitive motion injuries); psychological disorders (anxiety, aggression, irritability, apathy, boredom, depression, loneliness, fatigue, moodiness, insomnia); behavioural problems (accidents, drug/alcohol abuse, eating disorders, smoking); and organizational malaise (absence and tardiness, poor work relations, high turnover, low morale, job dissatisfaction, low productivity).

Those concerned with workplace illness and injury are also endeavoring to *quantify* how the overall health and safety of an employee affects their ability to work productively (Goetzel & Ozminkowski 2000; Bunn, Pikelny, Slavin, & Paralkar, 2001; Occupational and Environmental Health Foundation (OEHF), 2004). More precisely, the drive to link productivity with OHS outcomes is underpinned by four core reasons: The first is the need to find more innovative ways to reduce the high rates of workplace injury and illness than has previously been the case. Secondly, the

pressure to reduce the social and economic costs of injury and illness, particularly compensation costs.

This is followed by the need to improve labour productivity which does not result in employees working longer hours and taking on more work and lastly the need to provide good working conditions as a way of recruiting and retaining skilled workers in a tight labour market. This drive to link OHS and company productivity has in the past decade stimulated academic research where rigorous, empirical evidence had previously been slow to materialize.

O'Donnell's (2000) conceptual model of human performance exemplifies the linkages between health and safety, productivity and profits. Health and safety prevention and intervention programmes play a critical role in his model as these types of programmes can improve the physical and psychological well-being of the workforce which in turn reduces absenteeism and presenteeism. He also argues that such programmes improve the organizational climate, which enhances employees' desire to work and directly raises human performance. He asserts that improved organizational climate, morale, and employment relationships as well as higher profits have the potential to reduce the health and safety risks.

Conceptual framework

Conceptual framework is that related to some abstract idea(s) or theory. It is generally used by philosophers and thinkers to develop new concepts or to reinterpret existing ones. On the other hand, empirical research relies on experience or observation alone, often without due regard for system and theory. It is data-based research, coming up with conclusions which are

37

capable of being verified by observation or experiment. To deal with safety needs of the hierarchy, we consider physical as well as psychological safety and security.

Occupational health and safety practice falls on all the hierarchy levels as follows: physiological needs for survival. They include the biological needs such as food, water, fresh air and clothing among others. Safety needs are cantered on protections, predictability and stability to ensure that employees are not vulnerable and that they feel both physically and psychologically safe. Belonging or social needs is the need for affiliation, for love, affection and meaningful relationship with others.

Health and safety training

Cole (2008) cited that learning activity directed towards the acquisition of specific knowledge and skills for the purposes of a task. Examples of training needs are: the need to have efficiency in safety in the operation of particular machines or equipment; the need for an effective sales force: and the need for competent management in the organization. According to Armstrong (2006) health and safety training is a key part of the preventative programme. It starts as part of the induction course and bring improvement on employee's performance as well as changes in their job.

Safety awareness programs

Noe (2008) stresses the fact that safety awareness programs go beyond compliance with OSHC and attempt to in still symbolic and substantive changes in the organization's emphasis on specific types of injuries or

disabilities. A safety and health awareness programs have three components: identifying and communicating hazards, reinforcing safe practices, and promoting safety internationally. Dessler (2005) emphasizes those positive reinforcements as a way of communicating programs that are important in improving safety at work place. Luis *et a*l (2007) suggested that managers should communicate safety rules and enforce them. OSHC obligates employees to adhere to safety rules, and in good programs managers' are willing to use the disciplinary system to penalize unsafe work behaviours. They use incentives, rewards and positive reinforcement to encourage safe behaviour. They reward employee complaints or suggestions about safety.

39

CHAPTER THREE

METHODOLOGY

Introduction

A research method is a set of a systematic procedure (plan) for conduction of study so as to get the most valid finding (Kannae, 2004). The researcher needs to spell out the strategies or procedures to follow in order to properly carry out the investigation. These strategies or procedures may be termed as research methods.

The chapter comprises the research methodology which include introduction, the area of study, study design, the target population, sample size and sampling procedure, the data collection method used as well as an overview of the area.

Study design

The study adopted the descriptive design. According to Gay (1992), descriptive research involves collecting data in order to test hypothesis or answer questions concerning the current status of the subject of the study. The descriptive study determines and reports the way things are. Information gathered from descriptive research is useful in finding answers to questions through the analysis since it involves describing, recording, analyzing and interpreting conditions that exist. Basically, descriptive studies deal with the assessment of attitude, opinions, demographic information, conditions and procedures. Descriptive data are usually collected through questionnaire, interviews or observation.

40

In this research therefore the descriptive survey method is thus purported to organize and summarize only the responses from the respondents through the questionnaire and interview. Under this method, data were collected for the purpose of describing existing situation and or analyzing responses concerning current status of the study in its natural perspective. The method is deemed appropriate for the study as it gives assessment of the situation on the ground; it determines or reports the way things are

Study area

According to the Department of Psychiatry of the University of Ghana Medical School, in the early years of the 18th century, mentally ill persons were segregated and incarcerated with common criminals in Ghana. In 1888 the colonial government passed a legislative ordinance to provide custody for lunatics. The Old High Court in Victoriaborg, Accra was converted to an Asylum. In 1904 the number of the mentally ill persons had risen to one hundred and four (104) and the facility was inadequate.

In 1906 the present Accra Psychiatric Hospital was built and one hundred and ten (110) patients were admitted. They were supervised by sixteen untrained nurses and a visiting doctor. In 1951 the first African Psychiatrist, a Gambian doctor, named Forster was appointed to the Asylum. He started using chemical means to restrain the patients. After two years of operation, the population doubled and the hospital became crowded. Despite additions of extensions and the establishment of other treatment facilities, overcrowding continued to plague the hospital till today.

41

It became apparent that one hospital could not provide services for the country with a population of over six million then, so the first President of Ghana, Dr. Kwame Nkrumah, expanded the hospital and established the Adome Resettlement Project for the chronically ill patients. Later the Ankaful Hospital was built but still was not enough to accommodate patients. In 1972, the Pantang Hospital was also opened to alleviate congestion.

Community Psychiatric Nursing is a component of the psychiatric treatment provided for the patients who were discharged. It was introduced in1973 by a World Health Organization (WHO) nurse, Pearl Alderson and was started as a pilot project based on therapeutic community in one of the wards at Accra Psychiatric Hospital. However, on 4th February 1888, by a legislative instrument under the signature of the then Governor Sir Edward Griffiths, the old High Court of Victoriaborg was converted into Lunatic Asylum.

Currently the hospital has the capacity to accommodate 600 patients at any given time. However, this has not been the case and the hospital continues to be over crowded with an increasing population and therefore a growing demand on the limited facilities. This has tended to compromise the comfort and general well-being of patients and constitute an appreciable strain on its resources i.e., working materials, staff and funds.

The hospital has nineteen (19) departments for the effective execution of its vital functions. The eighth hundred act of the parliament of the republic of Ghana entitled: Mental Health Act 2012 provides for Mental Health care and for related matters on the 31st May, 2012. The act was passed by parliament and assented by the president.

Population

The population refers to the complete set of individuals having common characteristics in which the researcher is interested (Fraenkel and Warren, 2002). They constitute the group of people whom the researcher will like to generalize the finding of the study. Therefore all the workers in the Accra Psychiatric Hospital numbering one hundred and eighty (180) constitute the population.

Sample and sampling procedure

The main function of a sample is to conduct a study to individuals from the population so that the results of their study can be used to derive conclusions that would apply to the entire population. The sample size must be representative of the population from which it was drawn to warrant statistical analysis. Twumasi (2001) mentions two types of sampling techniques used in various research studies.

These are probability and non-probability sampling. He points out that in probability sampling, each and every member or unit within the population is given equal chance of being selected. In the selection of the sample size, a staff list of all staff was obtained and the questionnaire served on them. The total number of staff of Accra Psychiatry Hospital is 180. The study employed census sampling in selecting the entire number of staff.

Instrument Design

The main instruments used to collect the data for the study were questionnaire and interview. The questionnaire was divided into four sections.

43

Section A looked at the background information of the respondents including the age group, gender, department and length of service of the employees. Section B deals with the health and safety measures put in place at the Accra Psychiatric Hospital. Section C establishes a relationship between health and safety and employees, performance. The last section, section D identifies some of the challenges of Health and Safety in the Accra Psychiatric Hospital.

Data collection issues

A data collection in the research is the phase where the necessary data useful according to the purposes and objectives of the research are gathered from the field. The ways for gathering these data is what is termed data collection methods. The researcher collected introduction letter from the department of management studies of the University of Cape Coast. This helped craved indulgence of the hospital and the staff for the data collection. The researcher personally gave out the questionnaire to the targeted staff to fill. The two main sources of data used for the research work were the primary and secondary data. The methods used in collecting primary data included interview, questionnaire, and observations. The secondary was obtained from existing data and information.

In view of the environment of data required for this study, structured questionnaires, interview and observation were used to extract information about the effects of organizational health and safety at the Accra Psychiatric Hospital. This mode of data collection was used due to the fact that, it was easy for staff of the Accra psychiatric hospital to be convinced and encouraged to complete the questionnaires. It also provided a rough picture of the

44

respondents' expectations. The researcher agreed with the respondents to sign a concern form before the interviews were conducted. Specific date was scheduled for the interview.

Ethics

Introductory letter was obtained from the Department of Management Studies, School of Business, which was presented to the Medical Superintendent of the Accra Psychiatric Hospital before the administration of the questionnaire. Employees consent was sought from the Medical Superintendent and the employees before the instruments were administered.

Field challenges

Some of the respondents were initially reluctant in responding to the instruments, but upon further explanation and clarification they responded favourably.

Data presentation and analysis

Komboet and Tromp (2006) state that analysis of data varies with the purpose of the research, the complexity of the research design and the extent to which conclusion can be reached easily. After all data has been collected, the researcher conducted data cleaning, which involved identification of incomplete, inaccurate responses and correct to improve the quality of the responses. After data cleaning, the data was coded and entered in the computer for analysis using the Statistical Package for Social Sciences (SPSS) version 18.

45

The research yielded both qualitative and quantitative data. Quantitative techniques such as descriptive and inferential statistics were used to analyse the background characteristics of respondents and objective three respectively. Qualitative data was analyzed using content analysis based on analysis of meanings and implications derive from respondents' information and documented data. Research objectives one and two were analyzed qualitatively to give meaning to the quantitative data.

46

CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

This chapter comprises the presentation, analysis and the discussion of findings of the study. These are presented according to the research questions raised to guide the study. The chapter has been divided into two. The first part of the chapter focused on the background information of the respondents. The second aspect concentrated on the presentation and discussion of the main findings of the study.

Background information of the respondents

This section dealt with the information collected on the background of the respondents who are workers in the Accra Psychiatric Hospital. The characteristics of the respondents which were discussed in this section included age, gender, number of years of working in the hospital and the department that respondents work in the hospital.

Table 1: Age Distribution of Respondents

Age	No.	%
Under 20 years	0	0.0
20-25 years	48	26.7
26-35 years	82	45.6
36-45 years	49	27.2
46-55 years	1	0.5
Above 56 years	0.0	0.0
Total	**180**	**100.0**

Source: field data, 2015

Table 1 shows the age distribution of the respondents involved in the study. The results from the table showed that none of the respondents is under the age of 20 years, 48(26.7%) of the respondents were between the ages of 20-25 years, 82(45.6%) were between the ages of 26-35 years, 49(27.2%) were between the ages of 36-45 years, only 1(0.5%) were between the ages of 46-55 years and none of the respondents was above 56 years. This implies that majority of the respondents involved in the study are youthful and vibrant.

Table 2: Gender Distribution of Respondents

Gender	No.	%
Male	91	50.6
Female	89	49.4
Total	**180**	**100.0**

Source: Field Data, 2015

Table 2 shows the gender distribution of the respondents. The results show that 91(50.6%) of the respondents were males whilst 89(49.4%) were females. This implies that more males were involved in the study as compared to their female counterpart.

Table 3: Number of Years of working in the Hospital

Number of Years	No.	%
Under 5 years	34	18.9
6-10 years	86	47.8
11-15 years	58	32.2
16-20 years	2	1.1
Above 20 years	0	0.0
Total	**180**	**100.0**

Source: Field Data, 2015

Table 3 shows the number of years the respondents have been working in the hospital. The results indicate that 34(18.9%) of the workers have been working in the hospital for less than 5 years, 86(47.8%) have been working in the hospital for 6-10 years, 58(32.2%) of the workers have been working in the hospital for 11-15 years, 2(1.1%) of the workers have been working in the hospital for 16-20 years and none of the respondents have been working in the hospital for more than 20 years. This implies that majority of the workers have 6-10 years experience of working in the hospital.

Table 4: Distribution of Respondents' Department in the Hospital

Department	No.	%
Administration	4	2.2
Laboratory	20	11.1
Pharmacy	33	18.3
Stores	22	12.2
OPD	21	11.7
Kitchen	12	6.7
Laundry	23	12.7
Male Ward	2	1.1
Female Ward	12	6.7
Children's Ward	8	4.4
Nursing Department	11	6.1
Audit Department	12	6.7
Total	**180**	**100.0**

Source: Field Data, 2015

49

Table 4 shows the departments of the workers or the respondents involved in the study. From the table it can be observed that 4(2.2%) of the workers were in the administration department, 20(11.1%) were in the laboratory, 33(18.3%) were in the pharmacy department and 22(12.2%) were in the stores. In the same angle, the results reveal that 21(11.7%) of the workers were in the OPD (Out-Patient Department), 12(6.7%) were in the kitchen, 23(12.7%) were in the laundry and 2(1.1%) were in the male ward. Lastly, it was also found out that 12(6.7%) were in the female ward, 8(4.4%) were in the children's ward, 11(6.1%) were in the nursing department and 12(6.7%) were in the audit department.

Research Question One: What are the kinds of health and safety measures practiced at the Accra Psychiatric Hospital?

Research question one sought to find from the respondents the kinds of safety measures practiced at the Accra Psychiatric Hospital. The results are presented in Table 5. Table 5 shows the kinds of health and safety measures practiced at Accra Psychiatric Hospital. The Table shows that on the responses of the respondents on safety training as part of orientation on first employment, 20(11.1%) responded to the statement.

50

Table 5: Kinds of health and safety measures practiced at the Accra Psychiatric Hospital

Safety Measures	No.	%
Safety training as part of orientation on first employment	20	11.1
Proper disposal of waste	33	18.3
Regular monitoring on safety and health standards	22	12.2
Using protective clothing	30	16.7
Prompt reporting of accidents/injuries	45	25.0
Re-training on safety and health practices	30	16.7
Total	**180**	**100.0**

Source: field data, 2015

Secondly, the results showed that there was the practice of proper disposal of waste as 33(18.3%) responded to the statement. Thirdly, 22(12.2%) of the workers responded to the fact that there was regular monitoring on safety and health standards. Furthermore, 30(16.7%) responded to the fact that there was the use of protective clothing whilst 45(25.0%) responded to the statement that there was prompt reporting of accidents or injuries. Finally, 30(16.7%) agreed to the fact that there was re-training on safety and health practices.

Research Question Two: What are the challenges facing the management in health and safety policy practice?

Research question two sought to find out from the respondents the challenges facing the management in health and safety policy practice. The results are presented in Table 6.

51

Table 6: Challenges facing the management in health and safety policy practice

Challenges	No.	%
Lack of adequate safety materials	62	34.4
Lack of supervision	25	13.8
Inadequate Staff	87	48.3
Total	**180**	**100.0**

Source: Field Data, 2015

Table 6 presents the challenges facing the management of Accra Psychiatric Hospital in health and safety policy practice. The results indicated that 62(34.4%) responded to the statement on lack of adequate safety materials. It was indicated from the results that management faced the challenge of lack of supervision as 25(13.8%) responded to the statement and 87(48.3%) responded that they faced the challenge of inadequate staffing.

Research Question Three: What is the relationship between employees' health and safety and their level of performance?

Research question three sought to find out the relationship between employees' health and safety and their level of performance. The results are presented in Table 7. The result from the table showed that there is a positive and a stronger relationship between employees' health and safety and their level of performance. As a guide to the interpretation of the correlation coefficients, Cohen (1988) suggests that; $r=.10$ to. 29 or $r=-.10$ to $-.29$ (small or weak), and $r=.30$ to .49 or $r=-.30$ to$-.49$ (medium or moderate), and $r=.50$ to 1.0 or $r=-.50$ to -1.0 (large or strong). The r value was significant at the 0.01 level (2-tailed).

Table 7: Relationship between employees' health and safety and their level of performance

Variables	Co-efficient of Correlation (Sig. 2-tailed)
Employees' Health and Safety and Level of Performance	0.972*

Source: field data, 2015

In this vein, there was a strong, positive correlation between the health and safety measures and employees level of performance with the correlation coefficients of 0.972. This indicates that high scores on health and safety measures were associated with high scores on employees' level of performance. The correlation coefficient was statistically significant as indicated by the p-value. This means that a positive change in employees' health and safety measures will result in a positive change in employees level of performance.

The finding is in line with the findings of Dorman (2000) who found out that there is a positive and a stronger relationship between employees' health and safety and their level of performance. According to Webb (1989), a central belief in most of the occupational medicine/health promotion literature is that people perform better when they are physically and emotionally able to work and want to work which in turn leads to higher productivity.

Presentation of interview results

Kinds of health and safety measures

Evidence from the interview data depicted that certain kinds of health and safety measures were practiced at Accra Psychiatric Hospital. The following were comments from respondents:

"The safety health measures in the hospital are the wearing of safety clothes and the provision of safety boxes for our needles and sharp objects." (Comment from the Biomedical Scientist, May 4th 2015). The hospital Biomedical Scientist pointed to the fact that there was the wearing of safety clothes and the provision of safety boxes for their needles and sharp objects. The Senior Staff Nurse also said:

"There is the presence of air-conditioner." (Senior Staff Nurse, Accra Psychiatric Hospital, May 4th 2015). Additionally, a response from the Pharmacy Technician relates directly to the practice of certain kinds of health and safety measures. She said:

"We can make mention of the wearing of lab coat, the use of hand sanitizer and the washing of hands before and after every process." (Pharmacy Technician, Accra Psychiatric Hospital, May 5th 2015).

Furthermore, there was another response from the Staff Nurse on the subject under discussion. She said:

"Well such practices involve the wearing of gloves, mobbing of the floor and the provision of sharp boxes for keeping sharp objects." (Staff Nurse, Accra Psychiatric Hospital, May 5th 2015).

Notwithstanding the above responses, the Medical Superintendent in-charge stated that:

"Employees have been well educated on the awareness of safety and security and they have also been educated on the proper ways of handling drugs." (Medical Superintendent In-Charge, Accra Psychiatric Hospital, May 5th 2015).

The above findings are in line with the findings of scholars who have made comprehensive researches on the subject under discussion. For example, Armstrong (2006) asserted that health and safety training is a key part of the preventative programme. He continued that it starts as part of the induction course and bring improvement on employee's performance as well as changes in their job. Health and safety training spells out the rules and provides information on hazards and how to avoid them. Furthermore, training should be provided and special courses laid on to deal with new aspects of health and safety or areas in which safety challenges have emerged.

Challenges facing the management in health and safety policy practice

Responses from the interview data indicated that there were certain challenges facing the management in health and safety policy practice. The responses are presented below:

"Improper way of disposing sharp objects due to lack of incinerator." (Response from the Biomedical Scientist May 4th 2015).

In the same angle, some of the challenges listed by the Senior Staff Nurse were:

"There are exposed electric wires, lack of fire extinguisher and lack of computers to store information." (Response from Senior Staff Nurse, Accra Psychiatric Hospital, May 4th 2015).

Additionally, the Senior Pharmacists also added that:

"We lack secured doors and also we lack stretchers to carry patient." (Response from Senior Pharmacists, Accra Psychiatric Hospital, May 5th 2015).

Furthermore, the Medical Superintendent in-charge stated categorically that:

"There is lack of structural changes and also there is lack of training and seminars for the employees." (Medical Superintendent In-Charge, Accra Psychiatric Hospital, May 5th 2015).

Finally, on the challenges of health and safety at Accra Psychiatric Hospital, the Principal Nursing Officer listed that:

"We lack security personnel, beds with strips to restrict aggressive patient, seclusion room, fire extinguisher and emergency exits." (Principal Nursing Officer, Accra Psychiatric Hospital, May 5th 2015).

These findings agree with the findings of Sakari (1999) who listed that lack of funding, recruitment of staff as per establishment professional training for OHS practitioners provision of adequate tools and equipments, and lack of political goodwill are some of the constrains that hinder the development of occupational health and safety policy practice. In the same angle, Saleemi (2005) cites typical activities that have high risks in organizations. These include movement of people on floors and lifts, maintenances of and buildings and using electricity. Dealing with emergencies like spillage, fires and health hazards arising from use of equipment like computers are also mentioned as sources of risks. These risks may lead to loss of lives and cash for treating work related illness and employees may not cope with demands of the job and they reduce employee effectiveness and therefore organizational productivity.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter presents the summary of the study, the conclusions and the recommendations. It also covers areas for further studies.

Summary

The primary purpose of this study was to examine the effects of occupational health and safety measure on employees performance at the Accra Psychiatric Hospital. The researchers used descriptive survey where a mixed method was employed as the research design and questionnaires and interviews were used as the research instrument to collect data from the students. A sample size of one hundred and eighty (180) workers in the Accra Psychiatric Hospital was selected through census sampling for the study. The methods adopted for analyzing the results of the study were simple frequency and percentage tables which were generated using the Statistical Package and Service Solutions (SPSS 18).

Respondents provided answers to three (3) research questions which are:

1. What are the kinds of health and safety measures practiced at the Accra Psychiatric Hospital?

2. What are the challenges facing the management in health and safety policy practice?

3. Is there a relationship between employees' health and safety and their level of performance?

Key Findings

The following were the key findings that emanated from the study.

1. The kinds of health and safety measures practiced at the Accra Psychiatric Hospital were safety training as part of orientation for first employees, proper disposal of waste, regular monitoring on safety and health standards, using protective clothing, prompt reporting of accidents/injuries and re-training on safety and health practices. Additionally, other kinds of health and safety measures practiced at the Accra Psychiatric Hospital include the provision of safety boxes for needles and sharp objects, the use of hand sanitizer and the washing of hands before and after every process and educating the employees on the proper ways of handling drugs.

2. The challenges facing the management in health and safety policy practice were lack of adequate safety materials, lack of supervision, inadequate staff, exposed electric wires, lack of fire extinguishers, lack of computers to store information, unsecured doors, lack of stretchers to carry patients, lack of structural changes, lack of training and seminars for the employees, inadequate security personnel beds with strips to restrict aggressive patients, lack of seclusion rooms and emergency exits.

3. There is a positive and a stronger relationship between employees' health and safety and their level of performance.

58

Conclusions

From the findings of the study the researcher can conclude that the kinds of health and safety measures practiced at the Accra Psychiatric Hospital were safety training as part of orientation for first employees, proper disposal of waste, regular monitoring on safety and health standards, using protective clothing, prompt reporting of accidents/injuries and re-training on safety and health practices. It is also important to mention that the challenges facing the management in health and safety policy practice were lack of adequate safety materials, lack of supervision, inadequate staff and exposed electric wires.

Lack of fire extinguisher, lack of computers to store information, lack secured doors, lack of stretchers to carry patients, lack of structural changes, lack of training and seminars for the employees, lack security personnel beds with strips to restrict aggressive patients, lack of seclusion rooms and emergency exits. Finally, there is a positive and a stronger relationship between employees' health and safety and their level of performance.

Recommendations

From the key findings and the conclusions drawn from the study, the following recommendations are made;

1. Management of the hospital should organize regular training, workshops, seminars on health and safety for staff, publish materials on safety and many other steps to inculcate safety consciousness in the minds of workers. Employees should be made to understand that safety and health practices are the responsibility of both management and staffs and this will go a long way to make the work area safe.

59

2. Management should provide and maintain at the workplace, adequate plant and system of work that are safe and without risk to health. There should be regular servicing of machines, plants and equipment to make them safe for use at the work place. Management should display warning notices on faulty machines and equipment or other potential hazard places to make workers aware of potential danger.

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

4. Management must share hazard and risk information with other employers including those on adjoining premises, other site occupiers and all sub-contractors coming on to the premises. Proper dissemination of risk information is important in ensuring safe and healthy working environment. Visitors who come to the hospital must be made aware of the precautionary measures in order to prevent accidents and injuries.

5. Ensure correct storage procedures of flammable liquids and other dangerous materials. Management should endeavour to provide safe and proper means of storing dangerous gases at the work place in order to protect the safety and health of employees. Correct procedures should be adhered to strictly. The off-loading of petroleum products

for example should not be compromised in order to avoid cases of fire outbreak.

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

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

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

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

Areas for further studies

The researcher proposes further research to be conducted on other human resource practices which impact positively on job performance at the Accra Psychiatric Hospital.

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APPENDIX
UNIVERSITY OF CAPE COAST
SCHOOL OF BUSINESS
DEPARTMENT OF MANAGEMENT STUDIES

QUESTIONNAIRE

I am a student of the University of Cape Coast, pursuing a Master's Degree in Human Resources Management. In partial fulfillment of this degree, am conducting research on the topic: "The effects of occupational health and safety on employees' performance". This is for research purpose only and your responses are of great importance as this study is concerned. The researcher, therefore, values your cooperation exceedingly, and is interested in individual opinion. All responses will be treated in strict and confidential manner. Please, there is no need to give name.

You are kindly requested to answer the following questions.

Biographical Information: section A

1. What is your age group? (a) Under 20 [ ] (b) 20-25 [ ] (c) between 26-35[ ] (d) 36-45[ ]
(e) 46-55 ([ ] (f) above 56[ ]

2. Your gender: (a) male [ ] (b) female [ ]

3. How long have you been working in this hospital? a) Under 5[ ] (b) 6-10[ ] (c) 11-15 [ ]
(c) 16-20 [ ] (d) above 20[ ]

4. Indicate the department you work in this hospital

(b)Administration [ ] (c) Laboratory [ ] (d) Pharmacy [ ] (e) Stores [ ] (f) OPD [ ]

g) Kitchen [ ] h) Laundry [ ] (i) Male Ward [ ] (j) Female Ward [ ] (k) Children's Ward [ ]

(l) Nursing department [ ] (m) Audit Department [ ] (n) others [ ]

SECTION B HEALTH AND SAFETY MEASURES AT ACCRA PSYCHIATRY HOSPITAL

5. Have you been trained on health and safety measures?

☐ Not yet
☐ About to
☐ Yes
☐ Not important

69

6. What are some of the safety measures put in place in your department?

` ☐ Safety training as part of orientation on first employment

☐ Proper disposal of waste

☐ Regular monitoring on safety and health standards to ensure if they are
☐ complied with

Using protective clothing

☐ Prompt reporting of accidents/injuries ( )

☐ Re-training on safety and health practices ( ) g) All of the above ( ) h)

☐ Others, please state……………………………………………………

7. In what ways has the availability of health and safety measures affected your performance on the job?

☐ Reluctant to work hard due to improper health and safety measures
☐ Can put up their best
☐ Adequate equipment to work with
☐ Other please…………………………………………………………………

8. Do you see safety as a factor that can increase your level of performance?

YES   NO

9. Indicate how satisfied you are with the current occupational health and safety measures put in place in your organization/department.

☐ Satisfied
☐ Dissatisfied
☐ Very Dissatisfied
☐ Other please………………………………………………………………….

10. What do you think management can do to improve occupational health and safety?

☐ Encouraging employees to report freely when there is hazard at the work place
☐ Occupational health and safety committee must be formed at the hospital
☐ None of the above
☐ Other please……………………….……………………….……….………

70

SECTION C. THE RELATIONSHIP BETWEEN HEALTH AND SAFETY AND EMPLOYEE PERFORMANCE

11. Who is responsible for your health and safety in performing your duties?

☐ Yourself
☐ Immediate supervisor
☐ No idea
☐ Other please……………………………………………………………….

12. Do you have the same opinion that both employers and employees have responsibilities and rights for effective occupational health and safety?

☐ Yes
☐ No
☐ No idea

13. If yes, what are some of the responsibilities and rights of employers?

☐ Filing government accident reports
☐ Maintaining records on health and safety issues
☐ Posting safety notices and legislative information
☐ Providing education and training on health and safety
☐ All of the above
☐ Others, please state…………………...

14. If yes, what are some of the responsibilities and rights of employees?

☐ Wearing protective clothing and equipment
☐ Reporting any contravention of the law by management
☐ The right to refuse unsafe work
☐ All of the above
☐ Others please state…………………………………………………

SECTION D CHALLENGES OF HEALTH AND SAFETY AT ACCRA PSYCHIATRY HOSPITAL

15. Have you ever suffered from any kind of accident in the performance of your duties?

Yes ☐   No ☐

16. If yes what were the causes of the accident? (Tick as many as applicable)

☐ Lack of adequate safety materials
☐ Lack of supervision
☐ Inadequate staff

71

☐ Other please…………………………………………………………………………..

17. Did you report the accident to the appropriate authorities?

Yes ☐   No

    ☐

18. What was management's reaction towards the incident?

☐ Punishment
☐ A committee was set to investigate the cause of the accident
☐ Management was silent about the accident
☐ Other please……………………………………………………………

19. How do you rate the implementation of occupational health and safety Practices in the organization?

☐ Very successful
☐ Fairly successful
☐ Successful Unsuccessful

Challenges faced in Implementing Occupational and Health Practices.

20. In your opinion what are the major challenges faced while implementing Occupational, health and safety practices? Tick as appropriate.

☐ Failure to involve employees in
☐ implementation
☐ Rapid change in technology
☐ HIV/T B epidemic
☐ Employee negative attitude
☐ High cost of training
☐ Government policy
☐ High cost of OHS equipments

Thank you for participating