

**EFFECTS OF OCCUPATIONAL HEALTH AND SAFETY PRACTICES
ON THE PERFORMANCE OF PUBLIC ORGANISATIONS:
Case Study of Egerton University, Njoro.**

**A Research Project submitted to the Department of Business
Management, Faculty of Commerce of Egerton University, in partial
fulfillment for the requirements of the Degree of Master of Business
Administration.**

By

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DECLARATION

This research project is my original work and has not been presented elsewhere for any other awards.



30th August, 2003.

.....
SAMMY M. NJEMA.

.....
DATE

(CM11/0034/01)

The research project has been submitted for examination with our approval as university supervisors;



.....
Mrs. E W. GATHUNGU

30th August 2003

.....
DATE

AND



.....
Dr. B.K. NJEHIA

30th Aug. 2003

.....
DATE



DEDICATION

To my dear lovely daughters, WAMBUI and WANGARI. You made all the difference.

ACKNOWLEDGEMENTS

This research project is a cumulative effort, reflecting the encouragement, thinking and achievement of all the MBA lecturers and Egerton university, without whom its initiation and successful completion could not have been achieved.

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ABSTRACT

The focus of this research was to study the effects of occupational health and safety (OHS) practices on the performance of public organisations, with a special reference to Egerton university (EU). The objectives of the study was to find out if EU employees are aware of OHS laws, extent to which OHS practices are adhered to and the effect of OHS practices on the financial costs of running the university. The scope of the study was limited to employees and facilities of EU, Njoro, covering the period between 2000 and 2002. Available literature revealed that OHS is a key determinant of human resource (HR) commitment, hence its performance. Literature reviewed confirmed that no study had been done on this area, more so for EU. The research methodology involved administration of two kinds of questionnaires to employees and management staff, with a sample of 66. Stratified proportional sampling was adopted to collect primary and secondary data. Descriptive statistics for data presentation and analysis was used. The study concluded, that majority of EU employees are not aware of OHS laws, there is minimal adherence of OHS practices resulting to increasing financial costs of running the university. Also, the university had no formal policy and established committee on OHS in place. This study recommends the university to urgently formulate and implement an independent policy on OHS, to regularly train employees about OHS practices especially on fire and fire-fighting skills, set aside some budgetary allocation on OHS and a department created to coordinate and keep all relevant records on OHS within the university. All relevant labour laws as pertaining OHS should be fully enforced to the letter, while all the working environments must be made health and safe for all stakeholders. University staff transport to/from work should be reintroduced to minimise the number of employees dying through road accidents, and appropriately insure all university properties and equipment and make OHS subject more participatory among stakeholders. Specific categories of employees may be considered to see how they are affected by OHS practices and their subsequent impact on the university. A policy on HIV/Aids should be introduced and employees enlightened more about it. Aids should be treated as an occupational hazard. Frequent analysis and review of OHS progress and approaches should be done as a pre-requisite to its sustainability. Further research is recommended in this area especially in other organisations to find out the OHS impact on them, and confirm whether there are similarities or deviations from the conclusions made by this study, hence supplement or complement these findings.

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LIST OF ABBREVIATIONS

OHS: Occupational Health and Safety.

EU: Egerton University.

DVC: Deputy vice-chancellor.

WHO: World health organisations.

ILO: International labour organisation.

HR: Human resources.

HRM: Human resources management.

JCR: Junior Common Room

Aids: Acquired Immune deficiency Syndrome

HIV: Human-Deficiency Virus.

IPMK: Institute of Personnel Management, Kenya.

OSHA: Occupational safety and health Act.

CHAPTER 1: INTRODUCTION

1.1 Background to the Problem

Occupational health and safety is a science of identification, measuring, assessing and controlling occupational factors that may cause death, sickness, impair health or cause discomfort to workers within an organization or residents of a community surrounding it.

The Kenyan laws are specific on Occupational Health and Safety, as outlined under Cap 514 - Factories and Other Places of Work Act. The Act specifies all the mandatory occupational health and safety guidelines that organizations should adhere to. However, most organizations are ignorant about the Act, and as a consequence they have paid dearly through losses. Organizations take note of the fact, that the Act has not been updated for a long time in order to make them adequately flexible and applicable with time. For instance, most employers have taken advantage of its vagueness, whereby 'the other places of work' term was not defined by the Act after it was amended in 1972. Only 'factories' is defined among others.

Occupational Health and Safety cases are numerous, and costly to both employees and employers. Organizations spend a lot of money through medical care, payment of higher insurance premiums, reconstruction of buildings destroyed by fire or rioting employees. In fact, it is observed that death of employees cannot be compensated for at any cost.

The workplace accidents and illnesses may negatively affect employee morale and also lower the organization's corporate image among its publics, like the community and business world in general.

To prevent these losses, employers try to eliminate or limit dangers and accidents in the workplaces through provision of proper working conditions, that ensures safety and health of all employees through relevant and well designed policies. In addition to the legal structures in place, most employers provide desirable working environment for their employees. They argue, that it is more cost effective to prevent illnesses and accidents from happening than meeting the costs associated with sick leave, disability payments, replacement of employees injured or killed, and workers' compensation and even the poor image derived from unsafe and unhealthy organizations, (Bohlander, et al, 2001).

The law requires that managers should know and enforce health and safety standards throughout the organization. A work environment must be created that protects employees from physical hazards, unhealthy conditions, and unsafe acts of other personnel (Cap 514). Organizations should therefore, aim at preserving or even enhancing both physical and emotional well being of their employees. It has been observed that 'industrialization without safety Investment is a time bomb' (ILO, 2000). However, most organizations are not concerned about fulfilling these requirements.

Egerton University is a public University established by an Act of parliament in 1987. It has a staff population of about 2,650, of whom 90% are located and work in Njoro campus.

They include Academic, Administrative and Supportive staff, each of whom is impacted on by occupational health and safety practices.

All the university's employees face risks of road accidents as they commute to and from work daily. Lecturers face occupational risks as they perform their duties. Lecture halls have windows without glasses and lack proper ventilation, there are no emergency doors, while chalk dust litters all lecture halls is a health hazard. Some of the roofing tiles are made from asbestos, a material which is confirmed to be carcinogenic mainly arising from radiation and reaction with the sun rays. There is also the risk of students getting violent against staff, as it has happened in the past.

Administrators face occupational hazards as they work such as ergonomics problems, hostile workers and health risks especially those who working in such departments like medical in case of contagious diseases. The support staff are also vulnerable to risk hazards in their areas of operation, including those working in catering, maintenance and transport departments. They lack protective devices like goggles, gloves, proper clothing etc, as required. The university has both legal and social responsibility towards the health and safety of the employees, as it is likely to impact negatively on their performance.

1.2 Statement of the Problem

The development of occupational health and safety policies in an organization is aimed at protecting employees and other stakeholders who may be affected by what the organization does.

In order to enhance productivity and minimize costs to the organization, employers ensure that they recruit only people with good health. However, few organizations ensure that health and safety of employees is guaranteed while on the job, and this has impacted negatively through additional costs.

Bohlander, et al, (2001), noted that the burden on a country's economy from lost productivity and wages, medical expenses and disability compensation is staggering, while it is impossible to quantify the value to human suffering resulting from these occupational hazards.

Despite the fact that the government has put in place occupational health and safety laws, preliminary observation indicates that public organizations are no longer safe places to work in. It is observed, that since its inception the university has not attempted to quantify the effects of occupational health and safety practices.

Egerton university is a major victim of occupational health and safety related problems. Informal medical and personnel records at the university indicate, that about 30 employees die annually from some occupational related diseases, while about 450 are injured in the course of their work. Further records show, that about 5 university employees die annually through road accidents, on their way to or from work. This has turned the university's medical department to be the highest cost unit in the university's budgetary allocations. On several occasions, university buildings have been destroyed

completely by fire, due to factors such as lack of fire fighting equipment, unpreparedness and poor structural designs among others.

The teaching staff usually complain about their working environments like poor ventilation of lecture halls, and danger exposed to technicians through handling of dangerous chemicals without the necessary protective gadgets. Other employees too complain of direct exposure to health hazards which may lower their morale and hence productivity.

This study therefore, intended to find out the effects of occupational health and safety practices on public organizations performance, with special reference to Egerton University, Njoro.

1.3 Objectives of the Study

The objectives of this study were:

- i. To find out if Egerton university employees are aware about occupational health and safety laws,
- ii. To find out the extent to which occupational health and safety practices are adhered to in Egerton University,
- iii. To determine the effect of occupational health and safety practices on financial cost of running the university.

1.4 Hypothesis

1. Majority of Egerton university employees and management staff are not aware of occupational health and safety laws,
2. Egerton university management and employees do not adhere to occupational health and safety practices,
3. The running cost of the university have been rising as a result of disregard for occupational health and safety.

1.5 Significance of the Study

This study will be beneficial to the following;

1. Egerton University management - the study is beneficial to the policy makers of the institution, as they will be able to have a basis for future policy formulation and implementation in order to improve on the efficiency and effectiveness of the organization,
2. University employees - can know their rights and role in occupational health and safety matters, such as their legal position viz. a viz. that of the employer, effect of occupational hazards on them, and possible remedies etc,
3. Trade unions - are in a position to influence their members to act responsibly towards occupational health and safety issues at their work stations. The union will be in a position to bargain for better working conditions for their members,
4. Other organizations - both public and private, may benefit from this study since most problems are universal. They can therefore model the recommendations proposed to suit their respective organizations, without having to carry out another research,

5. Human resource specialists - can use this information in their respective human resource management functional areas,
6. Future researchers - have now a basis on which to start or refer to in order to continue with further research in this, or other related areas.

1.6 Scope and limitations of the Study

The scope of this study was mainly the employees and facilities of Egerton university. Special reference was on Njoro campus. This sample was considered representative enough, considering that about 90% of the employees are located here. The other campuses, Kisii and Laikipia share the other 10% almost equally.

The study considered the management staff and employees of Egerton university Njoro. Management staff included the members of university management team such as the Vice Chancellor, Deputy Vice Chancellors, Finance officer and Registrars. The employees considered included both teaching and non teaching staff, as potential respondents. This study covered the period between year 2000 and 2002, whose data was considered and collected for analysis.

The following are some of the other limitations that affected the study in some way.

Time factor: The researcher was limited to about one semester of 17 weeks only to do the research. This was a very short time to undertake research of this magnitude, and conclusively, analyse the outcomes in order to give fair recommendations. Research

generally requires more time in order to collect data from a fairly large population. The researcher could have wished to interview a larger population, say representing all campuses of Egerton University or even other universities. However, due to the shortage of time a smaller sample was considered.

Financial resources. Research is generally expensive, for it to be done conclusively. However, considering that this research was a self-sponsored one, the outcomes may have been affected by lack of funds for instance, issues may have been ignored due to lack of financial resources. Extra costs may include those incurred in printing of various materials like stationery, acquiring reading materials, inter-net services, travelling expenses, computer services, photocopying services and other miscellaneous costs.

Communication barrier. Some of the respondents were experiencing some communication problems, especially where they were expected to answer to some specific technical questions which the researcher was unable to simplify or translate further. They may not have understood what was been asked. This altered their answers to give a different meaning altogether or lead to non response cases. The language barrier may hence, have led to a distortion of the overall outcome of the study in general.

Even though the initial plan was to interview the selected sample of employees, not all responded to the questionnaires in time. Some just ignored the questionnaire, while others were absent from work at the time of the study. This may have affected the representativeness of the sample

Those unable to read and write were asked to seek assistance from their colleagues on how to fill the questionnaires. Though this may have affected the outcome, it proved a better option for this cadre of staff. Others approached the researcher for some clarifications.

The aspect of the researcher being an employee of Egerton University may have led to some biases. The respondents may have distorted their answers in their favor, because of fear of repercussions or due to ignorance.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

Commitment of employees in any organization is a key factor towards achieving its goals. The concern and realization of the importance of human resource in an organization towards achieving this commitment was the basis of acceptance of occupational health and safety policy Flippo, (1984). An organization's success largely depends on its human resources. As defined by Armstrong, (1997), human resource management is a strategic and coherent approach to acquiring, developing, managing, motivating and gaining the commitment of the organization's key resource-the people who work for and in it.

Storey, (1995), further underpins that human resource management is a distinctive approach to employee management which seeks to achieve competitive advantage through strategic deployment of a highly committed and capable workforce. Thus, for this commitment to be achieved, then the deployment must be safe and health for the employees.

Making working conditions safe and healthy is in the interests of workers, employers and governments, as well as the public at large. Seemingly obvious and simple, this idea has not yet gained meaningful universal recognition.

The main problems facing the study and implementation of occupational health and safety in organizations generally is that of unwillingness to recognise occupational causes of injuries or health problems, and failure to report them when recognized, and as a result the burden of diseases due to occupational exposure is normally underestimated, (WHO,1999).

Occupational health and safety concern for various industries is a relatively new area in management. As confirmed by Hurley, et al., (2000), there are few studies on health risks in agricultural production, and that most studies are on crop production and health outcomes for hired labourers, while little has been done to understand important sources of occupational health risks for farm owners.

Human resource practitioners today agree that employers have responsibilities of ensuring health and safety of their employees at the place of work. It was not until human resource as a discipline was born, that employee's health and safety concerns were taken in to account. Ever since, several management researchers have done a good deal of work in this field, even though, much more still remains unclear.

The evaluation of the global burden of occupational diseases and injuries is difficult. Reliable information for most developing countries is scarce, mainly due to serious limitations in the diagnosis of occupational illnesses and in the reporting systems. WHO estimates that in Latin America, for example, only between 1 and 4 % of all occupational diseases are reported. Even in industrialized countries, the reporting systems are

sometimes fragmented. For example, a 1993 economic impact analysis of hazardous substances regulations in Australia found data lacking in many areas and had to rely on extrapolations from Scandinavian and USA data.

Armstrong, (1997), indicates that occupational health and safety principles, concepts and approaches arising from past study suggests that the employers who intends to prevent future injuries, reduce loss and damage, and increase efficiency must look chronologically at the total pattern of accidental happenings; whether or not they caused injury, damage or loss. From this analysis one should plan a well sought approach of prevention, rather than rely on the “ad hoc” correction of deficiencies which accidents have brought about.

The Institute of Personnel and Development (IPD) (1995) observed that effective management of the health and safety of people at work provides a major contribution to improving performance and gaining competitive advantage. It offers a way of reducing unacceptable losses associated with ill-health and of realizing the opportunities for improving the development and productivity of people, thus influencing the whole impact to the benefit of the organization.

According to ILO, 1996 task force on workplace violence document, management practice, staff involvement, occupational health, staff support, absence management, and a healthy lifestyle are aspects of managing people that can have an impact on health and wellbeing at work and hence have an affect on performance.

Holmes, (1992), notes that managers globally agree that there is a need to prevent accidents in the organizations, which are known to be related to the systems of work such as carelessness, fatigue, inexperience, inadequate training or poor supervision. This control is necessary due to their impact on the organization.

2.2 Importance of Occupational Health and Safety Policy

A healthy workforce is an essential requirement for an organization to effectively deliver services. Employing a healthy workforce can lead to increased productivity, reduced absence and staff turnover. Ensuring that all staff are physically capable of undertaking the work for which they have been employed is usually done through pre-employment medical or health questionnaires, depending on the role of the staff member, (ILO,2001).

Occupational health and Safety accidents are numerous, and costly to both employers and employees. No manager would like his/her organization been seen as accident prone. In fact, 'blue chip' companies are basically accident free, IPMK Journal (Issue no. 12 January, 1997)

Generally, employers want to reduce safety and health hazards through effective programs, OSHA (1970). As McClelland, (1975), observed, there are job/work conditions that are dangerous to employees' health, hence the need to identify and control health hazards.

According to Bohlander, et al, (2001), HIV/Aids is today a common health hazard at the work place, since employers are now expected to hire or retain Aids victims qualified to perform the essential functions of their job. They are also expected to give reasonable accommodation to the victim through such adjustments such as job restructuring, modified work schedules, and less rigid physical requirements. This, then calls for the need to retrain/train employees about Aids generally, and has an effect on the organization.

Purcell, (1996) observed, that with strong top management commitment and hence support of health and safety issues, the human resource or safety department needs to conduct a self inspection so that health and accident hazards can be eliminated and unsafe practices corrected.

2.3 Impact and Traces of Occupational Health and Safety

All occupations are bound to experience some degree of occupational health and safety problems. Hurley, et al (2000), underscores that agriculture is second only to mining in risk of occupational death, with almost half of all livestock injuries resulting in lost working days and costing U.S agriculture an estimated \$240 million in 1995. This cost included lost wages, medical expenses, administrative expenses, and employer costs.

Every organization is expected to be concerned with occupational health and safety of its employees, both as a legal and social concern, besides its effect on organizational performance reflected on the profit margin.

The health status of the workforce in every country has an immediate and direct impact on national and world economies. Total economic losses due to occupational illness and injuries are enormous. Such losses are a burden on economic development. Thus, apart from health considerations, the improvement of working conditions is a sound economic investment. Some statistical data can attest to this (ILO,1999); ILO has estimated that in 1997, the overall economic losses resulting from work-related diseases and injuries were approximately 4% of the world's gross national product.

The European Union countries paid over 27,000 million ECUs in 1992 as direct costs paid in compensation for work related diseases and injuries.

In 1994, the overall cost of all work accidents and work-related ill health to the British economy was estimated between £6 000 million and £12 000 million.

In 1992, total direct and indirect costs associated with work-related injuries and diseases in the USA were estimated to be US\$171 000 million, surpassing those of Aids and on a par with those of cancer and heart disease.

In the USA, health care expenditures are nearly 50% greater for workers who report high levels of stress at work. All these economic impact cannot be ignored as they reflect an aggregate of the overall economy.

Werther, et al, (1996) opines that the challenge for human resource specialists is on how to comply proactively with least cost to the employer and the greatest benefit for the employees, thus reducing economic impact.

Bohlander, et al, (2001) have opined that it is more cost effective to avoid or prevent occupational accidents and illnesses as compared to costs associated with management of sick leave, disability payments, replacement of employees injured or killed and workers' compensation among others.

Likert, (1961), also agrees and states, that it is much better and cheaper for an organization to build safety into the system at the design stage rather than adding make shift safety devices later. Which may even not hold to the end.

According to The Fact Sheet, No. 84, (1999), on occupational health, in order to arrive at more accurate estimates of the global burden of occupational disease and injuries, there is a need for further improvements and standardization of occupational health reporting in all countries, most particularly in developing countries. Another area, which needs particular attention, is the development of methods to estimate the economic impact of occupational injuries and diseases, as well as the cost-effectiveness of early occupational health interventions.

2.4 Management of Occupational Health and Safety Issues

Organizations should at all times ensure that occupational health and safety issues are made sustainable. A work environment must be created that protects employees from

physical hazards, unhealthy conditions and unsafe acts of other personnel. Organizations should aim at preserving and enhancing both physical and emotional well being of their employees, Bohlander et al, (2001).

According to Werther, et al,(1996), employees safety and health must be part of an ongoing concern by top management that is built into the firm's culture, and quotes a firm whose seriousness is reflected by a "rule" that "safety brief shall always be the first item on the agenda at each meeting." The culture of the organization must therefore be such that people inside the company must realize that "to do a job right, it must be done safely", hence top management's active commitment vital, in order for the impact to be realized down the line.

How staff are managed, including the overall management culture of the organisation, can also impact on their health; the promotion of staff health and wellbeing will not be sustainable unless the plans and policies that underpin the organization's everyday activities take into account the health impact on staff (WHO, Occupational health, fact sheet no. 84, 1999).

According to Woodburn, et al, (1998) an organization should have a safety program under the human resource department or industrial relations department, whose concern should basically be that of management of health and safety matters within the firm in order to minimize its impact.

Werther, et al, (1996) further suggests that the human resource department should identify the causes of accidents and detect their patterns or illnesses, and then undertake corrective action, in order to lessen its impact generally.

Armstrong, (1997) emphasizes, that written health and safety policies demonstrate the top management concern about the protection of the organization's employees from hazards at work and further indicate how this protection will be provided.

2.5 Legal Position Concerning Occupational Health and Safety

According to Dutton, et al,(1998), most statutes requires employers to compensate workers for on-the-job injuries, a task which was previously on society through Government or charitable organizations. This is intended to help employees deal with employment hardships and protect them from future hazards. It is also noted, that not all organizations are committed to the health and safety of their employees, hence the Government imposed measures that provide a base level of security. This protection helps ensure a more stable, experienced, and productive workforce.

Most of the Kenyan labour laws at least have a section relating to occupational health and safety in the work places. However, most countries have a specific chapter dealing with occupational health and safety. This demonstrates how critical the issue of health and safety in any organization is. The most significant laws of Kenya on Occupational health and Safety issues includes the Factories and other Places of Work Act, Cap 514, which is the most explicit of all and gives clear guidelines on Health, Safety and Welfare

provisions, and Rules including the necessary interpretations and the offences, penalties and legal proceedings in each case. Others include the Employment Act, Cap 226, The Public Health Act, Cap 242, The Workmen's Compensation Act, Cap 236, to mention a few.

In passing these legal statutes Governments have been very emphatic on their objectives. The US Congress on its part declared that the purpose of OSHA was to assure so far as possible every working man and woman in the nation safe and healthful working conditions and to preserve the country's human resources, Werther, et al, (1996).

All health and safety related laws in most countries, Kenya included, emphasizes the requirement of organizations keeping certain records, and to compile and post an annual summary of work related injuries and illnesses. This is in order to show the impact of occupational health and safety in organizations. Both the employer and employees are supposed to ensure that the later use protective equipment where necessary and must, therefore train in health and safety, and further discipline employees who fail to comply with safety rules.

Even though a specific requirement, Murphy, (1993), advises, that the purpose of health and safety inspection is to locate and define the faults in the system and the operational errors which allow accidents to occur.

This literature review indicated that no study had been done on effects of occupational health and safety practices on public organisations performance, and specifically Egerton

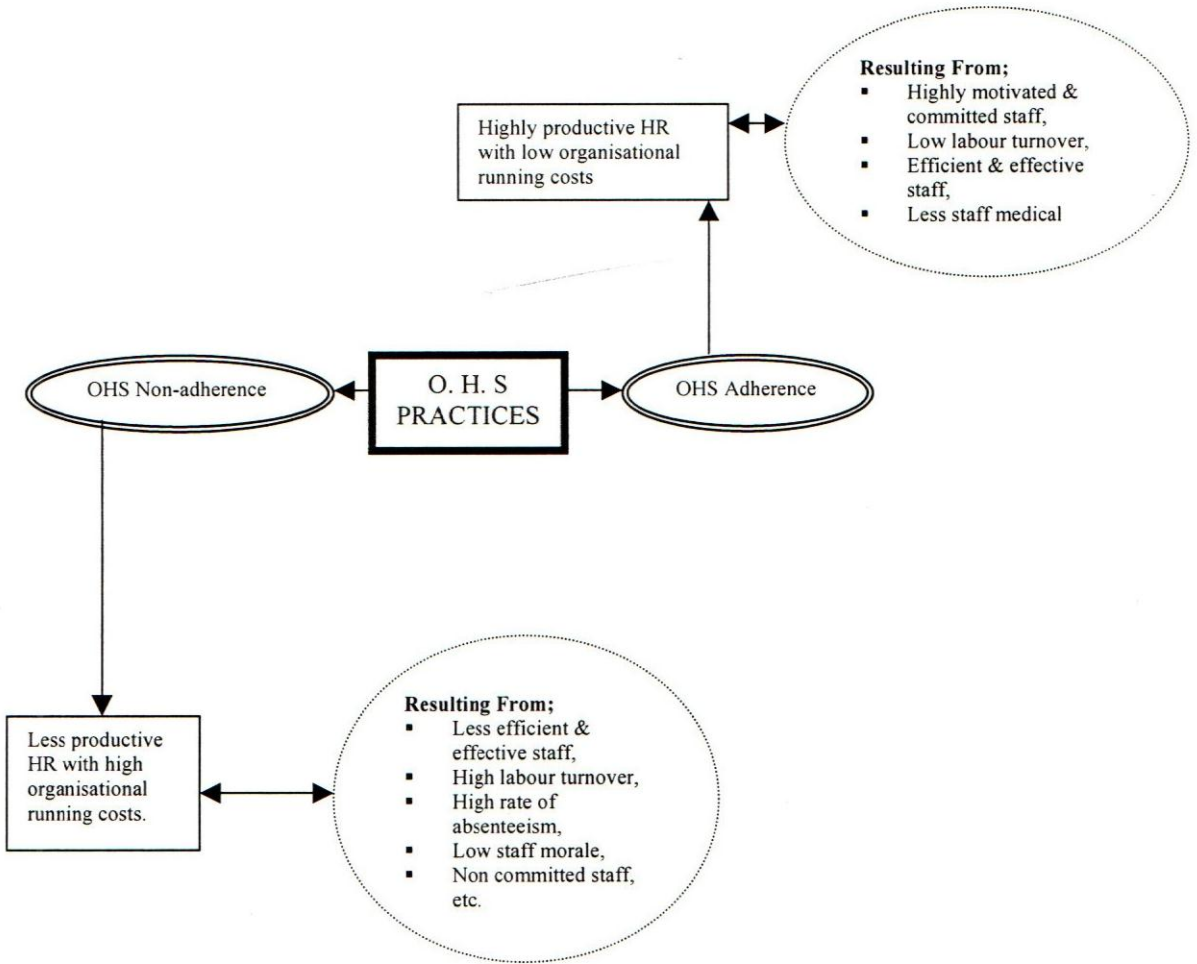
university. As illustrated, much of the studies done had mainly focused on operationalising occupational health and safety. It was therefore very interesting and fulfilling investigating the effects of occupational health and safety practices on Egerton university performance.

2.6 Conceptual Framework

An organization's performance and hence competitiveness is a reflection of its approach towards occupational health and safety practices among others. Organizations that adhere to occupational health and safety programmes for their employees experiences higher staff productivity, with minimal organizational running costs. The reduced costs results from reduced labour turnover, reduced absenteeism rate, lower expenses on staff medication and highly motivated and efficient staff. The opposite is true for organizations that do not adhere to occupational health and safety matters.

An organization's performance, and hence its position in the industry is thus a function of its approach towards occupational health and safety of its employees. Thus; adherence to occupational health and safety programmes leads to higher staff productivity and reduced organizational costs, and viz. a viz.

Figure 2.1: Presentation of conceptual framework



(OHS- Occupational Health & Safety, HR- human Resources)

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CHAPTER 3 RESEARCH DESIGN AND METHODOLOGY

3.1 Methodology

In this study the researcher used both primary and secondary data due to the nature of the research undertaken.

3.2 Population

Egerton university had a total population of about 2,650 employees of whom, about 2112 (90%) were working in Njoro campus, while the rest were in other campuses. The researcher, focused on employees working in Njoro campus, who were considered to be more representative in numbers and categories respectively.

Besides the size of the population, its nature suggested, that it was more structured and diverse than in other campuses. There were over 50 departments in Njoro campus with employees varying both in the nature of work they do and ways of performing it. It was also noted that Njoro campus had experienced the largest share of the effect of occupational health and safety.

3.3 Sampling

Potential respondents of this study conveniently divided in to clusters covering teaching, catering, maintenance, transport, medical, time-tabling, security and administration & finance departments. These were the main departments with the largest number of employees.

Stratified proportional sampling was adopted to select respondents. This was possible by dividing the population into strata (clusters) which were proportional to each strata of study based on the kind of data required. Within each strata, random sampling was applied while identifying specific respondents therein.

Sample Size: A sample of 60 employees and 6 senior management staff were selected, by getting a fraction of respondents from each department in the case of employees based on their population size. Questionnaires were then administered. In addition to this, in medical, finance and administration departments, interviewing was further carried out and secondary data collected. This was done in order to enhance representativeness of the data collected.

3.4 Data Collection Instruments

Questionnaire: two types of well-structured questionnaires were designed and administered. One was for ordinary employees, while the second one was for senior management staff. They were dispatched to the identified respondents in good time to minimise the problems of non-response and response errors. They were asked to return them within two weeks.

Interview: Face-to-face interviews using the relevant questionnaire for some specific officers from medical, personnel, and finance, among others was also applied. This was necessary where some clarifications were required.

Observation: The researcher observed various sites, buildings, health and safety gadgets, employees performing their work and other aspects related to occupational health and safety in order to certify what the other data collection tools gathered.

3.5 Secondary Data

An analysis of secondary data on occupational health and safety from key departments like finance, medical and personnel yielded critical information and give insight towards this study. Other sources included various management/senate committee reports, government documents, newspapers and other relevant university write-ups, which supplemented the primary data.

3.6 Data Presentation and Analysis

As a first step, the data collected was edited, in order to confirm its completeness and consistency. This included filtering in order to ensure that the data did not influence the outcomes of the study as a result of its inconsistency.

Descriptive statistics and contents analysis was used to analyse the data. This was in form of tables, frequency distributions, percentages and charts, were utilised to present and analyse the data. The level of staff awareness about occupational health and safety was measured by confirming whether employees know what their role is and that of the employer with respect to Factories Act, Cap 514. One collect response was considered as a sign of employee awareness. Percentages were further used in order to show

relationships between various variables and to determine various influences. The mean, mode, and percentages were also be used.

CHAPTER 4: PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.1.0 Introduction

This chapter presents, analyses and discusses the data collected for the study that was carried out at Egerton university, Njoro on employees, who comprised of both the staff members and senior management staff.

A total of 66 questionnaires were dispatched in the following categories;

- i. Ordinary employees: a sample of 60 employees from diverse departments
- ii. Senior management staff: a sample of six.

In all, as presented by table 4.1, 36 questionnaires were received back from respondents representing about 54.5% of the sample taken. Among the employees provided with questionnaires, approximately 55% responded, with 50% of the management returning their questionnaires for analysis on time. All departments considered at least responded to a certain extent and was hence represented, with most respondents coming from catering (22.2%), teaching (19.4%), and estates (13.9%) departments. In view of the prevailing circumstances the response was considered representative, being 54.5% response especially when these data was supplemented by other sources like interviews, observations and other secondary sources. This response was categorised as illustrated by the table below.

Table 4.1: Categorisation of the general respondents for whole study

<i>Department</i>	<i>Number</i>	<i>Percentages (%)</i>
Teaching	7	19.4
Estates	5	13.9
Catering	8	22.2
Transport	3	8.3
Time-tabling	3	8.3
Administration & Finance	3	8.3
Medical	2	5.6
Management	3	8.3
Security	2	5.6
TOTAL	36	100.00

Source: Field data

4.1.1 Employee awareness of OHS concept

Based on the data collected, the awareness of employees about OHS hazards was quite high. As illustrated by table 4.2, it was observed that 84.9% of the employee respondents were aware of OHS with only about 6.1% being unaware. The same situation applied to the management staff who said that the university was conscious of OHS concept.

Table 4.2: Awareness of OHS hazards

<i>Department</i>	<i>Aware</i>	<i>Percentages(%)</i>	<i>Unaware</i>	<i>Percentages(%)</i>
Teaching	7	21	-	
Estates	3	9.1	2	6.1
Catering	8	24.2	-	-
Transport	3	9.1	-	-
Administration	3	9.1	-	-
Medical	2	6.1	-	-
Security	2	6.1	-	-
TOTAL	28	84.9	2	6.1

Source: Field data

This illustrates that majority of the employees know and understand the concept of OHS generally. The employees went further to list the major OHS hazards that they encounter at their work place, as shown under table 4.10. the hazards vary with the departments concerned.

However, on being asked about their knowledge about the laws of Kenya relating to OHS, 75.8% indicated that they knew about the respective laws, while 24.2% indicated otherwise. This may be illustrated by table 4.3 below.

Table 4.3: Knowledge of laws of Kenya relating to OHS

<i>Position</i>	<i>Frequency</i>	<i>Percentages(%)</i>
Aware	25	75.8
Not aware	8	24.2
TOTAL	33	100

Source: Field data

This indicates that almost an equal number of employees who are aware of OHS concept (84.9%) are also knowledgeable about the Kenyan laws relating to OHS (75.8%) by comparing the responses in tables 4.2 and 4.3 respectively. However, a significant number of employees seems to be aware of the concept but not the actual OHS laws.

An interesting scenario was that among those knowledgeable of the OHS laws, only 30.3% were conversant with Cap 514; Factories and Other Places of Work Act. The rest, 63.6% indicated that they were not, as shown by table 4.4.

Table 4.4: Knowledge of Cap 514 laws of Kenya

<i>Position</i>	<i>Frequency</i>	<i>Percentages (%)</i>
Knowledgeable	10	30.3
Not knowledgeable	21	63.6
No response	2	6.1
TOTAL	33	100.0

Source: Field data

This seems to be a contradiction however, it is observed that most employees just know of their general occupational rights generally without bothering much with the intricacies of the specific law.

On the part of the management, it was observed that 33.3% of them said that university management was not conscious of OHS Act, Cap 514, while the other 66.7% felt otherwise. This was in disagreement with the employees' feeling of being unknowledgeable about OHS. By comparing the responses from the employees, as per table 4.4 and the response from the management, it is observed that 63.6% of the employees were not knowledgeable about the Act, Cap 514, while 66.7% of the management felt that the university was very conscious about this Act.

4.1.2 Adherence of OHS laws

Concerning adherence of the OHS laws of Kenya by both the employees and the university, 12.1% of the employees indicated that the university adheres to the laws pertaining OHS, while 27.3% were of the view that the university does not adhere to these laws. Over half of the employees (51.5%) did not respond which may be taken to mean that they were not sure. This is well illustrated in the table 4.5 below.

Table 4.5: Adherence to OHS laws by the university and employees

<i>Position</i>	<i>Frequency</i>	<i>Percentages(%)</i>
Adhere	4	12.1
Non adherence	12	33.4
No response	17	51.5
Total	33	100.0

Source: Field data

By considering specific departments, table 4.6 below shows, that according to the employees responses, adherence is only observed in estates, catering and security departments. Employees from most of the other departments indicated that there is hardly any adherence in departments such as teaching, transport, time-tabling, and administration. However, most of the non-respondents were those who were not conversant with OHS laws, Cap 514. Observations and other records available from medical department disagrees with this as the medical staff provided with various safety gadgets like gloves, masks and gum-boots, even though they are inadequate.

The senior management staff indicated that the university fully adheres to OHS laws of the land.

Table 4.6: Category of responses on adherence of OHS laws

<i>Department \ Position</i>	<i>Adherence</i>	<i>Non-Adherence</i>	<i>Non response</i>
Teaching	-	1	6
Estates	2	1	2
Catering	1	4	3
Transport	-	3	-
Time-tabling	-	1	2
Administration	-	1	2
Medical	-	-	2
Security	1	1	-
Total	4	12	17

Source: Field data

When the employees were asked whether they would like to be enlightened about the laws governing OHS in Kenya, 87.9% indicated that they were interested while only 3% were not, as illustrated by table 4.7 below. This therefore shows that a good majority of employees would like to know more about OHS laws as pertain their rights and obligation. This was corroborated by the employees admission that majority of them (63.6%) are not knowledgeable about Cap514, laws of Kenya, according to table 4.4 above, and indicated that they would be interested to know or enlightened about it.

Table 4.7: Interest of being enlightened of the OHS laws

<i>Position</i>	<i>Frequency</i>	<i>Percentages(%)</i>
Interested	29	87.9
Not interested	1	3.0
No response	3	9.4
Total	33	100.0

Source: Field data

4.1.3 Magnitude of OHS problems

The employees’ opinion of the magnitude of OHS problems in their work places is that 42.4% of the respondents said it is mild, 36.4% said that it is serious and 21.2% indicated that it is very serious. This thus indicates that the magnitude of the OHS problems in the university is between mild and serious, both of which represents a total of 78.8%.

Table 4.8: Employee view of the magnitude of OHS problems

<i>Position(Level)</i>	<i>Frequency</i>	<i>Percentages(%)</i>
Mild	14	42.4
Serious	12	36.4
Very serious	7	21.2
No response	0	-
Total	33	100.0

Source: Field data

This may however be seen to vary between departments, as ascertained by table 4.4, whereby adherence to OHS laws also varied with departments. This is illustrated by table

4.9 below, showing the magnitude of OHS problems based on departmental responses. The table indicates that majority of teaching department employees felt that the magnitude of the OHS problems is mild, while majority of those in estates department said that the problem was very serious. This could be as a result of the level of adherence to OHS requirements by the university, whereby the weight could be different depending on each department, as shown by table 4.6.

Table 4.9: Magnitude of departmental OHS hazards according to employees

<i>Department \ Magnitude</i>	<i>Mild</i>	<i>Serious</i>	<i>Very serious</i>	<i>Total</i>
Teaching	5	2	-	7
Estates	1	1	3	5
Catering	3	4	1	8
Transport	2	1	-	3
Time tabling		1	2	3
Administration	1	2	-	3
Medical	1	-	-	2
Security	1	1	1	2
Total	14	12	7	33

Source: Field data

The employees were asked to list at least 3 common OHS problems that they encounter at their work places. The study established that different departments faces different occupational problems, as shown in table 4.10 below.

The data in table 4.10 indicates that most of the problems experienced by the employees are almost universal in all departments, except that some specific problems are only found in some specific departments as a result of the nature of work done there. However, some departments seems to experience occupational problems almost in all categories. The problems expressed have a direct relationship with the level of non adherence to OHS by the university, as observed under table 4.5 above.

Table 4.10: Occupational hazards faced by employees from selected departments

<i>Occupational hazards (problems)</i>	<i>Affected department(s)</i>
i. Dusty and dangerous working environments	All departments interviewed.
ii. Inappropriate offices with poor lighting systems, toilets and ergonomics problems.	All departments interviewed
iii. Lack of cleaning materials and detergents	Teaching, catering, transport, time-tabling, medical & security.
iv. Lack of protective clothing and other gadgets	All departments interviewed.
v. Poorly maintained working equipment and materials	All departments interviewed.
vi. Risk of fire	Teaching, estates, catering, transport, and medical.
vii. Lack of first Aid kit	All departments interviewed.
viii. Unprotected machines & equipment e.g. leaking gases	Estates, teaching, catering, transport, medical and security.
ix. Poorly designed and cracked buildings e.g. cracked walls, poor ventilation etc.	Administration, teaching, time-tabling, and medical.
x. Work stress	All departments interviewed.
xi. Risk of Student unrest	Teaching, catering, transport, time-tabling and medical

Source: Field data

Observations from various departments like catering, estates, teaching time-tabling, and workers as they perform their work confirmed that most working environments were not health or safe to work in with most of them lacking or having inadequate protective clothing or gadgets and poorly maintained working tools, machines and other facilities. For example, majority of fire fighting equipment were not working while in other areas they were missing. These are some of the problems employees were facing as outlined in table 4.10 above.

4.1.4 Rate of absenteeism

The employees were asked whether they were ever absent from work, and if so the nature of their absenteeism. According to table 4.11, most of the employees (51.5%) said that they are never absent from work. Among the rest, 27.3% said they are rarely absent, 12.1% are often absent and 9.1% are quite often absent from work.

When asked if their absence was as a result of sickness that was job related, 21.2% agreed it was , while 3% said that it was not job related sickness. The rest were not sure whether the sickness was job related or not.

Based on these results it is possible to calculate the lost man days as result of this absence:

Expected man-days: $33 \times 30 = 990$ man-days, where 33 is the number of employees, 30 is number of days per month.

Assuming 4 employees are absent for 5 days (often) per month. Thus, $4 \times 5 = 20$ man-days.

Therefore, $(20/990)*100=2.02\%$ **Loss of man-days.**

Suppose, 9 employees are absent for say, 3 days (Rarely) per month, then;

$[(9*3)/990]*100=2.73\%$ **Loss of man-days.**

This is a significant loss to the university especially if looked at in the long run, say within an year or among all the employees of the university, where the impact would be felt.

Table 4.11: Employees' response about the frequency of absenteeism

<i>No of days absent/ month</i>	<i>Frequency</i>	<i>Percentages (%)</i>
Quite often(over 5)	3	9.1
Often(3-5)	4	12.1
Rarely(1-3)	9	27.3
None	17	51.5
No response	0	0
Total	33	100.0

Source: Field data

Concerning the reasons for the employees' absenteeism, their response according to table 4.12, indicated that most of the employees who have been absent (43.8%), was as a result of a job related sickness. This is therefore, a reflection of an occupational hazard.

The study further observed, that based on the available university medical records, the most commonly treated diseases among employees are malaria, respiratory tract diseases

mainly typhoid, and diarrhea. All these are considered to be occupational related at some levels, though not fully.

Table 4.12: Reasons expressed by employees for their absence from work

<i>Reason</i>	<i>Frequency</i>	<i>Percentages (%)</i>
Job related	7	43.8
Not job related	1	6.3
Not sure	2	12.5
No response	6	37.5
Total	16	100.0

Source: Field data

Other records available indicates that the cost on in-patient hospital bills by employees have been rising in the past few years, as shown by table 4.13 below. The main reasons attributed to this upward trend was mainly an increase in the number of employees getting sick who are subsequently admitted in hospitals, particularly those suffering from Aids related cases. In the year 2000, the total university inpatient bill was Kshs. 20 million which rose to Kshs. 36 million in 2002, as increase of about 80%. This is expected to rise in the subsequent years as the effect of diseases like Aids continue to impact on the university. Eventually, some core functions of the university will be denied financial resources or lack personnel in case some may die as a result.

Table 4.13: Total annual incurred in-patient medical costs by the university

<i>Year</i>	<i>Total expenditure (in million Kshs) p.a.</i>
2000	20.0
2001	22.0
2002	36.0

Source: Finance department records.

4.1.5 Occurrence of accidents at workplace

The study observed from the employee respondents that occurrence of accidents is relatively low. When asked about the rate of occurrence of accidents at their workplaces, as narrated by table 4.14 below, 6.1% of the employees indicated that the accidents were numerous and moderate respectively, 51.5% said the occurrences were few, while 30.3% said that there were no accidents occurring at their workplaces.

This was corroborated by the administration's view that the accidents were relatively few in number as the university observed most of the basic requirements of OHS laws according to them. However, it is noted that employees whose workplaces was unsafe indicated that they manage through 'the grace of God' or luck. This testifies that the environment was generally unsafe for them.

Table 4.14: Accident occurrence at the workplace according to employees

<i>Extent of accident(cases/month)</i>	<i>Frequency</i>	<i>Percentages (%)</i>
Numerous(over 10)	2	6.1
Moderate(5-10)	2	6.1
Few(1-5)	17	51.5
None	10	30.3
No response	2	6.1
Total	33	100.0

Source: Field data.

This is further reinforced by records available from medical department which shows, that on average the university has been losing between 5-10 employees per year, while another 1-5 employees are incapacitated through sicknesses and other forms of injuries while at work. Between 1-10 employees report accident cases at work every month. All these factors have led to inflation of medical budget that the university must set aside. It was found that the university spends between Kshs. 20-36 million as annual medical budget, which is expected to rise mainly as a result of increased medical needs and complications of employees' health, especially AIDS.

It is observed further that in the past 2 years university medical department has been spending about 35% of its budget on Aids related cases, a figure which is expected to increase with time.

Available records indicate that the university have lost on average six employees per year in the last three years through road accidents, mainly involving public transport. For instance, in June 2002, four university employees died in one accident involving a matatu, while several others were seriously injure while going to work.

When asked whether the university compensates the accident victims, 30.3% replied in affirmative, quoting the Workmen's Compensation Act and insurance covers for different employees. The other 54.5% said that accident victims at their workplace were not compensated. This was seen to be a large contrast in response and it is thought that possibly there was no follow-up in compensation or employees were not aware, hence the contrast. This is clearly illustrated by table 4.15 below.

The management also indicated that the university compensates employees injured while working, but one explained that he has witnessed only one case of compensation of staff, suggesting that compensation is only done when the university is forced by circumstances, e.g. law suits. However, it was observed that grades 1-4 are compensated as per the Workmen's Compensation Act, while the senior staff (grades A & above) are compensated according to the insurance cover. This is further attested by management who observed that the university spends over Kshs. 1 million per year on employees' compensation while at work.

According to the medical records available, most of the accident cases frequently reported and attend to are mainly from estates, catering and transport departments.

Table 4.15: Employees feeling on compensation of occupational accident victims

<i>Position</i>	<i>Frequency</i>	<i>Percentages(%)</i>
Compensation	10	30.3
No compensation	18	54.5
No response	5	15.2
Total	33	100.0

Source: Field data

4.1.6 Staff training on OHS practices

Employees were further asked if the university trains them on OHS practices. Among the employees, 87.9% indicated that the university does not train employees on OHS practices at all, while 12.1% were of the opinion that the university does train them. This reaction may be taken to mean that there is hardly any formal training by the university on OHS.

The management admitted that the university does not train its employees on OHS matters, but 66.7% agreed that training is necessary even though they did not propose any structure to be followed, 33.3% of them proposed that training should be done twice a year. Other records confirmed this by the fact that the university has no allocation for training on OHS and other related issues.

Majority of the employees (81.8%) reported that training was very necessary to them, while no one thought of it being unnecessary. This therefore, was proof that the

employees were anxious to know more about OHS. The respondents (employees) proposed various structures for training, whereby as indicated by table 4.16 above, 45.5% of the respondents suggested that training should be done annually, 39.4% suggested twice a year, 6.1% suggested it should be done on monthly basis and 9.1% said it was not necessary. This shows, that most of the employees would wish to have the training done between a year and twice a year, 84.9% (45.5+39.4) but not very soon or longer than that, while it is almost a consensus that they should be trained about OHS.

Table 4.16: Suggested structure of training by employees

<i>Structure</i>	<i>Frequency</i>	<i>Percentages (%)</i>
Annually	15	45.5
Twice a year	13	39.4
Once a month	2	6.1
None	3	9.1
Total	33	100.0

Source: Field data

4.1.7 Provision of safe working environment

The employees were asked if they are provided with safe and health working environment, whereby 81.8% of them indicated not, while 18.2% said that their work environment is health and safe. Among the 18.2%, 3.2% indicated that maintenance of their equipment is done every 6 months, while 15.6% said it was done rarely.

It may therefore mean that majority of the equipment used at various work places are not safe or well serviced, except in a few areas where they are taken care of, thus safe.

Records available however, indicate that the university lost about Kshs. 10 million in 2001 and Kshs. 40 million in 2002 through fire that under normal circumstances would have been stopped or avoided. Among these loss was from buildings destroyed by fire within the past few years as shown by table 4.17 below. All these have inflated the financial cost of running the university as they had to be reconstructed or alternatives considered all which means added costs.

Among those employees whose equipment are said to be unsafe and poorly maintained, indicated further that they manages through luck (Grace of God), improvising or being very careful at work etc, as the university is not concerned.

Table 4.17: Buildings destroyed by fire in the university

<i>BUILDING</i>	<i>DATE BURNT</i>
1. JCR 1 & Chief halls officer's office	31 st October, 2000
2. Students' halls of residence (Ruwenzoris 40)	29 th December, 2001
3. Faculties of Agriculture & Education offices	31 st December, 2001

Source: Senate sub-committee report, 2001.

Various occupational problems were pointed out as contributing to unsafe working environments by the employees, as listed in table 4.10 above.

These factors vary in different locations or departments as presented, and should be approached differently. However, some problems tend to be common in all areas and may be critical to their performance.

This was corroborated by the management, whereby 66.7% of them said that in order to ensure employees are safe at work, they insist on them to be careful while working, 33.3% indicated that they ensure provision of safety in equipment and tools, besides educating them on the same.

4.1.8 Suggested approaches towards minimising OHS problems

The following table 4.18 shows the suggested approaches towards minimising OHS problems at the work place according to the employees.

Table 4.18: Suggested approaches to minimise OHS problems

<i>Approach</i>	<i>Frequency</i>	<i>Percentages (%)</i>
Involve employees	30	90.9
Issue directives	3	9.1
Ignore the problems	0	0
Total	33	100.0

Source: Field data.

On the approach that should be adopted by the university to minimise OHS problems, table 4.18 indicates that 90.9% of the employees suggested that employees should be involved at all levels concerning OHS issues at work. But 9.1% proposed that the

management should adopt the style of issuing directives to the employees. This is possible because employees are the direct victims of OHS, hence importance of involving them in structuring ways of minimising the problems. This was shown and corroborated by the employees wish to be enlightened about OHS laws (Table 4.7). This is participatory approach which may work well for a better outcome. It is also important to note that no respondent suggested that the problem should be ignored, which indicates the concern attached to OHS problems by employees.

It is further observed that 33.3% of the management suggested that employees should play an active role towards OHS affairs, while the rest (66.7%) said that they should play a primary role in it. This should mean that the management also agrees that employees should be consulted and at the core of the approach taken towards minimising the extent of OHS hazards.

4.1.9 Effect of the university's OHS approach on employee performance

Based on OHS approaches currently undertaken by the university, according to table 4.19 below, 69.7% of the employees said this has an influence on their performance at various levels. They indicated that OHS approach has great influence on staff on areas: as commitment, confidence, efficiency, effectiveness, performance standards and motivation of staff among others. They indicated that when OHS is not addressed, it complicates work thereby making it more difficult. All these are factors considered while measuring employee performance in an organisation and must be taken in to account

whenever their respective performances is being assessed. However, 21.2% said that the approaches has no influence on their performance at all.

Among the management responses, 66.7% indicated that the university’s approach towards OHS has moderate influence on staff performance, while the rest (33.3%) felt that it has little influence. This corroborated with majority of the employees’ opinion, that indeed the university’s current OHS approach has direct effect on employee’s performance.

Records available showed that the university has no clear cut budgetary allocations for OHS matters. It was only in the 2002/2003 financial year that some Kshs. 2 million was set aside for provision of staff uniforms. This was however said to be hardly enough for that, as it was not based on any specific consideration, e.g. number of employees and their specific requirements. There was also no one to coordinate OHS matters.

Table 4.19: Effect of existing OHS approaches on employee performance

<i>Effect</i>	<i>Frequency</i>	<i>Percentages (%)</i>
Influence	23	69.7
No influence	7	21.2
None	3	9.1
Total	33	100.0

Source: Field data

When asked if the university is serious about the issue of OHS practices by employees, 84.9% of the employees said it is not and justified their response by sighting lack of various safety devices, training on OHS, unsafe working environments among others. However, 12.1% said that the university is indeed serious and concerned about OHS practices by employees, as shown by table 4.20 below.

Table 4.20: University feeling towards OHS practices

<i>Feeling</i>	<i>Frequency</i>	<i>Percentages(%)</i>
Serious	4	12.1
Not serious	28	84.9
None of above	1	3
Total	33	100.0

Source: Field data

This is however contradicted by the response from interview with management staff who indicated that the university is serious about OHS practices. This conflict may be as result of the management being financially unable to meet the budget of OHS issues thus being seen by employees as being not committed to the whole issue.

The employees may be right as even where no money is required in the case of a policy to this end, where nothing has been done. Training of employees on OHS was also lacking on the part of the university.

University records show that the number of categories of insurance policies have been increased, mainly as a result of changes in diversity of risks within the university, e.g. university council members are now insured while on university assignments, the number of buildings insured have also gone up besides the insured value mainly as a result of frequent cases of fire in the university.

However, as shown by table 4.21 below, the total insurance premium costs paid for in 2001 was higher than that of 2002. This according to available records, was mainly as a result of the competitive bidding used by the university, hence lower costs. Also, the university did away with some premiums like that paid for under Workmen's compensation Act, where they opted to be paying for injuries directly, based on some analysis done. These costs could not however be reflected as there were no records available and others commonly referred to as 'last respect', paid as burial expenses for members of staff and their immediate family members.

Table 4.21: Cost of various university insurance premium

<i>POLICY</i>	<i>2001 (Kshs. p.a.)</i>	<i>2002 (Kshs. p.a.)</i>
Fire & allied perils	1,121,876.00	1,587,950.00
Motor-vehicle: Comprehensive	(No record available)	567,890.00
Third party		224,438.00
GPA/GL	15,393,136.00	9,555,819.00
Public liability	5,010.00	4930.00
Money	51,583.00	50,794.00
Burglary & theft	246,844.00	300,680.00
GPA/GL-council members	53,132.00	42,312.00
Fidelity guarantee	176,785.00	(withdrawn)
Domestic package	456,250.00	435,250.00
TOTALS	16,382,740.00	12,770,063.00

Source: Finance department records (GPA-group personal accident, GL-group life)

4.1.10 HIV/Aids in relation to work

The employees' response concerning their assessment of HIV/Aids prevalence at their work place indicated, that as table 4.22 below indicates 24.2% were of the opinion that it is critical, 36.4% said it was normal, 9.1% were not sure, and 24.2% were of the view that it was non of the above. This seemed to give the same responses for all categories of respondents. It was a show of unwillingness in answering the question put forward.

The management admitted that Aids scourge in the university was critical and needed immediate attention. It is noted that most of the employees were not sure of the state of the Aids pandemic as there were no records to refer to, while majority were unwilling to discuss the subject.

However, according to medical department records, Aids scourge in the university is not very serious. Other records available on Aids confirm, that Aids problem can no longer be taken for granted, due to its effect on the university and the workforce in general. For instance, records available indicate that on average, an Aids patient costs the university a minimum of Kshs. 800,000/= before finally dying. This is a large figure especially when you consider several patients, and may deny the university of finance to meet its other core functions.

Table 4.22: Employee expressions about HIV/Aids prevalence

<i>State (scourge)</i>	<i>Frequency</i>	<i>Percentages (%)</i>
Critical	8	24.2
Normal	12	36.4
Not sure	3	9.1
None	8	24.2
No response	2	6.1
Total	33	100.0

Source: Field data

The employees were asked if they would consider HIV/Aids as an OHS problem (hazard), where, 75.8% agreed that it is, but 24.2% said it is not. However, there are all reasons to believe that Aids is indeed an occupational problem considering that employees spend much of their time at the work place with friends, peers and references or their models.

This was further corroborated by the medical staff and information from other areas, who observed that they are exposed to risk of being infected while handling Aids patients, especially in the laboratory.

The management also concurred that Aids is indeed an occupational hazard which needs to be faced directly and seriously due to its impact on the organisational performance.

4.1.11 Occupational health and safety policy

This research revealed that 90.9% of the employees indicated that the university has no OHS committee in place, 3.0% said there is one. It was further observed, that 72% agreed that such a committee would be necessary, while 23.5% thought it was unnecessary. This shows that majority of the employees would be keen to have such a committee in the university where OHS problems can be addressed to, since as per now there was no such a forum.

It is also important to observe that 87.9% said that the university has no formal policy guidelines on OHS. However, 9.1% of the employees said there is a policy. This may be seen as misunderstanding of the terms used in the question, as those who said there is a policy (9.1%) could be referring to informal policies on the same as records indicated that there is none. It is otherwise important to note that they all said that this was inadequate.

This was in agreement with the management who corroborated with the majority of the employees that there was no such a policy in the university, nor does is there a standing committee on OHS matters. From the field, 50% of the management felt that such a committee and policy is necessary in order to address OHS issues within the organisation. The management and the medical staff felt that this was necessary in order to provide guidelines about OHS matters in the university. It is believed that the policy would then act as a guide on how to handle OHS matters within the university.

CHAPTER 5: SUMMARY, CONCLUSION AND RECOMMENDATIONS.

5.1 Introduction.

This chapter summarises and concludes the research findings as carried out. At the end of the chapter, some useful recommendations are proposed by the researcher to the organisation under study in order to improve the problem under study, based on the research findings.

The purpose of this study was to;

- i. To find out if Egerton University employees are aware about occupational health and safety laws,
- ii. To find out the extent to which occupational health and safety practices are adhered to in Egerton University,
- iii. To determine the effect of occupational health and safety practices on financial cost of running the university.

5.2 Summary.

This study found that Egerton university has no written policy on OHS. It also found that the university has no formal OHS committee in place.

Majority of Egerton university were found not to be aware of the OHS concept, as confirmed by the large number of them (84.9%) who indicated that they are not aware of this. However, the employees are conscious of the occupational hazards that they come across in the course of their work or at work places.

Employees and the university adherence to OHS laws was found to be below average, since it was found that about 33.4% of the employees suggested that there was no adherence to this law. Over a half of the employees who responded were not sure about the extent of adherence to the law. This further meant that very few employees were conversant with Cap 514, Factories and Other Places of Work Act, with about 88% of them being ignorant about this law. However, most of these employees are interested in being enlightened about the laws relating to OHS.

The study further found that the magnitude of OHS problems or hazards within the university was moderate, with the most affected departments being catering, estates, time-tabling and security. It is noted that varying OHS hazards are experienced in different departments, even though some problems are common in all departments e.g. lack of first aid kit, lack of fire fighting facilities etc, according to the list given by the employees.

The university loses a lot of man-hours/days through absenteeism, which was found to be mainly as a result of occupational (job) related sicknesses, according to 44% of the employees interviewed.

There are however, few (1-5 cases per month) accidents occurring among employees within the university's working environment, most accident cases are reported in estates and catering departments. The university also loses between 1-5 employees every year through road accidents, as they commute to/from work. Fire is a common feature in the university which is hardly successfully put off in most cases, due to lack of fire-fighting facilities or are not serviced at all. All these factors have led to an increase in the university's financial running costs, which have impacted negatively on its management. This has affected the general performance of the university.

Compensation to the accident victims is generally in two categories, through insurance for senior staff and through the Workmen's Compensation Act, cap 236 for junior staff. But very few cases of compensation have been experienced.

The study found that the university does not directly train its employees on OHS practices as expressed by about 88% of the employees interviewed, even though majority of them felt that it was quite necessary.

Among the employees interviewed, 82% suggested that the university does not provide a safe and health working environment, although 66.7% of the management staff interviewed said otherwise indicating that the problem is not pathetic.

However, both the employees and the management interviewed felt that employees should be involved any approach towards minimising OHS hazards as it has a direct impact on the employees.

The current OHS approach by the university has a direct impact on the employee performance. It was said to affect employee commitment towards work, confidence, efficiency, effectiveness, performance standards and motivation of staff among other effects.

HIV/Aids prevalence is generally moderate within the university according to the available records and responses from the respondents. It is observed, that Aids poses a future threat to the survival of the organization due to its impact on running the organization, especially on financial running costs. Majority of the respondents appreciated Aids as an occupational hazard which requires to be addressed from that point of view.

The university, according to the respondents has no formal OHS policy in place, or an OHS working committee. It is important to note, that both the management and employees (50% and 88% respectively) felt that it would be important to have both a policy and a substantive committee on OHS in place in the organisation for management and improved employee performance.

5.3 Conclusions

This study found that based on the research findings discussed above (chapter 4), the following conclusions are made on the research carried out.

The study found that;

1. Egerton University employees are not aware of OHS laws.
2. Adherence of OHS practices in Egerton university is below average. This was partly because employees did not know what these OHS laws are all about and hence what their role was, viz. a viz. that of the employer (university).
3. The financial running costs of the university have been rising as a result of non adherence of proper OHS practices. These costs arose from such cases as burnt buildings, increased absenteeism rate, cost of insurance premiums, increased medical costs, compensation of affected staff, etc.
4. HIV/Aids has not been treated as an OHS hazard in the University.

5.4 Recommendations

Based on qualitative and contents analysis, and further conclusions of this study done on the effects of OHS practices on performance in Egerton University, a number of recommendations are suggested:

- 1) The university should formulate and implement a clear policy on OHS. This policy should be comprehensive enough to factor in all the relevant Acts of parliament pertaining to this. The university should treat this as urgent, as it would act as the starting point and guide for all the other actions towards a better, safe and health working environment.
- 2) The university should train all the employees about OHS. Training should be regular in order to update them on recent OHS developments and procedures globally. More emphasis should be put in to training the supervisors and departmental heads who would be asked to train employees under them.
- 3) The university should set aside some budgetary allocations towards the management of OHS division of the university. The budget should be considerably enough, in order to cover the whole university in relation to OHS e.g. purchasing and maintenance of fire fighting facilities, OHS training, OHS inspections, provision of relevant protective clothing and gadgets, etc.
- 4) The university management should ensure that all the relevant labour laws as pertaining OHS are adhered to, and where possible the university should go over-board and provide more than the law prescribes, especially Cap 514, The Factories and Other Places of Work Act for better organisational performance.

- 5) All the university's working environments like lecture halls, offices, workshops, kitchen and their surrounding areas must be kept in their required standards, with all the required facilities. They (environments) should be clean, proper ventilation, clear pathways, proper washing facilities with clean water, appropriate sitting facilities, etc.
- 6) The university management should consider re-introducing free staff transport or at some fee to commute the employees living outside the university. This is in view of the number of employees who have been killed, maimed or injured through road accidents by public transport while commuting to work. The university should consider extending insurance coverage to staff in grades 1-4, who are not adequately covered by the Workmen's Compensation Act, Cap 236.
- 7) The university should appropriately insure all its properties like buildings, computers, etc, and their values to be reviewed regularly to ensure that they are not under valued.
- 8) The university should make OHS issues more participatory to involve management, employees, students and surrounding community as stakeholders.
- 9) HIV/Aids should be treated as an occupational hazard and employees should be educated about it. As a matter of urgency, the university should come up with a formal and comprehensive policy on Aids which should clearly state that aids victims will not be stigmatised and are accepted in the society. The policy should also provide a limitless medical coverage of all employees with chronic diseases , including Aids.

- 10)** Frequent analysis and review on the progress of OHS matters should be done regularly to ensure that it is sustained.
- 11)** All the employees should be trained about fire and fire fighting skills, while all the fire fighting gadgets must be kept in proper working conditions at all times. The university should have a fire prevention committee that meets regularly and ensure that it carries out frequent fire drills on employees quite regularly in order to keep the employees on alert at all times.
- 12)** This area of study was found to be very wide , as no other research had been done specifically on Egerton University. In view of the limitations faced, especially time, it is recommended that further research be done specifically to consider other parameters that were left out. It would be important to consider the impact OHS practices has on these organisations and probably extend the study to other organisations to find out if there are similarities or deviations from these outcomes in order to supplement or complement these findings.
- 13)** Further study should be done with more time devoted and other necessary resources availed as required and comparison be made with other universities, both public and

private to find out whether they have uniform effects on OHS problems on performance.

14) It is also recommended that further research be done specifically on each category of staff/employees in order to find out OHS problems affecting them and their selective effect on their performance to the university, and suggest ways of overcoming them all together.

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APPENDICES

APPENDEX 1: Research Time Plan

ACTIVITY	WEEK 1-3	WEEK 4-5	WEEK6-7	WEEK8-9	WEEK10-11
Preparation, submission & defense of research proposal	○				
Data collection		○			
Compiling of data			○		
Data analysis				○	
Typing & presentation					○

APPENDEX 2: Research Budget

ITEM	REMARKS	COST (Kshs)
Stationery		5,000.00
Photocopy services		6,000.00
Internet services		4,000.00
Library services		5,000.00
Computer services		3,500.00
Typing services		3,000.00
Travelling / transport services		3,000.00
Miscellaneous		3,000.00
TOTAL		32,500.00

APPENDEX 3: Authority For Data Collection

Njema S.M.,
Egerton University,
22nd January 2003

The Registrar (Administration),
Egerton University,
P.O. Box 536,
NJORO.

Dear Sir,

Ref: Authority to Collect Research Data

Above subject refers.

I am a student in Nakuru Town Campus pursuing my MBA degree. As a partial fulfillment of the course I am supposed to undertake a research project based on the area of specialisation.

Towards this end, I am carrying out a research on, “The Impact of Occupational health and Safety Practices on Performance of Public Organisations, with special reference to Egerton University, Njoro”.

The purpose of this letter is therefore, to seek authority from your office to enable me collect the research data. It is my strong believe that the University is going to benefit from the study as this is one of the critical areas towards enhancing Human Resource of an organisation.

I would be grateful if this request will be favourably considered the soonest possible.

Yours faithfully,
Sammy M. Njema

APPENDEX 4: Research Questionnaire-Employee

The purpose of this questionnaire is to establish the effect of occupational health and safety practices on performance in Egerton University. You are requested to answer the following questions as honestly as possible. You are guaranteed that your responses will be treated in confidence. DO NOT SIGN YOUR NAME. (Please tick ✓ where applicable)

- 1) Department of respondent:.....
- 2) Designation:.....
- 3) Do you know what occupational health and safety hazards is? 1.YES 2.NO
If yes, please explain:.....
.....
.....
4. Are you aware that there are occupational health and safety laws in Kenya?
1.Yes [] 2.No []
5. Are you conversant with the contents of Cap 514, laws of Kenya; ‘Factories and other places of work’ Act ? 1.YES 2.NO
6. If yes, do you think this law is adhered to by the employees and the University management? 1.YES 2.NO
If not, would you like to be enlightened? 1.Yes [] 2.No []
7. What is the magnitude of occupational health and safety problems at your working environment? 1. Mild 2. Serious 3. Very serious 4. Not sure []
8. What occupational health and safety problems do you experience at your place of work?
(1.).....
(2.).....

(3.).....

9. How often (frequency) do these hazards (stated above) occur?

Use the following; 1. Quite often (monthly), 2. Often (twice every 6 months), 3. Rarely (once a year), 4. None,

Tick accordingly

Problems	FREQUENCY			
	1	2	3	4
1	—	—	—	—
2	—	—	—	—
3	—	—	—	—

10. Has the University taken any precaution towards minimizing the first 2 occupational health and safety problems expressed? 1.YES 2.NO

11. If yes, what is their magnitude?

1. Adequate 2. Moderate 3. Inadequate 4. None

12. Has there been any loss or damage to the University resulting from occupational health and safety problems in the past 2 years? 1.YES 2.NO

13. How often are you absent from work within a month ?

Quite often 1.(over 5 days) 2.Often (3-5 days) 3.Rarely (1-3 days) 4.None

14. Was the reason for your absence related to sickness? 1.YES 2.NO

If yes, what was the nature of that sickness? 1.Job Related 2.Not Job Related

3.Not sure

15) How often (cases per month) do accidents occur at your work place ?

1.Numerous (over 10) 2.Moderate (5-10) 3.Few (1-5) 4.None

16) Are the accident victims compensated by the university? 1. YES 2. NO

If yes, Explain how.....

.....

17) Does the university train employees on occupational health and safety practices?

1. YES 2. NO

18) If yes, how often: 1. Annually 2. Twice a year 3. Once a month 4. Not regular

If not, do you think it is necessary? 1. Yes [] 2. No []. How often.....

19) Does the university provide well serviced and equipped health and safety devices at work place e.g. first aid boxes, fire fighting devices, protective gadgets etc.

1. YES 2. NO

20) If yes, how often are they serviced, equipped or updated etc:

1. Annually 2. Every six months 3. Monthly 4. Daily 5. Rarely

If not, how have you managed without properly serviced equipment?

.....

21) In your opinion, what kind of approach would you suggest the university should adopt to minimize occupational health and safety problems?

1. Involve employees

2. Issue directives

3. Ignore the problem

4. None of the above

22) Do you think the approach taken by the university towards occupational health and safety has any influence on your performance? 1. YES 2. NO

Explain:.....

23) In your opinion, does the university take seriously the issue of occupational health and safety practices? 1. YES 2. NO

Explain:.....

24) What is your assessment of HIV/Aids scourge at Egerton University?

1. Critical [] 2. Normal [] 3. Not sure [] 4. None []

25) Do you consider HIV/Aids an occupational health and safety problem?

1. Yes [] 2. No []

26) Does the university have an occupational health and safety committee?

1. YES 2. NO If yes, who are the members:.....

.....

How often do they meet?.....

If not, do you think it is necessary? 1. Yes [] 2. No []

27) Does the university have any policy guidelines on occupational health and safety?

1. Yes [] 2. No [].

If yes, is it adequate? 1. YES 2. NO

THANKYOU.

APPENDEX 5: Research Questionnaire-Management Staff

The purpose of this questionnaire is to establish the effect of occupational health and safety practices on performance in Egerton University. You are requested to answer the following questions as honestly as possible. You are guaranteed that your responses will be treated in confidence. DO NOT SIGN YOUR NAME. (Please tick ✓ where applicable)

1. Designation of respondent;.....
2. What is the feeling of the university management towards occupational health and safety of employees? 1. Very Serious [] 2. Serious [] 3. Not serious[] 4. None[]
3. Is the university management conscious about occupational health and safety Act, Cap 514? 1.Yes [] 2.No [].
4. Please sight cases in which your responsibilities conflict with the Act
.....
.....
5. Does the university have an occupational health and safety committee?
1.YES 2.NO If yes, who are the members.....
.....
How often do they meet?.....
If not, do you think it is necessary? 1. Yes [] 2. No []
6. Does the University have a formal occupational health and safety policy in place?
1.YES 2.NO
If yes, in your opinion, do you think that it is adequate? 1.YES 2.NO

7. What influence do the approach taken by the University towards occupational health and safety has on employees' performance?

1 Major [] 2 Average [] 3 Little [] 4 None []

8. In your view, what role should the employees play concerning health and safety matters? 1. Primary 2. Secondary 3. Active 4. Less Active. 5. None

9. Does the university compensate employees who are injured while at work?

1. YES 2. NO

Explain.....:.....
.....

10. In the past 2 years, has the university experienced any loss related to occupational hazards? 1. Yes [] 2. No []

11. If yes, what was the extent of the loss ? 1 Big [] 2. Small [] 3. Not measurable []

If not, what contributed to that situation(safe)?

1. Good safety practices [] 2. Poor safety practices [] 3. Not sure [].

12. Does the university train its employees on occupational health and safety matters?

1. YES 2. NO . If yes, how often:.....

1. Annually 2. Twice a year 3. Once a month 4. Not frequent

If not, do you think it is necessary ? 1. Yes [] 2. No [] How often.....

13. What steps has the university taken towards minimizing occupational health and safety problems expressed?.....
.....

14. In your opinion, do you think they (steps) are adequate? 1. Yes [] 2. No []

15. How does the university ensure that assignments given to the employees are not adverse to their health and safety?

.....

16. Is there a budgetary allocation for occupational health and safety expenses for the university? 1. Yes [] 2. No []

17. If yes, what proportion of the overall university budget is it?.....
Do you think this is adequate? 1. Yes [] 2. No [].

18. What is your assessment of HIV/Aids scourge at Egerton University?

.....

19. In your opinion, do you consider HIV/Aids an occupational hazard?

1. Yes [] 2. No []

If yes, what is the university doing about it?

.....

.....

Thank you for your cooperation.

APPENDEX 6: Interview Questionnaire-Personnel Officer

1. What is the magnitude of occupational health and safety problems at Egerton University?

Are you aware of the contents of Cap 514, laws of Kenya? Yes / No

2. Does the university adhere to occupational health and safety Act, specifically Cap 514?

3. In your opinion do you think the employees are conversant with occupational health and safety Acts? Yes / No

If yes, do they adhere to the requirements of the Act? Yes / No

If not, please explain.....

4. How many cases of absenteeism related to occupational health and safety are reported to your office on daily, weekly or monthly basis?

5. About how many employees does the university loose per annum to occupational related sickness or insecurity?

6. Is employee deployment affected by occupational health and safety hazards? Yes / No
If not, please explain.....

7. In your opinion, do you think employees performance is affected by occupational health and safety practices? Yes / No. If yes, please explain.....

8. In your view, what are the consequences of this approach to the University?

9. What is your assessment of HIV/Aids scourge in the University among staff?

10. Do you consider Aids as an occupational health and safety hazard? Yes / No

11. If yes, what are you doing about it?

12. What do you think should be the way forward for the university on Aids problem among its staff?

Thank you for your cooperation.

APPENDEX 7: Interview Questionnaire-Medical Officer

1. What kind of diseases are commonly treated to employees?
2. In your opinion, do you consider these diseases as occupational related? Yes / No.
3. On average, about how many employees does the university loose or are incapacitated per year from occupational related sickness?
4. How common are occupational accidents related cases reported to medical centre?
5. What is your assessment of Aids scourge on the university staff?
6. In your view, do you consider Aids an occupational health and safety hazard?
Yes / No
7. If yes, what do you think the university should do about it?.....
8. What is the annual medical budget of the university? Kshs.....
Has this budget being rising, declining or constant during the past 2 years?
What has been the main cause of this movement or lack of it?.....
9. Do you think this cause (above) can be minimized? Yes / No.
10. If yes, explain how.....
11. Do you provide employees in your department with protective clothing or gadgets?
Yes / No
12. If yes, do you think they are adequate? Yes / No.
13. In your opinion, what should be the way forward for the university concerning occupational health and safety?.....

Thank you for your cooperation.

APPENDEX 8: Interview Questionnaire-Finance Officer

1. How much does the university spend on employee health services per month or per year?.....
2. Has the university's medical costs and budget being changing during the past 2 years?
Yes / No
3. If yes what has being the rate or frequency of change?.....
4. Have the insurance premium charged to the University on various risks being constant in the past 2 years? Yes / No
5. If not, what are the major causes of these fluctuations?.....
6. Has the university lost any property(s) through fire in the past 2 years? Yes / No.
7. If yes, what is the approximate loss? Kshs.....
8. Does the university compensate for employee who dies or is injured while on duty?
Yes / No
9. If yes, about how much do you spend per year on this?.....
10. In your opinion, what should be the way forward for the University concerning occupational health and safety issues?.....

Thank you for your cooperation.

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