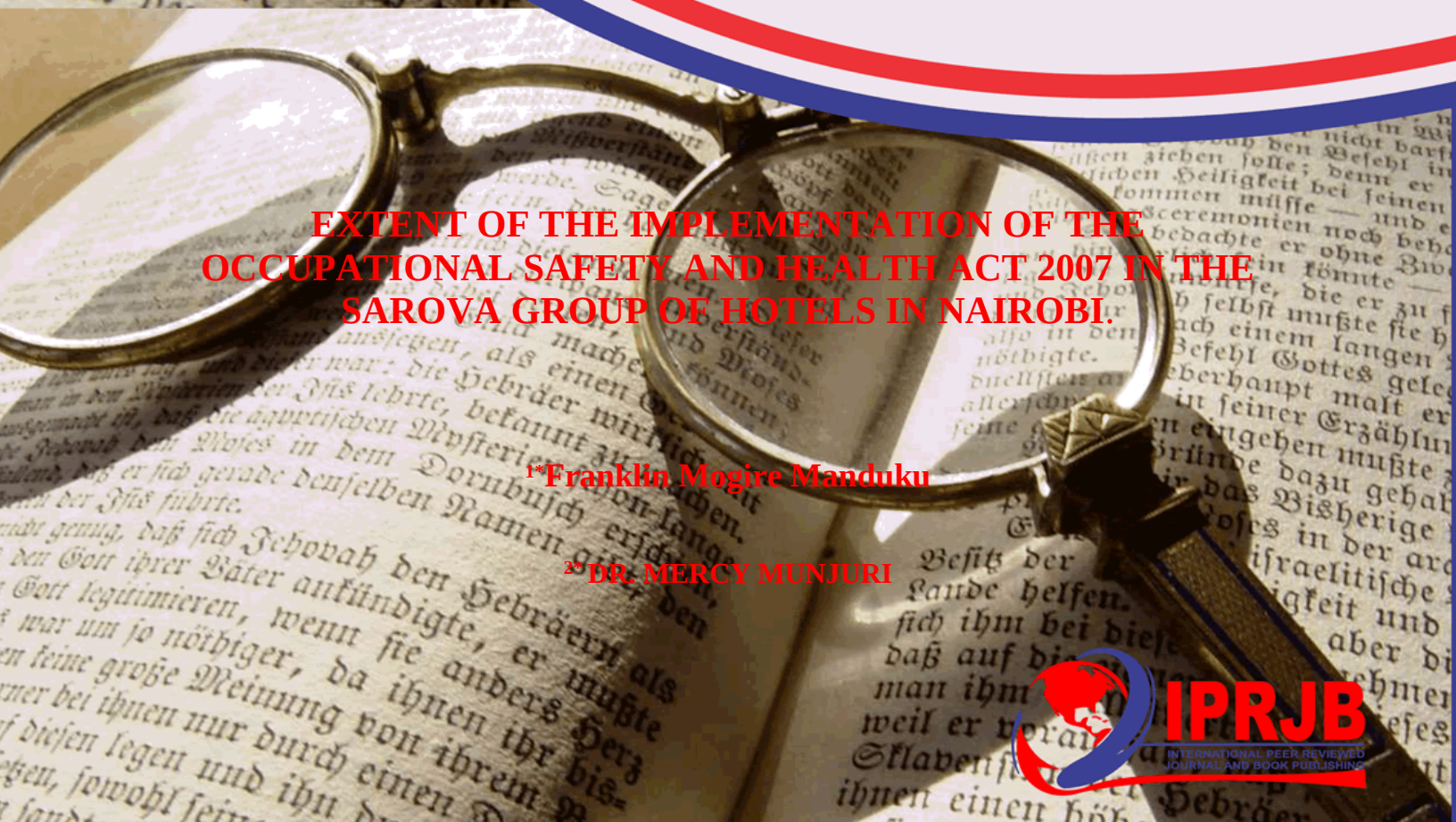
International Journal of
History Research
(IJHR)



# EXTENT OF THE IMPLEMENTATION OF THE OCCUPATIONAL SAFETY AND HEALTH ACT 2007 IN THE SAROVA GROUP OF HOTELS IN NAIROBI.

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IPRJB
INTERNATIONAL PEER REVIEWED JOURNAL AND BOOK PUBLISHING

International Journal Of History And Research
ISSN 2959-4499 (online)
Vol.1, Issue.1, pp 1 - 17, 2017

www.iprjb.org

# EXTENT OF THE IMPLEMENTATION OF THE OCCUPATIONAL SAFETY AND HEALTH ACT 2007 IN THE SAROVA GROUP OF HOTELS IN NAIROBI.

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## Abstract

**Purpose:** The objective of this study was to establish the extent of the implementation of the Occupational Safety and Health Act 2007 in the Sarova Group of Hotels in Nairobi

**Methodology:**The study utilized a descriptive survey research design. The target population for this study was all the employees of the Sarova Group of Hotels in Nairobi. The study used a questionnaire to obtain primary data. Data was analyzed using quantitative techniques. Standard deviations to measure response disparity particularly for the Likert-scale question items were also adopted. Pearson's Correlation and Analysis of variance (ANOVA) was used to establish the relationships among the study variables. The entire hypothesis was tested at 95% confidence level. Descriptive statistics such as frequencies, percentages, mean and standard deviation were used to describe the characteristics of collected data.

**Results:**Worker participation, organization and communication was found to have a positive significant relationship with extent of implementation of the OSH Act of 2007 (r= 0.538, p=0.000).Results from the correlation analysis indicated that employee attitude had a positive non-significant relationship with extent of implementation of the OSH Act of 2007 (r= 0.159, p=0.116).A positive significant relationship was established between leadership and extent of implementation of the OSH Act of 2007 (r= 0.672, p=0.000).The relationship between training and extent of implementation of the OSH Act of 2007 was positive and significant (r= 0.603, p=0.000)From the analysis, worker participation, organization and communication, employee attitude, leadership and training factor components were found to statistically account for compliance levels. This implies that the workplaces researched are fairly safe in line with the provisions of the Occupational Safety and Health Act, 2007.

**Policy recommendation:** Thestudy recommends worker representation, management commitment and degree of recognition of workplace role: associated with more (traditional and psychosocial) risk management measures.

**Keywords:** *Worker Participation, Organization and Communication*

## 1.0 INTRODUCTION

Human Resources is the most important component in the company and in the implementation of the production process, therefore the company should pay attention to maintaining Occupational Safety and Health (OSH). This is done to provide comfort whilst working and the resulting sense of security for the employees at the time of the production process and when dealing directly with their work environment (Rachmawati, 2013). Most of the world's population (58%) spend one third of their adult life at work. Work then is an important contributing factor to the well-being of workers but also to that oftheir families and society. Health at work and healthy work environments are among the most valuable assets of individuals, communities and countries. OSH can bean important vehiclenot only to ensuring the health of workers, but also to contributing positively to productivity, quality of products, work motivation, job satisfaction and thereby to the overall quality of life of individuals and society (WHO, 2002).

The theories upon which this study is grounded are: Theory of Compensating Wage Differentials and; Maslow's Motivation Theory. According to Nelson and Phelps (1966) and cited by Muthoni O.N. (2014) a worker may be paid less in money, because he is receiving part of his compensation in terms of other, hard-to-observe characteristics of the job, which may include lower effort requirements, more pleasant working conditions, better amenities, etc. This is the theory of Compensating Wage Differentials. Also means the difference in wages offered to offset the desirability or undesirability of a job. If the job is considered undesirable because of elements of unpleasantness or risk, the differential is positive in the form of increased wages to offer to the employee to take the job. If the job is considered especially desirable, the differential is negative in the form of lower wages. Adam Smith (1776) in the Wealth of Nations defined wage differentials as compensation for unpleasant work conditions. He also proposed the idea that job characteristics influence labour market equilibrium as cited in the journal on Labour Economics (2008, Chapter 6). Market forces will therefore ensure that compensating wage differentials will raise the cost of non-OSH provision to firms, providing them with an inherent incentive to provide an adequate level of safety to their employees. Safety also involves creating an environment and attitudes that promote protection of employees from injuries due to work-related accidents. The second theory is Maslow's Motivation Theory as postulated by psychologist Abraham Maslow (1954) and cited by Rogers (1976) which says that our personality is based on the desire to achieve our needs which are arranged in a hierarchy. The human being is motivated by various needs in a particular order: basic (food, shelter, water); safety (desire for security or protection); social needs (need to belong and feel loved); esteem (desire for respect); and self-actualization (achieve one's full potential). The rational worker would desire safety and respect at their place of work, making implementation of the OSH Act by the employer of necessity, in order to motivate the worker. E).

### 1.1.1 The Occupational Safety and Health Act 2007

The Occupational Safety and Health Act No. 15 of 2007 provides for the safety, health and welfare of workers and all persons lawfully present at workplaces.TheOccupational Safety and Health Act2007 aims at securing the safety, health and welfare of workers and the protection of persons other than the workers against risks to safety and health arising out of, or in connection with the activities of persons at work. It is an improvement of the earlier Workman's

Compensation Act, which only covered selected group of workers: those earning sh400,000 annually

### 1.2 Research Problem

The nature and organisation of work is changing, becoming more client and knowledge driven. The workforce has also been changing: it is younger, more knowledgeable, less male-dominated, more precarious and more difficult to monitor as it has spread out into small companies. As a consequence, safety and health issues have become more complexand we need to find new ways to improve OSH in this context of profound changes. There is still a considerable burden of occupational diseases and injuries in the world. It is not wellknown which interventions can effectively reduce the exposures at work that cause this burden (Verbeek and Ivanov, 2013). Experts estimate that less than 15% of the global workforce hassome coverage with occupational health services. This does reflect that coverage is not very high (Subhani, 2010).

It is generallyconsideredthat management of health and safety not only reducesloss and cost of accidents and ill-health, but it also improves the performance and efficiency of employees (Subhani, 2010). There is no doubt that the human resource that an organization has is one of its versatile resources. Therefore, an effective and efficient use of the human resourcewill translate into the overall effectiveness and efficiency of the organization. Though many organizations accept this to be true, they fail to realize that as part of their human resource management practices, there is the need for management to ensure that personnel in the organization work in safe and healthy environment that will promote their optimum utilization (Sikpa, 2011).The concept Occupational Health and Safety practice seems to be valid in most organizational policy statements only while very few actually practice it.

Hotels are meant to deliver services which are considered their core objective. Risks related to health and safety may weaken their aims and objectives. A closer scrutiny of the OSHA reveals that many of the dangerous occurrences and prescribed occupational diseases described in the 1st and 2nd schedule of the Act either exist or may exist in the hotel setting. There are several instances of what we would call unsafe working conditions and work behaviour that both employers and employees alike should place emphasis on. They include among others: Improperly guarded equipment; Defective equipment; Hazardous arrangement of equipment; Poorly designed procedures for handling machines and equipment; Hazardous storage conditions; Inadequate lighting; Improper ventilation; Acting without authority; Failure to secure equipment; Failure to warn fellow workers and guests of possible danger; Failing to use safety or protective equipment provided by the employer; Operating equipment or working at unsafe speeds; Removing, adjusting or disconnecting safety devices; Using unsafe equipment or using equipment unsafely; Using improper procedures in loading, placing, mixing or combining materials; Lifting things improperly; Working on or moving dangerous equipment; Distracting, teasing, abusing, scaring, quarrelling while on duty (Nzuve, 2006).

Research was done in 2007 on Benchmarking Health, Safety and Environmental performance measurement practices in the oil industry in Kenya. Few Kenyan oil companies benchmarked their health, safety and environmental performance measurement practices with most concentrating on internal benchmarking. In this research, there was low priority given to the

health, safety and environmental function within companies as well as there being a lack of resources to adequately support this function (Tuitoek, 2007). Kimanzi (2005) investigated occupational health and safety programmes adopted by chemical manufacturing firms in Nairobi and concluded that the number of accidents in chemical manufacturing firms keeps rising despite government's efforts to put up laws to safeguard health and safety of workers. Most of the firms studied had specific programmes to ensure health and safety of its workers. Programmes included having a health and safety policy communicated to employees, having safety officers, having thorough medical check-ups during recruitment and having regular medical check-ups too (abstract page vi). They also have enlightened their employees on stress and stress management, AIDS, alcohol, drug abuse and proper health.

In a survey on Management Perspectives of the State of Workplace Health and Safety Practices in Kenya done by Mbakaya et al (2000), results from 65 participants indicated that most workplace managers were not familiar with the Kenyan work safety legislation. Work injuries were largely attributable to working with dangerous machinery. Occupational diseases and HIV/AIDS were cited as other causes of workplace morbidity and mortality. Although most respondents (70%) were satisfied with their work safety conditions, only 37% said their workplaces were annually audited by labour inspectors while 45% said injured workers were not treated well by management. Many workplaces (65%) violated the mandatory legal requirement on the establishment of health and safety committees. The OHS resource person and course content were rated highly by most respondents (96%).

Many industries are faced with various problems including work related accidents due to poorly designed plants and equipment and problems inherent in the work environment. There is a problem of work related diseases which affect the performance of workers. The problems affecting workers in industries also affect employers greatly. This is because this result to economic losses due to absenteeism of the employees. The cost of compensating workers is enormous. Burnout victims display a hostile attitude towards the organizations which reduce their productivity (Okumbe, 2011).

Despite reviewed studies (Okumbe, 2011; Mbakaya et al, 2000;Nzuve, 2006; Tuitoek, 2007; Kimanzi, 2005) being done on the importance of health and safety measures, none has focused on the extent to which such practices were implemented in the organizations, especially in the hotel industry. Previous research leans towards the acceptance that health and safety measures have both direct and indirect benefits, including raising the level of productivity and minimizing on the costs of incidents and the loss of productivity and quality. This presents a knowledge gap that needs to be filled. Most of the studies on occupational safety have also been done in the manufacturing sector presenting a contextual problem since the findings and recommendations from such a context may not be easily generalised to the hotel industry. This is because every sector or industry is unique. This study will therefore seek to address these gaps by attempting to answer the research question: What is the extent of the implementation of OSHAct 2007 in the Sarova Group of Hotels in Nairobi?

### 1.3 Research Objective

The objective of this study was to establish the extent of the implementation of the Occupational Safety and Health Act 2007 in the Sarova Group of Hotels in Nairobi.

## 2.0 LITERATURE REVIEW

### 2.1 Empirical Review

#### 2.1.1 Worker participation, organization and communication

According to Dessler (2015) there are two good reasons to get involved in designing the safety program. First, the employees are often management's best source of ideas about what the potential problems are and how to solve them. Second, employee involvement tends to encourage employees to accept the safety program.

#### 2.1.2 Training

According to Armstrong (2010) managers have a vital role in helping their people to learn and develop. Most learning takes place on the job but it will be more effective if managers provide the coaching and guidance and support people's needs. To do this they need to offer induction training, ensure continuous learning and personal development planning processes. In induction training you are involved in helping people to learn every time you welcome new employees. Safety training has three major purposes: employees should be told about and understand the nature of the hazards at the place of work; employees need to be aware of the safety rules and procedures; and the need to be persuaded to comply with them (Hall et al, 2005). Safety training need to be carried out in three settings: at the induction; on the job; and in refresher courses. A variety of different training techniques can be employed including lectures, discussions, films, role playing and slides, posters or other safety awareness campaigns and communications and disciplinary action for breaches of the safety rules (Easter et al, 2004).

#### 2.1.2 Leadership

According to Armstrong (2009) leadership is the process of inspiring people to do their best to achieve a desired result. It can also be defined as the ability to persuade others to willingly behave differently. The function of team leaders is to achieve the task set for them with the help of the group. To a large extent the attitude of the rank and file towards safety is a reflection of the attitude of their supervisors (Nzuve, 2006). Line managers should set examples not merely by telling but by demonstrating the seriousness of safety and health measures. Health and Safety Regulations 1996 require employers to consult collectively with the employees about Health and Safety matters irrespective of whether a trade union is recognized or not (Hall et al, 2005).

#### 2.1.3 Employee Attitudes

Tam and Fung (2011) examined awareness and attitude in using the personal respiratory protective equipment in the Hong Kong construction industry. Questionnaire survey and structured interviews were conducted. From the survey results it was found that awareness and understanding of the health and safety hazards, was insufficient. Moreover, workers were not familiar with the risks of the equipment fitting, and health and safety. Health and safety awareness can influence health and safety attitude and behaviour. The low awareness of health and safety would make workers more vulnerable to illness or injury. Recommendations to improve health and safety awareness and understanding of health and safety diseases were also given in this study.

### 2.2 Theoretical review

#### 2.2.1 Maslow's Motivation Theory

Abraham Harold Maslow proposed a theory that outlined five hierarchical needs which could also be applied to an organization and its employees' performance (Gordon, 1965). According to Maslow's theory, one does not feel the second need until the demands of the first have been satisfied or the third until the second has been satisfied, and so on. Maslow argued that people have some needs because they are social and psychological entities and that people have to satisfy these needs. They are analytically classified as: physiological, security, belonging to a group, the need for love and creativity. Maslow's ideas are very helpful for understanding the needs of people at work and for determining what can be done to satisfy them. His theory advises managers to recognize that deprived needs may negatively influence attitudes and behaviors. By the same token, providing opportunities for need satisfaction may have positive motivational consequences. The theory is relevant to the study as it addresses safety as an important need on the human hierarchy of needs. Workers need to feel safe at work in order to reach self-actualization.

## 3.0 METHODOLOGY

The study utilized a descriptive survey research design. The target population for this study was all the employees of the Sarova Group of Hotels in Nairobi. The study used a questionnaire to obtain primary data. Data was analyzed using quantitative techniques. Standard deviation to measure response disparity particularly for the Likert-scale question items was also adopted. Pearson's Correlation and Analysis of variance (ANOVA) was used to establish the relationships among the study variables. The entire hypothesis was tested at 95% confidence level. Descriptive statistics such as frequencies, percentages, mean and standard deviation were used to describe the characteristics of collected data

## 4.0 RESULTS FINDINGS

### 4.1 Descriptive Statistics

This section presents the descriptive results on: worker participation, organization and communication; employee attitudes; leadership; training; and the extent of implementation of OSH Act of 2007.

### 4.1.1 Worker Participation, Organization and Communication

The study sought to determine whether worker participation, organization and communication had an influence on the extent of implementation on the OSH Act of 2007. A great majority of the respondents (91.9%) agreed that they were aware of OSH regulations at the workplace, 78.8% agreed that there were safety trainings as part of orientation on employment. 76.8% of the respondents agreed to the statement that both employers and employees have responsibilities and rights for effective OSH. On the question of whether the employees can refuse unsafe working conditions, a majority (67.7%) agreed. Asked if they were satisfied with information about company policy on Occupational Safety and Health and about company activities in this area,

65.7% of the respondents agreed. On a five point scale, the average mean of the responses was 4.0 which means that majority of respondents agreed to statements in the questionnaire. The standard deviation was 1.0 meaning that the responses were clustered around the mean response.

**Table 1 : Worker Participation, Organization and Communication**

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Mean | Std. Dvn |
|---|---|---|---|---|---|---|---|
| I am aware of Occupational Safety and Health regulations at the workplace. | 1.0% | 3.0% | 4.0% | 61.6% | 30.3% | 4.2 | 0.7 |
| There are safety trainings as part of orientation on employment. | 4.0% | 11.1% | 6.1% | 48.5% | 30.3% | 3.9 | 1.1 |
| Both employers & employees have responsibilities & rights for effective occupational health and safety. | 3.0% | 6.1% | 14.1% | 37.4% | 39.4% | 4.0 | 1.0 |
| I can refuse unsafe working conditions. | 3.0% | 7.1% | 22.2% | 36.4% | 31.3% | 3.9 | 1.0 |
| I am satisfied with information about company policy on OSH and about company activities in this area. | 2.0% | 9.1% | 23.2% | 36.4% | 29.3% | 3.8 | 1.0 |
| **Average** | | | | | | **4.0** | **1.0** |

### 4.4.2 Employee Attitude

The respondents were further required to rate their attitude on OSH and the results are presented in table 4.3. A strong majority of the respondents 85.8% agreed that they were aware of Occupational Safety and Health rules. On the question of whether the employees worry about safety all the time, 59.2% of the respondents agreed. The respondents were asked whether or not being in a managerial position can significantly influence Occupational Safety and Health at the workplace and 71.7% of the respondents agreed. A majority (65.7%) of the respondents also agreed to the statement that the safety program is worthwhile while 52.6% disagreed with the statement that their co-workers ignore safety roles and responsibilities. On a five point scale, the average mean of the responses was 3.5 which means that majority of the respondents were agreeing to the statements in the questionnaire. The standard deviation was 1.0 meaning that the responses were clustered around the mean response. These findings indicate that attitude may have an impact on the extent of implementation of OSH Act of 2007.

**Table 2 : Employee Attitude**

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Mean | Std. Dvn |
|---|---|---|---|---|---|---|---|
| I am personally conscious about OSH. | 2.0% | 3.0% | 9.1% | 52.5% | 33.3 % | 4.1 | 0.8 |
| If I worry about safety all the time I would not get my job done. | 8.2% | 22.4% | 10.2% | 40.8% | 18.4 % | 3.4 | 1.2 |
| Whether or not I'm in a managerial position can significantly influence OSH at the workplace. | 3.0% | 13.1% | 12.1% | 49.5% | 22.2 % | 3.7 | 1.0 |
| Our safety program is worthwhile. | 0.0% | 4.0% | 30.3% | 48.5% | 17.2 % | 3.8 | 0.8 |
| My co-workers ignore safety roles and responsibilities. | 16.2% | 36.4% | 27.3% | 17.2% | 3.0 % | 2.5 | 1.1 |
| **Average** | | | | | | **3.5** | **1.0** |

### 4.4.3 Leadership

The study sought to determine the extent of OSH implementation in terms of leadership. A majority of the respondents (72.7%) agreed that top management of the hotel is actively involved in promoting Occupational Health and Safety practices, 60.6% agreed to the statement that the top management of the hotel actively involves employees in Occupational Health and Safety decision making, 53.5% agreed that there is peer education and sensitization on Occupational Health and Safety practices from the top management, 71.7% agreed that staff are free to report on occupational health and safety while another 56.6% agreed that the management constantly reviews occupational health and safety. On a five point scale, the average mean of the responses was 3.7 which means that majority of the respondents were agreeing to the statements in the questionnaire. The standard deviation was 0.9 meaning that there was small variability in the responses. These results imply that leadership may have had an impact on the extent of implementation of the OSH Act of 2007.

**Table 3: Leadership**

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Mean | Std. Dvn |
|---|---|---|---|---|---|---|---|
| The top management of the hotel is actively involved in promoting OSH practices. | 1.0% | 6.1% | 20.2% | 54.5% | 18.2% | 3.8 | 0.8 |
| The top management of the hotel actively involves employees in OSH decision making. | 4.0% | 9.1% | 26.3% | 47.5% | 13.1% | 3.6 | 1.0 |
| There is peer education and sensitization on OSH practices from the top management. | 2.0% | 14.1% | 30.3% | 41.4% | 12.1% | 3.5 | 1.0 |
| Staff are free to report on occupational health and safety. | 0.0% | 10.1% | 18.2% | 44.4% | 27.3% | 3.9 | 0.9 |
| The management constantly reviews occupational health and safety. | 1.0% | 11.1% | 31.3% | 43.4% | 13.1% | 3.6 | 0.9 |
| **Average** | | | | | | **3.7** | **0.9** |

### 4.4.4 Training

The study sought to determine whether training was a determinant on the extent of the implementation of the OSH Act. The respondents were asked if there are frequent trainings on Occupational Health and Safety practices and 64.7% agreed. On the question of whether adequate information on any risks associated with new technologies or imminent danger was provided, 52.5% of the respondents agreed. The respondents were further asked if there were regular fire drills carried out for all staff and guests and only 46.4% of the respondents agreed. A big majority of the respondents (71.7%) agreed that there is a written safety and health policy statement displayed in the premises and another 83.8% of the respondents agreed to the statement that they knew what constitutes substances that are dangerous to their health and safety at work. On a five point scale, the average mean of the responses was 3.6 which means that majority of the respondents were agreeing to the statements in the questionnaire. The standard deviation was 1.0 meaning that theresponses were clustered around the mean response. These results indicate that training does determine the extent of implementation of the OSH Act.

**Table 4: Training**

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Mean | Std. Dvn |
|---|---|---|---|---|---|---|---|
| There are frequent trainings on Occupational Health and Safety practices. | 1.00% | 13.10% | 21.20% | 48.50 % | 16.20% | 3.7 | 0.9 |
| There is adequate information on any risks associated with new technologies or imminent danger. | 3.00% | 19.20% | 25.30% | 41.40 % | 11.10% | 3.4 | 1.0 |
| Regular fire drills are carried out for all staff and guests. | 8.10% | 23.20% | 22.20% | 33.30 % | 13.10% | 3.2 | 1.2 |
| There is a written safety and health policy statement displayed in our premises. | 7.10% | 13.10% | 8.10% | 48.50 % | 23.20% | 3.7 | 1.2 |
| I know what constitutes substances that are dangerous to my health and safety at work. | 1.00% | 6.10% | 9.10% | 62.60 % | 21.20% | 4.0 | 0.8 |
| **Average** | | | | | | **3.6** | **1.0** |

## 4.2 Inferential Statistics

After operationalizing the dependent and independent variables, quantitative data on each was collected and analyzed. The data was then subjected to quantitative analysis. This included inferential analysis to generate correlation results, model of fitness, and analysis of the variance and regression coefficients.

### 4.2.1 Correlation Analysis

Correlation analysis was carried out in order to determine the strength and direction of the relationship between the dependent and independent variables. The Table 4.6 presents the results of the correlation analysis. The results presented in the Table 4.6 shows that extent of OSH Act implementation and worker participation are positively and significant related (r=0.538, p=0.000). The table further indicates that extent of OSH Act implementation and employee attitude are positively but not significantly related (r= 0.159, p=0.116). It was further established that extent of OSH Act implementation is positively and significantly related to leadership (r=0.672, p=0.000) and training (r=0.603, p=.000).

**Table 5: Correlation Matrix**

| | | Extent of implementation | Worker participation | Attitude | Leadership | Training |
|---|---|---|---|---|---|---|
| Extent of implementation | Pearson Correlation | 1 | .538** | 0.159 | .672** | .603** |
| | Sig. (2-tailed) | | 0.00 | 0.116 | 0.00 | 0.00 |
| Worker participation | Pearson Correlation | .538** | 1 | .342** | .616** | .572** |
| | Sig. (2-tailed) | 0.00 | | 0.001 | 0.00 | 0.00 |
| Attitude | Pearson Correlation | 0.159 | .342** | 1 | .289** | 0.164 |
| | Sig. (2-tailed) | 0.116 | 0.001 | | 0.004 | 0.104 |
| Leadership | Pearson Correlation | .672** | .616** | .289** | 1 | .562** |
| | Sig. (2-tailed) | 0.00 | 0.00 | 0.004 | | 0.00 |
| Training | Pearson Correlation | .603** | .572** | 0.164 | .562** | 1 |
| | Sig. (2-tailed) | 0 | 0.00 | 0.104 | 0.00 | |

## 4.5.2 Regression Analysis

Regression analysis considers the nature and form of a relationship between any two or more variables. Regression analysis was carried out on the data to indicate the direction and strength of the relationship between the dependent and independent variables. The results presented in table 4.7 present the fitness of model used of the regression model in explaining the study phenomena. Worker participation, employee attitude, leadership and training were to explain 53.3% of the variations in the extent of implementation of the OSH Act of 2007. This is supported by coefficient of determination also known as the R square of 0.533. The coefficient of determination measures the proportion of the total variation in the dependent variable explained by the regression model. This means that the regression explains 53.3% of the variations in the dependent variable. This result further means that the model applied to link the relationship of the variables was satisfactory.

**Table 6: Model Summary**

| | R | R Square | Adjusted R Square | Std. Error |
|---|---|---|---|---|
| Model | .730 | 0.533 | 0.513 | 0.41445 |

Table 4.8 shows the F-test, the linear regression's F-test has the null hypothesis that there is no linear relationship between the variables (in other words $R^2=0$). The F-test is highly significant, thus we can assume that there is a linear relationship between the variables in our model. The overall mode was significant with an F statistic of 26.844.

**Table 7: Analysis of Variance**

| | | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| Model | Regression | 18.444 | 4 | 4.611 | 26.844 | 0.000 |
| | Residual | 16.147 | 94 | 0.172 | | |
| | Total | 34.591 | 98 | | | |

Regression results in table 8 indicate that one unit increase in worker participation led to a positive increase in OSHA implementation by 0.096 units.The results also indicate that one unit increase inemployee attitude led to a positive increase inOSHA implementation by 0.101 units. Further, the results indicate that one unit increase leadershipled to a positive increase inOSHA implementation by 0.37 units while a unit increase in training led to a positive increase in OSHA implementation by 0.252 units.

**Table 8: Regression Analysis**

| | | B | Std. Error | t | Sig. |
|---|---|---|---|---|---|
| Model | (Constant) | 1.341 | 0.346 | 3.874 | 0.00 |
| | Worker participation | 0.096 | 0.087 | 1.109 | 0.03 |
| | Employee Attitude | 0.101 | 0.088 | 1.143 | 0.035 |
| | Leadership | 0.37 | 0.077 | 4.785 | 0.00 |
| | Training | 0.252 | 0.078 | 3.234 | 0.002 |

The multiple linear regression modelsis as shown below.

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

Where:

$X_1$ = Worker Participation

$X_2$ = Employee Attitude

$X_3$= Leadership

$X_4$= Training

Y= Extent of implementation of OSH Act 2007

Thus, the optimal model for the study is:

Extent of Implementation of Occupational Safety and Health Act = 1.341 + 0.096 Worker Participation + 0.101 Attitude + 0.37 leadership + 0.252 Training.

## 5.0 SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

### 5.1.1 Worker Participation, Organization and Communication

Worker participation, organization and communication was found to have a positive significant relationship with extent of implementation of the OSH Act of 2007 (r= 0.538, p=0.000). These

findings are in line with OSHAct 2007 which states that the employer is tasked with the duty to ensure that workers and their safety and health representatives are consulted, informed and trained on all aspects of OSH, including emergency arrangements associated with their work. The law (OSHA 2007) further directs that the employer makes arrangements for workers and their safety and health representatives to have the time and resources to update themselves about processes of organizing, planning, implementation, evaluation and action for improvement of the OSH management system.Dessler (2015) indicated that employee involvement tends to encourage employees to accept the safety program.

### 5.1.2 Employee Attitude

Results from the correlation analysis indicated that employee attitude had a positive non-significant relationship with extent of implementation of the OSH Act of 2007 (r= 0.159, p=0.116). These findings corroborate those of Tam and Fung (2011) who examined awareness and attitude in using the personal respiratory protective equipment in the Hong Kong construction industry. Results of the study indicated that health and safety awareness can influence health and safety attitude and behaviour. The findings are also in line with those of O'toole (2012) who conducted an employee safety perception survey. The results of this preliminary study suggest that the reductions in injuries experienced at the company locations was strongly impacted by the positive employee perceptions on several key factors.

### 5.1.3 Leadership

A positive significant relationship was established between leadership and extent of implementation of the OSH Act of 2007 (r= 0.672, p=0.000). These findings agree with those of Ndegwa*et al,* (2014) who established the influence of management support on implementation of occupational health and safety programmes in the manufacturing sector in Kenya. The study established that management support influenced implementation of OSH programmes and there was a significant positive relationship between management support and implementation of OSH programmes. These findings are in line with those of Nzuve (2007) who stated that to a large extent the attitude of the rank and file towards safety is a reflection of the attitude of their supervisors. Line managers should set examples not merely by telling but by demonstrating the seriousness of safety and health measures. According to Hall Taylor & Torrington (2005), the Health and Safety Regulations 1996 require employers to consult collectively with the employees about Health and Safety matters irrespective of whether a trade union is recognized or not.

### 5.1.4 Training

The relationship between training and extent of implementation of the OSH Act of 2007 was positive and significant (r= 0.603, p=0.000).According to Hall, Taylor & Torrington (2005), safety training has three major purposes: employees should be told about and understand the nature of the hazards at the place of work; employees need to be aware of the safety rules and procedures; and the need to be persuaded to comply with them. According to Armstrong (2010), managers have a vital role in helping their people to learn and develop. Most learning takes place on the job but it will be more effective if managers provide the coaching, guidance and support people's needs. To do this they need to know about induction training, how to ensure continuous

learning and personal development planning processes. In induction training you are involved in helping people to learn every time you welcome new employees, plan how they are going to acquire the knowhow required, preferably as recorded in a learning specification, provided for them to carry out and see that the plan is implemented.

## 5.2 Conclusions

The study was conducted with a view to determine the extent of implementation of the OSH Act of 2007 in the Sarova Group of Hotels in Nairobi. To accomplish the study purpose, a model for the extent of implementation of the OSH Act of 2007 in the Sarova Group of Hotels was specified and estimated considering worker participation, organization and communication, employee attitude, leadership and training as independent variables. From the analysis, worker participation, organization and communication, employee attitude, leadership and training factor components were found to statistically account for compliance levels. This implies that the workplaces researched are fairly safe in line with the provisions of the Occupational Safety and Health Act, 2007.

## 5.3 Policy Recommendations

From the findings, the study recommends Occupational Safety and Health regulations at workplaces be publicized extensivelyto ensure managers/supervisors and workers in organizations increase awareness levels. Mechanisms should also be put in place to sensitize the general public about occupationalsafety and health.

The study recommends information provision for worker representatives and the presence of strong trade unions with an active engagement in health and safety issues.

The study recommends worker representation, management commitment and degree of recognition of workplace role: associated with more (traditional and psychosocial) risk management measures.

There should be awareness forums conducted by professional bodies in partnership with government departments.

The government should strengthen the legal, institutional framework and inspectorate activities in order to enforce compliance with the Occupational Safety and Health Act, 2007.

## 5.4 Recommendation for further research

The study recommends that a similar research be carried out in other industries other than the hotel industry since each industry is unique in terms of their core activities, expertise andstaffing capabilities. These issues affect the performancein terms of compliance with safetyregulations.

The current study was not exhaustive. Other studies to be carried out to capture factors that influence implementation of the OSH Act 2007 that were not captured in this study. For example: legislative role and external support. A cross sectional study should be carried out so as to get a true representative sample for the hotel industry in Kenya.

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