

**OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT  
PRACTICES AMONG THE ELECTRONIC MEDIA HOUSES IN  
KISUMU COUNTY, KENYA**

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AWARD OF THE DEGREE OF MASTER OF BUSINESS  
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## **DECLARATION**

This research project is my original work and has not been presented for an award of a degree or any other academic credit at the University of Nairobi or any other institution of higher learning.

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D61/64523/2010

Sign.....

Date.....

### **Supervisor**

This research project has been submitted for examination with my approval as the university supervisor.

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## **DEDICATION**

This research project is dedicated to my beloved children, David and Linda, whose existence earned me the title of a dad.

## **ABSTRACT**

Occupational health and safety management is a phenomenon, which has recently gained prominence as a major issue at the work place. This study was designed to assess the occupational health and safety management practices among electronic media houses in Kisumu County. A descriptive census survey design was used in the study. Data was collected using semi structured questionnaires which were administered through the drop and pick later method. 20 out of the targeted 23 respondents dully filled and returned the questionnaires for analysis giving a response rate of 86.96%.

The findings from the study indicate that the following occupational safety management practices existed among electronic media houses in Kisumu County; Inspection, maintenance and repair of machines; employee protection from hazards; having efficient physical plants layout; safety education practices; proactive identification of hazards; and employee empowerment. The study also found out that the main occupational health management practices include: having health and medical programs; use of health rules and regulations; use of noise and vibration control equipment; health surveillance on employees; employee counseling and rehabilitation; and promoting physical fitness activities.

From the study findings, it was recommended that media houses in Kisumu County should promote health and safety awareness programs by sensitization through education and seminars. The government through its relevant agencies should also closely monitor all industry players to ensure adherence to statutory health and safety regulations while creating room for the emergence of new trends.

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# **CHAPTER ONE: INTRODUCTION**

## **1.1 Background of the Study**

In today's dynamic business environment, the workforce is a source of competitive advantage (Kramer and Shain, 2004). Millions of workers die, are injured or fall ill every year because of workplace hazards (Benjamin, 2001). The sufferings in terms of human life are enormous while the economic costs are so great that they may undermine a firm's aspirations for sustainable economic and social development (Benjamin, 2001). Preserving the safety, health, and welfare of people and protecting human and capital resources in the workplace are vital for a firm's success (Reynolds, 2011). There is rising cost of health compounded by the enactment of new laws and the deregulatory proposals. Accidents and other administrative issues such as existence of so many enforcement agencies leading to haphazardness, Obscure laws, Apathy, Lack of awareness, lack of proper enforcement mechanisms, capacity challenges, and emerging production techniques create new risks (Kariuki, 2007). Employees are exposed to heavy workload leading to stress, long hours of work and neglect for their social life.

### **1.1.1 Occupational Health**

Occupational health refers to the general state of the physical, mental, and emotional wellbeing of employees at the workplace (Mathias et al, 1994). A healthy employee is one free from physical injuries or mental and emotional problems. Occupational health management is therefore the promotion and maintenance of physical, mental, and social wellbeing of workers of all occupations (International Labour Organization, 1950; World



Health Organization, 1950). Health hazards may be biological, chemical, physical, ergonomic, or psychological in nature. Occupational illnesses are caused by exposure to environmental conditions associated with employment such as inhalation of poisonous gases, absorption, and exposure to physical and psychological hazards such as noise, respiratory diseases, skin diseases, and mental illness (Mathias et al, 1994).

Human resource management practices, which promote health and safety of the workforce, need to be enhanced for optimum performance and productivity (Nzuve, 2002). Adoption of employees' occupational health and safety programs is necessary since workers are more likely to be motivated to work when they are in optimal physical and psychological health (Holman, 2002; Krain and Shain, 2004). Regular voluntary medical examinations and health check assessments for the job concerned are necessary and many organizations focus on having consulting rooms on the work environment for their workers. A safety professional is required to advice the employees on health and safety' issues (Hale et al, 2004).

### **1.1.2 Occupational Safety**

Occupational safety is concerned with an accident free working environment with focus being to identify, investigate control, and eliminate risks and hazards, which cause accidents (Health and Safety Executive, 2006). It the state in which the risk of harm to persons or properties is reduced or maintained at or below an acceptable level through a continuing process of hazard identification and risk management. The status of occupational safety conditions is an issue of growing concern to the industrialists, practitioners, Governments and consumers (Kariuki, 2007). Work related accidents

might result in minor injuries, severe injury, or even death while at the same time cause damage to the company's reputation and assets (Armstrong, 1997). Improving occupational health and safety is in the best interest of all governments, employers, and employees (Benjamin, 2001). The right to safe and healthy working conditions has dramatically gained a lot of interest at the global, regional and national levels (Steve, 2003).

Safety management practitioners should develop processes, procedures, criteria, requirements, and methods to attain the best possible management of the hazards and exposures that can cause injury to people, and damage property, or the environment (Benjamin, 2001). Managers should apply good business practices and economic principles for efficient use of resources to add to the importance of the safety processes. A certified service should employ sufficient numbers of four types of certified experts to cover the risks in the organizations, which use the service: a safety professional; an occupational hygienist; an occupational physician; and a work and organization specialist (Hale et al, 2004). Occupational injuries such as cuts, fracture, sprain, or amputation result from work related activities such as exposure to poor work environment for example, deafness from an explosion, chemical exposure, back disorder from a slip or a strip as well as insect and snake bite. Accidents may also result from falls, vehicles, explosion, moving equipment, drowning, electrocution, or burns from toxic gases.

### **1.1.3 Occupational Health and Safety Management Practices**

Occupational health and safety management is an inter-disciplinary area concerned with protecting the safety, health and welfare of people engaged in work or

employment. Occupational health and safety management practices are those practices that aim at preserving and protecting human and capital resources in the workplace (Reynolds, 2011). The goal of all occupational safety and health practices is to foster a safe work environment and protect co-workers, family members, employers, customers, suppliers, nearby communities, and other members of the public who are impacted by the workplace environment (Occupational Health and Safety Act of Kenya number 154, 2007). According to International Labour Organization, workplace accidents and errors cost organizations hundreds of billions of dollars each year, and the injured workers and their families endure considerable financial and emotional suffering.

Different states take different approaches to legislation, regulation, and enforcement. In addition, economic incentives for compliance to rules and general good occupational safety and health practice vary among nations. In the European Union, for example, some member states promote occupational health and safety by providing public monies as subsidies, grants, or financing, while others have created tax system incentives for occupational health and safety investments. The member states have enforcing authorities to ensure that the basic legal requirements relating to occupational health and safety are met. In many European Union countries, there is strong cooperation between employer and worker organizations (e.g. unions) to ensure good occupational health and safety performance. Member states have all transposed into their national legislation a series of directives that establish minimum standards on occupational health and safety.

In the United Kingdom, the Health and Safety Executive and local authorities (Health and Safety Act, 1974) enforce health and safety legislation. Increasingly in the United

Kingdom, the regulatory trend is away from prescriptive rules, and towards risk assessment. Recent major changes to the laws governing asbestos and fire safety management embrace the concept of risk assessment. In Denmark, occupational safety and health is regulated by the Danish Act on Working Environment and cooperation at the workplace, which carries out inspections of companies, draws up rules that are more detailed on health and safety at work, and provides information on health and safety at work (Working Environment and Cooperation Act of Denmark, 1969).

In the United States, the Occupational Health and Safety Act of 1970 created both the National Institute for Occupational Safety and Health and the Occupational Safety and Health Administration. Occupational Safety and Health Administration is responsible for developing and enforcing workplace safety and health regulations. National Institute of Occupational Safety and Health, in the Department of Health and Human Services, is focused on research, information, education, and training in occupational safety and health. Occupational safety and health regulation of a limited number of specifically defined industries was in place for several decades before that, and broad regulations by some individual states was in place for many years prior to the establishment of Occupational Safety and Health Administration.

In Canada, the provincial or federal labour codes cover workers are depending on the sector in which they work. Workers covered by federal legislation including those in mining, transportation, and federal employment are covered by the Canada Labour Code; all other workers are covered by the health and safety legislation of the province they work in. The Canadian Centre for Occupational Health and Safety is an agency of the

Government of Canada created by an Act of Parliament. The agency bases on the belief that all Canadians have a fundamental right to a healthy and safe working environment. The agency has a mandate to promote safe and healthy workplaces to help prevent work-related injuries and illnesses (Canadian Centre for Occupational Health and Safety, 1978).

In Malaysia, the Department of Occupational Safety and Health under the Ministry of Human Resource is responsible to ensure that the safety, health, and welfare of workers in both the public and private sector are upheld (Occupational Safety and Health Act of Malaysia, 1994). In the People's Republic of China, the prevention of occupational disease is still in its initial stage compared with countries such as the United States or United Kingdom. The Ministry of Health is responsible for occupational disease prevention and the State Administration of Work Safety is responsible for safety issues at work. On the provincial and municipal level, there are Health Supervisions for occupational health and local bureaus of Work Safety for safety (Work safety Act of Peoples Republic of China, 2002)

In Kenya, the ministry of Labour, Department of Occupational Health and Safety anchors occupational, health and safety issues. The Factories Act Cap 254 makes provision for the health, safety, and welfare of persons employed in factories and other places of work. The Act is predominantly socioeconomic in nature and focuses on the shop floor conditions of the factory, safety devices, machine maintenance, safety precautions in case of fire, gas explosions, electrical faults, provisions of protective equipment among others. The challenge and opportunity now for many organizations is to enhance safety

management system so that it can achieve standards of safety excellence and contribute positively to financial performance.

In 2004, Kenya enacted a subsidiary legislation to provide for the formation of Safety Committees by the occupier of every factory or other workplaces (legal Notice of Kenya Number 30, 2004) The Committee is responsible for all health and safety issues of enterprises including undertaking safety audits. The ministry of Labour reports that more than half of the industrial accidents and injuries in Kenya go unreported. It estimates that reported occupational fatalities and injuries between 2000 and 2004 are 1528, 1923, 1332, 1599 and 1387. This lays against the background that factories and other workplaces have to be registered by the Department of Occupational Health and Safety, but by the end of 2004 only 11,387 such enterprises are registered excluding the 1.3 million micro- and small enterprises.

#### **1.1.4 Electronic Media Houses in Kisumu County**

Electronic media house refers to a group of separate media entities who offer electronic broadcast services (<http://ccrweb.uct.ac.za/archive/two/7-4/p21>). The broadcast services include information, news, entertainment, and advertisement. These broadcast services are offered by means of radios and televisions. An independent authority, which is the Communication Commission of Kenya regulate the media houses in Kenya. In Kisumu County, nine media houses operate 23 electronic media stations comprising of 15 radio broadcast stations and 8 television broadcast stations (Communication Commission of Kenya Report on Media Houses in Kenya. Feb 2012). Eight of these media houses namely the Standard Group, the Royal Media Services, the Lolwe Company, the Capital

Group limited, the Osienala Company limited, the Mediamax Network Limited, the Nation Media Group and Radio Africa Group limited, are private while the government owns the Kenya Broadcasting Corporation. The electronic media stations in Kisumu County broadcast majorly in Kiswahili and English languages while a number of established private radio stations broadcast in local vernacular languages.

Employee's health and safety in Kenya is a major issue that has dominated the field of human resource management for years (Benjamin, 2001). Many media organizations that had hitherto operated without institutional and individual capacity for health and safety management attempt to develop the requisite mechanisms in order to improve the safety of the working environment and escape liabilities (Kariuki, 2007). Media houses in Kisumu County operate in a volatile environment that requires the firms to adapt quickly and effectively to change (Rono, 2011). There is pressure to become more productive and workers spend more time at work than home hence face stress of work overload. High staff turnover in the media industry makes staff retention and satisfaction key success factors (Benjamin, 2001). There is Influx of workers with diverse characteristics and cultures. Some firms try to develop a global identity by recruiting workers globally, particularly in the high technology area, where national boundaries do not limit specialized knowledge and (Skillset, 2010).

## **1.2 Statement of the Problem**

Occupational health and safety management practices have continued to be a source of competitive advantage to many firms (Coff, 1997). Organizations are designing human resource systems, which empower and reward employees for performance. This in turn

provides employers with high quality workforce which is committed, healthy and motivated (Legge, 1998). Employers have both legal and moral obligations to provide health safe working environments as well as ensuring the total well being of their employees (International Labour Organization Conventions No. 111, 1950; The Constitution of Kenya chap. 4; 41.). Despite the existing laws, major health and safety issues have arisen since the nineteenth century (Sexton et al, 2007). There is serious need for concern about employees' physical and psychological wellbeing in order to enable organization to realize competitive advantage. If strategic human resource management means anything, it must encompass the development and promotion of a set of health and safety policies to protect the organization's most valued asset, its employees (Guldenmund, 2009).

Currently, media houses in Kisumu County experience a number of challenges concerning the issue of employee safety and health. In particular, the low cost of customers switching from one service provider to another calls for high quality customer service that is only possible if employees concerned are adequately addressed (Rono, 2011). In addition, the low cost of employee movement from one provider to another has resulted into high employee turnover rate (Armstrong, 2004). There is rising cost of health compounded by the enactment of new laws and the deregulatory proposals. Accidents and other administrative issues such as existence of so many enforcement agencies leading to haphazardness, Obscure laws, Apathy, Lack of awareness, lack of proper enforcement mechanisms, capacity challenges, and emerging production techniques create new risks (Kariuki, 2007). Employees are exposed to heavy workload leading to stress, long hours of work and neglect for their social life.



Several scholars have conducted various studies on occupational health and safety. Chelule (2010) carried out a study on quality of work life program and employee satisfaction in UNICEF and found out that employees were more satisfied and committed to work in those firms with adequate work life programs. Kariuki (2006) in a survey on the perception of employees on staff welfare programs in large manufacturing firms in Nairobi, found out that large manufacturing firms in Nairobi had put in place several employee health and safety programs which were not changing with the demands of the dynamic business environment. Rono (2011) carried out a research on the factors that influence adoption of employee wellness programs at the Standard Group Limited. She found out that top management support, legal factors, employee attitude, company culture, availability of resources and staff turnover are the major factors. Mberia (2001) in a study on occupational health and safety programs adopted by the banking industry in Kenya found out that most banks met statutory requirements but only a few banks had established additional occupational health and safety programs. Based on the studies it is evident that researchers have not exhausted the area of occupational health and safety management practices among the electronic media houses in Kisumu County. The study leads to the question: What are the Occupational Health and Safety Management Practices among the Electronic Media Houses in Kisumu County, Kenya?

### **1.3 Research Objective**

The objective of the study was to determine the occupational health and safety management practices among the electronic media houses in Kisumu County, Kenya

## **1.4 Value of the Study**

To the owners of the media houses and the practitioners in the media industry, the study will foster innovation, promote economic development, inform good policy development, and provide a sound foundation for education and training.

To the managers, this research will enable managers to focus primarily on the use of existing information to develop applied solutions and to have a clear insight and understanding of the occupational safety and health requirements in the organization. It will help the managers to implement, maintain, and improve occupational health and safety management programs.

To the government of Kenya, this study will enable the formulation and regulations of policies on occupational health and safety issues in Kenya to protect its citizens from poor working environment. It will enlighten the human resource body of the government institutions on the emerging issues hence develop relevant policies.

To scholars, the study will be a source of reference material for future researchers on the related topics. It will help in highlighting important relationships which require further research that will not be addressed by this study hence provide more effective solutions to issues of employee health and safety at the workplace..

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.1 Occupational Health and Safety**

Occupational health and safety is an inter-disciplinary area concerned with protecting the safety, health and welfare of people engaged in work or employment (Reynolds, 2011). Occupational health and safety places and maintains workers in an occupational environment adapted to their physiological and psychological capabilities (International Labour Organization, 1950; World Health Organization, 1950). The purpose of occupational health and safety program in an organizational context is to upgrade the competency of work force (Brewer et al, 2010). The goal of occupational health and safety management programs is to promote and maintain the highest degree of physical, mental, and social well-being of workers in all occupations (Archer, 2001). It aims at protecting workers in their employment from risks resulting from factors adverse to health (Havold, 2005). The health and safety function relates directly to the elements of the human resource management cycle, which involve selection, appraisal, rewards, and training (Cooper, 2002). The best way to reduce levels of occupational accidents and disease relies on the cooperation of both employers and employees (Robens, 1972; Christian, 2009). The employer has a duty to maintain a healthy and safe workplace.

#### **2.1.1 Occupational Health**

Occupational Health is an employee's freedom from physical or emotional illness at the workplace (Kariuki, 2007). It is the protection of the health of workers by preventing and controlling occupational diseases and accidents, eliminating conditions hazardous to

health at work and the development and promotion of healthy and safe work environment and work organizations. The provision of any health program varies according to the location and size of the organization, the kind of work performed, and the diversity of the workforce (Berkowitz M, 1979). An ideal health program would include features such as a stated health and medical policy and adequate health facilities according to the size and nature of the organization. Health programs may include first aid and emergency dispensary, a registered nurse and doctor or part-time services of a doctor, medical consulting facilities, periodic medical examination of all employees exposed to health hazards, facilities for voluntary periodic physical examination for all employees, in and out patient schemes, full or subsidized medical insurance cover, and medical insurance cover for immediate dependants.

The focus in occupational health is on the maintenance and promotion of workers' health and working capacity, the improvement of working environment and work to become conducive to health and the development of work organizations and working cultures in a direction that supports health and safety at work (International Labour Organization, 1950; World Health Organization, 1950). In doing so, it promotes a positive social climate and smooth operation and may enhance productivity of the undertakings (Reynolds, 2001). Since organizations provide the work and the physical plant, office or establishment, it should be committed to doing everything within reason to protect employee from risks associated with spending their working days to those premises.

### **2.1.2 Occupational Safety**

Occupational Safety is the protection of employees from injuries due to work-related accidents (Benjamin, 2001). Safety Management is about protecting against undesired outcomes and helps to prevent not just incidents and accidents, but financial inefficiencies and losses too. These accidents are unplanned and uncontrolled events, which can result in damage- to both human beings and property (Berkowitz, 1979). Since organizations provide the work and the physical plant, office or establishment, it should be committed to doing everything within reason to protect employee from risks associated to work.

### **2.2 Occupational Health and Safety Management Practices**

Occupational health and safety management practices are those practices that aim at preserving and protecting human and capital resources in the workplace (Reynolds, 2011). The goal of all occupational safety and health practices is to foster a safe work environment and protect co-workers, family members, employers, customers, suppliers, nearby communities, and other members of the public who are impacted by the workplace environment (Occupational Health and Safety Act No. 154, Kenya). Provision of occupational health and safety services means carrying out activities in the workplace with the aim of protecting and promoting workers' safety, health and well-being, as well as improving their working conditions and the working environment (Reynolds, 2011; Kariuki, 2007).

## **2.2.1 Occupational Health Management Practices**

Occupational health management practices are those programs and activities that aim at the promotion and maintenance of physical, mental, and social wellbeing of workers of all occupations (International Labour Organization, 1950; World Health Organization, 1950). Occupational health practice is a multidisciplinary activity. It involves occupational health professionals and other specialists both in the enterprises and outside, as well as the competent authorities, the employers, workers and their representatives. Exposure to environmental conditions associated with employment, for example, inhalation, and absorption cause Occupational illnesses. Health hazards may be biological, chemical, physical, ergonomic, or psychological in nature.

### **2.2.1.1 Stated Health and Medical Policy**

Health and medical policy is the decisions, plans, and actions undertaken to achieve specific healthcare goals within an organization (Rono, 2011). Occupational health policy defines the reason, roles and responsibilities of occupational health within the company, procedures, and responsibilities of managers and employees (Hale et al, 2004) An explicit health policy defines a vision for the future, outlines priorities and the expected roles of different groups and builds consensus and informs people (World Health Organization, 1950). There are many categories of health policies, including personal health care policy and Pharmaceutical policy. They may cover topics of financing and delivery of health care, access to care, quality of care, and equity.

The modern concept of health care involves access to medical professionals from various fields as well as medical technology such as medications and surgical equipments. It also involves access to the latest information and evidence from research, including medical research and health service research (Havold and Nasset, 2009). Organizations draw on the principles of humanism in defining their health policies, asserting the same perceived obligation and enshrined right to health. Some organizations have an explicit policy or strategy to plan for adequate numbers, distribution, and quality of health workers to meet health care goals, such as to address physician and nursing shortages.

### **2.2.1.2 Health Education**

Education is the most effective approach to dealing with occupational health management issues. It is the cornerstone of preventive care and should be a priority by any employer (Rono, 2011). The design of health education programs are to assist employees and employers to behave in a manner conducive to promotion, maintenance and restoration of health (Mejia, 2010). Organizations that are committed to health of their employees invest greatly in educating their employees about the significance and meaning of healthy living (Brewer et al, 2010).

Primary methods of administering educational content include audio-visual materials, printed materials, and speakers hosting on-site seminars and web-based training. Health programs should broadly define the body of knowledge to include any adverse influence to an employee's mental and physical wellbeing and suggestions on how to counteract them (Rono, 2011). All employees should have information about infection, transmission and other aspects of health (Doebbeling and Diekema, 1995). The topics to be covered

should include accident and prevention, as well as nutrition exercise and stress management (Brewer et al, 2010).

### **2.2.1.3 Enforcement of Health Rules and Regulations**

An employer should ensure that an employee undergoes medical examination or that he or she conducts any other form of health surveillance in relation to an employee. Reports of health surveillance should be confidential and an employer must ensure that any report resulting from the medical examination or other health surveillance of an employee is confidential (International Labour Organization Convention No 111, 1950). Medical screening involves tests for possible physical or psychological problems and includes serological blood tests, X-rays, and blood pressure tests. Health risk appraisals can help to identify latent health problems at a pre-symptom stage. Maintaining physical fitness, proper nutrition, and weight control are some preventive measures that individuals should observe regularly (Falkenberg, 1987). Drug testing and screening help to detect users of illegal substances who may be undergo rehabilitation or terminated based on the policy of the firm. The management should put in place rules on drug use and abuse.

### **2.2.1.4 Employee Health Surveillance**

Health surveillance involves systematically watching out for earlier signs of work related ill health in employees exposed to certain health risks. Health surveillance helps to identify diseases at early stages, help to prevent disease progression and disability and to check the effectiveness of the employer's control measures. These programs reduce incidences, duration, and severity of disease with the aim of decreasing mortality



(Quelch, 1980). An employer should arrange for an appropriate medical examination for each employee to monitor the employee's health, for identifying changes in the employee's health status due to occupational exposure (World Health Organization, 1994). An employer should ensure that potential employees undergo medical examinations before the employee commences work for the first time. (International Labour Organization Conventions, 1950). Many diseases are because of individual's lifestyle. Organizations should identify all possible risk factors associated with specific diseases to ensure their effective detection and prevention in time. The costs associated with treatment would be minimal if the employers identify the potential risk factors in time (Walker, 1977). Screening and intervention for risk factors are effective preventive ways of enhancing employee health (Conrad, 2011).

### **2.2.1.5 Employee Counseling and Rehabilitation**

Companies have policies and procedures for identifying and responding to employees' personal and emotional problems, which may interfere with their job performance either directly or indirectly (Walsh, 1982). The program is to mitigate existing negative circumstances by addressing core problems faced by employees such as medical or emotional issues, which can affect productivity (Benavides and Haillee, 2010). The agencies provide information and referrals to individual employees for appropriate support services and counseling treatments (Armstrong, 2006). The agencies offer on a contractual basis a 24-hour phone services to employees and their families as well as counseling on issues such as stress management, financial issues, family issues, and alcohol and drug abuse. They also offer seminars, training of managers and employees

(Walsh, 1982). Alcohol and substance abuse is a major challenge facing many employees in the workplace and is a major cause of accidents and poor health among workers (Steve, 2003).

### **2.2.1.6 Noise and Vibration Control**

Repeated exposure to too much noise can result in irreversible hearing damage. The management should provide information and training and make appropriate hearing protection available (Benjamin, 2001). The organizations can reduce too much noise exposure through engineering controls or other technical measures. The designers should maintain use of silencers. Vibration effects start in fingers and can extend to hands, arms, shoulders, and neck thus causing progressive and irreversible damage. Vibration may disrupt blood circulation in the vessels, neurons and muscles, or may cause painful disabling. Health surveillance practices are necessary (Quelch, 1980).

### **2.2.1.7 Promotion of Physical Fitness**

Many organizations have realized the need for employees' physical fitness and are putting in place physical fitness programs for their employees (Falkenberg, 1987). High stress levels lower both performance and productivity. Stress also leads to high turnover, absenteeism and accidents (Galt, 1985). Physical exercises such as walking increase physical fitness and reduce the risk of stress and diseases (Mayrell, 2010). Increasing walking paths and use of stairs can prompt the employee to exercise more. These are proactive programs and are more cost effective than employee treatment (Mayrell, 2010).

## **2.2.2 Occupational Safety Management Practices**

Occupational safety management practices are those activities that aim at creating an accident free working environment by identifying, investigating, controlling and eliminating risks and hazards which cause accidents (Health and Safety Executive, 2006). Work accidents may result in minor or severe injury or even death while at the same time cause damage to the company's reputation and assets (Armstrong, 1997). Organizations create group-level safety climate, which refers to shared perceptions among group members with regard to supervisory practices (Zohar, 1980, 2000). Such involvement requires a well-developed and well-coordinated system at the workplace. Aspects of safety at the workplace include fire safety, machinery safeguarding, and electrical safety, and personal protective equipment, manual handling of risky substances, working in confined space, accidents reporting, Investigations, and analysis.

The traditional approach to safety in the workplace used the 'careless worker' model. It was assumed by most employer and the accident prevention bodies that most of the accidents were due to an employee's failure to take safety seriously or to protect herself or himself (Paton and Nic, 2008; Christian, 2009). Work can be safe simply by changing the behavior of employees by poster campaigns and accident prevention training. For both humanitarian and economic reasons, no society can accept with complacency that high levels of death, injury, disease, and waste must be the inevitable price of meeting its needs for goods and services (Robens, 1972). According to International Labour Organization, Workplace accidents and errors cost organizations hundreds of billions of

dollars each year, and the injured workers and their families endure considerable financial and emotional suffering.

### **2.2.2.1 Provision of Safety Education**

In order to control any particular risk, the employer should provide each employee who with sufficient information, instruction and necessary training to enable the employee to perform his or her work in a manner that is safe and without risks to health. Employees need education and training on the nature of the hazard that gives rise to the risk, the need for, and the proper use and maintenance of, measures to control the risk (Kramer and Shain, 2004). The employer should ensure that the direct supervisor of a trainee is authorized by the employer to oversee the trainee, and is a person who holds a relevant high-risk work license. The relevant employees should receive information, instructions, and training in the nature of any hazard associated with the confined space.

Education is the most effective approach to dealing with occupational safety management issues (Mejia, 2010). Organizations that are committed to health of their employees invest greatly in educating their employees about the significance and meaning of safety (Brewer et al, 2010). Primary methods of administering educational content on safety include audio-visual materials, printed materials, and speakers hosting on-site seminars and web-based training. The topics to be covered should include accident and prevention, as well as nutrition exercise and stress management (Brewer et al, 2010). Health and safety officials in governments and private agencies constantly encourage managers to adopt measure to curb drug and substance abuse in the work place (Hersch et al, 2000).

### **2.2.2.2 Inspection, Maintenance and Repair of Machines**

Regular inspection and maintenance of machines ensure that employees work with machines that are in good conditions. Accidents can greatly reduce if the inspection of machines is done to ensure that the faulty ones are repaired prior to their use. There should be Systematic evaluations of the working environment with the machines regularly inspected to ensure effectiveness (International Labour Organization Laws, 1950). Machine maintenance ensures efficiency and quality.

### **2.2.2.3 Use of Employee Protection Equipment and Clothing**

Protective devices when performing risky activities and maintenance of safe place of work are necessary precautionary measures against accidents (Steve, 2003). An employer should provide employees with appropriate personal protective equipment and clothing that is suitable for the work performed. Safety equipment at the workplace includes hard hats, safety glasses and goggles, rain gear, safety vests, work gloves, sensors for gas detectors, safety boots and shoes, flashlight and lanterns, first aid kit, sanitizers and cleaners, storm equipment cases and non-flammable safety cabinets. If there is a likelihood of fire or explosion in a confined space, an employer should ensure that no source of ignition is present at the space. Some common types of safety gear across all industries are work boots and safety gloves, and many of these are specific to the job requirements. While safety glasses are adequate protection for construction sites and factories, safety goggles offer the additional protection needed for chemical safety and for welding.

Personal protective equipment refers to protective clothing, helmet and goggles or other garment or equipment designed to protect the wearer's body from injury by blunt impacts, electrical hazards, heat, chemicals, and infection, for job-related occupational health and safety purposes, and in sports, martial arts, combats, etc. Protective gear and clothing include as pads, guards, shields, masks, etc. the use of protective equipment including fire extinguishers, and first aid kits are to support the personal protection of the subject. The use of personal protective equipment is to reduce employee exposure to hazards when engineering and administrative controls are not feasible or effective to reduce these risks to acceptable levels. Safety includes more than just the type of equipment and protective gear. Safety Gear carries signs and other equipment to keep the work area safe.

#### **2.2.2.4 Physical Plant Layout**

The necessary infrastructure should include all the administrative, organizational, and operative systems that are necessary to conduct occupational safety practice successfully and ensure its systematic development and continuous improvement. The safety conditions should be clearly marked to create awareness. There should be Systematic evaluations of the working environment with the machines regularly inspected to ensure effectiveness. An employer needs to identify any task undertaken, or to be undertaken, by an employee involving hazardous manual handling. An employer may carry out hazard identification for a class of tasks rather than for individual tasks. This would be necessary if all the tasks in the class are similar; and the identification carried out for the class of tasks does not result in any person being subject to any greater, additional, or different

risk to health and safety than if the identification were for each individual task (ILO Laws, 1950).

### **2.2.2.5 Employee Empowerment**

A safety officer deals specifically with safety issues and encourage greater employee participation in safety issues (International Labour Organization Laws, 1950). Organizations should promote members of the company to contribute by exchanging ideas and other different approaches to make sure that everyone in the corporation possess occupational health and safety knowledge and have functional roles in the development and execution of safety procedures. Safe work behavior can be encouraged by a reward system that ties bonus payments to the safety record of a work group or section. Some organizations also provide prizes to their employees for safe work behavior and maintain good safety records or suggestions to improve health and safety. Training and hr development play a critical role in promoting health and safety awareness among employees (Hasle et al, 2007).

### **2.2.2.6 Hazard identification and Mitigation**

Safety program, which is an integrated set of regulations and activities, should be proactive, systematic, and explicitly documented. It should aim at improving safety by identifying safety hazards, ensure that the organization implements remedial actions necessary to mitigate the risks and provide continuous monitoring and assessment of the safety level achieved. The safety hazard creating risks may become evident after an obvious breach of safety such as an accident or incident or the identification may be

proactive through formal safety management program before an actual safety event occurs. The organization needs to assess and evaluate the associated risks for mitigation of future hazards. The main hazards are because of moving and handling, noise, vibration, chemicals and dust.

### **2.3 Benefits of Occupational Health and Safety Management**

Maintaining a healthy and safe work environment helps to facilitate employees' commitment to quality and improve industrial relations (Crimmins, 2009). Employee and union-management relations improve when employers satisfy their employees' health and safety needs (Collard, 1989). When employers take a greater responsibility for occupational health and safety it can change employee behavior and employees might take a less militant stance during wage bargaining if management pay attention to housekeeping (Steve, 2010). Attention to workplace health and safety can have a strong, positive effect on employee commitment (Armstring, 2004).

A healthy and safe work environment helps to reduce costs and improve organizational effectiveness (Robens, 1972; Williams, 1997). Maintaining a healthy and safe work environment helps to facilitate employees' commitment to quality and improve industrial relations and results in improved financial and social responsibility performance (Crimmins, 2009). Organizations vary greatly in health and safety programs they offer. These programs increase employee's loyalty to organizations and decrease absenteeism and high employee turnover (Carrel, 1995). For an organization to thrive, it needs to invest on its main asset, the employee (Rono, 2011).



In the recruitment process, potential applicants will be more likely to be attracted to an organization that has a reputation for offering a healthy and safe work environment for employees (Armstrong, 2004). The maintenance of a healthy and safe workplace can occur in the selection process by selecting applicants with personality traits that decrease the likelihood of accident (Christian et al, 2009). Research suggests that safety programs are more effective when the accident rates of their sections are an important criterion of managerial performance (Guldenmund et al, 2010).

Failure to manage occupational risk competently, or comply with occupational health and safety legislation, can jeopardize the attainment of business objectives, limit or negate profits, and inhibit business sustainability (Oughton, 2007). Enterprises and individuals failing to manage occupational risk appropriately may also incur financial or custodial penalties. Some businesses may even be may fail to achieve their objectives because of enforced closure or costly ongoing litigation. As organizations engage in a fiercely competitive global marketplace, the development of a flourishing occupational health and safety culture and high levels of workplace morale will deliver valuable competitive advantages to an industry (Chelule, 2010). Effective safety policies can improve the performance of employees and the organization, by reducing costs associated with accidents, disabilities, absenteeism, or illness (Robens, 1972).

The application of occupational safety and health regulations affect employee outcomes such as job satisfaction, motivation, involvement and performance (Chelule, 2010). The use of an occupational health and safety management program is a practical way of ensuring occupational health and well-being at work (Kariuki, 2007).

## **CHAPTER THREE: RESEARCH METHODOLOGY**

### **3.1 Research Design**

The study adopted a descriptive census survey design. The design was considered appropriate since the study involved investigation of all the units in the population.

### **3.2 Population of the Study**

The population consisted of all the electronic media houses operating in Kisumu County, Kenya, which was made up of 23 electronic media broadcasting stations and were broadly categorized into nine media houses (Communication Commission of Kenya annual report on Registered Media Houses in Kenya, Feb. 2012).

### **3.3 Data Collection**

The study used a semi- structured questionnaire to collect data. The questionnaire consisted of three sections. Section A collected demographic data; section B collected data on the occupational health management practices while section C collected data on occupational safety management practices. The respondents were the heads of human resource management unit in the electronic media stations operating in Kisumu County. The questionnaires were administered using the drop and pick later method.

### **3.4 Data Analysis**

The data analysis involved use of descriptive statistics. Tools used for analysis were mean, frequencies, and percentages.

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

### **4.1 Response Rate**

The research was conducted on 23 electronic media stations operating in Kisumu County, which were categorized into 9 media houses. 20 respondents filled and returned the questionnaires, giving a response rate of 86.96%. This response rate was sufficient for statistical analysis to enable representative findings from the study.

### **4.2 Demographic Data**

#### **4.2.1 Core Business of the Electronic Media Houses**

60% of the electronic media houses in Kisumu County offer radio broadcasting services, 35% offer television broadcasting services, while 5% of the media stations offer other services including print media services as well as computer programs. The results indicate that there are more radio stations than television broadcasting stations operating within Kisumu County. Majority of the electronic media houses in Kisumu County specialized either as television broadcasting or as radio broadcasting.

#### **4.2.2 Ownership of the Electronic Media Houses**

The firms were in two categories, either as private or public. The study reveals that 90% of the media houses in Kisumu County are privately owned while the government owned only 10%. The study indicates that majority of the media houses operate privately as

individual enterprises while only a few under the ownership of the government. This trend could likely be attributed to the market liberalization in Kenya where the government puts minimal restrictions on the provision of essential services to the public.

#### **4.2.3 Size of the Electronic Media Houses**

The study reveals that 5% of the media houses in Kisumu County operate with fewer than five permanent employees, 20% have between five and nine permanent employees, 50% have between ten and nineteen permanent employees, and 10% have between twenty and forty-nine permanent employees while 15% have at least fifty permanent employees. The study confirms the fact that most of the media houses in Kisumu County are small with majority having below twenty permanent employees.

Similarly, 15% have below five temporary employees, 20% have between five, and nine temporary employees, 55% have between ten and nineteen temporary employees while 10% had above twenty temporary employees. The number of temporary employees surpasses that of permanent employees in most of the electronic media houses studied. This trend could be attributed to lack of stability in the media houses and the growing fear of liabilities associated with having employees on permanent and pensionable terms.

#### **4.2.4 Insurance Cover for Health and Safety Risks**

30% of the electronic media stations studied have between 76-100% of their employees insured against work related health and safety risks, 25% have between 51-75% of their employees insured, 20 % of the media houses have between 21- 50% of their workforce under insurance cover while only 10% have between 0-25% of their employees covered

by the Insurance policy. This trend could be attributed to the huge costs associated with insurance policies making many media firms to cut down on costs.

Similarly, 55% of the media houses in Kisumu County provide insurance cover for the immediate dependants of their employees while 45% do not. The data indicates that most of the media houses in Kisumu County provide their employees with insurance policy as per the statutory health and safety requirements. Only a slight majority of the media houses extend the same service to the immediate dependents of their employees. Since most of the media firms studied are small, they seem not to be able to cater for the huge costs of insurance.

#### **4.2.5 Age of the Electronic Media Houses**

From the study, 20% of the media houses in Kisumu County have been in existence for less than 5 year, 40% have operated for between 5 and 9 years 10% have been in operation for between 10 and 14 years, while 30% have been in operation for at least 14 years. This study indicates that Kisumu County has various media stations from the newly introduced to the old. It also indicates a sign of growth in the media industry since the newly introduced media stations are on the rise.

#### **4.2.6 Health and Safety Programs**

The study reveals that all the media houses in Kisumu County (100%) have health and safety programs. 25% have had the programs for at least 2 year, 15% have had the programs for 3-4 years while 60% have had their health and safety program in operation for at least 5 years. This data indicates that all the media houses in Kisumu County

conform to the statutory health and safety requirement by having health and safety programs in place. Most of the media houses draft the health and safety programs as soon as they are established, indicating their urge to meet the minimal health standards.

The study found out that 70% of the firms review their health and safety programs annually, while 30% never carry out the review. This indicates that majority of the media houses in Kisumu County conform to the health and safety requirement of having a relevant health and safety programs in place. This finding confirms the earlier findings by Kariuki (2007), which indicate that firms strive to develop and adopt institutional frameworks for occupational health and safety of their employees.

#### **4.2.7 Work Related Accidents**

The study reveals that only 10% of the electronic media houses in Kisumu County experience accidents frequently, while 90% rarely experience accidents. The study however indicates that none of the media houses in Kisumu County is safe from work related accidents. The level of work related accidents are still high although not very common. This data conforms to the knowledge that accidents are inherent with production firms.

### **4.3 Occupational Health Management Practices**

#### **4.3.1 Health Education**

The study reveals that 70% of the firms studied conduct regular health seminars, 20% never conduct health seminars while 10% are undecided. It also indicates that 75% of the

firms studied have their employees actively involved in health issues, 10% of the firms do not involve their employees in health issues, while 15% are not consistent in involving their employees. 55% of the media stations studied have health education programs at all the management levels, 40% are not consistent with health education, while 5% never carry out health education. A total of 66.7% of the media companies operating in Kisumu County engage in employee education practices such as offering regular health seminars, ensuring that health education is conducted at all management hierarchies and involvement of employees through encouraging greater participation in health issues.

The study reveals that majority of the media houses in Kisumu County have health education programs at all the management levels and value health seminars and active involvement of their employees in health issues. This conforms to the occupational health and safety regulations as enshrined in the Factories 'Act, Legal Notice number 30 (2004), which stipulates that employees should be totally empowered by educating them about their roles, duties and responsibilities in creating a healthy work environment.

#### **4.3.2 Health Rules and Regulations**

Of all the companies studied, 45% are not strict in enforcing health rules and regulations, 30% are not consistent in enforcing health rules, while 25% are strict with their employees as concerns safety rules and regulations. 50% of the media houses studied have a unified legislation, which cover all work related activities, 35% do not have comprehensive legislation, while 10% have no unified legislation at all concerning work related activities. 55% Of the media houses have adequate resources for statutory health

regulations with 25% of the firms not sure whether they meet the statutory health requirements while 20% do not have enough resources to meet health requirements.

The study also reveals that 95% of the media houses conduct medical examinations on their employees during recruitment with only 5% not conducting medical tests on their potential employees. 70% of the media houses discipline their employees when they violate health rules set by the firm, 15% are not strict with employee discipline while 15% never take measures to discipline their employees for disobeying the set health rules. More than half of the media companies have health rules at the workplaces, which they do not follow strictly. 37% of the media houses are either not following the laid down health rules or they simply do not have the rules in place.

63.0% of the media companies operating in Kisumu County have health rules and regulations at the workplace although they do not strictly follow them. Although an average number of the media houses studied have a unified legislation which cover all work related activities as well as adequate resources to meet statutory health requirements, majority of the media houses in Kisumu County are not strict with enforcing health rules and regulations. The data conforms to the findings of an earlier research by Kariuki (2007), which reveals that firms tend to develop their institutional framework , rules and policies on occupational health and safety although they do not strictly follow such policies.



### **4.3.3 Medical Programs**

Out of the electronic media houses studied, 85% have clearly stated medical programs, while 15% are not sure whether such programs exist, 85% of the media houses in Kisumu County have in-and outpatient medical schemes with only 15% of the firms having no such scheme. The study reveals that majority of the media houses in Kisumu County have a clearly stated medical policy as well as in and outpatient medical schemes for their employees. This conforms to the statutory health requirements that the employers to consistently monitor their employees' medical conditions. The study indicates that 50% Of the media houses in Kisumu County have medical insurance cover for all their employees, 30% have medical insurance cover but not to all employees, while 20% have no medical insurance cover for their employees.

On average, 75% of the media houses offer insurance benefits to their employees, 20% do not offer any insurance benefit while 5% are not committal on whether they offer insurance benefits to their employees. On the other hand, 60% of the firms studied extend the insurance medical cover to the immediate dependants of the employees with 35% offering no any medical cover for the immediate dependants of the employees while 5% are not certain whether all the immediate dependants of the employees are catered for. The level of insurance cover is still low as per the statutory health requirement which demands that all employees, whether permanent or temporary should be insured against work related accident or activities which might be risky to health.

80% of the media houses studied meet the minimal statutory health requirements while 10% are not certain whether they meet the minimum statutory health conditions while

10% do not meet the minimal statutory health requirements at all. Majority of the media houses meet the statutory health requirements. In general, among the occupational health management practices, a large number of media houses in Kisumu County (75%) have an effective medical programs hence conform to the statutory health regulations require that all factories and companies should have a well articulated health and medical policy which clearly defines the medical standards as well as health practices at the workplace.

#### **4.3.4 Health Surveillance**

Out of the firms studied, 65% have no adequate health facilities including health dispensaries. Only 25% have adequate health facilities while 10% are non-committal on whether health facilities they have are adequate or not. 85% of the media houses have no registered doctors or nurses to handle health issues, 10% are not sure whether the doctors or nurses they have are registered while only 5% have either registered doctors or nurses to deal with health issues. 75% of the media houses conduct periodic medical examinations for employees exposed to hazards in the workplace, 20 % never carry out periodic medical examinations while 5% are not certain whether periodic medical examination for exposure to hazards are carried out.

Although most of the media houses studied conduct periodic medical examination, majority of them have neither adequate health facilities nor registered health professional to handle health issues. This supports the literature that there are inadequate health facilities as well as health professionals in most media houses in Kenya.

The study also indicates that 85% of the media houses maintain clear health records for all employees with 10% having no clear records at all while 5% are not sure whether clear employee health records exist. 60% of the media houses conduct screening on employees to help detect any possible future health risk factors, 25% do not conduct health screening at all while 15% are not certain whether health screening is done on all employees. The study reveals that only 50% of the media houses studied carry out employees' health surveillance. This percentage is remarkably low as health surveillance is a proactive deterrent approach towards controlling potential health risks and conditions. Statutory health regulations require that all factories and companies should have a well-articulated health surveillance practices at the workplaces (Health and Safety Act, 2007).

#### **4.3.5 Employee Counseling and Rehabilitation**

70% of the media houses studied maintain employees' health records, while 30% do not. In addition, 50% of the media houses counsel their employees regularly on health issues while 50% do not. Only 10 % of the media houses carry out drug testing and screening on their employees to detect cases of alcohol and drug abuse. Only 35% of the firms studied do not have clear practice of drug testing and screening while a majority of 55% never practice drug screening and testing on their employees.

Among the occupational health management practices, only 43.3% of the media houses studied carry out employees' counseling and rehabilitation activities at the workplace. This percentage is generally low as many employees experience many physical and

psychological difficulties that if not well monitored lower their overall productivity. There seems to be some laxity in enforcing health and safety regulations.

#### **4.3.6 Physical Fitness Practices**

The study indicates that 45% of the firms studied do not promote employee physical fitness with only 30% engaged in promoting physical fitness of the employees while 25% are non-committal on the same. In addition, 85% of the media houses in Kisumu County have no free or subsidized gymnasium for the promotion of physical fitness with only 15% having the facility. On average, 90% of the media houses operating in Kisumu County have no effective physical fitness programs with only 10% having an effective program.

Physical fitness practices rate at 18.3% of the organizations studied. This implies that the media houses in Kisumu County have little concern for the physical fitness of their employees. This result confirms the earlier research by Rono (2011) that only large firms are concerned with employee health and safety programs. Majority of the media houses studied (71.7%) are not seriously concerned about the employees' fitness practices such as having an effective physical fitness programs and maintaining a well-equipped physical fitness facility particularly due to their small sizes..

#### **4.3.7 Noise and Vibration Control**

The study indicates that 70% of the media houses in Kisumu County uses sound control equipment to reduce noise, 25% do not use sound control equipment at all while 5% are non-committal on the use of sound control equipment. Only 55% of the media houses

studied use vibration control equipment with 35% not using vibration control equipment at all while 10% are non-committal on the use of vibration control equipment.

Noise and vibration control practices rate at 62.5% of the organizations studied. This implies that majority of the media houses in Kisumu County are more concerned about noise as well as vibration control. Only 37.5% of the media houses studied fail to comply with the statutory requirements as stipulated in the occupational health and safety act.

#### **4.4 Occupational Safety Management Practices**

The study sought to establish the occupational safety management practices among electronic media houses operating in Kisumu County, Kenya. This study used a 5-point Likert scale to collect and analyze data.

##### **4.4.1 Provision of Safety Education**

The study reveals that 85% of the media houses provide employees with sufficient and adequate information concerning safety at the workplace, while 15% do not. In addition, 80% of the media stations studied organize seminars to sensitize employees on personal responsibility on safety while 20% do not. Similarly, 50% Of the media houses studied conduct safety education at all management levels, 45% are not certain or are non-committal on whether safety education is at all management levels while only 5% never bother to carry out safety education at all. The study reveals that majority of the media houses in Kisumu County (70.8%) provide safety education to their employees with only 29.2% failing to meet this occupational safety requirement. Safety education rates high

among the firms studied indicating an upward trend in knowledge generation and dissemination among the forms.

On the other hand, 90% Of the electronic media stations provide direct supervision and monitoring to employees while undergoing training. While only 10% are non-committal. Similarly, only 45% of the media houses have a safety representative dealing with safety issues while 55% do not. On average, 75% of the electronic media houses encourage greater employee involvement and participation in safety issues, 20% do not encourage greater employee involvement in safety issues while 5% are undecided. This finding confirms that many firms embrace the use of proper recruitment procedures to ensure they get healthy and productive workforce.

#### **4.4.2 Inspection, Maintenance and Repair of Machines**

From the study, 90% of the electronic media houses in Kisumu County regularly inspect their machines for effectiveness with only 10% not inspecting their machines regularly. 95% of the companies studied engage in continuous maintenance of their machines while only 5% do not. 70% of the companies studied repair their faulty machines regularly with 20% not consistent while only 10% do not repair machines regularly at the workplace. Machine maintenance rates high among the media firms studied indicating common understanding of the positive correlation between machine efficiency and productivity.

95% of the companies studied have clear records of all their machines and their present conditions while only 5% do not maintain clear records. 60% of the companies carry out systematic evaluation of work environment with 30% not so sure while Only 10% do not

carry out systematic evaluation of work environment. Most media houses in Kisumu County (82.0%) are responsive to the safety requirement that all machines used at the workplace should be regularly maintained. The trend implies that most media firms in Kisumu County are concerned with the conditions of their work environment. Only 18% fail to meet the laid down safety requirements.

#### **4.4.3 Employee Protection Practices**

The study indicates that 80% of the companies studied carry out continuous monitoring and assessment of safety level achieved while only 5% do not. The remaining 15 % are either non-committal or are uncertain. 55percentage of the companies studied offer medical insurance cover to their employees while 15% do not. 25% are undecided. 70% of the companies have clearly marked safety conditions at the workplace, 30% have only some areas marked while the remaining 10% have no clearly marked safety conditions at all. The management of 95% of the companies studied enforces safety rules while 5% do not. 95% of the electronic media houses studied provide employees with protective clothing and equipment especially when handling risky activities while only 5% are not concerned with safety clothing and equipment.

The results obtained from the study indicate that majority (79.0%) of the media houses carry out employee protection practices such as assessment of safety levels at the workplace, provision of medical insurance cover to employees, , having clearly marked safety conditions enforcement of safety rules, and use of safety clothing and equipment. This number is encouraging since only 11% do not meet the requirement of employee protection from hazards and workplace accidents. The findings confirm the previous

study by Legge (1998) that asserts that most firms prefer a healthy workforce, protected from health risks and who is more motivated and committed.

#### **4.4.4 Hazard Identification and Mitigation Practices**

70% Of all the organizations studied maintain records of incidences and accidents while 20% do not. . The remaining 10% are not sure if such records exist. 60% of the media houses usually carry out regular assessment of the safety levels achieved by the organization while 20% do not. 20% rarely assess the safety levels achieved. At the same time, 70% have clearly stated measures to respond to workplace hazards. 20% have measures that are not clearly stated while only 10% do not have conventional measures to respond to workplace hazards. 60% carry out systematic evaluation of work environment to determine the safety level, 30% are not so regular in evaluating the work environment while 10% do not evaluate their work environment at all.

A total of 60.5% of the media companies operating in Kisumu County take proactive role in identifying workplace hazards and risk factors for possible future mitigation. This percentage of media houses thus complies with the occupational safety requirement that employees should be totally protected from workplace accidents, risky incidences and work related problems.

#### **4.4.5 Physical Plant Layout**

The study reveals that 70% of the media stations investigated comply with the safety requirement by operating in buildings and other structures, which are spacious. 15% are not certain whether the buildings are spacious while 15% operate in small structures with



inadequate spaces. 60% of the firms reveal that they have clearly marked safety conditions, which help to create safety awareness among employees, 20 %, have no marked safety conditions at all while 20% have only a few areas clearly marked.

75% of the media houses operate in buildings with fire exits, 20% are not sure if the exit doors are operational while only 5% operate in structures with no fire exits. Majority of the media houses (85%) operate in structures with well-insulated electric cables while 15% are not sure if all the electric cables are properly insulated. 72.5% of the media companies operating in Kisumu County operate in well-spaced structures that are conducive to the nature of work they perform. The other 27.5% fail to meet the minimal statutory health standards of adequate structure layout as stated by Health and Safety Act (2007)

#### **4.4.6 Employee Empowerment Practices**

50% Of the media houses studied indicate that the management rewards employees when they display high standards of safety performance, 30% are not consistent in rewarding their employees when they display responsiveness to safety standards while 15 % do not reward their employees at all even when they display high safety performance standards. Only 45% of the companies have safety officer to look into safety matters while majority (55%) do not have. Only 25% of the media houses have their management delegating duties on safety to employees with 40% not keen on delegation while 35% do not delegate duties on safety to their workers. 55% regularly provide safety training to enable employees perform their duties effectively, 35% do not provide safety training at all while 10% are not seriously concerned with such training.

43.8% of the media companies operating in Kisumu County engage in employee empowerment practices. This number is generally low considering that employees should be totally empowered to ensure that they take control of their safety issues at the workplace. The findings fail to conform to the earlier research by Coff (1997) which asserts that employees are a major source of competitive advantage and hence they should be empowered through education and training.

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

### **5.1 Summary of the Findings**

From the data analysis, it was established that majority of the media companies rarely experience occupational accidents, engage employees in safety education; have effective health rules and regulations, use noise and vibration control equipment, conduct health surveillance on their employees, do not practice employee counseling and rehabilitation and do not promote physical fitness activities among employees. Majority of the media houses are reluctant in enforcing health rules and regulations among employees, have adequate resources to meet the minimal statutory health requirements, conduct medical examination on their potential employees during recruitment, have employee medical scheme, do not have adequate health facilities and have no registered doctors or nurses to deal with health issues.

Most of the media houses in Kisumu County have clear health records for employees, do not carry out drug testing and screening to detect excessive drug abuse among their employees, ignore physical fitness practices and have no effective physical fitness programs. Most of the media houses carry out inspection, maintenance, and repair of machines at the workplace; practice employee protection from hazards at the workplace; have efficient physical plant layout; promote safety education practices; and proactively identify hazards at the workplace for mitigation purposes. At the same time, only a few

empower their employees at the workplace to be able to handle safety issues individually or as a group.

## **5.2 Conclusion**

From the research findings: having clearly stated health and medical programs; engaging employee in health education; having clearly stated health rules and regulations; installation of sound and vibration control equipment; practicing employee health surveillance; and engaging in employee counseling and rehabilitation practices are the main occupational health management practices among the electronic media houses in Kisumu County.

On the other hand: Inspection, maintenance and repair of machines; Employee protection from hazards and accidents or dangerous incidences; having a well designed and spacious physical plant layout; Engaging in employee safety education; Hazard identification and mitigation practices as well as Employee empowerment are the main occupational safety management practices among the electronic media houses in Kisumu County.

## **5.3 Recommendations**

Based on the above conclusion, the following recommendations were made:

The management of media houses operating in kisumu county need to find ways to improve employee health and safety awareness programs such as sensitization, education, and seminar.

The government should look into ways of providing adequate resources for public media stations to ensure that they do not lag behind private media houses in terms of occupational health and safety management.

The government should closely monitor all industry players to create a more conducive working environment and adhere to statutory regulations on health and safety.

The management of electronic media houses needs to come up with new occupational health and safety management practices to suit the dynamic and ever changing work environment.

#### **5.4 Limitations of the Study**

Since the study used only self-report measures, common-method variance and response consistency effects may have biased the observed relationships. The data collection was confined only to Kisumu County of Kenya. The replication of the study at different regions of Kenya would enable better generalizability of the findings of the study.

The population for the study comprised of only 23 electronic media stations. This population is only a very small proportion of the entire media stations and media houses in Kenya. Therefore, research studies with much larger population size would be required to ensure appropriate generalization of the findings of the study.

Although qualitative methodology was used to a limited extent the present study has relied largely on quantitative methodology of data collection and is therefore restrictive. Therefore, more of qualitative methodology of data collection should be undertaken in future to provide wider perspective to the present study. For instance, the research design

can employ case study methodology or content analysis to provide a holistic picture to the given subject.

## **5.5 Suggestions for Further Studies**

The findings from this study revealed a disparity in the extent of occupational health and safety management practices between private and public electronic media houses. A further study is necessary to determine the reasons for the growing disparity in the occupational health and safety management practices between private and public media houses in Kenya.

The survey also revealed that most media houses still do not meet even the minimal statutory health and safety requirements. A further research needs to be conducted to investigate the factors that lead to the dismal performance of electronic media houses in Kisumu County with regard to the statutory occupational health and safety regulations.

To ensure that the media houses do not run into losses due to high costs associated with meeting the statutory health and safety requirements, further research needs to carry out the cost benefit analysis of the occupational health and safety management practices in electronic media houses in general.

Finally, the study reveals that electronic media houses in Kisumu County have more temporary employees than permanent employees. A study should therefore be carried out to investigate the factors behind the growing preference of temporary over permanent employees among electronic media houses in Kenya.

## REFERENCES

Antonsen, S., (2009), *Safety culture: theory, method and improvement*, Ashgate Publishing Co, UK.

Armstrong M, (2006). *Human Resource Management Practice*, 10<sup>th</sup> Edition. London, Kogan Limited.

Balkan B.D., Cardly L.R., and Mejia G.R., (2010). *Managing Human Resources*, 6<sup>th</sup> Ed., New Jersey, Prentice hall, pp559-566.

Benavides D.A., “*Local Governmental Wellness Programs; A viable Option to Decreased Health Care Costs and Improved Health*”, *Personnel Management*, Vol. 133 No. 4, November pp 293.

Benjamin A. (2001). *Fundamental principles of Occupational Health and Safety*. Geneva International Labour Office, pp 93-115.

Chelule A.R., (2010). *Quality of Work life Programs and Employee Satisfaction, A Survey of UNICEF Employees*: Unpublished MBA Project, University of Nairobi.

Conrad P., (1987). *Wellness in the Workplace: Potentials and Pitfalls of Worksite health promotion*. The Meilbank quarterly, Vol. 65, No. 2, pp 255-278.

Cooper, M.D. (2002). *Towards a model of Safety Culture*. Safety science; Framework for Queensland’s Film, Television and New Media Industry, Griffith 36, 111-136

Dorr P., (2006). *Factors Affecting Sources Of Worksite Wellness Programs in Western NewYork*. Cornell University Dietetic Internship Program.

Falkenberg, L.E., (1987). *Employee Fitness Programs: Their Impact on Employee and the Organization*. *The Academy of Management Review*. Vol. 12 No. 3, July 1987, pp511-525.

Gillard, J. (2008). *Gillard Launches National OHS Review*, Media Release, 4 April 2008,

Guldenmund, F.W., (2009) *Understanding and exploring safety culture*, Thesis (PhD), Delft University, The Netherlands

Hale A., Ytehus I., (2004), *Changing requirements of occupational health and safety for safety profession*. Australia and Newzealand.

Hasle P., Kristensen, T.S., Møller, N., Olesen, K.G.,(2007)'*Organisational social capital and the relations with quality of work and health – a new issue for research*', International Congress on Social Capital and Networks of Trust, Jyväskylä, Finland.

Håvold, J.I. and Nettet, E., (2009)'*From safety culture to safety orientation: Validation and simplification of a safety orientation scale using a sample of seafarers working for Norwegian ship owners*', *Safety Science*,, 47, pp. 305-326.

Health and Safety Executive (2006). *A guide to Measuring Health and Safety Performance* . [www.hse.gov.uk/pubris](http://www.hse.gov.uk/pubris)



Hendrick M., (1991). *The technology of ergonomics: Human- System Interface Technology* (HSIT) volume 1 No 1

Holsti , O. R., ()1969. *Content Analysis for the Social Sciences and Humanities*. ReadingMA: Addison Wesley.

<http://ccrweb.uct.ac.za/archive/two/7-4/p21>

Kariuki M.M., (2006). *A survey on the Perception of Staff Welfare Programs in Large Manufacturing Firms in Nairobi*. Unpublished MBA Project, University of Nairobi.

Kramer M.D., and Shain , M., (2004). *Health Promotion in the Workplace: framing the concept, Occupational and Environmental Medicine*, Vol. 61 No. 7. Pp640-650.

Mathias, R., Jackson, J. (1994). *Human Resource Management*. West Publishing Company, London.

Media Council of Kenya, *the Media Act* (2007)

Oughton, N., (2007) *A Systematic Occupational Health and Safety Management*

Paton, Nic (2008), “*senior managers fail to show competence in health and safety*”, occupational health vol60 iss3

Peterson, M., Wilson, J., (1998), '*A Culture-Work Health Model: A Theoretical Conceptualization*', American Journal of Health Behaviour, 22, 5, pp. 378-390. pp.172

Rono W.C., (2011). *Factors that influence Adoption of Employees Wellness Programs at the Standard Group Limited*. Unpublished MBA Research Project, University of Nairobi.

Roughton, J. (2002). *Developing an effective safety culture, a leadership Approach*. 1<sup>st</sup> ed, Butterworth- Heinemann

Schein, E. (2004), *Organizational Culture and Leadership*, John Wiley and Sons publishers, 3rd Edition

Sounders M., Lewis P. and Thomhill A., (2007) *research methods for business students*. 4<sup>th</sup> ed., London: Prentice hall

Steve E. (2003). *An exploration of the right and obligation to refuse unsafe working conditions*

Walsh, D.C., (1982). *Employee Assistance Programs, the Milbank memorial Fund Quarterly*. Health and society, vol. 60, No. 3, Summer, pp492-520.

Zohar, D., (1980)'*Safety Climate in Industrial Organizations: Theoretical and Applied Implications*', *Journal of Applied Psychology*, 65, 1, pp. 96-102.

**APPENDIX I: List of Broadcast Media Houses and Stations Operating  
in Kisumu County, Kenya**

<b>SERIAL NO</b>	<b>MEDIA HOUSE</b>	<b>TELEVISION STATIONS</b>	<b>RADIO BROADCAST MEDIA STATIONS</b>
1	Nation Media Group	Nation (NTV)	Radio Nation, Easy FM,
2	Standard Media Group	Kenya Television Network(KTN)	, Sahara,
3	Royal Media Services	Citizen TV	Citizen , Ramogi, Mulembe
4	Kenya Broadcasting Corporation	KBC	KBC
5	OSIENALA Group	-	Radio lake Victoria
6	Mediamax Network LTD	K24 Television	Kameme,
7	Radio Africa Group	Star Television, Classic , KISS	Star, KISS, Classic, Venus
8	Capital company limited	-	Capital FM
9	Lolwe Company ltd	-	Nam Lolwe

**Source:** Communication Commission of Kenya Annual Report on Registered Media Houses in Kenya, February 2012

## APPENDIX II: Questionnaire

Please give responses in the spaces provided and tick (√) in the box that matches your response to the questions where applicable.

### SECTION A: Demographic Data

- 1 Name of the media station \_\_\_\_\_
- 2 Name of the parent media house/ company \_\_\_\_\_
- 3 Your job title: \_\_\_\_\_
- 4 What is the Core business of the firm?  
Radio broadcasting [ ]  
Television broadcasting [ ]  
Other (please specify) [ ]
- 5 What is the status of your organization?  
Private [ ]  
Public [ ]
- 6 How many permanent employees are currently working with your organization?  
Below 5 [ ]  
5-9 [ ]  
10-19 [ ]  
20-49 [ ]  
50 and above [ ]
- 7 How many temporary employees are currently working with your organization?  
Below 5 [ ]  
5-9 [ ]  
10-19 [ ]

20-49 [ ]

50 and above [ ]

**8** What percentage of employees in your organization is insured against work related accidents?

0-10% [ ]

11-25% [ ]

26-50% [ ]

51-75% [ ]

76-100% [ ]

**9** For how long has your current organization been in existence?

Less than 1 year [ ]

1-4 years [ ]

5-9 years [ ]

10-14 years [ ]

Above 14 years [ ]

**10** Does your organization have a written health and safety program?

Yes [ ]

No [ ]

**11** How long has a written health and safety program been in place?

Less than 1 year [ ]

1-2 years [ ]

3-4 years [ ]

5 years and above [ ]

Not applicable [ ]

**12** How often is health and safety program review carried out within the organization?

Quarterly [ ]

Semi-annually [ ]

Annually [ ]

Never carried out [ ]

**13** How often does work related accidents occur in your organization?

Very frequently [ ]

Frequently [ ]

Rarely [ ]

Never [ ]

## **SECTION B: Occupational Health Management Practices**

The following are statements that represent some of the occupational health management practices. Please tick (√) the extent to which you agree with the practices as concerns your organization.

Key: 1 = strongly disagree 2 = disagree 3 = undecided 4 = agree 5 = strongly agree

### **1 Health Education**

<b>No.</b>	<b>Statement</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>a</b>	Regular health seminars					
<b>b</b>	Greater employee participation in health issues					
<b>c</b>	Health education is conducted at all management levels					

### **2 Health Rules and Regulations**

<b>No</b>	<b>Statement</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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<b>A</b>	Strict enforcement of health rules and regulations					
<b>B</b>	Unified framework of legislation cover all work activities					
<b>C</b>	Adequate resources are committed to statutory health regulations					
<b>D</b>	All employees are medically examined during recruitment					
<b>D</b>	There are well articulated hazard response measures					
<b>E</b>	Employees are disciplined for violating health rules					

### 3 Medical programs

<b>No.</b>	<b>Statement</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>A</b>	There is a clearly stated and written medical program					
<b>B</b>	There is an in-and-out patient medical schemes					
<b>C</b>	There is medical insurance cover for all employees					
<b>D</b>	There is medical insurance cover for immediate dependants					
<b>E</b>	The organization meets the statutory health regulations					
<b>F</b>	The organization gives insurance benefits to its Workers					

### 4 Health Surveillance Practices

<b>No.</b>	<b>Statement</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>A</b>	There arte adequate health facilities: first aid, emergency dispensary, medical consulting facility					
<b>B</b>	There is a registered doctor/ nurse to deal with health issues					

<b>C</b>	Periodic medical exams are conducted for exposure to hazards					
<b>D</b>	Clear health records are maintained for all employees					
<b>E</b>	There is screening and for possible health risk factors					

## **5 Employee Counseling and Rehabilitation**

<b>No.</b>	<b>Statement</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>A</b>	Clear health records are maintained for all employees					
<b>B</b>	The organization has effective employee rehabilitation program					
<b>C</b>	Employees are regularly counseled on health issues					
<b>D</b>	Drug testing and screening is done to detect use of illegal substances					

## **6 Physical Fitness Practices**

<b>No.</b>	<b>Statement</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>A</b>	The management promotes employees physical fitness					
<b>B</b>	The organization has an effective physical fitness program					
<b>C</b>	The organization has a free or subsidized gymnasium					

## **7 Noise and Vibration Control**

<b>No.</b>	<b>Statement</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>A</b>	The organization has noise control equipment such as silencers					
<b>B</b>	The organization has vibration control equipment					



**8** State any other occupational health management practices in your organization.

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### **SECTION C: Occupational Safety Management Practices**

The following are statements that represent some of the occupational Safety management practices. Please tick (√) the extent to which you agree with the practices as concerns your organization.

Key: 1 = strongly disagree    2 = disagree    3 = undecided    4 = agree    5 = strongly agree

#### **1 Safety Education**

<b>No</b>	<b>Statement</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>A</b>	Employees receive sufficient health information and training					
<b>B</b>	Regular seminars are held on personal safety responsibility					
<b>C</b>	Safety education is conducted at all levels					
<b>D</b>	Direct supervision and monitoring are offered to trainees					
<b>E</b>	There are safety representatives to deal with safety issues					
<b>F</b>	There is employee participation and involvement in safety issues					

#### **2 Inspection, Maintenance, and Repair of Machines**

<b>No</b>	<b>Statement</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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<b>A</b>	There is regular inspection of machines for effectiveness					
<b>B</b>	There is continuous maintenance of machines					
<b>C</b>	Faulty machines are regularly repaired					
<b>D</b>	Clear records of the machines and their conditions are kept					
<b>E</b>	There is systematic evaluation of work environment					

### **3 Employee Protection Practices**

<b>No</b>	<b>Statement</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>A</b>	We conduct continuous monitoring /assessment of safety levels					
<b>B</b>	All employees have insurance medical cover					
<b>C</b>	There are clearly marked safety conditions e.g. danger					
<b>D</b>	The management reinforces safety rules					
<b>E</b>	Employees use protective clothing and equipment					

### **4 Hazard Mitigation Practices**

<b>No</b>	<b>Statement</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>A</b>	Clear records of accidents and safety incidences are maintained					
<b>B</b>	Regular assessment is done on safety levels achieved					
<b>C</b>	There are clear measures to respond to workplace hazards					
<b>D</b>	We conduct assessment of risks for future hazard mitigation					
<b>E</b>	We implement remedial measures to mitigate risks					

<b>F</b>	Employees use protective equipment: fire extinguisher, first aid kit					
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## 5 Physical Plant Layout

No	Statement	1	2	3	4	5
<b>A</b>	The buildings and other infrastructure are spacious					
<b>B</b>	Safety conditions are clearly marked to create awareness					
<b>C</b>	The buildings have fire exit doors					
<b>D</b>	Electric cables are well insulated					

## 6 Employee Empowerment Practices

No	Statement	1	2	3	4	5
<b>A</b>	The management encourages employee involvement in safety issues					
<b>B</b>	There is safety education					
<b>C</b>	Employees are rewarded for high safety performance levels					
<b>D</b>	There is a safety officer to deal with safety issues					
<b>E</b>	The management often delegate duties on safety to employees					
<b>F</b>	Employees undergo regular safety trainings					

7 State any other occupational safety management practices in your organization.

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