

**CHALLENGES OF IMPLEMENTING HEALTH AND SAFETY PROGRAMMES IN
KENYA AIRWAYS (KQ)**

PRESENTED BY:

WAZIR ABDI WAZIR

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DECLARATION

This research is my original work and has not been presented for any academic award in any institution.

Signature of student.....

Name of student. **WAZIR ABDI WAZIR**

Registration NO: D61/61257/2010

Date

This research project report is presented for examination with my approval as the University Supervisor.

Supervisor signature.....

Name of supervisor **PROF. PETER K`OBONYO**

Date

Department of Business Administration, School of Business

University of Nairobi

DEDICATION

This work is dedicated to my loving daughters **Haluwah, Faradiyah** and **Naadiyah**, not forgetting my dear wife **Aaminah** who gave me a lot of support during the time I was pursuing this programme. To them I say thank you very much and may ALLAH reward you abundantly for this – **Inshaalah!**

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To you all nasema “**Ahsanteni SANA!!**”

ABSTRACT

The mundane task of Kenya airways is service delivery. Its core business of transporting passengers and cargo, calls for effective implementation of Health and Safety programmes. To ensure the safety of employees in its diverse department/sections. Although it is the responsibility of everyone in the organization to observe health and safety in the workplace, it is the onus of the employer to prevent accidents and eliminate health and safety hazards in order to minimize suffering and loss as a result to accidents and injuries at work place. The study was undertaken to establish the challenges faced by the organization in implementing Health and Safety Program currently in place at Kenya Airways, and also to establish the factors affecting the implementation of those Program. The study was justified by the fact that there existed a problem of potential causes of accidents in the organization and other safety related incidents. There was need to explore the situation further, to establish the underlying causes of accidents and the implications of the accidents to the employer and employee. The findings of the study could be used to come up with a lasting solution on the accidents in the organization through successful implementation of applicable effective health and safety policies and program. After addressing the challenges determined by the study. The findings of the researcher were that there existed a formal, written Health and Safety Programmes which were not brought to the attention of employees. There were no formal procedure of reporting accidents and identification of hazards. There were no reviews of Health and Safety Programmes and employees were not involved in safety committees, which took place only when there was a major accident involving aircrafts. The study therefore recommended that; the Health and Safety Programmes should be brought to the attention of employees. The employees should also be trained and educated. The employees should also be trained and educated in health and safety matters. At the same time, the Health and Safety Programmes should be reviewed regularly and employees to be involved in the identification of health and hazards at place of work.

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CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Formal organizations are consciously directed toward attainment of set goals. Goal accomplishment is a function of the coordinated and interactive effort of organizational resources including: human, material, financial, informational, among others. The realization of human resource as the most important of all the assets, in contemporary management, may be based on its inevitable role in the manipulation of all other organizational assets or resources for productivity. Management perception of human importance in the organizational setting has been exhibited through deliberate strategic decisions directed at the attraction of desired labor, to the verge of exit. One of such strategic decisions can be epitomized by effort to provide safe work environment.

Ideally, safety is an integral part of the system, woven into each management competency and part of everyone's day to day responsibility. Safety constitutes one of the essential human needs, as postulated by Abraham Maslow in his theory of needs hierarchy. Feeling safe at work ranks as a very important factor in job satisfaction (Kreitner, 2007). In attempt to satisfy this need certain organizations incorporate into their policy thrusts, guaranteeing workers' safe work execution under a climate capable of enhancing the physical, mental, and emotional conditions. Organizational policy of this nature is often categorized under Health and Safety.

Occupational Safety and Health is a cross disciplinary area concerned with protecting the safety, health and welfare of people engaged in work or employment (Pierce, 2000). Since 1950, the International Labor Organization (ILO) and the World Health Organization (WHO) have shared a common definition of occupational health. It was adopted by the Joint ILO/WHO Committee on Occupational Health at its first session in 1950 and revised at its twelfth session in 1995. The definition states that occupational health should aim at: the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations; the prevention amongst workers of departures from health caused by their working conditions; the protection of workers in their employment from risks resulting from factors adverse to health; the

placing and maintenance of the worker in an occupational environment adapted to his physiological and psychological capabilities; and, to summarize, the adaptation of work to man and of each man to his job (Roughton, 2002).

1.1.1 Occupational Health and Safety

Health and safety ground rules are laid down by statutory regulation. Legal obligation, however, sets minimum standards. Organizations that are genuinely concerned about the occupational health and safety of their employees should go well beyond the legal requirements (Dessler, 2008). Top management should be involved in safety activities by: giving safety matters high priority in meetings and production scheduling, giving company safety officer high rank and status, and including safety training in new workers' induction. In essence, top management working through human resource management should institutionalize management's commitment with an occupational health and safety policy and publicize it, analyze the number of accidents and safety incidents and set specific achievable safety goals.

The reasons for establishing good occupational safety and health standards are frequently identified as: moral, economic and legal (Roughton, 2002). Morally an employee should not have to risk injury or death at work, nor should others associated with the work environment. On the economic aspect, many governments realize that poor occupational safety and health performance results in cost to the State (e.g. through social security payments to the incapacitated, costs for medical treatment, and the loss of the employment of the worker). Employing organizations also sustain costs in the event of an incident at work (such as legal fees, fines, compensatory damages, investigation time, lost production, lost goodwill from the workforce, from customers and from the wider community). Legally, occupational health and safety requirements may be reinforced in civil law and/or criminal law; it is accepted that without the extra "encouragement" of potential regulatory action or litigation, many organizations would not act upon their implied moral obligations. A scholar, Roughton, J, (2002) developing on effective culture – A leadership approach (1st edition) Butterworth-Heinmann ISBN- 07506-7411-3 has discussed this issue at length.

Cole (2002) observes that, an employer has a common law duty to provide a safe place of work for his or her employees and is liable at common law for accidents encounter by his or her employees in the course of their employment. The duties regarding Health and Safety which employer owes his or her employees basically include: provision of a safe place of employment, provision of safe means of access to work, provision of safe systems of working, provision of adequate equipment, materials and clothing to enable employees to carry out their work safely, provision of competent co-workers and a duty of care to ensure that employees are not subjected to any unreasonable risks in the workplace. According to Pierce (2000) committing to safety is not just a case of compliance. Safety programmes pay of themselves in the form of: lower accident rates, less workmen's compensation claims, fewer stoppages and interruption, good safety record and reputation, increased worker confidence and output, lowered insurance premium, minimized negative publicity, improved relations with stakeholders, community, customers and investors, lower threat of legal action, lower employee absence and turnover rates, reduced costs related to accidents, recovery, risks and litigation and most importantly; increased productivity, because employees are healthier, happier and better motivated.

1.1.2Challenges in the implementation of Health and Safety System

It is common phenomenon for institution to have challenges in implementation of system that aimed at smoothing, operation in enterprise. Many service providing businesses, are exposed to higher risks at work place which often than not do cause injuries to the employee or other client at place of work. Among the challenges overriding the success of the system include; Staff ignorance and neglegency toward following the instruction put in place as a precaution to avoid injuries at place of work. Staffs being ignorance on the implementation of the system, as the supervise mandate totrain and make a follow up this issue do not perform their duties as expected of them. Most of the staff do have I don't care altitude toward their safety at place work. They take Health and Safety matter too casual on day activities hence endangering their lives at work place. The government Health and Safety inspectorate role on this aspects. This has been discussed at length by Chu,C.GBreucker, N Hariss and A, stizel(2000).*Health promoting workplace- international setting development Health promotion internationally* 2000.

From the foregoing, it is evident that an effective Health and Safety Policy and Programme are vital and a must to any organization if it were to ensure a health and safe working environment. A written Policy Statement of Health and Safety Policy pinned in a manager's or Executive officer's office should be implemented for the benefit of its employees. Failure to implement the policies may lead to accidents. Accidents are very costly to both employers and employee. A successful Health and Safety Programme on the other hand would contain accidents frequently and severity. On the other hand, the employers should be trained and educated to see it as their responsibility that the Health and Safety Programme is implemented successfully. The Programme need to be reviewed constantly since methods of production keep changing and are always accompanied by new risks and hazards at place of work.

1.1.3 Kenya Airways

Kenya Airways Ltd., more commonly known by an abbreviation of KQ, is the flag carrier and the largest airline in Kenya. KQ prides itself as the one of the best African Airline and hence plans to increase concentration on the African routes. The company was founded in 1977, after the dissolution of East African Airways. The carrier's head office is located in Embakasi, Nairobi, with its hub at Jomo Kenyatta International Airport. The cargo handling company (African Cargo Handling Limited) is a wholly owned subsidiary of Kenya Airways; partly owned companies are Kenya Airfreight Handling Limited, dedicated to the cargo handling of perishable goods and 51%-owned and Tanzanian carrier Precision Air (49%-owned). The airline was wholly owned by the Government of Kenya until April 1995, and it was privatized in 1996, becoming the first African flag carrier in successfully doing so. Kenya Airways is currently a public-private partnership. The largest shareholder is the Government of Kenya (29.8. %), followed by KLM, which has a 26.73% stake in the company. The rest of the shares are held by private owners; shares are traded in the Nairobi Stock Exchange, the Dar-es-Salaam Stock Exchange, and the Uganda Securities Exchange. The above information has been obtained from magazines, journals, reports and record found at the information centre, and libraries in the offices within Kenya airways as the primary source of information.

Kenya Airways is widely considered as one of the leading Sub-Saharan operators. The carrier became a full member of Sky Team in June 2010, and is also a member of the African Airlines Association since 1977. As of June 2012, the airline has 4,834 employees. In June 2012 the company announced the issuance of rights worth Ksh. 20 billion, aimed at increasing capital to support expansion plans. Following the allocation of shares, KLM increased their stake in the company from 26% to 26.73%, while the Kenyan government boosted their participation into the company from 23% to 29.8%, becoming the new major shareholder of the carrier. Kenya Airways (KQ) operates domestic, regional and long-haul routes from its Nairobi hub. Kenya Airways operates: domestic routes between Nairobi and Mombasa, Kisumu and Lamu Island, regional routes to Entebbe, Kigali, Dar es Salaam, Zanzibar and Kilimanjaro, from Nairobi and Mombasa; routes to Southern Africa (Johannesburg, Ndola, Seychelles, Lilongwe, Lusaka and Lubumbashi), North-East Africa (Addis Ababa, Cairo, Khartoum and Djibouti) and Central and Western Africa (Douala, Lagos, Accra, Abidjan and Kinshasa); intercontinental routes to Europe (London and Amsterdam) and Asia (Dubai, Bombay, Bangkok and Hong-Kong). This information has been obtained from Kenya airways monthly journals in the year 2012.

1.2 Research Problem

Health and Safety prevention and intervention programmes play a critical role, as they can create a virtuous circle by improving the physical and psychological wellbeing of the workforce, which reduces absenteeism, improves the organizational climate including morale and employment relationships, and enhances employees' desire to work, which directly raises human performance and leads to higher productivity (Shannon, 1999). A central belief in much of the Health and Safety systems is that people perform better when they are physically and emotionally able to work and want to work, which in turn leads to higher worker productivity. More substantial links between the implementation of Health and Safety Systems and their beneficial impact on a business's productivity and profits are emerging, directly, such as reduced sick pay and compensation claims and indirectly in the form of reduced absenteeism, improved corporate reputation and reduced staff churn (MacLeod, 1995).

Kenya Airways operates in a highly risky environment considering the kind of environment its staff are exposed to. In the cargo handling company African Cargo Handling Limited, employees handles cargo of various kinds ranging from chemicals to highly explosive substances. At the ground department, the employees are exposed to various work related risks as they go about their duties. In addition, the cabin crew are also exposed to various risks in their work during flights. As such, Kenya Airways is facing challenges in employees' Health and Safety which calls for effective Health and Safety Programmes in order for it to meet its objective. The Airline has to ensure that the Health and Safety Programmes instituted at the Company reduces risks which could cause serious damages and lead to high costs to the Company inform of compensation, litigation, replacement of employees, training and development and finally damage the reputation of the company. As such, Health and Safety Programmes are important in ensuring employees are health and more productive thus ensuring the organization meets its set objectives. Kenya Airways journals and Magazine have information on the type of business done in all areas of operations that can be analyzed to determine the level of risk involved in these areas of work.

Previous research leans towards the acceptance that health and safety measures have both direct and indirect benefits, including raising the level of productivity and minimizing on the costs of incidents and the loss of productivity and quality. Studies such as Muthungu (2003), Ogoye (2002) have focused mainly on quality management systems and their link to employee productivity. Mberia (2001) did a survey of the occupational health and safety programs adopted by the banking industry in Kenya. Mberia established that the banking industry had adopted Occupational Health and Safety Programess including putting in place emergency response plan, establishing and enforcement of controls, promoting management commitment on health and safety. Wainaina (2011) studied the relationship between wellness programs and employee job satisfaction at Capital Group Limited. Wainaina established that the programs improved employees' productivity and boosted their satisfaction levels. From the above discussion, it is clear that further study needs to be done on the effectiveness of Health and Safety policy Programmes at Kenya Airways limited. This is because every organization is unique. This study therefore seeks to fill this research gap by establishing the effectiveness of Health and Safety Programmes at Kenya Airways Limited. In doing this, the study will seek to answer one

question: what are the challenges faced by Kenya airways in the implementation of the Health and Safety Programmes?

A study by Webb (1989) of workstation changes demonstration improved productivity increase within less than three months. Improving the fit between human and tools inherently means more effective match as good design permits more output with less human effort(MacLeod, 1995). The study was about the relationship between the work and improved Health and Safety tools which enhanced production at work place, this demonstrated that, improved tools of work which are less riskier in an enterprise can lead to higher performance at work and lesser accidents causing injuries to workmen in the industry.

1.3 Research Objective

To establish the challenges faced by Kenya Airways in the implementation of Health and Safety System in its operations in various departments.

1.4 Value of the Study

This study will be valuable to a number of stakeholders including:

Academicians and scholars by providing further information on the effectiveness of Health and Safety Programmes Policy in organizations. The study adds to the existing knowledge in the area or organizational Health and Safety Programmes. In addition, the study will be beneficial to future scholars as it will suggest areas requiring further research where these scholars may research on.

The findings of this study will be important to the management of Kenya Airways Limited because it will provide the benefits of effective organizational Health and Safety Programmes to an organization. By so doing, the management will be in a position to outline the various Health and Safety Programmes to ensure high organizational productivity and attainment of its objectives.

The findings of this study will also be valuable to policy makers as the findings may inform their policy making to ensure safe and healthy working environment in Kenya. Many organizations have implemented at least the minimum work Health and Safety Standards to the minimum as set out in the existing policy.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews literature issues on organizational Health and Safety specifically on the issue of employee productivity. The study proposed to know the effect of Health and Safety on employee productivity at Kenya Airways.

2.2 Theoretical perspectives of the study on Health and Safety

There are five relevant theories that have been propounded by scholars. They comprise of the following;

2.2.1 Accident-Proneness Theory

It is believed that some individuals will be more likely to be injured than others. They are 'accident-prone'. This could be due to personal factors and explains that injuries do not just happen by chance. Vernon (1918 in Rowlinson 2000) stated that certain personality traits made certain workers more vulnerable than others. These traits include aggressive tendencies, social maladjustment and outgoingness among others. Studies on groups of workers have shown that certain workers sustain more injuries than others and that chance alone is not a factor.

This theory is however under scrutiny and is often not the preferred accident causation theory. Factors like influence by fellow workers and personal problems were never investigated and add to the invalidity of the theory. It is also believed that accident proneness may change with time, that is, one will take less risk when you have a family compared with when you were young and carried less responsibility. From this accepted pattern, it can be deduced that risk taking reduces with age (Hinze, 2006). Although accident-prone workers are seen as being 'high risk', it was found that workers who attended health and safety training sessions had fewer accidents (Denning, 1983). The accident proneness theory does not carry enough evidence and requires more research into exactly what actions lead to accidents, the variances in hazards and whether

the accident was due to a fellow worker. The answers to these factors may validate or disprove the theory altogether.

2.2.2 Goal-Freedom-Alertness Theory

This accident causation theory suggests that a psychologically rewarding work environment leads to safe work performance. The theory explains that an environment that does not stimulate a sense of alertness leads to complacency and low-quality work behavior. Kerr, who first suggested the goals-freedom alertness theory in 1950, alluded to the fact that a worker who knows how to do a job and understands the goals will be well focused on the job at hand and will be less likely to be injured. Workers should always be involved in problem solving if they are to remain alert and positive.

Few studies have been conducted to test this theory and there is little support for it due to this. Kerr (1950) found that workers in one department of a particular firm sustained more injuries than the other departments. This 'high risk' department happened to have the lowest promotion opportunity and inter-company transfer rates. One could argue however that the more hazardous tasks were being performed in this department. The theory implies that companies should train their managers and foremen to make the work more rewarding for their workers. Managerial techniques like participative management, clear task layout, positive encouragement, and goal setting may assist the workforce in acting safer and having less accident.

2.2.3 Distractions Theory

Hazards present in the work environment complicate the process of completing a task successfully. Hinze (2006) observed that workers would be more successful in achieving their task goals if distractions from known hazards were less. In other words when workers have to concentrate on existing hazards, they cannot focus on the job at hand, leading to low task achievement. It can therefore be deduced that should productivity be increased, hazards must be eliminated so that less attention is placed on them by the workers. If a hazard exists, the worker potentially at risk should place the necessary attention on avoiding the hazard, this diverts the worker's attention from the real task activities. Quality and productivity are therefore negatively affected. Workers who do not place adequate attention on the hazards may potentially be at

higher risk to injury. Thus eliminating hazards should be the primary concern of managers and foremen if they are to achieve better quality products, improved productivity and reduced rates of injury.

Hazards are defined as physical conditions with inherent qualities that can cause harm to a person (Hinze, 2006). However it may be possible that a person is considered the source of the hazard as he/she is not in the proper state of mind and therefore places themselves at risk. An improper state of mind may be caused by mental distractions such as financial concerns, family disputes, competition at work, and drug or alcohol abuse among others. Even positive distractions like celebrations and parties may pose a threat to the safety of a worker. Evidence has been provided which indicates that mental state of mind plays a prominent role in causing disease (Holmes and Rahe, 1967). These stressful events may be negative or positive in nature and can be classified by means of a points system. By adding up the points, one can assess an individual's risk level. The distractions theory consists of two main components namely unsafe physical situations and workers' distractions by sideline issues – these two when put together are purported to have an accident outcome.

2.2.4 Adjustment-Stress Theory

The adjustment-stress theory states that a work environment that diverts the attention of workers negatively impacts safe work performance. This was Kerr's second theory and followed on the back of his goals-freedom-alertness theory(1957). Certain unexplained variances left by his first theory are explained by the adjustment-stress theory. This theory suggests that unusual, negative, distracting stress placed on workers increases their liability to accident or other low quality behavior (Kerr, 1957). The theory postulates that accident occurrence increases as a result of negative internal environment stresses like fatigue, alcohol consumption, loss of sleep, drugs, disease, worry, personal problems or anxiety. Apart from the internal environment, the external environment also plays a part. Factors like noise, illumination, temperature and excessive physical strain may lead to an increase in the chance of injury. Workers whose attention is diverted during work time will be more susceptible to injury (Hinze, 2006). For construction workers, the external diversions are very apparent, add to this some internal diversions and the recipe for an accident may be written. Direct on-the-job stress caused by unrealistic, unattainable

goals set by managers and even by the construction client like tight deadlines and cost constraints also increase the risk of injury. The accident-proneness theory is slightly different in that it holds that certain workers are inherently more at risk while the adjustment-stress theory speaks of temporary conditions that affect a worker.

2.2.5 Chain-of-Events Theory

As discussed previously when investigating Heinrich's axioms, injury accidents can be due to a sequence of events, one event following on the next, with the final event resulting in an accident or injury. The chain-of-events theory indicates that all the events need to run concurrently for the accident to occur. Should one of the steps be eliminated, there is a good chance that the potential injury will be averted or prevented as discussed by Baker, Myers and Smith (1991).

When injury investigations are conducted, the focus is all too often placed on the injured worker. The conclusion is usually that the worker was at fault. This perceived 'worker negligence' was however merely the final event in the chain. The steps leading up to the 'worker negligence' were out of his control and could be attributed to factors such as poor working conditions, inadequate management systems and company policies, time constraints, etc. Very often in the chain of events leading to an injury lies a management related failure or oversight leading one to believe that managers, top, middle as well as team leaders all have a role in changing the course of a potential accident causing situation. Fine (1975 in Hinze 2006), concluded after conducting an extensive study of management's role in accidents that all accidents and hazards are indicators of management failures.

Management failures can be anything from failure to enforce procedures, failure to train workers, failure to supply competent supervision to incorrect placement of workers and failure to motivate workers and incentives positive health and safety behavior. Following on management shortcomings, and understanding that they have an important role to play, construction managers and foremen must believe that their actions can directly prevent injury accidents. Among other things they need to provide the necessary skills training and Health and Safety training including training in risk minimization and elimination strategies. They need to introduce Programmes like incentives for positive Health and Safety performance by workers.

When looking at injury causation one must also consider the various roles of players and understand how they are involved. Each of them from the top manager to middle level manager to the line manager up to the subordinate involved in carrying out the task plays a role in causing injury accidents. But similarly they also each have the ability to break the chain-of-events leading to an injury. What must be learnt from the various accident causation theories is that accidents are not superficial in nature, merely caused by unsafe acts and/or conditions, but are complex multi-causal situations with their roots often embedded in management policies and approaches. Injury prevention solutions should therefore be found not in the most direct causes of an injury, but in the underlying causes such as a lack of training; ineffective supervision; and communication failures.

2.3 Health and Safety

Health and Safety policies are based on the fact that, the well-being of employees is a major concern of any organization. People are an organization's most valuable assets, and there safety its greatest responsibility. C.B. Mamoria (1992) has underscored the importance of policy by pointing out that policies should be an integral part of every managerial guide. It is the duty of employees to send each employee home to his family each day in a healthy condition. Armstrong (1999) describes policies as written statements that demonstrate that top management is concerned about the protection of the organization's employees from hazards at work and also indicate how this protection is to be provided. Cole (1990) reiterates that Health and Safety Policy is a written statement, reflecting the employer's commitment to Health and Safety at work. The statement should also indicate what standards of behavior are to be aimed for in Health and Safety matters.

An employer should be able to show that he has done more than just having a statement or pinning up a notice in various parts of the premises. The Safety Policy document should be brought to the attention of all employees. As statements of intents, policies guide the organization management on plans of action and how the safety objects of that organization are to be met. Health and Safety Policies also enable the management to set broad patterns of behavior for its employees to follow in achieving a safe working environment. Policies minimize accident occurrence, hence reduce production cost. They demonstrate that top management is concerned

about the protection of the employees from hazards at work, and how this protection would be provided. This requires that the policy statement be drawn to the attention of all employees either in their handbooks or pay packages slips.

Health and Safety Policies are just written guiding statements on the implementation of Health and Safety Programmes. Hence statements may therefore be rendered into “high sounding nothings” if Safety Programmes are not implemented. A successful Safety Policy is not just written statements in books and pinned on un-strategic positions. Safety Programmes should therefore be able to implement the written policies and accomplish objectives.

2.3.1 Health and Safety Programmes

Health and Safety Policies and Programmes in an organization are and should be aimed at protecting employees (and other stakeholders to the organization) against Health and Safety hazards arising from their employment or links with the company. (Armstrong 1975). Occupational Health Programmes deal with the prevention of ill-health arising from working conditions. It consists of medicine and occupational hygiene. Safety Programme on the other hand deal with the prevention and minimization of hazardous factors which are likely to cause accidents and develop the safe working habits among its employees.

Although the employees have the responsibility to contribute towards the achievement of a Health and Safe environment, it is the onus of every organization to do every practical to achieve the required health and safety standards in order to minimize suffering and loss or damages to persons and property. (Dessler, 2000). Nzube (1999) has reiterated this fact by pointing out that organizations have both the legal and moral responsibility to provide health and safe working environments for employees. They should ensure the total well-being of their employees, the physical and mental health, for both economic and humanitarian reasons. However, the individual employees have to take the initiative to act safely if the programs have to be meaningful (Flippo, 1980).

A Health and Safety Programme should identify potential hazards so that an effective safety facility and equipment are provided, and also take immediate remedial action. However this is only possible if there are effective systems for reporting all accidents and ensuring that safety

equipment is maintained and used. Employers are required to provide employees with training and education aimed at reducing, eliminating hazards and preventing works related injuries and illness to employees.

Mamora (1992) has underscored the importance of safety education for all employees as a vital step towards any successful Safety Programme. Education would develop safety consciousness among employees and build in them a favorable attitude towards safety measures and precautions (P.893). Education will ensure safe work performance on the part of each employee by developing his/her skill in the use and operation of safety equipment. Training provides immediate knowledge, skills and method of work. It also creates awareness in the employee of the hazards he/she is likely to encounter in the course of work. It will therefore impress upon him the need for a prompt report of any personal injury, for an understanding of the causes of accidents and how they may be prevented and the importance of good housekeeping and the handling materials safely. Through safety training an employee is taught principles of first aid, the need for avoiding machine hazards, for taking precautions to prevent the outbreak of a fire, for using hand tools properly and protecting his/her eyes.

Grant and Smith (1977) have outlined steps which a Safety Programme could be composed of. They include the following; appointment of a safety officer and establishing of responsibility for safety analysis of accidents, a manual of safe working methods for each job within the company, healthy working environment to be maintained and establishment of safety committees consisting of representatives from each department and from each level of employee. Others include; provision of adequate facilities and trained personnel to deal with injuries of employees while at work, safety training for every employee at all levels and the use of safety campaigns and competitions. Although a Safety Programme could be composed of one or more of the above elements, he however stresses on the importance of training which should not be left out. Of particular importance is the training of young people (30 years old) in safe working methods and attitude.

As Mamoria (1992) points out, traditionally, Health and Safety approaches dealt with machine hazards, fumes dusts, lighting and compensation. However, this has expanded to include Occupational Health which includes among other things, how to arrange for consulting

physicians or occupational nurse, affirmative action consideration in hiring and placement rehabilitation of injured workers, medical record keeping and confidentiality of records, medical monitoring and auditing for contaminants and the resources to be drawn upon to support organizational goals and programmes.

2.4 Implementation of Health and Safety Programmes

Health and Safety Policies are good for any organizations wellbeing and provides a framework for managing Health and Safety Programmes that will ensure safety and responsibilities to the workers' health in an enterprise. Implementation of Health and Safety Programmes will benefit the organization by demonstrating due diligence, good governance, low risk and a compliment management that is committed to Health and Safety in the workplace. It will raise both performance and moral of the employees. It gives potential clients assurance of an effective risk management procedure and full regulatory compliance. It promotes safer working environments heightening adherence to the Health and Safety policy and procedure. It improves efficiencies in Health and Safety budgeting for costs such as training ensuring money is well spent and related to real needs of the organization. Provides re-assurance to the stakeholders that the organization is taking all responsible steps to protect the business against damage to its reputation and breach of legislation. Implementation of Health and Safety is increasingly becoming a pre-requisite for companies wishing to tender contracts with certain industries.

It's provident for any organization to have Health and Safety procedures and instructions in a manual covering exceptionally wide range of issue and topics: manual handling, chemical safety, work equipment, general welfare, display screen equipment, office furniture, electrical equipment and eye sight protective all aimed at ensuring the Health and Safety of the workers in an organization. The standards are universal and basics of Health and Safety in an organization. It's prudent for any organization to ensure that, it has a Health and Safety Policy and Programmes in place to guard its employees against any industrial related risk that could led to injuries or death According to Cole(2002), Management teams in lesion with the directors of organization must agree on the minimum level of Health and Safety Policy and Programmes to be put in place. The Management team should spare head the program that have been put in

place to implement Health and Safety Programme so mutually agreed by both parties for the benefit of workers in the organization.

2.5 Challenges in the Implementation of Health and Safety

Many organizations globally, faces a lot of challenges when structuring Health and Safety policies and implementation programmes. This is due to the complexity of the business done by the enterprise, legislations imposed by the government where the business is operating and the preparedness of the workers in adhering to the principle of a Health and Safe working environment.

A written health and safety policy in an organization on its own is not good enough. There should be efficient and effective implementation procedures for occupational health and safety programmes if these policies are to be effective. The achievement of a health and safe environment and elimination of hazards to health and safety, calls for the organization and involvement of all employees at all levels their team leaders at all levels of management. It's a big challenge to organizations to put all these stakeholders held up together towards ensuring a successful health and safe working environment. It is the owner's responsibility of every organization to maintain higher standard of health and safety at any place of work. The role of every person involved in ensuring health and safety of workers should be well defined and each to complement the efforts of the other towards a common goal of enhancing occupational health and safety of workers in the enterprise.

Although the importance of health and safety policies and programmes have been given such emphasis, it is unfortunate that the same are often under estimated by some owners of organization and even individual managers within the organization. This scenario poses as a challenge towards implementation of an effective occupational health and safety programmes. As Flippo (1983) rightly puts it *"It is not enough to produce personnel, develop their abilities to perform, provide for compensation and integrate their interest with organizational activities and stop there"*. Their abilities, attitudes requirements to organizational effectiveness have to be maintained as well.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter discusses the research design, target population, sample and sampling procedure, research instruments, data collection and data analysis procedure.

3.2 Research Design

This is a case study of one organization in the aviation industry in Kenya, namely Kenya Airways which has the largest market share both in flight of passengers and cargo.

3.3 Data Collection

Primary data was collected by a structured interview guide and administered to a stratified group of staff in both the middle and senior management cadres. The staff respondent to these research included ,Human Resource Managers, Health and Safety Managers, Operations Managers, Security Managers, Cabin Crews and members of a Health and Safety Committee in the organization. Secondary data complimented by the literature and journals available at the information centers within the organization.

3.4 Data Analysis

The data was quantitative in nature. Once the data was collected, it was checked for completeness to ensure it is ready for analysis. The data was first coded, to enable the use of computer in summarizing of the same. Descriptive statistics comprising mean scores frequency distributions, standard deviations and percentages was used to analyze the data. The output was presented in the form of pie charts and tables.

CHAPTER FOUR

ANALYSIS, DISCUSSION AND FINDINGS

4.1. Introduction

In this chapter, the main characteristic of the sample used in the study are presented. The interview guide was used to interview the stratified managers as indicated in chapter three of this paper whose gender was diversified i.e. males and females. This was found necessary to provide a basis for the analysis of the findings as a background to understanding the health and Safety Programmes at Kenya airways (KQ).The researcher had an opportunity to interview fifteen (15) officers at the middle and senior management levels.

4.2. Response rate

The participants in this research were middle and senior managers in various department and sections within the diversified areas of operation in the organization. Each department and section employees were deemed to be in a particular risk in their respective areas of work hence they need to use an interview guide to thoroughly interrogate these managers on the issue under study. Fifteen(15) officers participated in the research accordingly.

4.3. Demographic Data

The participants in the research were both men (10) and female (5) who's level of education was university level (12) while (3) had reached diploma level in respective areas of work. Three (3) female staff had reached degree level while one(1) had a diploma certificate. Their age group ranged between 40 years and 55 years. The details of these demographic data is as shown in the following table;

Table 4.3
Gender distribution of the respondents

Gender	Frequency	Percentage
Male	10	66
Female	5	34
Total	15	100

Table 4.3
Age distribution of the respondents

Age (years)	Frequency	Percentage
40-44	7	47
45 – 49	4	27
50 – 54	3	20
55- above	1	6
Total	15	100

Table 4.3
Level of education

Education	Frequency	Percentage
University degree	12	80
College diploma	3	20
Total	15	100

Table 4.3
Length of Service in the organization

Years	Frequency	Percentage
0 – 9	3	20
10 – 14	5	34
15 – 19	6	40
20 yrs and above	1	6
Total	15	100

4.4 Occupational Health and Safety Programme

The respondent were required to respond in the affirmative or negate the fact that, the organization had a written occupational health and safety programme displayed and brought to the attention of all staff working in their respective departments and sections. Further they were required to confirm whether they had domesticated the same to the circumstances of work in their various places of business. The response towards this was two folds, at the cooperate level, they were unanimous that the organization had a written and displayed health and safety programme as a policy statement towards cooperate engagement of the health and safety of its employees, while at the departmental level some managers had modified the cooperate policy to accommodate the circumstances of work in their departments/ sections. The rate of this domesticated vary from one department as shown in the table indicated on Table 4.4.

Table 4.4
Safety programme: written and displayed by departments.

Presence of safety programme	Number of departments	Percentage
Fully domesticated and displayed	9	78%
Yes/slightly domesticated	4	20%
Not clear	2	2%
Total	15	100%

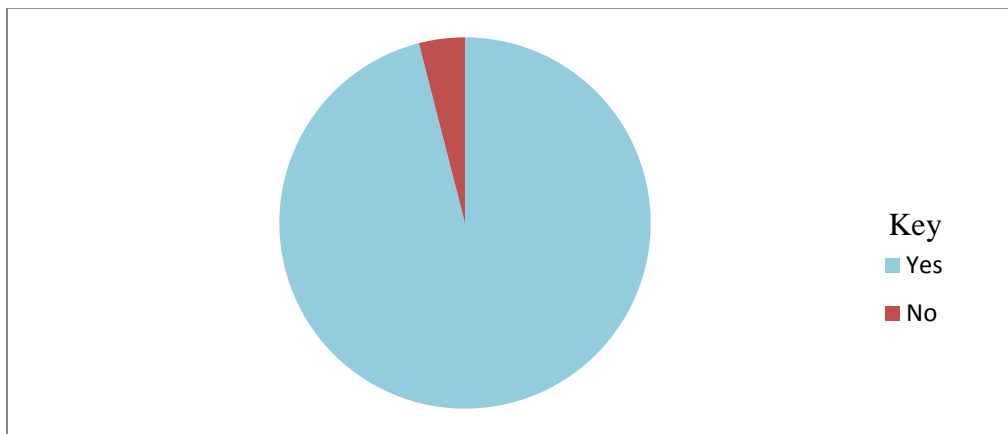
The results presented in Table 4.4 indicated that many department/sections a Healthy and Safety conceptual frame work for Kenya Airways is domesticated and is on display. Depending on the type of business done in the departments/section, a further domestication of the Programme is undertaken and is displayed as a precaution against specific prospective hazard and risk in areas of work. Other few areas have not displayed the same. On further interrogation on this, it emerged that, some managers assumed that, since the programme is on display in various departments, staff have had an access to the same without ascertaining the situation on the ground. This forms the bases of all the challenges faced by the organization in the implementation of the programme under the research question.

There were posters in danger spots on precautions to be taken to prevent cause of accident and how to escape in case of fire. Some of the posters were abit too old and not legible. Others not properly displayed as they are partially hidden. There were officers in charge of health and safety in many departments by designations and others by deployment, whose duties were to educate employees on their health and safety as they continue with their daily activities of work. They also serve as the link person between the employees and the senior management as regards to the issue under research.

4.5 Health and Safety Committee

The respondents were asked to indicate whether or not the organization had a health and safety committee. The result of this question is as indicated in the figure 4.5.1.

Figure 4.5.1: Health and Safety Committee



As shown in the chart above, 96% of the respondents said that their existed a health and safety committee. 4% of them did not have. The staff knew the responsibilities of the committee but their concern was whether the members of the committee were doing what they were expected to do. They had their own reservations as pertaining to the effectiveness of the committee.

The members of the committee were drawn from various departments forming a Central Committee on Health and Safety headed by an officer at the level of a Director. Some individual department/ sections had their sub- committees on health and safety to address day to day matters of health and safety as they emerge in the cause of daily working exigencies. The main duty of the committee was to educate employees on health and safety programmes that could reduce accident occurrences at work. They also prepared reports on accident occurrences to the senior management and recommending remedial action to curb the same.

4.6 Accident Occurrence in the Organization

The respondents were required to respond in the affirmative or negate the statement that accidents do occur in the organization and thus presents problems and challenges to the organization. The respondents confirmed that the organization experienced accidents from time to time. It was further established that the accidents present challenges to the organization. The seriousness of this matter was confirmed and illustrated by the many man hours lost at place of work, the high medical bill incurred by the injured worker that causes a lot of financial constrains to the organization as it spends a lot of money paid to the injured worker as compensation as prescribed by the law.

Further to the above it was observed that;

Some of the common circumstances and places under which injury in the work place occurred included the planning and spray shops, where some staff inhaled impure air contaminated with chemicals used for cleaning and degreasing air craft parts that gave off fumes that caused unconsciousness to some employees due to poor ventilation.

Improper use of lifting truckles and cranes in maintenance and cargo handling sections, the gels used for cleaning parts of aircraft have been thickened with alkaline substances which causes eye irritations, skin scratching and discomfort of the chest after long use and cracking of hands. In the hanger (aircraft parking) there was sliding due to oil spillage, slippery ladders, the risk of unclear gang ways and the danger of being sacked by a running engine.

In the ramp, there was continued inhaling of chemicals loading and un-loading cargo from the aircraft caused great danger to the employees, excessive noise in technical department caused stress, fatigue annoyance and loss of efficiency. Deliberately ignoring to observe safety acts such as failure to use protective clothing, personal hygiene such as use of barriers creams and improper use of hand tools such as pliers, screw and spanners.

The frequency of the accidents depended on the nature of business in the department /section and the risks involved in the department / section and the job ingredients given to the employee. The nature of accidents ranged from broken limbs due to employees falling to the ground while working in an elevated platform, burns caused by corrosive substances or continuing use of chemicals without protective clothing for long or facial injuries caused by slight accidents. Very few accidents were fatal or life threatening and not severe to the person injured.

Most of the accident taking place were investigated and action taken to ensure no repeat of similar accidents by addressing the real cause of the accident and recommend mitigation factors to avert a repeat of the same, but rarely are the findings implemented thus forming a challenge in the implementation of the programme.

When an accident happens in the organization, the first person to handle it is the immediate officer in charge with the support of colleagues/workmates in the same shift. The immediate officer is the official person to report the accident to the management of the department/ section where the victim is working. This information is moved up the ladder of management until it reaches the organizations central committee that deals with health and safety of employee for purpose of compensation after the injured employee has fully recovered.

The staff who get injured at work are temporarily put on sick leave to allow them time to recover and their place of work is temporarily given to other officers on acting capacity or rotation bases

until the injured staff resumes work or compensated and replaced according to the procedure of recruitment /selection in the organization

4.7. Transportation of Victims to Hospital

The researcher was informed by the respondents of various persons/institutions that do take up the responsibilities of transporting the injured persons to health facilities for medical attention as called by the injuries. The frequency on this attribute showed that a bigger percentage of respondents indicated that, the injured persons are often than note taken to the hospitals by the organization, colleagues at work on a lesser percentage and others who take themselves to the hospital as the lowest percentage. This is best illustrated in Table 4.7:

Table 4.7 Transportation of victims to hospital

Transportation of victims	Frequency	Percentages
Organization	10	75%
Colleagues	4	20%
Self	1	5%
TOTAL	15	100%

From the above results in Table 4.7, 75% of the injured victims were taken to hospital by the organization. This showed the organization concern on safety of its staff and the challenges is the implementation of its health and safety programme. Equally, it may also explain the severity of the inflicted to the employee. As a higher injury is of major concern to the organization as opposed to a slight injury that the victim can take up to the hospital at the least or be escorted there by his workmates or colleagues. The inference from this table indicates that most accident victims were taken to hospital by the organization. This indicates the severity of accidents. The victims who had less severe injuries sought medical attention on their own.

4.8 Payment of Hospital Bills

On the issue of who pays hospital bills, majority of the respondents agreed that, the organization takes it upon itself to foot the same having satisfied itself that, the injury was inflicted to the employee in the course of discharging his/her official duties in the organization. Some injured employees did pay their bills accordingly this analysis is illustrated in the diagram shown here below:

Table 4.8 Payment of hospital bill

Payment of hospital bill	Frequency	Percentage
Organization	10	75%
Self	4	20%
Not sure	1	5%
TOTAL	15	100%

The result in Table 4.8 indicate that 75% of the respondents said that the organization paid for the hospital bills while 20% paid for themselves 5% where not sure of how the injured person where paying their bills.

From the findings in Table 4.8, it was established that the victims who paid for their medical bills were those on contract or temporary terms of services and so were not covered by the organization medical scheme or insurance cover group established by the organization. The respondents were unanimously in agreement that, the overall medical bill for injured staff was on the higher side and that, if it were not the challenges faced by the organization on the implementation of health and safety programmes, the cases of injury at work place could be much more low than it is currently.

4.9 Compensation to accident victims by the organization.

The organization base its compensation of the injured victims on the report given by the doctors report, and the legal frame work as provided by the workmen's` compensation Act(Cap 236) or through the group life insurance and group personal accident. Group personal accident covered employees only and was based on ones earnings. An employee who suffered permanent injury received a compensation equivalent to six (6) years basic salary. Permanent partial disability victims receives 3 months' salary and insurance pays the other half for temporary total disability, the insurance pays basic salary for a period of 104 weeks. In cases of fatal accidents the insurance pays four years basic salary to the next of kin of the fatally injured employee. The Abidjan accident of 30th January 2000 was a fatal occupational accident and had to be compensated through this scheme. The findings indicate that the organization spent heavily on compensation of accident victims.

Twelve (12) of the respondents were in agreement that, many of the employees injured were compensated based on the scheme of injury their belonged, and the organization embrace on fast racking the compensation amid some normal administrative hitches as it were in any other organization. They further confirmed when an accident takes place, more so a severe one, a relatively thorough investigation is done by an appointed task force committee chaired often by the health and safety officer. The details of the causes of accident are documented, analyzed and corrective measures seldom put in place to avert a repeat of the same. This investigation is at same point shared to other units and forms a base for the next review if need be of the health and safety programmes. This review is normally expensive to the organization as revised programmes will certainly call for an enhanced budget to cater for equipments and training needed to avert the new accident at the work place hence explaining why the reviews are hardly done unless under pressure from interested stalk holders in the industry.

4.10. Safety Contest and Compensation

The responded were not aware of any safety contest or competition among departments/ sections on health and safety matters. What most department/ section do is, to give out incentives to staff who show exceptional performance when it comes to rescuing injured persons from the scene of

an accident. Rarely does the management organize formal contest. At time drills and mock exercise on evacuation of employees at an accident scene are done to test preparedness of how to handle a real situation should it happen in any department within the organization.

4.11. Presence of Training Programme on Health and Safety

The researcher observed that many employees have not received formal training on health and safety. The same was collaborated by the respondents who were on the majority as regards to the presence of a training programme as illustrated in the table below.

Table 4.11

Presence of Training Programme on Safety.

Presence of training programme	Frequency	Percentage
Yes	2	15%
No	12	80%
Do not know	1	5%
TOTAL	15	100%

The statistics in table 4.11 indicate that 10% percent of respondents have had a formal knowledge (training) on health and safety programme while 80% have never had any formal training on the same. At the least, the researcher observed that, some respondents did not ever know of any issue pertaining to formal training on health and safety. This was found to be a heavy challenge on the implementation of health and safety programmes.

The most likely inference from the above statistics is that employees trained and educated in health and safety matters observed safety regulations and practiced safety Acts at work place. Accidents do not just happen they are as a result of work related conditions and unsafe acts on the part of employees.

4.12. Provision of Protective Clothing

The respondents informed the researcher that, a big percentage of staff were being given protective clothing's to avert any health hazards to the employees to avert prospective injury or risk at work. This analysis is illustrated by the table shown below:

Table 4-12 –Provision of Protective Clothing

Provision of protective clothing	Frequency	Percentage
Yes	12	70%
No	3	30%
TOTAL	15	100%

The results in Table 4.12 indicate that 65% of the respondents were provided protective clothing at work place, while 35% were not provided with the same. Out of the 35% are those respondents who did not require to use such clothing during their work.

On further investigation it emerged that the clothing provided to employees depended on the kind of work an employee was involved in. workers in the lamp used reflecting jackets at night , heavy boots, dust coats, earphones, warm jackets for cold rooms, gloves and helmets in the hangers, engineering, workshop, spray and at the shops painting shop the employees were provided with goggles, painters mask overall rubber show, breathing apparatus, fire extinguishers, first aid kits and stretches. However the researcher established that although the protective clothing was provided, there were some employees who did not use them. This was attributed to lack of training, negligence to observe safety acts due to negative attitude toward work and poor supervision to employees. did not use them. This was attributed to lack of training, negligence of observe safety acts due to a negative attitude towards work and poor supervision.

4.13. Review of Health and Safety Programme

The respondents differed on the issue of reviewing Health and Safety Programme in their department / sections. 60% indicated, they do not review the programmes while 25% did do some review which was induced by an accident occurrence in the place of work 15% was not aware of the need to review the same.

From the findings in Table 4.13, it is apparent that the organization had a shortfall .in this area giving raise to challenges in the implementation of health and safety programmes. The policy statement is an intention by the organization to do everything to avert injuries at place of work. This intention should be followed by programmes that in turn should be reviewed periodically in line with the changing technology which certainly will pose new risks at place of work. This analysis is illustrated as shown below.

Table 4.13. Review of Health and Safety Programme

Renew of health and safety programme	Frequency	Percentage
Agree	3	25%
Disagree	10	70%
Do not know	2	5%
TOTAL	15	100%

4.14. Employee Involvement in Identification of Risk and Hazard at Place of Work

The respondents indicated that employees are hardly involved in the identification of risks and hazards of place of work, despite being the immediate contact person to any eminent hazard or risk at place of work. This analysis is illustrated in the table below.

Table 4.14. Employee Involvement in Identification of Risks and Hazards at Place of Work

Health and risk hazards	Frequency	Percentage
Yes	3	10%
No	9	81%
Do not know	1	7%
Not answered	1	2%
TOTAL	15	100

The inference that can be drawn from the above is that the organization did not involve employees in the identification of health risks and hazards. This demonstrates a challenge in the implementation of health and safety programmes as the user of the programme are not involved at determining their potential risks and hazards as they were at place of work since then being the immediate contact of any risk and hazards, they need to be consulted.

4.15. Suggestions by Respondents on How to Improve Health and Safety Programme in the Organization

About 80% of the respondent suggested, employees should be trained on Health and Safety programme especially those in accident prone job like air craft maintenance, aircraft workshop, spraying and painting shops, laundry and ramp warehouse. The training should include first Aid service and periodic seminars on health and safety to address their safety problems. 5% said the organization should have periodic checks of the fire extinguisher replacement of first Aid Kit which were empty in many sections.

15% were of the view that the organization should take care of their physical health especially in handling chemicals and gases and those injurious areas. Periodic medical checkups and supply of plenty of milk to counter the danger of inhaling chemicals and dust should be availed

accordingly. Approximately 15% were mainly concerned with the availability of health and safety policy and programme at their place of work

4.16 Discussion

The research topic was chosen as a result of an accident that, the researcher had had in the organization's workshop while in accompany of an employee that he had visited. This triggered the need to understand challenges faced by the organization in its endeavour towards ensuring a safe working environment for all its employee in various departments/ section in the organization. As much as the organization has a comprehensive policy statement on health and safety and subsequent implementation programmes in the department and sections, the staff detailed to implement this are poorly trained on it as they were never involved and orientated at its drafting level and hence they are not emphatic to it. The immediate need the organization should do is, to currently review the policy statement and its subsequent programme while involving a wider stakeholder in it leading to an all-inclusive safety programme for individual department in the organization.

Managers in various departments need to oftenly have joint meetings to address their challenges in ensuring health and safety of staff working in their respective areas of operation. Each area has different risks and hazard, but a joint address to this matter will ensure an all-inclusive safety programme whose budget will benefit from the economies of scale and, reduce the cost of implementing the programmes at the cooperate level. Employees on the other hand, are supposed to play safe at place of work this should be clearly put to them at their orientation upon being recruited to the organization. At the end of the day , as much as the back on safety fall to the organization, the employees have a burden to take it upon themselves and avoid reckless behavior, keep stress away and be alert and conscious of any impending risks and hazards and avoid them as much as practically possible.

The organization takes charge of taking injured staff to the hospital and pay the resultant medical bills depending on the severity of the accidents. Much as it is a noble idea the compensation bit of it need to be improved as some injured person get incapacitated to work. However, these should not be conceived to mean that the organization has too much money but, it should be the

last result that any employee at the individual level would wish to get and a search emphasis should be to the employees to play safest possible in all the facilities of the organization.

It is prudent that the organization ensures that staff who are supposed to wear protective clothing do so without any compromise. Disciplinary action should be taken to staff who do not adhere to this requirement. These will deter “the do not care attitude” of staff from not wearing protective clothing. The organization should in turn ensure availability of the protective clothing needed in the respective areas of operation and they be in the best standard as provided by law and compliant to hygiene and appreciative to the employee as a designed they can wear with pride and dignity. Intensive sensitization should periodically done to ensure continuity of wearing protective clothing at the appropriate place of work.

The challenge on the issue under research has led to a number of accidents at various departments and sections in the organization. This has been too costly to the organization in terms of medical bill, compensation and loss of many man hours at the place of work. The organization has the responsibility to address the emerging challenges comprehensively.

There is a need to review the programme periodically in line with technological changes at work that, dictate the emerging risk and hazards of work. In today’s management some organizations do organize health and safety contest/ competition and reward department/sections and individuals who excel in that area. Kenya airways should buy a leaf form those organizations and prepare a calendar for health and safety contest and reward appropriately. This will go miles ahead towards addressing those challenges leading to enhanced effective health and safety programmes in each of department/section and at cooperate level to ensure safe working environment for all the staff in the organization.

4.17 Conclusions

The researcher established that Kenya Airways has a well written formal statement of Health and Safety Policy and subsequent Programmmes to implement the conceptual frame work as structured by the management. There were accidents occurrences as collaborated by employees who were randomly asked a few interrogative questions on the same, by the researcher as he crises crossed departments/ section within the organization in the course of doing the research.

These accidents were attributed to failure of the organization to implement the Safety Programmes to the later.

The study further established that the organization failed to educate and train employees in Health and Safety matters, failed to educate and train employees in safety committee, failed to review safety programme and the employees were not involved in the identification of risks and hazards. The management did not participate in safety matters by way of educating their staff and safety contest or competitions. These factors contributed to the challenges of implementing Health and Safety Programmes in Kenya Airways (KQ).

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Introduction

This chapter presents a summary of the findings as analyzed in the previous chapter, avail a comprehensive conclusion of the research and recommendations towards, the topic under study.

5.2 Summary

From the data analyzed, the study established that the organization had a well written documented formal Policy Statement on Occupational on Health and Safety and subsequent Programmes guidelines to realize the same. Unfortunately this statement is NOT known to most of the employees. The respondents explained that they had heard of the same through the Health and Safety Managers. They further said, the programmes guideline so put in place is tilted towards aviation safety, much to the disadvantage of factory safety and other areas of operations in the organization.

There was no coherent programme on training in Health and Safety as often as practically possible. Some employees had some basic training on first aid from St. John Ambulance through their own initiatives. What the organization provided was the normal orientation with cognizance to Health and Safety which is so minimal to have an impact to the programme guidelines on Health and Safety as presented by the organization. There were hardly reviews of Health and Safety Programme unless induced by an accident occurrence. The respondents and the employees by extension were never involved in the identification of risks and hazard prone in their respective areas of work. The respondents were seen to be very perceive officers in the Health and Safety committee, where the main actor was the Health and Safety manager, who played to the wish of the senior management in the organization.

Further analysis has established the presence of old dusty and torn posters in some risky areas which were in most cases obstructed by cabinets and therefore not legible to the concerned officers. Respondent had different opinions as regard to whether the organization took care of their physical and mental wellbeing as they expedite their official business at place of work.

They were concerned that, the organization did not offer preventive measures of Health and Safety to avert possible injuries or hazards. They appreciated the curative means of addressing Health and Safety, in terms of a good medical scheme and compensation offered by the organization notwithstanding the normal administrative hiccups associated with payments to workmen.

As much as the organization provided protective clothes to its designated staff, majority of them do not use them. The analysis attributed this to lack of knowledge and skills in Health and Safety as the organization provides leap service to this aspect despite the commitment on the same. Personal characteristics that made some employees take risks and undesirable attitudes, all of which resulted in unsafe acts at place of work.

5.3 Conclusion

In the light of the summary provided above, it is apparent that the Health and Safety Programmes in this organization has not been implemented fully despite the existing formally well written statement (policy) on occupational Health and Safety and its subsequent programme to realize the same. Lack of an effective reviewable Health and Safety Programme led to accident occurrences, injuries and other related incidences. The management has somewhat lesser commitment to Health and Safety strategies. The health of an employee was not viewed as a matter of utmost importance.

It is important for management of this organization to review its attitude towards Health and Safety of its employee scattered in various department/sections whose many areas of work are prone to accidents. The implementation of the health and safety programme to the later having addressed the emerging challenges would certainly minimize accident occurrences and unsafe working conditions together with the hazardous elements at workplace.

Employees should be involved in Health and Safety matters by way of identifying risk, training and education in safety, which would go along away in boosting the morale of the employees in their respective places of work. Workplace injuries and accident occurrences are as a result of unsafe work conditions, unsafe acts and human error and negligence at work. For an effective Health and Safety Programme, the organization has to ensure safe working conditions.

Management should embrace work preventive measures toward Health and Safety other than curative measures, if the current programmes are to succeed. A positive view towards Health and Safety will raise the employees weakened morale due to accident occurrences.

On the other hand, the individual employee has to practice safe acts and behavior at place of work. Training of employee in safety will inculcate in them the right attitude to observe rules and regulations, personal hygiene and prevention of accidents through safe acts. An effective Health and Safety Programme is the responsibility of both employer and employee. Employees need not deliberately neglect safety rules. However the organization remains the most important entity to ensure safe working conditions and safety acts as a pre-cursor for a good working environment for all workers at this respective place of work.

5.4 Recommendations

The following are recommendations proposed as measures to be taken by the organization to improve the current situation. The recommendations are two-fold, at organizational level and individual level;

It is imperative that the organization's policy statement is drawn to the attention of all employees. This will reflect the organization's commitment to Health and safety matters. In drawing the employee's attention on the policy statement, the organization will demonstrate that its human resources are the most valuable assets, and their health and safety its greatest responsibility. Management should show that it has done more than just having a safety statement which is not known to any employee.

The organization should demonstrate to employees that it is concerned about their protection from hazards at work and how this would be provided. This will boost the morale of employees. The organization should fully implement its Health and Safety Programme. Health and safety education should be offered to all employees as a way of ensuring a safety programme. Education would develop safety consciousness among employees and a favorable attitude towards safety measures and precautions.

There should be training programmes on health and safety to cover areas such as first aid, the need to avoid machine hazards, precautions to prevent fire outbreaks, proper use of hand tools and protections of eyes . Training would reduce or eliminate hazards and prevent work related injuries and illnesses.

There is need for behavior change and cultivation of the right attitude so that the protective clothing provided and other equipment is used to observe personal hygiene. Training of staff is necessary to create awareness in the employee of the hazards they are likely to encounter in the course of their work, for knowledge and skills and methods of work. Employees will understand the causes of accidents and how these may be prevented at the place of work.

Safety officer should participate in the Health and Safety of the factory as well, not just aviation safety only. Risk assessment exercises should be conducted periodically to identify hazards and risky areas. Organization should have clearly written instructions on how to act safely in certain risky or hazardous areas. Organizations needs are always changing, hence the need for periodic reviews on health and safety to update and match the current needs. The safety committee should be charged with the responsibility of promoting co-operation between employees and employer in investigating developing and carrying out measures to ensure health and safety of employees at workplace. This calls for the involvement of employees on the safety committee.

For an effective health and safety programme, it is recommended that the organization should:- establish the key tasks in the programme, set objectives, identify performance standards, identify constraints to effective implementation, decide on action plans. An ideal health and safety programme should be composed of but not limited to:- a stated health and medical policy, adequate health facilities according to the size and nature of the organization e.g. presence of dispensary which can handle first aid and emergency cases and physical examination, a doctor or part-time services of a doctor or a registered, medical consulting facilities and medical personnel, systematic attention to sanitation, safety precautions and hygiene in general, periodic medical examination of all employees exposed to health hazards. Availability of facilities for voluntary periodic physical examination for all employees which should also include when hiring, in and out-patient scheme, fully or subsidized medical insurance cover, medical insurance cover for the immediate dependents.

There should be training programme on health and safety of employees and should cover areas like administration of first aid exercise, how to think and act safe while in work places, prevention of accidents like firefighting, compensation procedures and importance and or presence of periodic safety competitions between various sections. There should be an officer and or department in charge of the health and safety in the organization with a defined mandate. There should be a provision of protective devices like clothing overalls, gumboots, hand gloves and so on to the employees. There should be clearly written and well placed instructions on how to act in certain places like, slippery paths, elevators and walking way gangs.

There should be risk assessments exercises which should be conducted periodically to identify hazards and assess the risks attached to them. Thereafter carry out health and safety audits and inspections. The employees should be actively involved in these exercises. There should be periodic review of Health and Safety Programmes in place so as to update and the match them with the current needs. There should be safety committee-charged with promoting co-operation between the employees in instigating, developing and carrying out measures to ensure the health and safety of the employees at workplace is guaranteed.

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APPENDICES

APPENDIX I

INTRODUCTORY LETTER

Dear Respondent,

I am a student at the University of Nairobi pursuing a course leading to an award of the Degree of Master of Administration (MBA) specializing in Human Resources Management. I am carrying out a Research on “Challenges faced by Kenya Airways in the Implementation of Health and Safety Systems” . You have been selected to take part in this research.

In this regard kindly fill in the attached questionnaire in the honest possible manner. I wish to assure you that the information you provide will be treated with confidentiality and it will be solely used for academic purposes.

Please do not put your name in this questionnaire.

APPENDIX II

INTERVIEW GUIDE

This will be used to interview heads of Sections / Supervisors and Managers.

- 1. What does your section deal with?.....
- 2. Is there a written Health and Safety programme at Kenya Airways?.....
 - (a) Is there an officer or department in charge of Health and Safety?.....
 - (b) What are their duties?.....
- 3. Is there a health and Safety committee ? Yes No
If yes who are the members?.....
What are the duties of the committee?.....
- 4. Have you experienced accidents in the workplace ?.....
How frequent are they?.....
Explain their nature.....
How severe are they.....
Which corrective measures were taken?.....
- 5. Who handles the accidents that occur at the workplace?.....
- 6. Who takes them to the hospital?
- 7. Who pays their medical bills?.....
- 8. How does your organization handle cases where employees are away from duty as a result of an accident at the workplace?.....

9. What legal procedures does the organization use to compensate the accident victims?.....
10. Have you had cases whereby an employee injured at work is not compensated by the organization?
11. When an accident take place, is it thoroughly investigated and corrective measures taken?
12. Are there periodic safety contests or competitions between various departments or sections in your organization towards enhancing occupational health and safety? If so , is there a reward for it and in what form??.?.....
13. Have you drawn the attention of your staff on the organization Health and Safety implementation programmes?.....
14. Have you trained your staff on Health and Safety acts?.....
15. Are the employees provided with protective clothing?.....
16. Does the management review Health and Safety implementations programme?
17. Does the management involve employees in identification of risks and hazards in the workplace?
18. Give suggestions how best the health and safety implementation programmes for Kenya Airways can be improved to enhance safety of the employees and other stakeholders in the organization.....