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

BY

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DECLARATION

This research project is my original work and has not been presented for examination in any other university.

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

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DEDICATION

I dedicate this research project to my wife, Creans Kodongo Manduku, my two daughters Natasha and Shirley, my parents Christopher and Margaret Manduku and my siblings Evelyne, Carolyne and Richard with whose support and encouragement I made it this far in my studies.

ABSTRACT

The objective of this study was to establish the extent of the implementation of the Occupational Safety and Health Act 2007 in the Sarova Group of Hotels in Nairobi. The study utilized a descriptive survey research design. The target population for this study was all the employees of the Sarova Group of Hotels in Nairobi. The study used a questionnaire to obtain primary data. Data was analyzed using quantitative techniques. Standard deviations to measure response disparity particularly for the Likert-scale question items was also adopted. Pearson's Correlation and Analysis of variance (ANOVA) was used to establish the relationships among the study variables. The entire hypothesis was tested at 95% confidence level. Descriptive statistics such as frequencies, percentages, mean and standard deviation were used to describe the characteristics of collected data. In view of the study objective and from the analysis, worker participation, organization and communication, employee attitude, leadership and training factor components were found to statistically account for compliance levels since they have a positive and significant relationship with the extent of implementation of the Occupational Safety and Health Act 2007. Only employee attitude was found to have a positive but non-significant relationship. This implies that the researched workplaces within Sarova Group of Hotels in Nairobi, i.e. Sarova Stanley Hotel, Sarova Panafric Hotel and Sarova Head Office are fairly safe in line with the provisions of Occupational Safety and Health Act 2007. The findings were in line with the Occupational Safety and Health Act 2007 which states that the employer is tasked with the duty to ensure that workers and their safety and health representatives are consulted, informed and trained on all aspects of Occupational Safety and Health. The Act further recommends that employer makes arrangements for workers and their health and safety representatives to have time and resources to update themselves about processes of organizing, planning, implementation, evaluation and action for improvement of the Occupational Safety and Health management system. Employee involvement tends to encourage employees to accept the safety program. The study recommends that: Occupational Safety and Health regulations at workplaces be publicized extensively to ensure managers/supervisors and workers in organizations increase awareness levels; mechanisms should be put in place to sensitize the general public, in this case visiting guests about Occupational Safety and Health; information should be provided for worker representatives to increase their knowledge of Occupational Safety and Health issues and thereby spread it to other workers; the presence of strong trade unions with an active engagement in health and safety issues should be encouraged; worker representation, management commitment and a degree of recognition of workplace role associated with risk management measures; awareness forums should be conducted by professional bodies like Kenya Association of Manufacturers, Kenya Association of Hotel Keepers and Caterers and others in partnership with government departments like the Ministry of East African Affairs, Commerce and Tourism, Ministry of Labour and Manpower Development and others; and government should strengthen the legal, institutional framework and inspectorate activities through the Directorate of Occupational Safety and Health Services in order to enforce compliance with the Occupational Safety and Health Act, 2007. The study recommends that further research be carried out in other industries to capture their uniqueness in core activities, expertise and staffing capabilities since they affect performance in terms of compliance with safety regulations. Other studies should be carried out to capture factors that influence implementation of the OSH Act 2007 that were not captured in this study like the role of the Legislature and external support.

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CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Human Resources is the most important component in the company and in the implementation of the production process, therefore the company should pay attention to maintaining Occupational Safety and Health (OSH). This is done to provide comfort whilst working and the resulting sense of security for the employees at the time of the production process and when dealing directly with their work environment (Rachmawati, 2013). Most of the world's population (58%) spend one third of their adult life at work. Work then is an important contributing factor to the well-being of workers but also to that of their families and society. Health at work and healthy work environments are among the most valuable assets of individuals, communities and countries. OSH can be an important vehicle not only to ensuring the health of workers, but also to contributing positively to productivity, quality of products, work motivation, job satisfaction and thereby to the overall quality of life of individuals and society (WHO, 2002).

The theories upon which this study is grounded are: Theory of Compensating Wage Differentials and; Maslow's Motivation Theory. According to Nelson and Phelps (1966) and cited by Muthoni O.N. (2014) a worker may be paid less in money, because he is receiving part of his compensation in terms of other, hard-to-observe characteristics of the job, which may include lower effort requirements, more pleasant working conditions, better amenities, etc. This is the theory of Compensating Wage Differentials. Also means the difference in wages offered to offset the desirability or undesirability of a job. If the job is considered undesirable because of elements of

unpleasantness or risk, the differential is positive in the form of increased wages to offer to the employee to take the job. If the job is considered especially desirable, the differential is negative in the form of lower wages. Adam Smith (1776) in the Wealth of Nations defined wage differentials as compensation for unpleasant work conditions. He also proposed the idea that job characteristics influence labour market equilibrium as cited in the journal on Labour Economics (2008, Chapter 6). Market forces will therefore ensure that compensating wage differentials will raise the cost of non-OSH provision to firms, providing them with an inherent incentive to provide an adequate level of safety to their employees. Safety also involves creating an environment and attitudes that promote protection of employees from injuries due to work-related accidents. The second theory is Maslow's Motivation Theory as postulated by psychologist Abraham Maslow (1954) and cited by Rogers (1976) which says that our personality is based on the desire to achieve our needs which are arranged in a hierarchy. The human being is motivated by various needs in a particular order: basic (food, shelter, water); safety (desire for security or protection); social needs (need to belong and feel loved); esteem (desire for respect); and self-actualization (achieve one's full potential). The rational worker would desire safety and respect at their place of work, making implementation of the OSH Act by the employer of necessity, in order to motivate the worker.

The hotel industry in Kenya is significant in that, as part of tourism, it is one of the six priority sectors with high potential for spurring economic growth and development (Kenya Vision 2030: Second Medium Term Plan 2013-2017). Together with agriculture and livestock, wholesale and retail trade, manufacturing, business process outsourcing/IT enabled services and financial services they have the potential to drive achievement of 10% GDP growth by 2017. Hotels specifically and tourism in general has been one of the leading foreign exchange earners, crucial

to Kenya which is a net importer and therefore in need of foreign exchange. Hotels in Kenya have experienced a slowdown in guest arrivals since 2012, largely attributed to global economic slowdown especially in Europe, the Ebola menace in West Africa that threatened to spill over to the rest of the world, and negative publicity related to security along the Kenyan coast. Quality in its service to local and foreign tourists must therefore be ensured to attract more numbers. Since the industry is labor-intensive, with a large number of employees, they should be kept safe and healthy and by extension motivated, so as to offer the best in service to guests. The hotel industry would therefore be of great interest to see the extent of implementation of the Occupational Safety and Health Act 2007, eight years into its enactment.

1.1.1 The Occupational Safety and Health Act 2007

The Occupational Safety and Health Act No. 15 of 2007 provides for the safety, health and welfare of workers and all persons lawfully present at workplaces.The Occupational Safety and Health Act 2007 aims at securing the safety, health and welfare of workers and the protection of persons other than the workers against risks to safety and health arising out of, or in connection with the activities of persons at work. It is an improvement of the earlier Workman's Compensation Act, which only covered selected group of workers: those earning sh400,000 annually. The Ministry of Labor reports that more than half of the industrial accidents and injuries in Kenya go unreported (Nyakang'o, 2005). The Occupational Safety and Health Act 2007 set objectives to promote and improve occupational safety and health standards. In Part II the general duties are laid down in the Act, and are supported by other requirements in the Act, codes of practice and regulations. The general requirement for employers to consult and cooperate with safety and health representatives and other employees is part of the employer's

general duty under the Act. The Act also provides a framework where regulations, codes of practice, workplace standards and procedures to resolve issues support the general duty of care. The general duty of care is the guiding principle for all other parts of the Act. Under the Act all parties involved with work have responsibilities for safety and health at work. This includes employers, employees, self-employed persons and others, such as people who control workplaces, design and construct buildings or manufacture and supply plant.The Act clearly defines the roles to be played by different groups of people implementing the requirements in the Act (the employee, employer and the government enforcement agency-Directorate of Occupational Health & Safety Services). The government provides the framework for management of occupational safety and health. Employer develops policy on OSH to ensure compliance with the national legislation and best practices, including putting in place, Safety and Health Committees. Employee will cooperate with employer to ensure success of the policy.

Three critical questions need to be asked by any organisation to avoid the repercussions of not having a safe and healthy environment: Do we carry out regular occupational health and safety audits? Do we have a checklist of things required to be done to conform to the legal and medical requirements of a safe and healthy work environment? Are our staff and managers aware of what is required of each of them in fulfilling their obligations for a safe and healthy work environment?

1.1.2 Sarova Group of Hotels

Sarova Group of Hotels began in 1974 with The Ambassadeur Hotel. It was began by three of the Vohra family members and a Mr. J.N. Kariuki. In 1976, the Whitesands Hotel was built. In

1978, the New Stanley Hotel was added to the stable. In 1992, Panafric Hotel was then acquired. In 1984, they decided to add safari lodges to their group by building Mara Sarova Game Camp. In 1986, Lion Hill Lodge was built and in 1989, Shaba Lodge was built. With the growing buzzing commuter activity around The Ambassadeur Hotel, Sarova decided to sell it off in 2000 (A History of Sarova Hotels journal, 2004). Driven by the need to expand its reach in the country and improve its locations for the safari and beach itinerary, Sarova Group of Hotels got into an agreement with the owners of Taita Hills Lodge and Salt Lick Lodge to manage their lodges in April 2007. This brought their number up to eight hotels and lodges with more than 1000 rooms in vantage locations in Kenya. The group of hotels has a staff base of about 1,200 employees spread across its eight locations together with its Head Office and Central Warehouse. One of its mission statements is to make Sarova the company of choice by offering employees a dynamic and challenging work environment which fosters personal and professional growth (Sarova Facts and Figures, 2013).

1.2 Research Problem

The nature and organisation of work is changing, becoming more client and knowledge driven. The workforce has also been changing: it is younger, more knowledgeable, less male-dominated, more precarious and more difficult to monitor as it has spread out into small companies. As a consequence, safety and health issues have become more complex and we need to find new ways to improve OSH in this context of profound changes. There is still a considerable burden of occupational diseases and injuries in the world. It is not well known which interventions can effectively reduce the exposures at work that cause this burden (Verbeek and Ivanov, 2013).

Experts estimate that less than 15% of the global workforce has some coverage with occupational health services. This does reflect that coverage is not very high (Subhani, 2010).

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

Hotels are meant to deliver services which are considered their core objective. Risks related to health and safety may weaken their aims and objectives. A closer scrutiny of the OSHA reveals that many of the dangerous occurrences and prescribed occupational diseases described in the 1st and 2nd schedule of the Act either exist or may exist in the hotel setting. There are several instances of what we would call unsafe working conditions and work behaviour that both employers and employees alike should place emphasis on. They include among others: Improperly guarded equipment; Defective equipment; Hazardous arrangement of equipment; Poorly designed procedures for handling machines and equipment; Hazardous storage conditions; Inadequate lighting; Improper ventilation; Acting without authority; Failure to secure equipment; Failure to warn fellow workers and guests of possible danger; Failing to use safety or

protective equipment provided by the employer; Operating equipment or working at unsafe speeds; Removing, adjusting or disconnecting safety devices; Using unsafe equipment or using equipment unsafely; Using improper procedures in loading, placing, mixing or combining materials; Lifting things improperly; Working on or moving dangerous equipment; Distracting, teasing, abusing, scaring, quarrelling while on duty (Nzuve, 2006).

Research was done in 2007 on Benchmarking Health, Safety and Environmental performance measurement practices in the oil industry in Kenya. Few Kenyan oil companies benchmarked their health, safety and environmental performance measurement practices with most concentrating on internal benchmarking. In this research, there was low priority given to the health, safety and environmental function within companies as well as there being a lack of resources to adequately support this function (Tuitoek, 2007). Kimanzi (2005) investigated occupational health and safety programmes adopted by chemical manufacturing firms in Nairobi and concluded that the number of accidents in chemical manufacturing firms keeps rising despite government's efforts to put up laws to safeguard health and safety of workers. Most of the firms studied had specific programmes to ensure health and safety of its workers. Programmes included having a health and safety policy communicated to employees, having safety officers, having thorough medical check-ups during recruitment and having regular medical check-ups too (abstract page vi). They also have enlightened their employees on stress and stress management, AIDS, alcohol, drug abuse and proper health.

In a survey on Management Perspectives of the State of Workplace Health and Safety Practices in Kenya done by Mbakaya et al (2000), results from 65 participants indicated that most workplace managers were not familiar with the Kenyan work safety legislation. Work injuries were largely attributable to working with dangerous machinery. Occupational diseases and

HIV/AIDS were cited as other causes of workplace morbidity and mortality. Although most respondents (70%) were satisfied with their work safety conditions, only 37% said their workplaces were annually audited by labour inspectors while 45% said injured workers were not treated well by management. Many workplaces (65%) violated the mandatory legal requirement on the establishment of health and safety committees. The OHS resource person and course content were rated highly by most respondents (96%).

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

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

answer the research question: What is the extent of the implementation of OSH Act 2007 in the Sarova Group of Hotels in Nairobi?

1.3 Research Objective

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

1.4 Value of the Study

This study is significant as it will go a long way in contributing to existing theory and literature beyond just documenting efforts towards occupational health and safety. It will indicate if there has or not been actual implementation to achieve crucial objectives of making the workplace and workforce healthy and safe from disease, injury or even death. The study will benefit future researchers and writers about occupational health and safety management systems in various organizations by providing strong, further points of reference.

The study could provide basis for the formulation of effective occupational health and safety policies within organizations such as Sarova Group of Hotels. The study will enable Government and other employers who have the legal responsibilities to provide safe workplace and systems of work, to consult with employers and to keep them informed about health and safety matters as well as help their employees to practically implement and monitor safe and healthy practices in the work place. I have in mind the government Directorate of Occupational Health and Safety (DOSH).

The Human Resource (HR) practice in general will also benefit in observing and suggesting critical ways the HR Professional can play in ensuring practical implementation of the OSH Act 2007 in their work environments and by so doing, reduce the additional HR costs (financial or otherwise) that come from medical cases due to stress, injury and death among others. The study would also suggest to employers to adopt Occupational Health Safety Management System that would systematically eliminate the possibility of accidents, illness, injury or fatality in the workplace by ensuring that the hazards in the workplace are eliminated or controlled so far as is reasonably practicable in a systematic manner, rather than waiting for a crisis to occur.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents the theoretical underpinning of the study. Determinants of the implementation of the OSH Act are also enumerated and the challenges facing organizations in trying to implement the OSH Act.

2.2 Theoretical Underpinning of the Study

The theoretical underpinning outlines the Compensating Wage Differentials theory and the Maslow's Motivation theory which are the grounding theories of the study.

2.2.1 Compensating Wage Differentials Theory

According to the Theory of Compensating Wage Differentials, rooted in the work of Adam Smith's (1776) Wealth of Nations, market forces ensure the payment of incremental wages by firms with poor working conditions, to enable them recruit and retain valuable labour. The theory further postulates that in a perfectly competitive labour market, an equilibrium wage distribution should arise whereby the preferences of workers and firms can be matched. Risk-averse workers will take up jobs in firms which provide a safer working environment, whereas workers who are risk takers will be more willing to be employed in jobs in which it is more costly for the employer to provide safety. Such matching procedure predicts that jobs characterised by a higher risk of injuries/illnesses should, in equilibrium, offer compensating wages, offered over and

above the market equilibrium rate of pay. Market forces will therefore ensure that compensating wage differentials raise the cost to firms where OSH is absent, giving them an inherent incentive to provide an adequate level of health and safety to their employees.

2.2.2 Maslow's Motivation Theory

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

2.3 Determinants of the Implementation of the Occupational Safety and Health Act

In order for the OSH Act 2007 to be implemented in Sarova Group of Hotels, certain factors will become important in determining whether it gets implemented or not. This section undertakes to highlight these determinants.

2.3.1 Worker participation, organization and communication

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

According to OSHA 2007, employer is tasked with the duty to ensure that workers and their safety and health representatives are consulted, informed and trained on all aspects of OSH, including emergency arrangements associated with their work. The law (OSHA 2007) further directs that the employer makes arrangements for workers and their safety and health representatives to have the time and resources to update themselves about processes of organizing, planning, implementation, evaluation and action for improvement of the OSH management system. The employer is supposed to ensure, as appropriate, the establishment and efficient functioning of a Safety and Health Committee and the recognition of workers' safety and health representatives, in accordance with national laws and practice (Lehtineneds, 2011).

2.3.2 Training

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

2.3.3 Leadership

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

2.3.4 Employee Attitudes

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

O'toole (2012) conducted an employee safety perception survey. Injury data were collected over a 45-month period from a large ready-mix concrete producer located in the southwest region of the United States. The results of this preliminary study suggest that the reductions in injuries experienced at the company locations was strongly impacted by the positive employee perceptions on several key factors.

2.4 Challenges of Implementation of Occupational Safety and Health Act 2007

A number of challenges have threatened implementation of the OSH Act 2007. A case study of the East African Portland Cement Company was done with data being collected from the Board and management. Challenges found in implementing OSH Act here include the following: The organization structure which was not favourable, with the positioning of safety in the organization structure way below, creating a gap; the absence of timely correction of causes of

incidences; there were repeat observations for issues of safety risk importance; lack of effectiveness in monitoring the quality of strategy execution where safety and health were concerned; lack of effective supervision by the superiors. The study concluded that organization culture, structure and resistance were the major factors affecting the successful implementation of OSH strategies in the company. Implementing strategy has always been a challenge for organizations across the construction industry. Implementation shows the strategic intention of a company to achieve the desired results, which otherwise may remain a pipe dream. East African Portland Cement Company has a written Safety and Health policy launched on 18th February 2011. A Safety and Health Committee has been formed, with 16 members from management and 8 from workers' representatives. Other logistical services like clinic, first aid boxes, ambulance are available. However, a statutory OSHA audit carried out in 2012 showed that there were challenges in implementing this strategy (Kaguathi J.N., 2013).

2.5 Chapter Summary

From this literature review, we see that compensating wages, security and safety of workers does form a key theoretical basis of the research study. Implementation of OSH Act 2007 in Sarova Group of Hotels will largely be determined by how much workers are allowed to participate in OSH issues and the communication levels between workers and management, training of workers in OSH matters, leadership by example in OSH, and the attitudes of employees towards OSH, largely influenced by awareness of OSH issues.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the research methodology as the mode of achieving the purpose of the study. It specifically highlights the research methods used in carrying out the study in an attempt to answer the research questions. In addition, various methodological issues discussed include population, sampling technique(s), sampling frame, sampling size, data collection and analysis of the methods adopted.

3.2 Research Design

The study utilized a descriptive research design utilizing a quantitative approach. The selected research design is appropriate for this study since it is primarily an attempt to develop cause and effect between specific variables, test hypotheses and questions, use of measurement and observation, and the test of theories. According to Coopers and Schindler (2003) descriptive design discovers and measures the cause and effect of relationships between variables. Mugenda and Mugenda (2003) state that a descriptive research determines and reports the way things are and attempts to describe possible behavior, attitude, values and characteristics of such things. The study used a descriptive design because it enables the researcher collect large quantity of in-depth information about the population being studied.

3.3 Target Population

According to Kothari (2004) a population refers to all items in any field of inquiry and is also known as the universe. Ngechu (2002) defined a population as a well-defined or specified set of people, group of things, households being investigated. The definition consists of descriptions to fit a certain specification, which a researcher is studying. This definition ensures that the population is homogenous. Population can be divided into sub-population or strata, which are mutually exclusive (Ngechu, 2002). For example, if the population is hotel staff, sub-population can be staff who work in either housekeeping or kitchen departments, etc. The target population for this study will be all the employees of the Sarova Group of Hotels in Nairobi. There are about 640 employees in total.

3.4 Sample and Sampling Design

According to Mugenda and Mugenda (2003), the sample target should be between 10- 30% of the population. The research therefore used 20% of the targeted population to come up with a sample of 128 employees. According to Sekaran (2013), simple random sampling has the least bias and offers the most generalization and hence, to be more representative, was used for this study.

3.5 Data Collection

The study used a questionnaire to obtain primary data. A questionnaire is a pre-formulated written set of questions to which the respondents record the answers usually within rather closely delineated alternatives called a Likert scale. It used an interval scale that used five anchors of strongly disagree, disagree, neutral, agree and strongly agree. A Likert scale questionnaire was preferred as it makes it possible to convert responses into quantitative format for ease of data

analysis using computer based software. The management of the Sarova Group of Hotels were briefed concerning the purpose of the study. The data collection procedures involved getting the authority letter from the University to facilitate data collection. An authority letter was also sought from the Group Head of Human Resources for the study. The questionnaires were administered through drop and pick method. If a respondent did not fill the questionnaire after one week, a follow up was made through a phone call to a few coordinators and they were collected at a time that was conveniently arranged between the researcher and the coordinators. This study took into account information from studies in the industry and the results from previous studies.

3.6 Data Analysis

The questionnaires were edited for completeness and consistency to ensure that respondents had completed them as required. The collected data was coded and entered into Statistical Package for Social Sciences (SPSS V.20) to create a data sheet that was used for analysis. The responses were coded with numbers. After data was collected it was screened and cleaned to find out whether there were errors that could be corrected. Data was analyzed using quantitative techniques. This was done by tallying the responses, computing percentages of variations in responses and describing and interpreting the data in line with the study objectives and assumptions. Descriptive statistics such as frequencies, percentages, mean and standard deviation were used to describe the characteristics of collected data. Data was presented in form of pie charts and in continuous prose form. Standard deviations to measure response disparity particularly for the Likert-scale question items was also adopted. Pearson's Correlation and

Analysis of variance (ANOVA) was used to establish the relationships among the study variables. The entire hypothesis was tested at 95% confidence level.

3.7 Chapter Summary

The research method selected of descriptive research design was very specific to developing a relationship between cause and effect within the framework of the extent of implementation of OSH Act 2007 within Sarova Group of Hotels in Nairobi. The large quantity of in-depth information about the population and the relatively large sample size of 128 employees was an enabler for this. The fact that the sample was selected across a cross-section of staff, senior managers, middle level managers and shop floor employees created a level playing field for the research to draw as objective as possible conclusions.

CHAPTER FOUR

DATA ANALYSIS, RESULTS AND DISCUSSION

4.1 Introduction

This chapter contains details of presentation of data analysis, interpretation and discussion of findings. Data presentation is organized based on the specific objectives of the study. Descriptive analysis was employed which included weighted mean frequencies and percentages. Inferential statistics such as correlation analysis was also used to test for the relationship of the variables. The organised data was interpreted on account of concurrence to objectives using assistance of computer packages especially Statistical Package for Social Sciences (SPSS) to communicate the research findings. The analyzed data is presented in frequency and percentage tables. This enhanced easier interpretation and understanding of the research findings.

4.2 Response Rate

The number of questionnaires that were administered was 128. A total of 99 questionnaires were received out of a possible 83 questionnaires. This was a response rate of 77.3%. The unsuccessful response rate was 29 questionnaires (22.7%). According to Mugenda and Mugenda (2003), a response rate of more than 50% is adequate for analysis. Babbie (2004) also asserted that a return rate of 50% is acceptable for analysis and publishing. He also states that a 60% return rate is good and a 70% return rate is very good. The achieved response rate was77.3% which implies that the response rate was very good since it implies representativeness. The

sample drawn for the questionnaire research compares well with the population of interest. The response rate matrix is presented on Table 4.1.

Table 4.1: Response Rate

	Frequency	Percentage
Returned Questionnaires	99	77.3%
Unreturned Questionnaires	29	22.7%
Total	**128**	**100%**

4.3 Demographic Information

This section presents the descriptions of the respondents in terms of their gender, age, level of education and department.

4.3.1 Gender

The respondents were asked to indicate their gender. The majority of respondents were male as supported by a percentage of 54% while the female respondents represented 46% of the respondents. The findings are presented in Figure 4.1

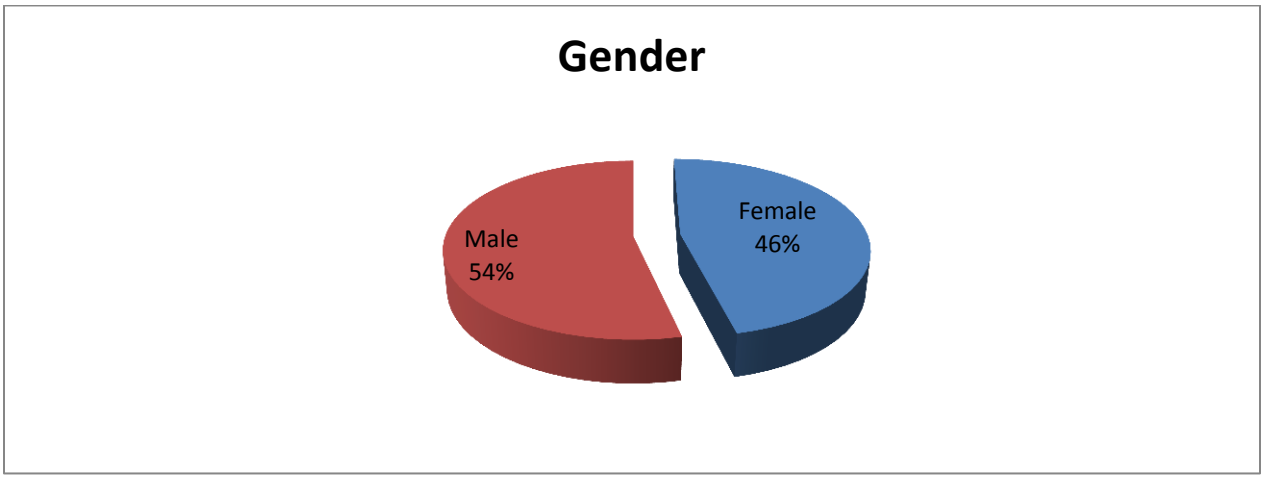

Figure 4.1: Gender of Respondents

4.3.2 Age of Respondents

The respondents were asked to indicate their age. According to study findings, 28 percent of respondents are aged between 21-30 years, 47 percent aged between 31-40 years, 22 percent were aged between 41-50 years and 3 percent aged 50 years and above. This implies that the respondents are mature enough and will be able to understand the questionnaire. The findings are presented in Figure 4.2

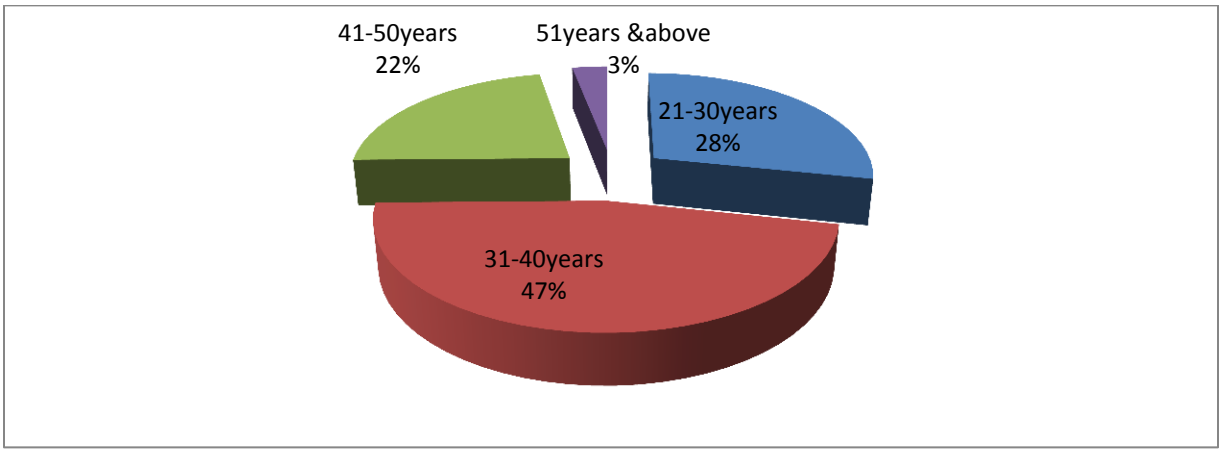

Figure 4.2: Age of Respondents

4.3.3 Position in the Hotel

The respondents were asked to indicate the employment position they held in the hotel. According to study findings, 37 percent of respondents held managerial positions, 30 percent were employed in supervisory positions while 33% of the respondents worked in junior positions. The findings are presented in Figure 4.3

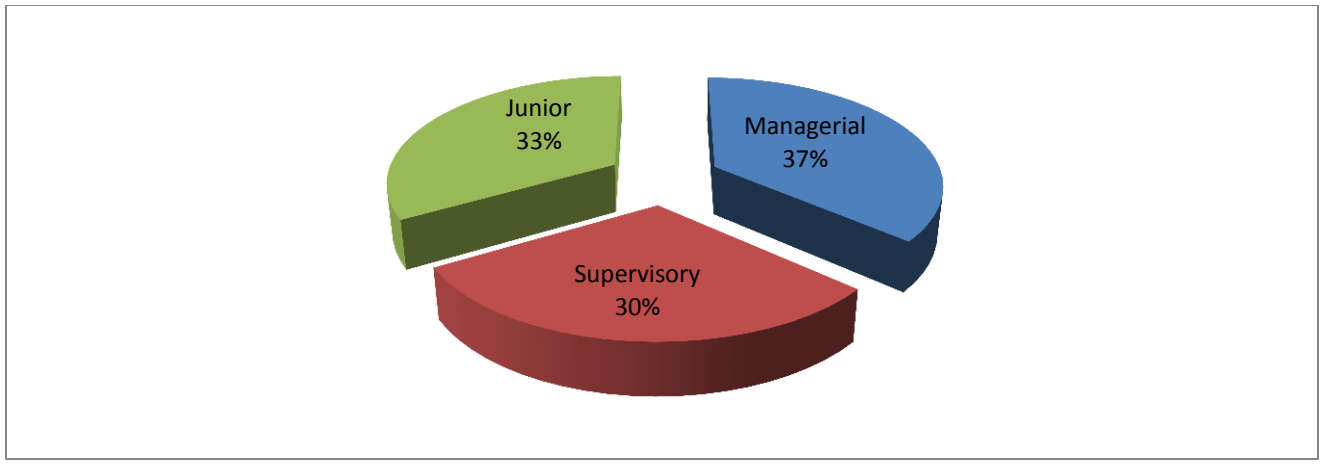

Figure 4.3: Position of Respondents

4.3.4 Level of Education

The respondents were asked to indicate their highest levels of education achieved. Only 5% had a secondary level education, 55 percent of the respondents which were the majority indicated they had a college level academic rank, 25% had university level qualifications and 14% had reached the postgraduate level. The results are presented in Figure 4.4

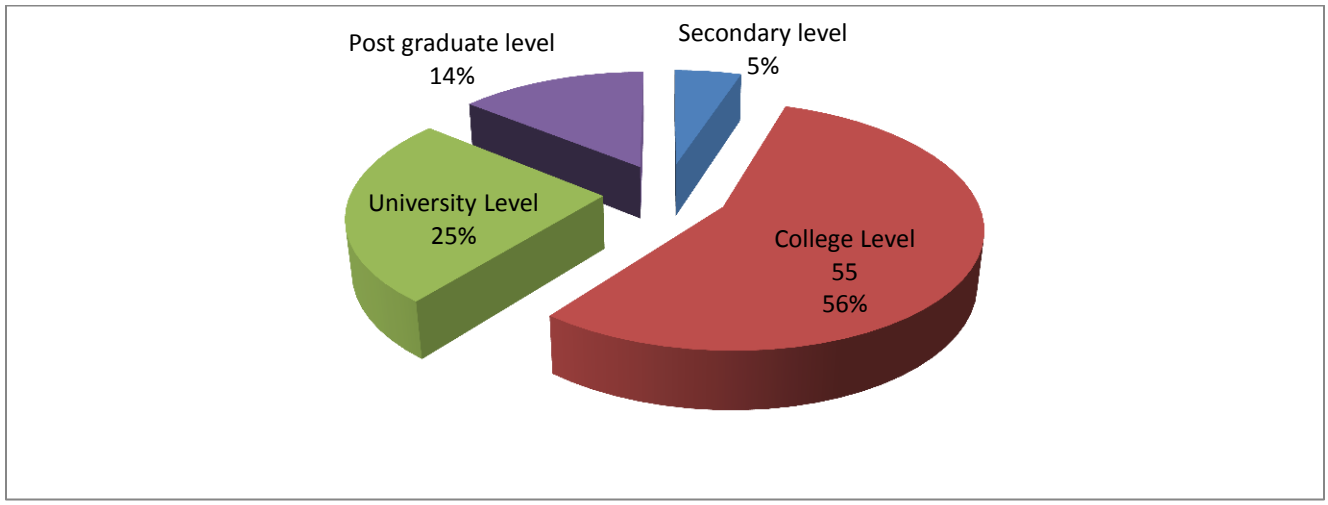

Figure 4.4: Highest Level of Education

4.3.5 Department

The respondents were asked to indicate the various departments they worked in. 34% of the respondents indicated they work in the food and beverage department, 16% were in housekeeping and laundry, 13% worked in the front office, sales and reservations department, 9% were in human resources department, 8% were in engineering, 8% worked in accounts, 5% worked in administration, 3% in Information Technology, 1% worked in the security department and finally 1% worked in health club and spa department. The results are presented in Figure 4.5

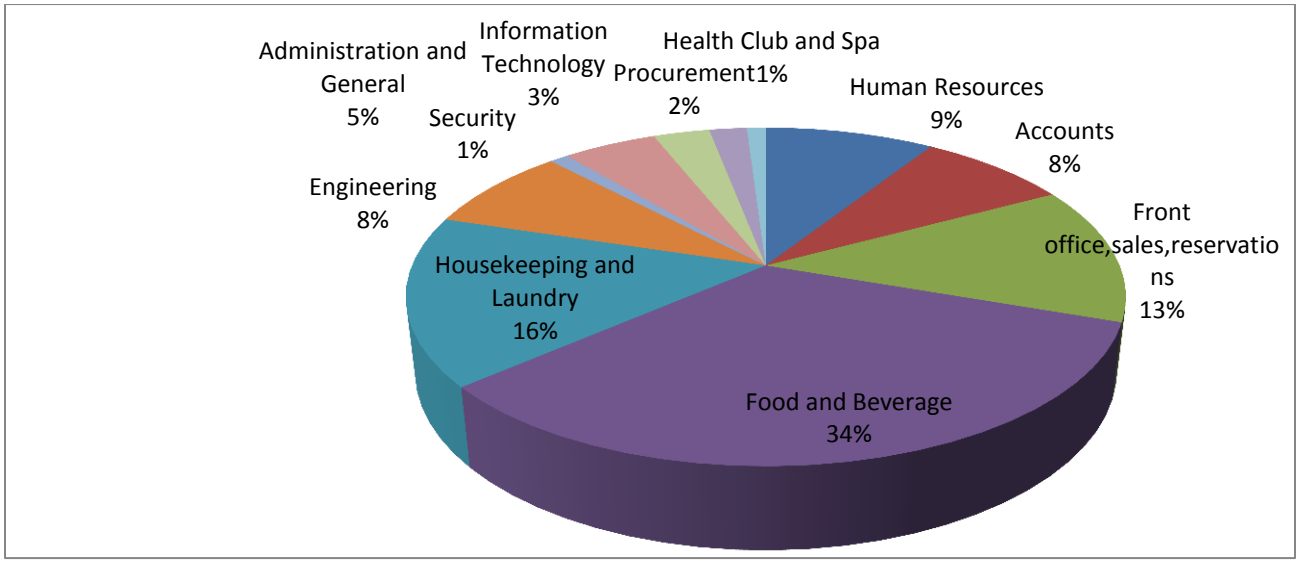

Figure 4.5: Department

4.4 Descriptive Statistics

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

4.4.1 Worker Participation, Organization and Communication

The study sought to determine whether worker participation, organization and communication had an influence on the extent of implementation on the OSH Act of 2007. A great majority of the respondents (91.9%) agreed that they were aware of OSH regulations at the workplace, 78.8% agreed that there were safety trainings as part of orientation on employment. 76.8% of the respondents agreed to the statement that both employers and employees have responsibilities and rights for effective OSH. On the question of whether the employees can refuse unsafe working conditions, a majority (67.7%) agreed. Asked if they were satisfied with information about company policy on Occupational Safety and Health and about company activities in this area, 65.7% of the respondents agreed. On a five point scale, the average mean of the responses was 4.0 which means that majority of respondents agreed to statements in the questionnaire. The standard deviation was 1.0 meaning that the responses were clustered around the mean response.

Table 4.2: Worker Participation, Organization and Communication

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

4.4.2 Employee Attitude

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

Table 4.3: Employee Attitude

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

4.4.3 Leadership

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

responses. These results imply that leadership may have had an impact on the extent of implementation of the OSH Act of 2007.

Table 4.4: Leadership

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

4.4.4 Training

The study sought to determine whether training was a determinant on the extent of the implementation of the OSH Act. The respondents were asked if there are frequent trainings on Occupational Health and Safety practices and 64.7% agreed. On the question of whether adequate information on any risks associated with new technologies or imminent danger was provided, 52.5% of the respondents agreed. The respondents were further asked if there were regular fire drills carried out for all staff and guests and only 46.4% of the respondents agreed. A big majority of the respondents (71.7%) agreed that there is a written safety and health policy statement displayed in the premises and another 83.8% of the respondents agreed to the

statement that they knew what constitutes substances that are dangerous to their health and safety at work. On a five point scale, the average mean of the responses was 3.6 which means that majority of the respondents were agreeing to the statements in the questionnaire. The standard deviation was 1.0 meaning that the responses were clustered around the mean response. These results indicate that training does determine the extent of implementation of the OSH Act.

Table 4.5: Training

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

4.5 Inferential Statistics

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

4.5.1 Correlation Analysis

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

Table 4.6: Correlation Matrix

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

Key

r – a statistic used to measure the correlation between two variables. The closer it is to 1.0, the stronger the relationship between the two variables. The closer it is to 0.0, the stronger the indication of the absence of a relationship.

p – a statistic used to measure the probability of a correlation between two variables. A significant correlation is indicated by a probability value less than 0.05. This means the probability of obtaining such a correlation is less than 5%.

4.5.2 Regression Analysis

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

Table 4.7: Model Summary

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

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

Table 4.8: Analysis of Variance

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

Table 4.9: Regression Analysis

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

The multiple linear regression model is as shown below.

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

Where:

X_1 = Worker Participation

X_2 = Employee Attitude

X_3= Leadership

X_4= Training

Y= Extent of implementation of OSH Act 2007

Thus, the optimal model for the study is:

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

4.6 Discussion of findings

The study found out that the extent of OSH Act implementation and worker participation are positively and significant related (r=0.538, p=0.000). Regression results also confirmed the same results. Regression results indicated that one unit increase in worker participation led to a positive increase in OSHA implementation by 0.096 units. The findings agree with those in Dessler (2015) who noted that there are two good reasons to get involved in designing the safety program. First, the employees are often management's best source of ideas about what the potential problems are and how to solve them. Second, employee involvement tends to encourage employees to accept the safety program. The findings are in line with the law (OSHA 2007) which directs that the employer makes arrangements for workers and their safety and health representatives to have the time and resources to update themselves about processes of organizing, planning, implementation, evaluation and action for improvement of the OSH management system.

The table further indicates that extent of OSH Act implementation and employee attitude are positively but not significantly related (r= 0.159, p=0.116). Regression results also confirmed that the relationship was positive but not significant. Regression results indicated that one unit

increase in employee attitude led to a positive increase in OSHA implementation by 0.010 units. These findings agree with those of O'toole (2012) which suggest that the reductions in injuries experienced at the company locations were strongly impacted by the positive employee perceptions on several key factors. The findings further agree with those of Tam and Fung (2011) that health and safety awareness can influence health and safety attitude and behavior. The low awareness of health and safety would make workers more vulnerable to illness or injury.

It was further established that extent of OSH Act implementation is positively and significantly related to leadership (r=0.672, p=0.000). Regression results also affirmed the same results. The regression results indicated that one unit increase in leadership led to a positive increase in OSHA implementation by 0.37 units. The findings agree with those of (Nzuve, 2006) which stated that to a large extent the attitude of the rank and file towards safety is a reflection of the attitude of their supervisors. The findings are also in agreement with those of Armstrong (2009) that leadership inspires people to do their best to achieve a desired result and that the function of team leaders is to achieve the task set for them with the help of the group.

The study also established that extent of OSH Act implementation is positively and significantly related to training (r=0.603, p=.000). The regression results also confirmed the same results. Regression results indicated that one unit increase in training led to a positive increase in OSHA implementation by 0.252 units. These findings are in agreement with those of Armstrong (2010) that managers have a vital role in helping their people to learn and develop. Most learning takes place on the job but it will be more effective if managers provide the coaching and guidance and support people's needs. The findings further agree with those of (Hall et al, 2005) which state

that employees should be told about and understand the nature of the hazards at the place of work; employees need to be aware of the safety rules and procedures; and the need to be persuaded to comply with them.

4.7 Chapter Summary

The chapter presented the findings of the study. Both descriptive and inferential results were presented. In particular, percentages and weighted mean frequencies were used. The findings indicate that there was a positive and significant relationship between worker participation, leadership and training with the extent of OSH Act implementation. However, the relationship between employee attitude and extent of OSH Act implementation was positive but insignificant. The findings of this chapter were useful in making a summary and conclusions of the study.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary of Findings

This section presents the summary of the findings in line with the objectives of the study.

5.1.1 Worker Participation, Organization and Communication

Worker participation, organization and communication was found to have a positive significant relationship with extent of implementation of the OSH Act of 2007 (r= 0.538, p=0.000). These findings are in line with OSH Act 2007 which states that the employer is tasked with the duty to ensure that workers and their safety and health representatives are consulted, informed and trained on all aspects of OSH, including emergency arrangements associated with their work. The law (OSHA 2007) further directs that the employer makes arrangements for workers and their safety and health representatives to have the time and resources to update themselves about processes of organizing, planning, implementation, evaluation and action for improvement of the OSH management system. Dessler (2015) indicated that employee involvement tends to encourage employees to accept the safety program.

5.1.2 Employee Attitude

Results from the correlation analysis indicated that employee attitude had a positive non-significant relationship with extent of implementation of the OSH Act of 2007 (r= 0.159, p=0.116). These findings corroborate those of Tam and Fung (2011) who examined awareness and attitude in using the personal respiratory protective equipment in the Hong Kong construction industry. Results of the study indicated that health and safety awareness can

influence health and safety attitude and behaviour. The findings are also in line with those of O'toole (2012) who conducted an employee safety perception survey. The results of this preliminary study suggest that the reductions in injuries experienced at the company locations was strongly impacted by the positive employee perceptions on several key factors.

5.1.3 Leadership

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

5.1.4 Training

The relationship between training and extent of implementation of the OSH Act of 2007 was positive and significant (r= 0.603, p=0.000). According to Hall, Taylor & Torrington (2005), safety training has three major purposes: employees should be told about and understand the

nature of the hazards at the place of work; employees need to be aware of the safety rules and procedures; and the need to be persuaded to comply with them. According to Armstrong (2010), managers have a vital role in helping their people to learn and develop. Most learning takes place on the job but it will be more effective if managers provide the coaching, guidance and support people's needs. To do this they need to know about induction training, how to ensure continuous learning and personal development planning processes. In induction training you are involved in helping people to learn every time you welcome new employees, plan how they are going to acquire the knowhow required, preferably as recorded in a learning specification, provided for them to carry out and see that the plan is implemented.

5.2 Conclusions

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

5.3 Policy Recommendations

1. From the findings, the study recommends Occupational Safety and Health regulations at workplaces be publicized extensively to ensure managers/supervisors and workers in

organizations increase awareness levels. Mechanisms should also be put in place to sensitize the general public about occupational safety and health.

2. The study recommends information provision for worker representatives and the presence of strong trade unions with an active engagement in health and safety issues.
3. The study recommends worker representation, management commitment and degree of recognition of workplace role: associated with more (traditional and psychosocial) risk management measures.
4. There should be awareness forums conducted by professional bodies in partnership with government departments.
5. The government should strengthen the legal, institutional framework and inspectorate activities in order to enforce compliance with the Occupational Safety and Health Act, 2007.

5.4 Recommendation for further research

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

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

REFERENCES

Armstrong M. (2010). *Human Resource Management Practice: Handbook*, 8th Edition, Kegan Page Ltd., London.

Babbie, E. R. (2004). *Survey Research Methods*. Belmont, CA: Wadsworth

Cooper D., Schindler P. (2003). Business Research Methods.

Dessler, G., (2015). *Human Resources Management*, Upper Saddle River. 10th Edn.,Rarsom Education, New Jersey, USA.

Gordon G.G. (1965). The Relationship of Satisfiers and Dissatisfiers to Productivity, Turnover and Morale.

Hall, L., Taylor, S., & Torrington, D. (2005).*Human Resource Management*, 6th edition, New Delhi: Prentice Hall.

History of Sarova Hotels journal, 2004

Hu, S. C.,.Lee,C. C.,. Shiao, J. S. C & Guo, Y. L. (2014). Employers' awareness and compliance with occupational health and safety regulations in Taiwan. *Occup. Med.* Vol. 48, No. 1, pp. 17-22.

Kaguathi J.N., (2013). Challenges of Implementing Occupational Health and Safety Strategies at East African Portland Cement Company Limited.

Kano, N., Seraku, N.K., Takahashi, F. and Tsuji, S. (2013). Attractive quality and must be quality. *Quality* 14(2), 39-48.

Katsuro, P., Gadzirayi, C. T., Taruwona, M & Mupararano, S. (2010). Impact of occupational health and safety on worker productivity: A case of Zimbabwe food industry. *African Journal of Business Management* Vol. 4(13), pp. 2644-2651.

Kimanzi D. (2005). A Survey of Occupational Health and Safety Programmes Adopted by Chemical Manufacturing Firms in Nairobi.

Kothari C. (2004). Research Methodology - Methods and Techniques.

Lehtinen, (eds), (2011). Proceedings of Regional Symposium on Occupational Health and Safety. *African Newsletter on Occupational Health and Safety*. Helsinki, Finland.

Mbakaya C.F., Onyonyo H.A., Lwaki S.A., Omondi O.J. (2000). A survey on management perspectives of the state of workplace health and safety practices in Kenya.

McGraw J. Hill, Irwin (2008). Labour Economics. 4th Edition

Mugenda, O.M., & Mugenda, A.G. (2003).*Research methods: Quantitative and Qualitative Approaches.* Nairobi: ACTS Press

Muthoni O.N. (2014). Perceived Effectiveness of Employee Empowerment Strategies Adopted by Chinese Owned Building and Construction Firms in Kenya

Ndegwa, P. W., Guyo, W., Orwa, G & Ng'ang'a P. (2014). The Influence of Management Support in the Implementation of Occupational Safety and Health Programmes in the Manufacturing Sector in Kenya. *International Journal of Academic Research in Business and Social Sciences*, 4(9), 490-507.

Ngechu M. (2002). Understanding the Research Process and Methods. 5th edition

Nyakang'o J.B. (2005). Status of Occupational Health and Safety in Kenya – Workshop on the IUPAC-UNESCO-UNIDO Safety Training Program, part of the IUPAC Congress in Beijing. IUPAC-UNESCO, Beijing.

Nzuve S.N (2006). Human Resource Management lecture notes

Nzuve S.N., Ayub B.L. (2012). The Extent of Compliance with Occupational Safety and Health Regulations at Registered Workplaces in Nairobi: *International Journal of Business, Humanities and Technology*

Okumbe J. A. (2011). *Human Resource Management; An Educational Perspective*; Nairobi: Education Development & Research Bureau.

O'Toole, M. (2012).The relationship between employees' perceptions of safety and organizational culture. *Journal of Safety Research,* 33,231–243.

Padmini, D. S. &Venmathi, A. (2013). Creating Awareness on Occupational Health and Safety among Workers Employed in Garment Industries. *International Journal of Scientific Research*, 2(2), 272-275.

Rachmawati, I.K. (2013).*ManajemenSumberDayaManusia.*Penerbit: ANDI Yogyakarta

Rantanen J. (2010).*Basic occupational health services.* Helsinki (Finland): Finnish Institute of Occupational Health.

Rogers, C. M. (1976). *Occupational Health and Safety Act 2004* as cited in Creighton & Rozen.

Sarova Facts and Figures, 2013

Sekaran U. (2013). Research Methods for Business.

Shyam, S. B., Suman, B. S., Reshu, A.S., Surya, R. N. &Paras, K. P. (2014). Awareness of occupational hazards and use of safety measures among welders: a cross-sectional study from eastern Nepal. *Occupational and environmental medicine,* 4(6).

Sikpa F.C. (2011). An Assessment of Occupational Health and Safety Practices on Job Performance at The Tetteh Quarshie Memorial Hospital, Mampong-Akuapem.

Smith A. (1776). An Inquiry Into The Nature and Causes of The Wealth of Nations

Subhani M.G. (2010). Study of Occupational Health and Safety Management System (OHSMS) in Universities' Context and Possibilities for Its Implementation. A Case Study of University of Gavle, Sweden.

Tam, V. W. Y. & Fung, I. W. H. (2011).A Study of Knowledge, Awareness, Practice and Recommendations Among Hong Kong Construction Workers on Using Personal respiratory Protective Equipment at Risk. *The Open Construction and Building Technology Journal*,2, 69-81.

Tuitoek V. (2007). Benchmarking Health, Safety and Environmental (HSE) Performance Measurement Practices in The Oil Industry in Kenya.

Verbeek, J. &Ivanov, I. (2013). Essential Occupational Safety and Health Interventions for Low-andMiddle-income Countries: An Overview of the Evidence. *Safety and Health at Work,*4, 77-83.

Vision 2030 –Transforming Kenya: Pathway to devolution, socio-economic development, equity and national unity. *Second Medium Term Plan (2013-2017), 48*

Wanyanga D.A., (2011). Knowledge, Attitudes and Practices of Health and Safety: A Case Study Among Subordinate Staff at The Kenyatta National Hospital in Nairobi.

Yusuf, M. R., Anis, E. &Oci N. S. (2012). The Influence of Occupational Safety and Health on Performance with Job Satisfaction as Intervening Variables (Study on the Production Employees in PT. *American Journal of Economics*, 136-140.

APPENDIX I: LETTER OF INTRODUCTION

UNIVERSITY OF NAIROBI
SCHOOL OF BUSINESS
MBA PROGRAMME

Telephone: 020-2059162
Telegrams: "Varsity", Nairobi
Telex: 22095 Varsity

P.O. Box 30197
Nairobi, Kenya

DATE 18/9/2015

TO WHOM IT MAY CONCERN

The bearer of this letter FRANKLIN M. MANDUKU

Registration No. D61/P/8082/2007

is a bona fide continuing student in the Master of Business Administration (MBA) degree program in this University.

He/she is required to submit as part of his/her coursework assessment a research project report on a management problem. We would like the students to do their projects on real problems affecting firms in Kenya. We would, therefore, appreciate your assistance to enable him/her collect data in your organization.

The results of the report will be used solely for academic purposes and a copy of the same will be availed to the interviewed organizations on request.

Thank you.

UNIVERSITY OF NAIROBI
SCHOOL OF BUSINESS
18 SEP 2015
P.O. Box 30197 - 00100, NAIROBI

PATRICK NYABUTO
MBA ADMINISTRATOR
SCHOOL OF BUSINESS

APPENDIX II: RESEARCH QUESTIONNAIRE

Kindly answer the following questions as honestly and accurately as possible. The information given will be treated with a lot of confidentiality. Please do not write your name anywhere on this questionnaire. You are encouraged to give your honest opinion.

Section A: Background Information

1. Gender

   a) Male ☐ b) Female ☐

2. Age

   a) 21-30 years ☐ d) 51 years & above ☐

   b) 31-40 years ☐

   c) 41-50 years ☐

3. Position in the hotel/organisation

   a) Managerial ☐ b) Supervisory ☐ c) Junior ☐

4. Highest level of education

   a) Primary level ☐ b) Secondary level ☐

   c) College level ☐ d) University level ☐

   e) Post graduate level ☐

5. Department

   a) Human Resources ☐ g) Security ☐

   b) Accounts ☐ h) Administration & General ☐

   c) Front Office, Sales, Reservations ☐ i) Information Technology ☐

   d) Food and Beverage-Service & Kitchen ☐ j) Procurement ☐

   e) Housekeeping& Laundry ☐ k) Health Club & Spa ☐

   f) Engineering ☐

SECTION B: WORKER PARTICIPATION, ORGANISATION & COMMUNICATION

This section is concerned with workers' participation, the organization and communication on occupational safety and health. Please indicate your response below using a tick where appropriate (√)

	Strongly Disagree [1]	**Disagree [2]**	**Neutral [3]**	**Agree [4]**	**Strongly Agree [5]**
I am aware of Occupational Safety and Health regulations at the workplace					
There are safety trainings as part of orientation on employment					
Both employers and employees have responsibilities and rights for effective occupational health and safety					
I can refuse unsafe working conditions					
I am satisfied with information about company policy on Occupational Safety and Health and about company activities in this area					

SECTION C: EMPLOYEE ATTITUDE

This section is concerned with employee attitude and occupational safety and health. Please indicate your response below using a tick where appropriate (√)

	Strongly Disagree [1]	**Disagree [2]**	**Neutral [3]**	**Agree [4]**	**Strongly Agree [5]**
I am personally conscious about occupational health and safety rules					
If I worry about safety all the time I would not get my job done					
Whether or not I'm in a managerial position can significantly influence Occupational Safety and Health at the workplace					
Our safety program is worthwhile					
My co-workers ignore safety roles and responsibilities					

SECTION D: LEADERSHIP

This section is concerned with leadership on occupational safety and health. Please indicate your response below using a tick where appropriate (√)

	Strongly Disagree [1]	**Disagree [2]**	**Neutral [3]**	**Agree [4]**	**Strongly Agree [5]**
The top management of the hotel is actively involved in promoting Occupational Health and Safety practices					
The top management of the hotel actively involves employees in Occupational Health and Safety decision making					
There is peer education and sensitization on Occupational Health and Safety practices from the top management					
Staff are free to report on occupational health and safety					
The management constantly reviews occupational health and safety					

SECTION E: TRAINING

This section is concerned with training of employees on occupational safety and health. Please indicate your response below using a tick where appropriate (√)

	Strongly Disagree [1]	**Disagree [2]**	**Neutral [3]**	**Agree [4]**	**Strongly Agree [5]**
There are frequent trainings on Occupational Health and Safety practices					
There is adequate information on any risks associated with new technologies or imminent danger					
Regular fire drills are carried out for all staff and guests					
There is a written safety and health policy statement displayed in our premises					
I know what constitutes substances that are dangerous to my health and safety at work					

SECTION F: EXTENT OF IMPLEMENTATION OF OSH ACT OF 2007

This section is concerned with extent of implementation of occupational safety and health. Please indicate your response below using a tick where appropriate (√)

	Strongly Disagree [1]	**Disagree [2]**	**Neutral [3]**	**Agree [4]**	**Strongly Agree [5]**
There is regular maintenance of my work areas (machines, equipment that I use) including cleanliness, ventilation, lighting, drainage of floors and sanitary conveniences					
I participate in the application and review of Health and Safety measures					
Risk assessments in relation to safety and health are regularly carried out.					
Systems and procedures of work are provided for me to use					

	Strongly Disagree [1]	**Disagree [2]**	**Neutral [3]**	**Agree [4]**	**Strongly Agree [5]**
There is an Occupational Health and Safety Committee to oversee its implementation					
There is a high level of housekeeping and sanitation around the hotel					
There are arrangements to ensure safety in the use, handling, storage, and transport of items and substances					
I am aware that a Safety and Health audit has been carried out at least once in the last one year by an external safety and health advisor					
I always wear protective clothing (gloves, helmet, mask) when faced with safety and health doubts at my workplace					