

**PERCIEVED INFLUENCE OF OCCUPATIONAL HEALTH AND SAFETY  
PRACTICES ON JOB SATISFACTION AMONG EMPLOYEES IN  
CHEMELIL SUGAR COMPANY LIMITED, KENYA**

**BY**

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## **DECLARATION**

I hereby declare that this is my original work and has not been submitted to any other academic body for examination purposes.

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This Research project has been submitted for examination with my approval as the Supervisor.

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## **DEDICATION**

To my husband, Erastus and my lovely children Anthony, Amisher and Andy.

## **ABSTRACT**

Employees in the sugar industry are exposed to many hazards at their workplace and this is likely to influence their levels of job satisfaction if the correct measures are not put in place by their employers. The most affected employees are those who work in factory and agriculture departments ( field services and production). The objective of this study was to determine the perceived influence of occupational health and safety practices on job satisfaction among employees of Chemelil Sugar Company Limited. The research design was cross-sectional survey design and a structured questionnaire was used to collect data which was analyzed using descriptive statistics including percentages, means and standard deviations. Correlation analysis was also used to determine the influence of occupational health and safety practices on job satisfaction. Out of the targeted 110 respondents, only 84 completed the questionnaires representing a response rate of 76%. The research established that occupational health and safety practices influence job satisfaction. The majority of respondents had a positive perception of occupational health and safety practices were in place despite the fact that safety training was rated low in terms of the mean score. They agreed that there were accident prevention measures in place, wellness programmes and health care was provided at the company clinic for both occupational and non-occupational ailments. It was established employees that were satisfied with the quality of health services at clinic, emergency care given to workers injured while on duty as well as the referral services to medical cases that are beyond the scope of the company clinic. Respondents were also satisfied with the wellness programmes and health information provided during the campaigns and outreaches. The frequency of the wellness programmes was rated relatively low despite their satisfaction with the services provided during the campaigns. The adjusted  $R^2$  was 0.718 showing that there was 71.8% of the variation in job satisfaction which is accounted for by the combined effects of wellness programmes, safety training and education, accident prevention measures and health practices. This shows a strong correlation between occupational health and safety practices and job satisfaction. The respondents were not satisfied with the frequency of refresher training on safety as well as training during change of jobs and on the use of new equipment. It was recommended that the management of the company facilitate more safety training to equip workers with safety skills which enable them reduce accident rates at the workplace.

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# **CHAPTER ONE: INTRODUCTION**

## **1.1 Background of the Study**

There is increasing evidence that workplace conditions may be eroding levels of job satisfaction and directly damaging the physical and mental health as well as the safety of employees. Most organizations have poor occupational health and safety review mechanisms, inadequate health and safety policies and infrastructure. As a result most employees are exposed to workplace injuries and illnesses as well as repetitive strain injury (RSI); an umbrella term of injuries affecting the soft tissues of the neck, upper and lower back, chest, shoulders and arms which occurs from continuous and repetitive physical movements (Bernardin 2007). Employees who suffer accidents are unsatisfied with their jobs, and have higher levels of job tension and lower organizational commitment. Good working conditions make employees happier and find it easier to carry out their jobs while poor working conditions dissatisfy employees. According to Hong (2001), the environment in which people work has a tremendous effect on their level of pride for both them and the work they are doing.

Various models have been developed to explain factors affecting job satisfaction among employees. The Affect Theory constructed by Locke (1976) states that job satisfaction is determined by a discrepancy between what one wants in a job and what one has in a job. Another theory is the Core Self-evaluations Model proposed by Judge (1998) in which self-esteem, general self-efficacy, locus of control, and neuroticism are believed to determine one's disposition towards job satisfaction. Furthermore, the Herzberg's Two-factor theory (1966) attempts to explain that

satisfaction and dissatisfaction are driven by motivators and hygiene factors respectively. Finally, Hackman & Oldham (1980) proposed the Job Characteristics Model which explains how particular job characteristics impact on job outcomes, including job satisfaction.

Most occupations are injury prone while matters of safety are treated casually by both employers and employees. Employees in the sugar industry are not exceptional; they are exposed to health and safety hazards in their workplaces arising from various activities involved in sugar production. These include sugarcane harvesting, transportation, milling and storage. Noise in the factory could lead to occupational hearing loss while extreme temperatures from the boilers and evaporators are likely to cause serious burns and high levels of dehydration.

Workplaces should be made as safe as possible to reduce the rate of accidents that impact negatively on the health of the employees as well as costs incurred by organization in medical bills and compensatory claims. In addition, health and safety should not be viewed as a separate function or responsibility but as a broader initiative that aims at improving productivity, profitability and competitiveness of a firm (Pike, 2000). Furthermore, workplaces with active, visible safety leadership have fewer injuries, are often rated as better places to work, and have more satisfied, more productive employees who are less likely to change jobs (OSHA, 2002).

### **1.1.1 The Concept of Perception**

Perception is the cognitive process by which an individual selects, organizes and gives meaning to environmental stimuli. Since each person gives his / her own meaning to stimuli, different individuals perceive the same thing in different ways. People see the world around them in their own unique way and behave and respond according to their interpretation (Ivancevich et al 2008). They further argue that individuals try to make sense of environmental stimuli by observation, selection and translation.

According to Share and Glinow (2008), perception is the process of receiving information about and making sense of the world around us. It entails deciding which information to notice, how to categorize the information and how to interpret it within the frame work of our existing knowledge. When information is received through senses, the brain quickly and consciously assesses whether it is relevant or not relevant. Thereafter, emotional markers such as worry, happiness and anger are attached to relevant information based on the rapid evaluation. This then is shown in peoples' behavior and actions.

Similarly, Robins et al. (2008) describe perception as a process by which individuals organize and interpret their sensory impressions in order to give meaning to their environment. For instance, employees in a firm may view it as a great place to work due to favorable working conditions, interesting job assignments, good pay, excellent benefits and responsible management. In reality, it is not possible to attain such levels of satisfaction among all employees. The process of perception depends on several

factors. First, the perceiver's attitudes, motives, interests, experience and expectations will determine the process of perception. For instance, based on perceiver's expectations, an individual tends to see or hear what they expect. They selectively hear or see what they want to and pay a little attention to what does not interest them. Secondly, the situation in which an individual is affects their perception. The time, work setting and social setting affects perception. Lastly, perception is highly influenced by the target or objects' novelty, proximity, size and similarity to others.

### **1.1.2 Occupational Health and Safety Practices**

Occupational health and safety is concerned with protecting the safety, health and welfare of people engaged in work or employment. It ensures a safe and healthy work environment, protects co-workers, family members, employers and customers from hazards. According to Armstrong (2009), the achievement of a healthy and safe place of work and the elimination to the maximum extent possible of hazards to health and safety is the responsibility of everyone employed in an organization as well as those working there under contract. By reducing the rates and severity of occupational accidents, diseases, work-place violence and stress-related illnesses, and by improving the quality of work life for their employees, organizations can become significantly more effective (Jackson et al. 2009). They further point out positive consequences of safe and healthy workplaces which include higher productivity owing to fewer lost workdays, increased efficiency and quality from a healthier workplace, reduced medical and insurance costs, lower workers' compensation rates and direct payments and improved reputation as an employer of choice.

Health and safety practices are concerned with protecting employees and other people affected by what the company produces and does against the hazards arising from their employment or their links with the company. Safety programmes deal with prevention of accidents and with minimizing the resulting loss and damage to people and property. They relate more to systems of work than the working environment. Occupational health programmes deal with the prevention of ill-health arising from working conditions. It involves the diagnosis and prevention of health hazards at work. It also deals with ill-health or stress, which occurs in spite of preventive actions, measurement and control of environmental hazards (Armstrong, 2009).

Flippo (1984) asserts that a health programme should have a stated health and medical policy and the performance of periodic physical examinations on all employees exposed to health hazards. There should adequate facilities for voluntary periodic physical examination for all employees and competent medical consulting staff. Systematic attention should be paid to sanitation, safety precautions and industrial hygiene. Above all, there should be a well equipped dispensary for emergency cases and physical exams and properly qualified medical and nursing personnel. Torrington (2011), adds that positive health programmes display a variety of different approaches aimed at relieving and preventing stress and associated problems and promoting healthy lifestyles.

On the other hand, a safety programme deals with prevention of accidents with minimizing the resulting loss and damage to persons and property. The function is to identify potential hazards, provide safety facilities and equipment and take prompt remedial action. A safety program should be given due consideration like other areas

such as wages and salary administration, recruitment, selection and training. It should be developed to educate all employees in safety and to secure their active cooperation in order to eliminate industrial accidents (Saleemi, 2009).

### **1.1.3 Job Satisfaction**

The level of job satisfaction is affected by intrinsic and extrinsic motivating factors, the quality of supervision, social relationships with the work group and the degree to which individuals succeed or fail in their work (Armstrong, 2009). Purcell et al (2003) believe that discretionary behavior that helps the firm to be successful is most likely to happen when employees are well motivated and feel committed to the organization and when the job gives them high levels of satisfaction.

According to Mullins (2005) job satisfaction is an emotion, a feeling, an attitude and a matter of perception. It results from an employee's experiences at work. Job satisfaction involves likes, dislikes, and intrinsic and extrinsic needs. It can be an important indicator of how employees feel about their jobs and a predictor of work behaviors such as organizational citizenship, absenteeism and turnover. Armstrong (2006) notes that positive and favourable attitudes towards the job indicate job satisfaction. On the other and the degree of satisfaction obtained by individuals largely depends upon their own needs and expectations, and the working environment.

### **1.1.4 Influence of Occupational Health and Safety Practices on Job Satisfaction**

Safety climate in an organization impacts positively on employees' job satisfaction. In addition, the general safety climate and the individual's safety knowhow will determine the extent to which health and safety management will positively impact job satisfaction and performance (Neal & Griffin, 2006). Furthermore, a strong safety climate is associated with positive attitudes among workers, which can influence adoption of safe behaviours and practices as well as job satisfaction and employee performance (Diaz & Cabrera, 1997). Studies reveal that occupational health and safety management not only provides a sense of security to employees, but also leads to a reduction of accident rates and ultimately increases job satisfaction (Robin & Walker, 2000).

According to Rachenthin (2004), poor safety practices could negatively influence company morale and make recruiting difficult particularly in high-risk industries. Employees are more satisfied and motivated when their jobs are meaningful, when they create a feeling of responsibility, and when jobs are designed to ensure that some feedback is available (Jackson et al. 2009). For instance, a study of Australian worksites found that workplace injuries were more likely to occur where employees received little training, worked at jobs that were highly repetitive and had little autonomy over their work.

### **1.1.5 Chemelil Sugar Company Limited**

The Kenya's sugar industry is a major employer and contributor to the national economy generating an estimated Ksh 12 billion annually. The industry employs about 500,000 people mainly in Nyanza, Rift Valley and Western regions directly or indirectly in the chain from sugar production to consumption (Kenya Sugar Board 2010). The main players in the sugar industry include Muhoroni, Chemelil, Mumias, Nzoia, South Nyanza, West Kenya, Soin and Kibos Sugar and Allied Industries.

Occupational health and safety is one crucial area in the sugar industry and workers have a right to work in a safe and healthy environment safe from hazards and conducive to increase productivity. Building a safe work place requires the participation of management and employees in developing and implementing effective actions to eliminate hazards and reduce risks. A survey on occupational health and safety by The International Union of Food (IUF) Global Sugar Program in collaboration with the Kenya Union of Sugar Plantation Workers (KUSPW) from 2007 to 2011 revealed that most sugar companies had a poor safety culture with hazardous and risky working conditions. Outsourcing of some of the activities was reported to be deteriorating safety conditions since the contractors didn't protect their workers from accidents.

The situation in Chemelil Sugar Company is not exceptional since the workers are exposed to workplace hazards arising from various activities involved in sugar production. Noise in the factory could lead occupational hearing loss while extreme temperatures from boilers and evaporators are likely serious burns and high levels of

dehydration. Other hazards include electric shocks, falls from tall buildings, burns from steam used to drive turbines, burgusse fires in the dry season and gases from the lagoons which can cause skin diseases.

To protect employees from injury and occupational illnesses, the management of the company has put in place developed a health and safety policy and a health and safety committee which ensures the objectives of the policy are met through: scheduled inspections involving risk assessments, investigating health and safety hazards and incidents, and provision of appropriate personal protective equipment. Accidents are investigated, their causes established and corrective measures put in place. There is safety training and education; a fire fighting team is trained annually as well as machine operators being trained on hazards and risks. Employees have access to health care at the company clinic to handle all occupational injuries and illnesses occurring at the workplace as we as wellness programmes which involve health campaigns on drug abuse, HIV/AIDS, nutrition and healthy lifestyles.

## **1.2 Research Problem**

Occupational hazards in the workplace have been identified as a major contributor to employees leaving the organization or to a shortage in the workforce as a result of low levels of job satisfaction. With increasing industrialization and its consequent increase in accidents and exposure to dangerous chemicals, the issue of health and safety management has become more pressing than ever. Workplaces in the sugar industry in Kenya are not exceptional. Despite the fact that employers are required to protect the employees' health and safety as stipulated in the Occupational Safety and

Health Act 2007, most workplaces still pose risks to the workers. Poor ventilation and lighting, slippery floors, leaking steam pipes, high temperatures, hanging electric wires and lack of emergency switches on machines are some of the common conditions in most sugar industries.

The scenario above is evident in Chemelil Sugar Company despite the fact that the company has a clearly stated health and safety policy as well as a committee to implement the programmes outlined in the policy. The company has also put in place wellness programmes, accident prevention measures, health and safety training programs to maintain health and safety standards as per the requirements of The Occupational Safety and Health Act 2007. The management also practices selective employee screening to ensure a fit between the workers and their jobs and provides health services to the employees. With all these in place, how do employees perceive the health and safety practices and how does their perception influence on job satisfaction?

In a study to establish causes of high turnover rates in all the sugar industries in Kenya, Orwa (1997) reported that 63% of interviewed employees indicated they would leave the sugar firms due to unfavourable working conditions while 67% were dissatisfied with existing training programs. Tuitoek (2007) indicated that only four out of ten oil companies in Kenya benchmarked their health, safety and environment performance practices. In a survey to find out the impact of work-family conflict on job satisfaction in Kenya Revenue Authority, Ouko (2010) found a negative correlation between the two. In another study by Wangui (2011) to establish the working conditions at the Ministry of Home Affairs, 57% of the respondents rated the

working conditions as poor and only 12% as excellent. Makori et al. (2012) reported moderate positive relationship between occupational health and safety programmes and performance. The researcher's extensive review of the pertinent literature revealed numerous studies in the area of occupational health and safety but very little has been done on the perceived influence of occupational health and safety practices on job satisfaction. What is the perceived influence of occupational health and safety practices on job satisfaction among employees in Chemelil Sugar Company?

### **1.3 Research objective**

To determine the perceived influence of occupational health and safety practices on job satisfaction among employees in Chemelil Sugar Company Limited.

### **1.4 Value of the study**

The findings of the study will help organizations ensure that working conditions are safe and healthy for employees in order to increase job satisfaction thus employee commitment and retention. Recommendations of the study will provide insights on how employees can improve occupational health and safety practices to satisfy their employers.

This study will also be useful to government policy making bodies as it will provide knowledge useful in formulating policies and a regulatory framework on the best occupational health and safety practices that will improve job satisfaction among employees. This will enable management of organizations to satisfy human resource and retain them.

This study will benefit scholars by filling a gap in literature on perceived influence of occupational health and safety practices on job satisfaction. The research findings will also form part of literature for reference in other related studies in future.

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.1 Introduction**

This chapter gives an extensive discussion of the theoretical framework of the study, a review of occupational health and safety practices, job satisfaction and the link between occupational health and safety practices and job satisfaction.

### **2.2 Theories of Job Satisfaction**

There are various theories that explain what makes people satisfied with their job. The Affect Theory developed by Locke (1976) suggests that job satisfaction is determined by a discrepancy between what one wants in a job and what one has in a job. The theory further states that how much one value a given facet of the job moderates how satisfied or dissatisfied one becomes when expectations are/aren't met. When a person values a particular facet of a job, his satisfaction is more greatly impacted both positively when expectations are met compared to one who does not value that facet.

Herzberg's Two-factor theory is another well-known theory which attempts to explain job satisfaction and motivation. This theory states that satisfaction and dissatisfaction are driven by different factors – motivators and hygiene factors, respectively.

According to Herzberg (1966), hygiene factors are those that are related to job context and are environmental in nature. They include company policy, supervision, interpersonal relations and working conditions. Motivators on the other hand are allied to the job content and they make people want to perform. They are considered intrinsic to the job and they include achievement, recognition, work itself,

responsibility and advancement. Motivators must be present in a job to motivate employees since hygiene factors on their own do not lead to job satisfaction. This theory has been criticized by other scholars who argue that it does not specify how motivating and hygiene factors are to be measured and that the theory does not consider individual differences, conversely predicting that all employees will react in an identical manner to changes in motivating/ factors.

In addition, Hackman & Oldham(1980) proposed the Job Characteristics Model which is widely used to explain how certain job characteristics contribute to certain psychological states which impact on job outcomes including satisfaction. The five core job characteristics (skill variety, task identity, task significance, autonomy and feedback) impact on experienced meaningfulness of work, responsibility of outcomes and knowledge of the actual results. These in turn influence motivation and job satisfaction.

Finally, Judge (1998) constructed the Core Self- Evaluations Model. He argued that the four core self-evaluations (self- esteem, general self- efficacy, locus of control and neuroticism) influence the levels of job satisfaction. According to this model, higher levels of self-esteem and general self-efficacy lead to higher work satisfaction. Having an internal locus of control leads to higher job satisfaction and finally, lower levels of neuroticism leads to higher job satisfaction.

## **2.3 Occupational Health and Safety**

Jackson et al (2009) defines workplace safety and health as the physiological-physical and psychological conditions of a workplace that result from the work environment provided by the organization. Physiological-physical conditions include occupational disease and accidents such as actual loss of life or limb while psychological conditions encompass symptoms of poor mental health and job burnout.

According to ILO/WHO (1995), occupational health should aim at promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations; prevention of departures from work caused by their working conditions; the protection of workers from risks and the placing and maintenance of the worker in an occupational environment adapted to his physiological and psychological capabilities. The health and safety of employees is crucial in the effectiveness of any organization as it constitutes a major drain on the organization's resources. However, if managed carefully, health and safety management can bring substantial benefits to the organization.

Research presented in the Health and Safety Executive (2004) in 19 case studies established that health and safety management leads to higher productivity, lower absenteeism, improved staff morale and relations. It is because of these benefits that many employers and safety practitioners have adopted three main approaches in managing safety and dealing with safety issues. These are: organizational approach, engineering approach and individual approach. The organizational approach involves designing jobs, developing and implementing safety policies, using safety committees

and coordinating accident investigation. The engineering approach on the other hand involves designing work settings and equipment, reviewing equipment and applying ergonomic principles. Finally, there is the individual approach which involves reinforcing safety motivation and attitudes, providing employee safety training and rewarding safety through incentive programs.

Health and safety management is a problem for all employers world over although its adverse impacts on employees and organizational productivity are most felt in developing countries especially in Africa. Most African countries are struggling with occupational health and safety practices such as health and safety training, risk assessments, safety inspections and audit as well as provision of occupational health services. Despite this, several health and safety hazards, risks and diseases are still prevalent in most organizations (Meredith, 1986; Regional Committee for Africa Report, 2004).

Studies conducted globally on occupational health and safety reveal that most employers have not been able to put in place effective measures to improve and maintain the health and safety of their employees. For instance, a study conducted in the Guatemalan Sugar Industry by COVERCO and the International Labour Rights Fund in 2005 revealed that the industry has a serious effect on the quality of life of people living near or in the fields. Those working in the industry were prone to accidents and occupational illnesses since only 61% of the cane cutters wear some form of personal protective equipment which didn't meet the standard requirements. 93% of the workers stated that there was no emergency evacuation procedure in case

of cane fires. Fumigators in the fields worked for long hours with no protective equipment and they received no training on the dangers associated with their job.

Ashraf (2005) in his study in the sugar industry of Pakistan found that there were frequent injuries and accidents and very little has been done to improve the situation. 15% to 20% of workers are injured in every industry every year at their workstations. Only 40% of workers were equipped with safety measures and only 30% to 40% workers were trained about machine operations. 10% of machines had completed their life span while 60% machines needed preventive maintenance during operations. Similar findings were documented in a report by IUF Global Sugar Program and Kenya Union of Sugar Plantation Workers (KUSPW) on the occupational health and safety situation in the sugar industry in Kenya. The report revealed a poor health and safety culture among employees, unsafe working conditions and poor enforcement of the health and safety laws by the sugar firms.

An investigation by Agbola (2012) on the impact of health and safety management on employee safety at Ghana Ports Authority revealed that there are poor health and safety management practices, poor training on safety, lack of information on dangerous chemicals and hazardous materials, lack of monitoring and enforcement of safety rules as well as essential safety equipment. On the contrary, Yiquan et al (2012) noted that after developing and implementing a new framework to cultivate good safety culture in workplaces, Singapore saw a drop in workplace fatalities between 2004 and 2010 from 4.9% to 2.2% per 100,000 workers.

## **2.4 Occupational Health and Safety Practices**

Occupational health practices and safety practices include all activities, programmes and measures undertaken by employers, workers and their organizations as well as designers and architects to protect employee health and promote safety. Most organizations today have adopted a number of measures to improve and maintain employee health and safety at the workplace. The effectiveness of health and safety management at the workplace depends upon the nature of the work performance systems and organizational work practices as well as the leadership and managerial resilience in seeking continuous improvement of employee health and safety (Armstrong 2006). Some of the health and safety practices are discussed below:

Wellness programs are gaining popularity in most organizations today. An increasing number of employers are establishing stress management programs and physical health and wellness program to ensure employees retain an essential balance among their life activities. This can be a catalyst to high performance and a measure to reduce medical costs (Torrington et al 2008).

According to Gupta (2009), wellness programs promote employee health by providing education on health issues, encouraging lifestyle changes designed to reduce risk of illness or providing early warning of developing health problems through screening for cases like high blood pressure, high cholesterol, blood sugar levels, HIV/AIDS and other illnesses. Such programs boost employee morale and increase job satisfaction. In addition, wellness programs encourage employees to make lifestyle changes through better nutrition, regular exercise programs, and

abstinence from smoking and alcohol consumption, stress counseling and annual physical examinations.

Safety training and education on health and safety is paramount in the acquisition of skills, knowledge and attitudes necessary for the completion for any task. Training for all levels of management personnel and employees is vital for successful safety programs. Mamoria & Gankar (2011) note that safety education aims at building up a favorable attitude towards safety measures and precautions while training is concerned with providing immediate job knowledge, skills and methods of work and creating awareness on the hazards likely to be encountered in the course of work. The process also enables understanding the causes of accidents and how they may be prevented, importance of good house-keeping and handling materials safely.

Furthermore, safety training allows employees to acquire greater competencies to control their work, leading them to perform their jobs more safely. According to Saleemi (2009), safety education and training develops safety- consciousness among employees and results in safe handling of equipment. It ensures safe work performance on the part of the employee by developing his skill in the use and operation of safety equipment. Training should be continuous to ensure effectiveness. Piran & Reynolds (1976) found that the response to safety campaigns and training was very good in the short term but later, the safety behavior of employees normalized. Management should therefore ensure regular and frequent refresher courses to produce long term results.

Accident prevention and safety has escalated in the recent past because modern industrial workers are subject to, in the wake of rapid industrial advancement, mechanical, chemical, electrical and radiation hazards. According to Gupta (2009), safety engineering has several elements. These include guarding of those machines that pose danger to workers. They should be fenced or covered to prevent access and protect against unforeseen operational contingencies. Secondly, the flow of materials should be properly planned to eliminate hazards and there should be a well-designed system for detection, prevention and control of fires. In addition, inflammable liquids and materials should be stored and handled with care.

Another important element is the provision of safety devices such as safety glasses, hard caps or helmets, gloves, gas masks and safety shoes. These equipment should be easy to wear, comfortable, lightweight and durable. Finally, there is need for regular maintenance of all equipment and machines to ensure that they are kept in perfect working condition.

Almost all large organizations provide a medical unit to service the needs of employees. They deal with illnesses or injuries incurred by workers on the job and provide physical examinations for new employees. Organizations must provide adequate emergency care and hospitalization facilities. Also, there should be a professional physician and nurses who should ensure maintenance of adequate and confidential medical records. The management should show active cooperation with public health agencies as well as maintenance and supervision of satisfactory sanitation and hygiene in the factory or offices. Upon employment, all employees

must undergo proper medical examination and thereafter annual medical checkup of those occupational diseases.

It is also important to ensure that health education and information services are readily provided to all employees at times (Gupta, 2009). Apart from health care, the employers must provide adequate and clean drinking water in the offices and residences of the workers. High levels of cleanliness should be maintained throughout and adequate sanitary materials in the washrooms provided.

## **2.5 Job Satisfaction**

Job satisfaction is simply defined as the affective orientation that an employee has towards his or her work (Price, 2001). Armstrong (2006) describes job satisfaction as the attitudes and feelings people have about their work. Positive and favourable attitudes towards the job indicate job satisfaction. The degree of satisfaction obtained by individuals largely depends upon their own needs and expectations, and the working environment. In order for employees to enjoy their jobs, Armstrong (2009) argues that jobs have to be designed /set up to provide maximum degree of intrinsic motivation for those who carry out the jobs with the view of improving performance and productivity.

According to Newstrom (2007), job satisfaction is a set of favourable or unfavourable feelings and emotions with which employees view their work. Its an affective attitude of relative like or dislike towards something. An employee may have a variety of feelings and attitudes towards different aspects of their job. For instance, one may be highly motivated by the working conditions and highly dissatisfied with the

leadership style. The level of job satisfaction across groups is not constant but its related to a number of variables. Similarly, job satisfaction is viewed as an affective or emotional response toward various facets of one's job. This implies that it is not a unitary concept; one can relatively satisfied by one aspect of the job and dissatisfied with one or more facets ( Kreitner & Kinicki, 2007).

On the other hand, Jackson et al (2009) states that employees' satisfaction is determined by perceptions of whether the rewards received for performance are fair. Satisfied employees are more likely to continue to feel motivated while dissatisfied employees exert less effort, which results in declining performance and a general downward spiral to ineffectiveness. Furthermore, Diaz-Serrano and Vieira (2005) argue that job satisfaction is considered a strong predictor of overall well-being as well as a good predictor of intentions or decisions of employees to leave a job.

## **2.6 Influence of Health and Safety Practices on Job Satisfaction**

The link between job satisfaction and organizational safety climate relates to the fact that the degree of an employee's job satisfaction derives from meaningful organizational values, norms, beliefs, practices and procedures operational at the workplace. If workers perceive that their organizations are supportive and that they provide safety structures, they are more likely to be satisfied. Furthermore, when employees' basic needs are met consistently, they express job satisfaction and display greater emotional attachment as well as loyalty to their organization (Rhodes 2002).

According to Guastello & Guastello (1998), employees who perceive their workplace as safe report lower levels of job-related anxiety and stress as well as lower levels of exposure to fewer environmental hazards. It is also argued that a strong safety climate is associated with performance (Diaz et al 1997, Glendon et al 1995). Workplaces with active, visible safety leadership have fewer injuries and are often rated as better places to work, and have more satisfied, more productive employees who are less likely to change jobs (OSHA 2002).

A good occupational health and safety program fosters a sense of security and comfort and increases job satisfaction (Ria et al 2012). Furthermore, Mamoria & Gankar (2011) argue that a comprehensive health program not only ensures good health of employees but also leads to a lowering rate of absenteeism and health insurance costs resulting in higher productivity and improved morale. For instance, a wellness program boosts employee morale and increases job satisfaction since it promotes employee health by providing education on health issues and healthy lifestyles.

Safety training programs are developed with an aim of enabling workers acquire attitudes, knowledge and skills which helps them reduce the perceived risk of their jobs. Most workplace hazards are caused by incomplete or absent training and if an employee is not trained to their job properly in order to avoid falling victim to hazards, they are likely to become frustrated. When trained correctly on health and safety measures, an employee is likely to feel much less stress and more satisfied with

their job. Sieben-Thomas (2005) found that job satisfaction tended to be higher where there was access to workplace training.

Studies conducted in different sectors on the influence of health and safety practices on job satisfaction reported a positive relationship between the variables. For instance, Gyekye (2005) found a positive association between job satisfaction and safety climate. Workers who expressed more satisfaction at their posts had positive perceptions of safety climate and displayed greater emotional attachment, involvement and expressed stronger feelings of allegiance and loyalty to their organization.

A survey among employees and human resource professionals on factors affecting overall employee job satisfaction by the Society for Human Resource Management (SHRM) in 2009 revealed that 54% of employees and 52% of human resource professionals interviewed indicated that feeling safe in the work environment was very important to employee job satisfaction. Similarly, Otieno (2010) reported that 57% of the respondents in study on the influence of work-life balance on job satisfaction agreed that work-life balance programs improves job satisfaction and employee performance while 69% thought that work environment played a big role in influencing job satisfaction.

Kumar et al (2013), in a study on professionals in the health sector in Pakistan found that 59% of the workers were dissatisfied with their job and only a half of the

respondents were satisfied with the working environment. A similar study in Tanzania's health sector reported poor job satisfaction due to lack of job description, poor reward system, discouraging working environment and weak communication channels among the staff. Findings from these studies show that a safe and healthy workplace influences employee job satisfaction positively.

## **CHAPTER THREE: RESEARCH METHODOLOGY**

### **3.1 Introduction**

This chapter includes methods and procedures that were be used in data collection and analysis. They include research design, population of the study, the sample size and design, data collection procedure and data analysis.

### **3.2 Research Design**

Cross-sectional design was used in the study to establish the status of the variables in the study and their relationship using different groups of respondents. This design was chosen since it allows the researcher to assemble several study groups or samples selected from the same population and record variable measures for each group. It also enables the researcher to collect data in a relatively short period of time (KIM 2009).

### **3.3 Population of the Study**

The target population consisted of all employees of Chemelil Sugar Company; permanent employees and those on contract. According to the personnel records of the company August (2013), a total number of 1100 formed the population of the study; 818 permanent employees and approximately 250 casual workers. The employees were drawn from various departments within the company including: Administration (90), Agriculture Production (67), Agriculture Field Services (117), Factory (328), Finance (75), Human Resources (138), and Marketing & Corporate Communications (8).

### **3.4 Sample Size and Sampling Technique**

Out of a total of 1100 employees, a sample size of 110 respondents was selected. From each department, 10% of employees were selected to constitute the sample size of 110.

### **3.5 Data Collection**

Primary data was collected from directly from the field using a structured questionnaire. A structured questionnaire was used where respondents were given a set of statements on occupational health and safety practices. The questionnaire had two sections; the first section captured demographic data while the second section captured information employees' perceptions on influence of occupational health and safety practices on job satisfaction. The questionnaires were administered to the selected respondents.

### **3.6 Data Analysis**

After data was collected, it was edited for completeness and consistency. It was then analyzed using descriptive statistics including frequencies, percentages, mean scores, standard deviations. Correlation analysis was also used to establish the relationship between job satisfaction and occupational health and safety practices.

## **CHAPTER FOUR: DATA ANALYSIS, RESULTS AND DISCUSSION**

### **4.1 Introduction**

This chapter presents the findings of perceived influence of occupational health and safety practices on job satisfaction among employees of Chemelil Sugar Company Limited.

### **4.2 Response Rate**

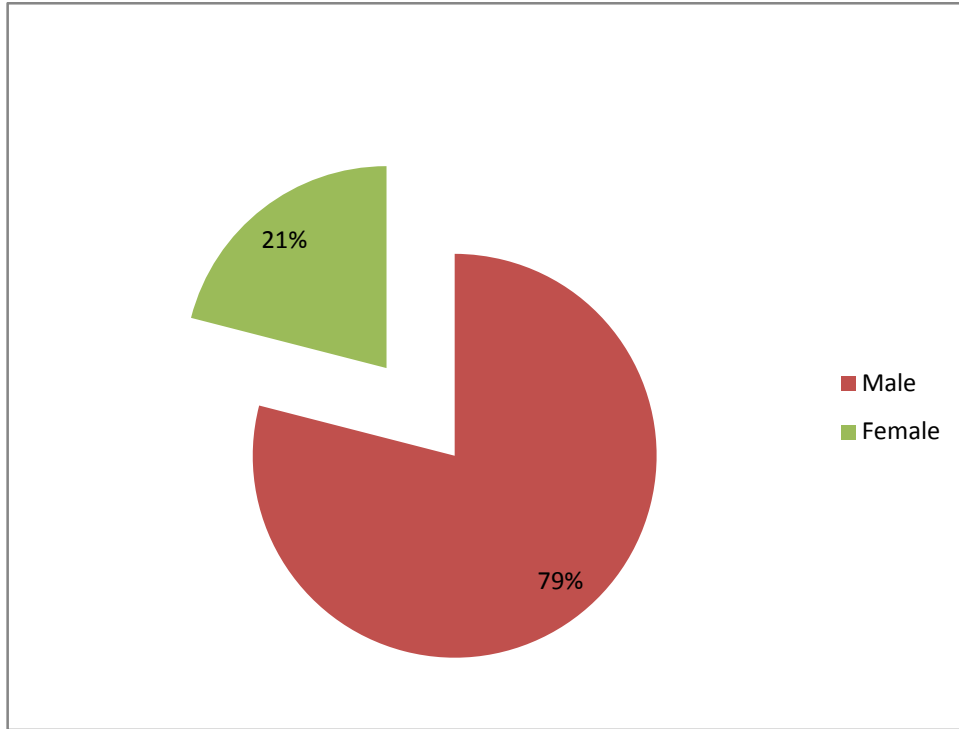
Out of 110 questionnaires that were sent out to the respondents, 84 of them completed and returned their questionnaires. This represented a 76% response rate against the targeted sample population.

### **4.3. Demographic Data**

Findings on demographic data are discussed below.

#### **4.3.1 Gender**

Majority (79%) of the respondents were male, whereas 21% were female. This shows that majority of employees in Chemelil Sugar Company are male. This is shown in Figure 1 below.



**Figure 1. Gender of the Respondents**

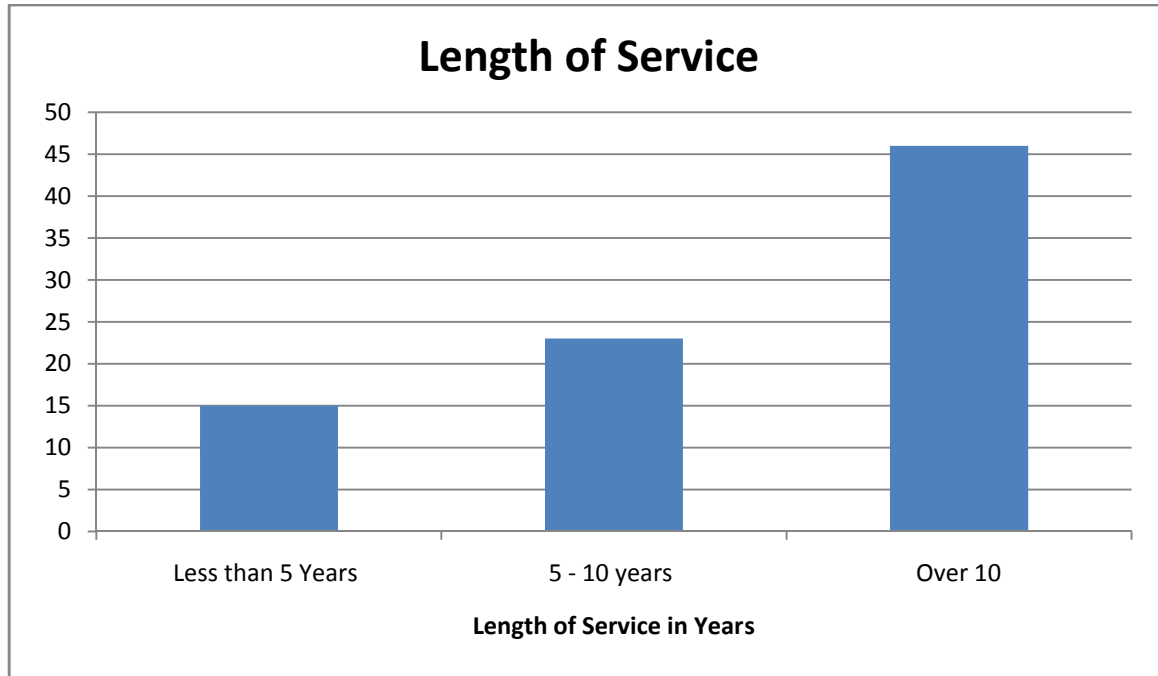
#### **4.3.2 Age of the Respondents**

The study revealed that majority of respondents (35%) were on the 31-40 years age bracket, followed by 28% of the respondents on the 41-50 years bracket. 21% are 50 years and above while 16% of the respondents are 30 and below years of age. This shows that the bulk of employees (63%) fall within the category of ages 31-50.

#### **4.3.3 Length of Service**

The study results revealed that majority (46%) of the respondents had worked for over 10 years, whereas a few (15%) of the respondents had worked in the company for less than 5 years. 23% of the respondents had worked in the company for a period

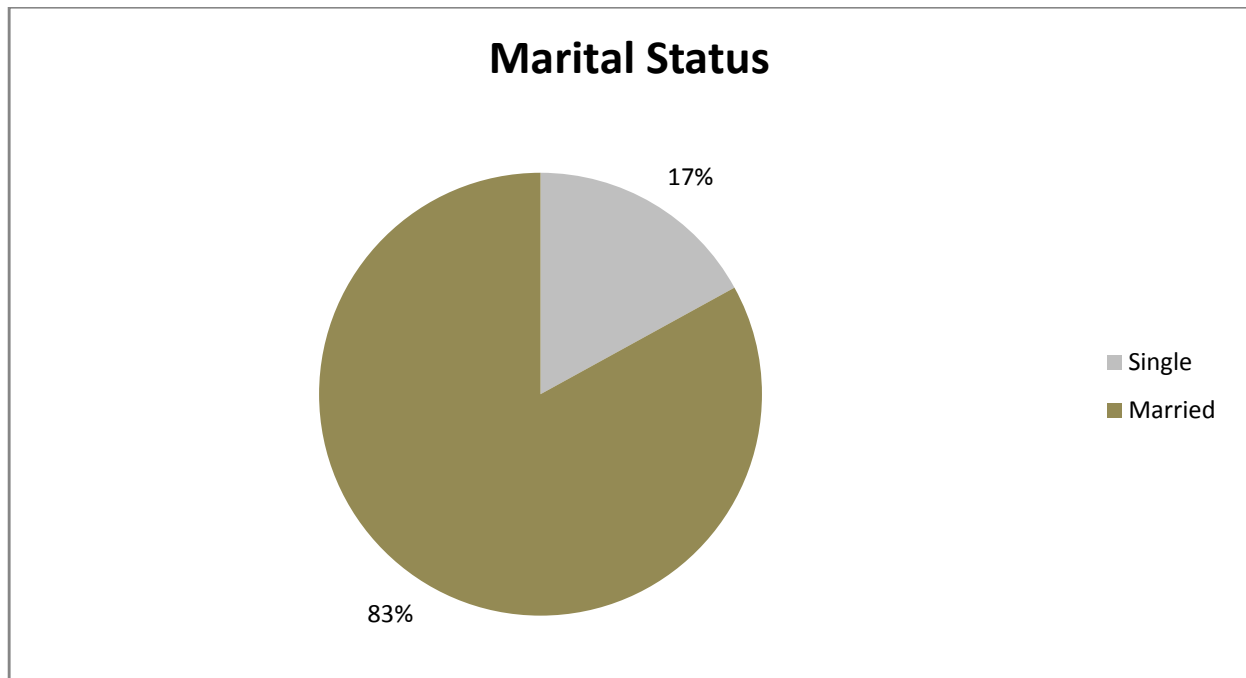
of 5-10 years. This could be attributed to high levels of job satisfaction among employees



**Figure 2: Length of Service of the Respondents**

#### **4.3.4 Marital Status**

From the findings, majority (83%) of the respondents indicated that they were married while 17% of the respondents indicated that they were single.



**Figure 3: Marital status**

#### **4.3.5 Respondents' Department**

The study revealed that majority of respondents (38%) work in the factory department, followed by 21% of respondents who work in the human resources department. Administration and finance departments constituted 20% of the respondents while the agriculture departments (production and field services) constituted 19% of the respondents. The least was marketing department with only 2% of the respondents.

#### **4.3.6 Respondents' Job title**

From findings, the respondents were working as head of departments, managers, supervisors, unionisable and casuals. This implies that the information collected on perceived influence of occupational health and safety practices on job satisfaction was from relevant respondents who understand the practices in the company.

#### 4.4. Employees' Perception on Occupational Health and Safety Practices

**Table 4.4.1: Occupational Health and Safety Practices**

<b>Statement</b>	<b>Mean Rating</b>	<b>Standard Deviation</b>
There are wellness programmes in the company	3.65	0.82
The campaigns on health issues and healthy lifestyles are frequent	3.12	1.10
Adequate information on health is provided during the wellness activities	3.06	1.04
There are quality health services provided during the wellness outreaches	3.05	0.99
Training is provided during change of jobs or transfer to a new job	2.78	1.20
There is quality safety information provided during safety training	3.10	0.99
Employees are able to apply new skills and knowledge acquired during safety training	3.15	0.80
Training is provided on the use of new equipment or technology in my workplace	3.26	0.75
Employees go for refresher training on safety	1.70	0.94
The working equipment and tools in my workplace are safe	3.30	1.08
Employees are provided with personal protective equipment	3.57	1.15
Safety audits and inspections are carried out to identify risks and hazards at my workplace	3.28	1.08
Fire fighters and marshals have been trained to respond to fire outbreaks in the company premises	3.47	0.97
All accidents occurring at the workplace are investigated within specified timelines	3.10	1.05
There are quality health care services provided at the	3.62	0.89

company clinic		
Workers injured while on duty receive emergency treatment at the clinic	3.52	1.00
All new employees undergo proper medical checkup	4.12	1.12
There is an annual medical checkup for all employees	2.54	1.28
There are high levels of sanitation in my workplace	3.58	1.12
Referral services are provided at the health unit to medical cases that require further attention	3.06	1.06

**Source: Research data (2013)**

#### **4.4.1: Wellness Programmes**

From the findings, the means show that the respondents agreed that there are wellness programmes in the company with a mean rate of 3.65 and a standard deviation of 0.82. The quality of health services provided during wellness outreaches was rated relatively low with a mean of 3.05 and a standard deviation of 0.99. An average mean of 3.22 implies that the respondents had a positive perception of wellness programmes in the company. The standard deviation for all the factors was relatively low indicating that variation in the perception of respondents was minimal.

#### **4.4.2: Safety Training and Education**

The findings on safety training and education provided by the company revealed that majority of respondents had a negative perception. This is confirmed by a low average mean of 2.80 on safety training and education. The respondents disagreed that there is refresher training on safety with low mean score of 1.70 and a standard deviation of 0.94. They also disagreed that training is provided during change of jobs or transfer to a new

job with a mean of 2.78 and a standard deviation of 0.94. The relatively low standard deviation in all responses implies a small variance in the perception of the respondents.

#### 4.4.3: Accident Prevention Measures

The findings show that the respondents had a positive perception on accident prevention measures in the company as indicated by an average mean of 3.34. Majority of the respondents agreed that employees are provided with personal protective equipment with a mean of 3.57 and a standard deviation of 1.15. They also agreed that the working equipment and tools are safe with a mean score of 3.30 and that there are trained fire fighters who respond to fire outbreaks. Respondents also agreed that safety audits and inspections were carried out to identify risks and all accidents occurring at the workplace are investigated within specified timelines.

#### 4.4.4: Provision of Health Services

Findings on the health services provided by the company revealed a positive perception of the respondents as shown by an average mean of 3.40. Respondents strongly agreed that all new employees undergo proper medical checkup with a mean of 4.12 and a standard deviation of 1.12. They also agreed that there are quality health care services provided at the company clinic with a mean of 3.62 and high levels of sanitation in the workplace with a mean of 3.58. Respondents were undecided on whether referral services are provided at the clinic with a mean of 3.06 and a standard deviation of 1.06 whereas they disagreed that there is an annual medical checkup for all employees with a mean of 2.54 and a standard deviation of 1.28.

#### 4.5. Influence of Occupational Health and Safety Practices on Job Satisfaction

**Table 4.5.1: Occupational Health and Safety Practices and Job Satisfaction**

<b>Statement</b>	<b>Mean Rating</b>	<b>Standard Deviation</b>
The wellness programmes in the company	3.40	0.96
The frequency of wellness activities in the company	2.94	0.74
The health information provided during the wellness activities	3.19	0.73
The health services provided during the wellness outreaches	3.17	0.79
Training provided during change of jobs or transfer to a new job	2.33	0.98
The quality of safety information during safety education and training programmes	2.86	0.99
The application of new skills and knowledge acquired after training	2.74	0.78
Training provided on new equipment or technology at my workplace	2.77	0.79
The frequency of training provided (refresher courses)	1.68	0.99
The safety of working tools and equipment in your workplace	3.27	1.00
The quality of personal protective equipment provided	3.15	1.17
The frequency of safety audits and safety inspections conducted to identify risks and hazards	3.04	0.99
The accident investigation process	3.00	1.08
The response to fire outbreaks in the company premises	3.22	1.01

The safety of working tools and equipment in your workplace	3.27	1.00
The quality of personal protective equipment provided	3.15	1.17
The frequency of safety audits and safety inspections conducted to identify risks and hazards	3.04	0.99
The accident investigation process	3.00	1.08
The response to fire outbreaks in the company premises	3.22	1.01
The quality health services provided at the health facility	3.32	1.10
The emergency treatment provided to workers injured at the workplace	3.70	0.81
Pre-employment medical examinations carried out to new employees	4.01	0.82
The frequency of medical checkup for all employees	2.17	1.10
The levels of sanitation in my workplace	3.14	1.24
Referral services provided at the health unit to medical cases that require further attention	2.98	1.23

**Source: Research Data (2013)**

#### **4.5.1: Wellness Programmes and Job Satisfaction**

From the findings of the study, it is evident that the respondents were fairly satisfied with the wellness programs. This is confirmed by an average mean of 3.18. Furthermore, they were fairly satisfied with health information and services provided during the wellness outreaches. This concurs with the views of Gupta (2009) who argues that wellness programmes promote employee health by providing education on health issues and healthy lifestyles which in turn boosts employee morale and increases job satisfaction.

#### **4.5.2: Safety Training and Job Satisfaction**

Findings show that respondents were dissatisfied with safety training and education provided by the company as confirmed by a low average mean of 2.48. The respondents were dissatisfied with the training provided during change of jobs and training on new equipment or technology. They were also dissatisfied with the quality of information on safety. The frequency of training was rated lowest with a mean of 1.68. This is in line with a study by Piran & Reynolds (1976) which revealed that the response rate to a variety of safety campaigns and training was very good in the short term but normalized four months later. It was recommended that for training to be effective there should be regular and frequent refresher courses to produce long term results. Training should be continuous to equip workers with skills that enable them handle equipment and tools safely to avoid injuries.

#### **4.5.3: Accident Prevention Measures and Job Satisfaction**

The respondents were fairly satisfied with accident prevention measures in their workplace as indicated by an average mean of 3.13. They were fairly satisfied with the safety of the equipment as well as the quality of personal protective equipment provided. Respondents were also fairly satisfied with the frequency of safety audits and inspections as well as the accident investigation process. These findings concur with the views of Guastello & Guastello (1998), who feel that employees who perceive their workplace as safe report lower levels of job-related anxiety and stress as well as lower levels of exposure to fewer environmental hazards. This view is shared with (Diaz et al 1997, Glendon et al 1995), who also argue that a strong safety climate is associated with positive attitudes among workers which can influence job satisfaction and performance.

#### 4.5.4: Provision of Health Services and Job Satisfaction

Results of the study revealed that the respondents were fairly satisfied with the health practices in the company. This is indicated by an average mean of 3.22. The respondents were highly satisfied with pre-employment medical examinations with a mean of 4.01.

They were also satisfied with emergency treatment given to workers injured at the workplace as well as the quality of health services provided at the health facility. These confirm the findings of Ria et al. (2012) which indicated that a good occupational health program fosters a sense of security and comfort thus increasing job satisfaction.

However, they were dissatisfied with the frequency of medical checkup for all employees as well as the referral services provided for cases that cannot be handled at the company's health facility with a low mean of 2.98.

Overall, the results of this study are consistent with the findings of the study by Rhoades& Eisenberger (2002) which revealed that employees who perceive and feel the work environment to be adequate, safe and healthy will feel valued and work with satisfaction. Employers therefore should strive to invest in health and safety practices to ensure the employees feel secure, safe and healthy which will in turn increase their levels of job satisfaction.

The influence of occupational health and safety practices on job satisfaction was further determined using a regression model.

**Table 4.5.2: Model Summary**

Model	R	R Square	Adjusted Square	R	Standard Error of the Estimate
1	.859 (a)	.800	.718		.59451

The adjusted  $R^2$  is the coefficient of determination which designates the variation in dependent variable due to changes in independent variable. The adjusted  $R^2$  was 0.718 showing that there was 71.8% of the variation in job satisfaction which is accounted for by the combined effects of wellness programmes, safety training and education, accident prevention measures and health practices. This shows a strong correlation between occupational health and safety practices and job satisfaction.

The significance of the individual independent parameters on job satisfaction using a student t test statistic was analyzed. The results are displayed in Table 4.5.4 below.

**Table 4.5.4: Estimates of parameters**

	Estimate	s.e.	t	t pr.
Constant	26.19	1.07	24.47	< .001
Wellness Programmes	2.716	0.963	2.82	0.022
Safety Training and Education,	5.386	0.903	5.96	< .001
Accident Prevention Measures	2.041	0.905	2.25	0.054
Health practices	3.079	0.903	3.41	0.009

Source: Research data (2013)

From the above results, a unit increase in wellness programmes would lead to an increase in job satisfaction index by a factor of 2.716, a unit increase in safety training and education would lead to an increase in job satisfaction index by a factor 5.386 while a unit increase in accident prevention measures would lead to an increase in job satisfaction

index by a factor 2.041. A unit increase in health practices would lead to an increase in job satisfaction index by a factor of 3.079. Overall, results of the correlation analysis indicate a strong correlation between occupational health and safety practices and job satisfaction.

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

### **5.1 Introduction**

This chapter provides an overview of the research findings emanating from the study. In order to conceptualize the research, comparisons are drawn with the available literature on occupational health and safety practices on job satisfaction. The chapter provides a summary and conclusions that can be drawn from the research and offers suggestions for future research on occupational health and safety practices and job satisfaction.

### **5.2 Summary**

This study sought to establish the perceived influence of occupational health and safety practices on job satisfaction among employees of Chemelil Sugar Company. It was established that occupational health and safety practices such as wellness programmes, safety training and education, accident prevention measures and provision of health care at the company clinic influences job satisfaction. This was confirmed by a strong correlation where  $R^2$  was 0.718 showing that there was 71.8% of the variation in job satisfaction which is accounted for by the combined effects of wellness programmes, safety training and education, accident prevention measures and health practices. However, the findings showed that the respondents were dissatisfied with safety training and education provided by the company as well as the frequency of medical check up for all employees.

Furthermore, the results of this study are consistent with the findings of the study by Rhoades & Eisenberger (2002) which revealed that employees who perceive and feel the work environment to be adequate, safe and healthy will feel valued and work with satisfaction. Employers therefore should strive to invest in health and safety practices to ensure the employees feel secure, safe and healthy which will in turn increase their levels of job satisfaction.

### **5.3 Conclusion**

From the findings of this research, it is evident that employees felt that the company management had put in place a number of health and safety practices to ensure they worked in safe and healthy environment. Most respondents agreed that there are wellness programmes in place, adequate accident prevention measures, provision of health care and safety training. They were satisfied with the wellness programmes, accident prevention measures and the health services provided to employees at the health facility. The respondents were dissatisfied with safety training and education. Job satisfaction is affective and by a series of factors including employee health and safety. This study revealed that occupational health and safety practices should be effective and efficient to influence employee satisfaction positively.

### **5.4 Recommendations**

From the findings of the study, it is recommended that the management of the company improves the frequency of refresher training on safety to equip employees with necessary skills and knowledge in line with the changing technology and the work environment.

The training should be customized to meet the needs and requirements of different jobs in different workstations of the organization. The study also recommends that all employees undergo an annual medical checkup to ensure that all employees with medical issues are assisted and referral services be improved. The government should enforce the safety laws as stipulated in Occupational Health and Safety Act (2007) by taking legal action against all employers who do not abide by the safety laws and standards.

### **5.5 Limitations of the study**

There were a number of limitations that affected the outcome of the study. For instance, data was collected from a sample population from one of the sugar companies. The findings of the study may therefore not be used to generalize the perception of employees on occupational health and safety practices and its influence on job satisfaction in all the sugar companies. The other limitation was response rate factor as it was not possible to get all questionnaires returned; some were incomplete and therefore some information might have been missed. Furthermore, the results from the survey are employees' perceptions and hence subject to possible biases. For instance, respondents who work in administration feel safer than those in the factory and agriculture sections.

### **5.6 Suggestion for further study**

This study was based on the sugar industry, future researchers should investigate other industries in order to establish whether the same results would be replicated.

Organizational commitment on health and safety of employees can be studied in the same company or other sugar companies.

Alternative methods of data collection like interviews can yield more in-depth information on the influence of occupational health safety practices on job satisfaction.

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## APPENDIX 1: QUESTIONNAIRE

**Instructions:** Please answer all questions honestly and exhaustively. Kindly note that all the data collected will strictly be used for academic research only, and will be treated with utmost confidentiality.

### SECTION A: Demographic Data

**Tick where appropriate**

**Gender**.....Male [ ☐ ]                      Female [ ☐ ]

**Age**.....    Below 30yrs [ ☐ ]      31-40 [ ☐ ]              41-50 [ ☐ ]              Above 50 [ ☐ ]

**Marital Status**.....Single [ ☐ ]    Married [ ☐ ]

**Department**.....**Section**.....

**Job Title**.....

**Years of Service**.....Less than 5 years [ ☐ ]      5-10 years [ ☐ ]              Over 10 years [ ☐ ]

## **SECTION B: PART I : OCCUPATIONAL HEALTH AND SAFETY PRACTICES**

Please tick appropriately

Key: 5- Strongly agree 4- Agree 3- Not sure 2- Disagree 1- Strongly disagree

### **WELLNESS PROGRAMMES**

		5	4	3	2	1
1	There are wellness programmes in the company					
2	The campaigns on health issues and healthy lifestyles are frequent					
3	Adequate information on health is provided during the wellness activities					
4	There are quality health services provided during the wellness outreaches					

### **SAFETY TRAINING AND EDUCATION**

		5	4	3	2	1
5	Training is provided during change of jobs or transfer to a new job					
6	There is quality safety information provided during safety training					
7	Employees are able to apply new skills and knowledge acquired during safety training					
8	Training is provided on the use of new equipment or technology in my workplace					
9	Employees go for refresher training on safety					

### **ACCIDENT PREVENTION MEASURES**

		5	4	3	2	1
10	The working equipment and tools in my workplace are safe					
11	Employees are provided with personal protective equipment					
12	Safety audits and inspections are carried out to identify risks and hazards at my workplace					
13	Fire fighters and marshals have been trained to respond to fire outbreaks in the company premises					
14	All accidents occurring at the workplace are investigated within specified timelines					

## HEALTH PRACTICES

		5	4	3	2	1
15	There are quality health care services provided at the company clinic					
16	Workers injured while on duty receive emergency treatment at the clinic					
17	All new employees undergo proper medical employees					
18	There is an annual medical checkup for all employees					
19	There are high levels of sanitation in my workplace					
20	Referral services provided at the health unit to medical cases that require further attention					

## PART II: JOB SATISFACTION

To what extent are you satisfied with the following health and safety practices in the company? Tick (✓) where appropriate in the table below:

**Key: 5- Highly satisfied, 4- Satisfied, 3- Fairly satisfied, 2- Dissatisfied, 1- Highly dissatisfied**

## WELLNESS PROGRAMMES

		5	4	3	2	1
1	The wellness programmes in the company					
2	The frequency of wellness activities in the company					
3	The health information provided during the wellness activities					
4	The health services provided during the wellness outreaches					

## **SAFETY TRAINING AND EDUCATION**

		5	4	3	2	1
5	Training provided during change of jobs or transfer to a new job					
6	The quality of safety information during safety education and training programmes					
7	The application of new skills and knowledge acquired after training					
8	Training provided on new equipment or technology at my workplace					
9	The frequency of training provided (refresher courses)					

## **ACCIDENT PREVENTION MEASURES**

		5	4	3	2	1
10	The safety of working tools and equipment in your workplace					
11	The quality of personal protective equipment provided					
12	The frequency of safety audits and safety inspections conducted to identify risks and hazards					
13	The accident investigation process					
14	The response to fire outbreaks in the company premises					

## **HEALTH PRACTICES**

		5	4	3	2	1
15	The quality health services provided at the health facility					
16	The emergency treatment provided to workers injured at the workplace					
17	Pre-employment medical examinations carried out to new employees					
18	The frequency of medical checkup for all employees					
19	The levels of sanitation in my workplace					
20	Referral services provided at the health unit to medical cases that require further attention					