

**THE ROLE OF OCCUPATIONAL SAFETY AND HEALTH POLICY ON EMPLOYEE
PRODUCTIVITY IN THE PUBLIC SERVICE: A CASE OF REGISTRY OFFICERS IN
SELECTED GOVERNMENT MINISTRIES IN KENYA**

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DECLARATION

This project is my original work and has not been presented for a degree or other award in any university.

Signed Date

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

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DEDICATION

I dedicate this project paper to all my family members, particularly my late sister Mercy Chebet for the support and sacrifices she had to make while I went through this journey. Above all, I express my profound gratitude to God who is my strength.

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ACRONYMS/ABBREVIATIONS

COTU-K:	Central Organization of Trade Unions (Kenya)
DOL:	Department of Labour
DOSHS:	Directorate of Occupational Safety and Health Services
FKE:	Federation of Kenya Employers
FLSA:	Fair Labor Standards Act
ILO:	International Labour Organization
MOH:	Ministry of Health
NACOSH:	National Council for Occupational Safety and Health
OSH:	Occupational Safety and Health
PSC:	Public Service Commission
WHO:	World Health Organization

ABSTRACT

Occupational health and safety management is a phenomenon which has recently gained prominence as a major issue at the work place. This study's objective was to determine the role of occupational health and safety policy on employee productivity among registry officers in selected government ministries in Kenya. The study used a mixed research design which combined both quantitative and qualitative research designs. A cross-sectional survey was used to collect data. Data was collected using semi structured questionnaires which were administered through the drop and pick later method. The findings from the study indicated that occupational safety and health policies have a significant impact on employee productivity. The study noted that in a majority of the ministries employees were aware of OSH policies. The study also noted that all the ministries had displayed safety notifications and provided safety equipment. From the study findings, it was recommended that government ministries should promote health and safety awareness through employee sensitization, provision of protective gear, and ensuring a clean and conducive environment.

CHAPTER ONE: INTRODUCTION

1.1 Background to the Study

In all workplaces, employees are exposed to health and safety hazards which may include: physical hazards; chemical hazards; biological hazards, and psychological hazards (Government of Alberta, 2011). Globally, many employees die every year from occupational accidents and work-related diseases. Diseases such as circulatory, respiratory, asthma, and work-related cancer have been cited as the most common Occupational Safety and Health (OSH) related diseases (Lingard and Rowlinson, 2005). Such work-related diseases and occupational accidents not only impact organizations, communities and countries negatively economically, but they also burden workers and their families financially (International Labour Organization (ILO), 2014).

OSH, however, is not only about the physical well-being of workers but includes both the mental and physical aspect (Ayubu, 2012). According to the World Health Organization (WHO), the focus of occupational health includes: promoting and maintaining of high degree of mental, physical and social well-being of workers; preventing workers from health hazards caused by diverse working conditions; protecting workers from work related risks; and enhancing employees physiological and psychological capabilities to adapt to working environment (WHO, 2001). Thus, OSH involves preventing ill-health caused by working conditions; protecting workers in their employment from risks resulting from factors adverse to their health; placing and maintaining workers in an occupational environment adapted to their physiological and psychological capabilities (Flin, et al., 2000). The main concern of OSH is to ensure that employees work in a safe and healthy environment so that they so that they can contribute to the productivity of their organizations.

OSH has become the concern of organizations because of the negative consequences experienced if it is not observed. For instance, when employees are injured, get sick or die, organizations incur high costs due to expenses on medical, compensation, low production, wages, and damage of equipment (Miller, 1997). In terms of economic costs, Alli (2008) describes the workplace injuries and deaths to be colossal, both at the organizational level and national levels. Thus, OSH has become a central issue for all organizations. Worldwide, organizations are embracing OSH

not only because it is socially responsible to do so but because it makes good business sense. This is because a safe and healthy work environment is more likely to lead to more productivity by enhancing operational efficiency (Friend and Kohn (2010). Research has demonstrated that organizations that implement OSH policies effectively are at a lower risk of exposing their employees and products to hazards that arise from their daily operations (Lowe and Korr, 2008). As postulated by Lowe and Korr (2008), an organization that develops an OSH policy is viewed as valuing its staff and this is likely to be translated into increased productivity because it means that the environment is controlled and there are reduced risk factors. This view is supported by a study by Yorio, Willmer, and Haight (2014) which demonstrated the effectiveness of the OSH policy to account for 24% reduction of workplace related illness and injuries among employees. The authors concluded that this resulted in enhanced employee productivity as employees experience reduced sick leaves and safety hazard arising from the workplace. Importantly, the ILO (2010) report revealed that work safety has a positive correlation to work productivity and promotes human dignity.

Organizations without OSH policies, however, expose their employees to risk factors such as anxiety, burnout, trauma, injuries, and violence (Lowe and Korr, 2008). This argument is supported by ILO (2014) which states that accidents and ill health resulting from employees' occupation affects humanity and contributes to economic burden to organizations. As a result, the effects may end up being harmful to organizational reputation and impacting negatively on sustainable growth, thus reducing productivity both at the employees and organizational levels. Similarly, a study done in Brazil revealed that, apart from increased work load and daily fatigue, OSH issues such as the risk of being victims of workplace violence, aggression, and accidents contributed to decreased productivity (Goncalves, et. al, 2010).

In Kenya the issue of OSH has been addressed through the Occupational Safety and Health Act (Republic of Kenya, 2007). Prior to 2007, OSH in Kenya was governed by the Factories Ordinance of 1952 (ILO, 2013). Other relevant regulations included: the Factories (Woodworking Machinery) Rules, L.N. No. 431/1959, the Factories (Docks) Rules, L.N. No. 306/1962, the Factories (First Aid) Rules, L.N. No. 160/1977, the Factories and Other Places of

Work (Noise Prevention and Control) Rules, L.N. No. 25/2005 among others. The Factories Ordinance however proved to be too narrow in scope in addressing the ever-changing health hazards and hence the development of the new OSH Act (ILO, 2007). The enactment of the OSH Act of 2007 signified a new beginning in management of OSH in Kenya that includes all work places. It is therefore noteworthy that the enactment of the OSH Act marked a big step towards moving from a reactive approach to safety and health at the work place to a more proactive attitude to workers' welfare.

According to Nyakang'o (2005), the OSH 2007 Act intended to give a more elaborate approach to OSH issues. It advocates for welfare benefits for workers at all levels including their safety and those who visit the workplace for business related activities. Further to this, the role of the employer and employee in observing occupational safety and health (Section 12 – 13), powers of implementing officers (Section 32 – 35), general health provisions (Section 47 – 54), machinery and chemical safety (Section 55 – 72 and Section 83 – 90 respectively), welfare provisions (section 91 – 95), as well as the offences, penalties and legal proceedings (Section 10 – 120) that cuts across the country were clearly spelt out (Republic of Kenya, 2007). The Act requires the collaboration and participation of the government, the employer and employees for a safe and healthier working environment.

Public servants in Kenya like other workers are confronted with OSH issues. In the public service, employees are exposed to various safety and health risks depending on their profession. The most common hazardous factors include poor workstation design, prolonged use of a keyboard, workplace violence, manual handling of hazardous substances, trips and falls, bullying, and stress (Commission for Occupational Safety and Health, 2007). Other public servants such as the health care providers are said to have a higher risk of contracting blood infections, air-borne diseases, and skin infections as a result of their interactions with patients and community members in their course of duty (Ministry of Health, 2014). Globally, regionally, and even locally, there has been increased awareness and acknowledgement of the importance of OSH within working environment. Most studies, for instance a report by the International Labor Organization (2011) acknowledged the need for organizations to embrace OSH regulations as a

move towards reducing the burden of non-communicable diseases and other health hazards that originates from organization. In particular, the study focused on work related accidents and illnesses, the economic cost of workplace illnesses and injuries and the impact of the global economic recession on occupational safety and health (ILO, 2011).

According to Ifijeh and Adebayo (2014), registry staff, just like librarians, share common factors such as exposure to dusty environment, long hours focusing on computer screens, and sitting throughout the day, which results to respiratory diseases, muscle strain, back aches, eyes problem, among other hazardous effects. According to the Ministry of Health (MOH, 2014), there is significant increase in ill health and deaths resulting from the non-communicable diseases in Kenya. In particular, diseases such as respiratory diseases, digestive diseases, cardiovascular disease, diabetes, cancers, and mental disorders accounted for 50% - 70% of hospital admission in 2014. Moreover, the number of workplace related accidents and health hazards have been on the rise despite the existence of relevant regulations. According to a 2013 survey in Kenya, ILO observed an increase of accidents and health related hazards from 355 in 2007 to 4, 812 in 2010. The report further specified health related hazards as resulting from adverse temperatures, asbestos fiber, cotton dust, organic dust, silica dust, respiratory solvents, fossil fuels, noise, repetitive manual work, welding alloys, organophosphate and other pesticides. These hazards are bound to have an impact on employee productivity. This study therefore sought to evaluate the role of OSH policy in respect to its utility in enhancing employee's productivity among the registry staff in government Ministries in Kenya.

1.2 Statement of the Research Problem

Kenya adopted the OSH Act in 2007 to address safety, health and welfare of employees at work, and protect external clients against risks arising from activities at workplace. The main objective of the Act is to promote and improve occupational safety and health standards. The OSH Act stipulates among others, the role of the employer and employee in relation to health and safety in the workplace, powers of implementing officers, general health provisions, machinery and chemical safety, welfare provisions, as well as the offences, penalties and legal proceedings that

cuts across all working environments. Section 7 of the OSH Act of 2007 requires that all employers prepare a safety and health policy statement.

Consequently, the Ministry of Labour formulated the national OSH Policy in May 2012 (Ministry of Labour, 2012) to address ministerial OSH needs after it was noticed that Ministries too have hazardous factors that impact negatively on employees' welfare as well as job performance in general. Similarly, the Public Service Commission (PSC) developed regulations that protect all civil servants from accidents and occupational hazards arising from the workplace, that is; the Human Resource Policies and Procedures Manual of 2015, which requires that employees to be provided with protective equipment and clothing in cases where they are exposed to any injurious or offensive substance (Public Service Commission, 2015).

Despite the introduction of the 2007 OSH Act and the National OSH Policy of 2012, registry staffs in public institutions are still working under deplorable conditions. Employees whose functions cuts across filing system and management, shelving, data entry, among others, observably, are not accorded necessary safety and health standards to prevent them from hazardous effects within their work environment. In turn, these employees contribute to the global and regional statistics of increased health risks arising from OSH effects. Based on this background, this study therefore aimed at assessing the impact of OSH on employee productivity within the public sector. Specifically, the study evaluated the utility of the OSH regulations in addressing occupational risks factors towards registry staff. It begins from the assumption that an effective and efficient OSH regulation will significantly reduce employee's risks factors which in turn increase their work productivity.

1.3 Research Question

The general research question this study sought to answer was: What is the role of Occupational Safety and Health policy on employee productivity in the public service of Kenya? The study sought to answer the following specific research questions:

- i. To what extent are OSH policies applied within the government registries in Kenya?

- ii. What kind of safety and health hazards are encountered by registry workers and how do they impact on employee productivity in government registries in Kenya?

1.4 Objectives of the Study

The overall objective of the study was to assess the role of occupational safety and health policy on employee productivity in the public service of Kenya. The specific objectives were:

- i. To assess the extent to which OSH policies are applied within the work environment in the government registries in Kenya.
- ii. To examine the kind of safety and health hazards encountered by registry workers and how they impact on employee productivity in the government registries in Kenya

1.5 Justification of the Study

Institutional managers are mandated by regulations to ensure all employees work within safe and healthy work environments. As required by the adopted legislations, employees are entitled to be provided with safety gears that protects them from exposure of hazard situations. However, the working conditions in which registry staff works in, especially within the National Government ministries in Kenya, raises the question as to whether the ministries are adhering to the OSH regulations. This study therefore is justified to determine the influence of the OSH policies among the registry staff in the public service and the impact they have on their employees' productivity. The findings will help institutional managers in assessing the gaps that exist between the policy and employees' productivity in order to actualize necessary reforms.

At a policy level, adopted legislations provides that the OSH policies to be applied to all working environments, covering the health and safety of employers, employees, and external clients. This study is justified as it would inform policy makers, those who implement and the management of public service on vital areas where the OSH policies are not implemented effectively. This would call upon further measures to be put in place in the implementation of the policies to ensure they meet their intended purpose, eventually cultivating on employees' productivity.

Finally, this study will make academic contributions in the field of organizational safety and health by demonstrating its influence on employees' safety, health, and employees' productivity. In addition, the study will add to the literature on occupational health and safety, with specific reference of Kenyan public service, thus contributing to the knowledge on OSH regulations in general. This would benefit future researchers who wish to undertake similar studies in other environmental settings.

1.6 Scope and Limitation of the Study

This study sought to assess the impact of the Occupational Safety and Health Policy on employee productivity in the public service. Currently, there are 20 ministries which have independent registry department and a central registry that serves all levels of the government. The study covered employees within the registry departments in the selected five government headquarter ministries namely; Ministry of Education, Health, Water and Irrigation, Land, housing and urban development and the Ministry of Energy and Petroleum. These ministries were selected since they have large registries and also for diversity. The rationale was that this population of employees despite being covered by the OSH policies, they are at risk of being exposed to several health hazards that in turn affects their productivity.

The major limitation encountered in this study was obtaining fair and impartial response from respondents. Some respondents feared being victimized due to the information they provide as these are government institutions. However, this limitation was countered through the explanation, that the study was for academic purposes only. In addition, the respondents were assured of confidentiality. Another limitation was that some respondents become unfair by relating all health related issues they encounter to have emanated from the working environment hazards. To overcome the limitation, the researcher created a rapport with the respondents and explained the objective of the study.

1.7 Definition of Terms

Employee productivity – According to Prokopenko (1987), employee productivity is the general effectiveness and performance of workers through an assessment of the degree to which

set goals are attained. In this study, employee productivity is the extent to which employees meet their performance goals with minimum disturbances from their working environment.

Occupational Safety and Health Policy – According to the OSH Act (2007), OSH Policy are regulations that lawfully provide for the employee welfare in terms of safety and health together with all persons lawfully present at workplaces. In relation to this study, OSH Policy is the developed and approved regulations guiding on how organizations should enhance the safety and health of its employees within their working environment.

Public Service – According to Shah (2005), public service is the continuous delivery of public goods and services consistent with citizen preferences. In relation to this study, public service covers the institutions that are mandated to deliver public goods and services to citizens.

1.8 Proposed chapter outline

Chapter one orients the reader to the study and consists of the background to the study, the problem statement, research questions, objectives of the study, justification, and scope and limitation of the study. At the end of this chapter, definition of terms is also provided. The second chapter presents the literature review, the conceptual framework and the study hypotheses. Chapter three describes the research methodology that this study used, followed by an analysis and discusses the findings in chapter four. Finally, chapter five provides the summary of the study together with the conclusions and recommendations.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

This chapter reviews the literature on OSH policy and its impact on employee productivity. The chapter is divided into the following sections according to the objectives: responsibilities of occupational safety and health agencies; application of OSH policies in the workplace; safety and health hazards and their impact on employee productivity. The section also includes a theoretical framework and study hypotheses.

2.1 Application of Occupational Safety and Health Policies in Kenya

OSH agencies are bestowed with diverse roles to oversee that healthy and safety needs of employees are met. As stated by Yorio, Willmer, and Haight (2014), their responsibilities cuts across diverse OSH programs which involve how to plan, implement and operate, check and and take corrective action, employee engagement, and review of management of all laid down OSH policies, manuals, and procedures to guarantee safer working environment to employees. To be effective OSH agencies need professional training and effective information and communication control based on legislation, good practices, new information, and new methods (Martimo and Mäkitalo, 2014). To this end, OSH programs should sustain safety and health standards of workers within their environment, however, this can be attained when there is effective implementation.

In the United States, the federal safety regulating bodies are subjected to, apart from the implementation of OSH guidelines, continuous monitoring and review of ideas and interactions based on existing and proposed safety regulations, potential outcomes of the regulations, and enforcing the feasibility findings resulting from the regulations (Yorio, Willmer, and Haight 2014). In doing so, they actively involve workers who, according to Podgórski (2005), play a significant role in assessing and preventing risks and facilitating the rights of workers in respect to their health and safety. Reflecting this in developing countries and more specifically to Kenya, few reports have been published in regard to the implementation of OSH, as well as challenges encountered.

Noticeably, a country like Australia has however recorded regulatory failure of the OSH policies citing existing policy gaps. Underhill (2011) has attributed failures of the agencies to the low levels of policy coverage among employers and employees, lack of knowledge of legal rights and obligations, non-compliance of oversight authorities to monitor implementation of the OSH policies, overlapping responsibilities, and insufficient resources for agencies to execute their mandate fully. This situation draws similarity to Kenyan OSH programs and challenges faced. In particular, the National Safety and Health Policy (2012) highlights: overlaps and duplications in services delivery; inadequate skilled human resource; low financial resources; low OSH awareness amongst employers, workers, and other stakeholders; weak systems for inculcating safety and health preventative culture; and lack of adequate research findings to address both emerging and traditional occupational risks arising from fast technological developments and globalization, among other factors. These factors continue to hinder effective implementation, and the end result impacts negatively on workers' productivity.

Going forward, the National Safety and Health Policy (2012) projected diverse policy issues such as OSH legal framework, work injury benefits framework, institutional arrangement, compliance mechanization, education and training, research, financing, and occupational health services, just to mention a few, as the frontiers in the attainment of health and safety to all employees in Kenya. Through its implementing agency, the Ministry of Labour, Social Security, and Services adopted a strategic framework (2013-2017) to streamline all its roles and services to the public. The strategic plan therefore described the ministry's role in relation to OSH as that of promoting a healthy working environment for all employed persons. On the other hand, the Directorate of Occupational Health and Safety Services (DOSHS) is mandated to conduct routine and specialized inspections, as well as providing medical surveillance by providing workers' clinics. Other structures created for ensuring compliance with the OSH policies include the National Commission for OSH (NACOSH) and the Occupational Health Division. NACOSH has the mandate to offer advice on OSH issues and enhance implementation of the policy. Occupational Health Division is mandated to manage the welfare of nurses and public health officers who offer health related services among employees in organizations (Muchiri, 2005).

Collaboratively, these institutions and agencies work towards prevention of hazardous effects on workers and thus, directly or indirectly, facilitates employee's productivity.

OSH agencies have responsibility for the administration and enforcement of the laws enacted to protect the safety and health of workers in Kenya which include: occupational safety and health administration, mine safety and health administration, and the Fair Labor Standards Act (FLSA) (ILO, 2016). By focusing on their roles and the extent they impact on the safety and health of registry employees, this study will develop empirical data that underpins the relevance of the OSH policy in Kenya and its effectiveness in managing employees' workplace safety and wellness. The fundamental idea here is that effective implementation and role execution will in turn promote the safety and health of workers, and thus, increase their work productivity. If OSH is not adequately met, productivity suffers; employees become none performing due to physical, psychological or even emotional effects.

2.1.1 Occupational Safety and Health Policies in the Workplace

The application of OSH policies requires combined efforts from both the employers and employees. The fundamental goal of OSH policy, legislations, guidelines, and the accompanying enforcement activities are to empower both employers and employees in promoting a safer and healthful workplace (Yorio, Willmer, and Haight 2014). A study by Mills and Lin (2004) conceived interrelated issues in the implementation of OSH policies that bring about expected results to both employers and employees. These include actively implementing OSH programs, establishment of safety committee and experts who aid in relation to quality safety programs and feedback on risks practices, training employees on how to protect themselves and others within their occupation, and finally, a cost-effective report on implementation and health cover for employees within the organization (Mills and Lin, 2004).

In China, application of OSH policies has seen the country adopt various techniques to address the increasing death toll of its employees. With a population of 1.3 billion and the total labour force accounting for 77% of the population, the country recorded the highest occupational related diseases and death in 2001, increasing from 2,352 in 2000 to 13,218 (Su, 2003). In their

redemption strategy, Su (2003) noted that the country had to settle for a common legislation that guides the implementation of safety standards in organizations. Implementation thereafter was coupled by establishment of health inspection systems that was in charge of enforcing health regulations and policies to the extent that, all occupational environments were to be inspected prior commencement of any activities, necessary workplace hazard control measures were to be met in all working environment, conducting of workers health examination status periodically, ensuring employees who suffer from occupational diseases are treated before engaged in another activity, and finally, inspection of health records and disease reporting (Su, 2003).

Spencer and Munch (2003) describe effective implementation of OSH policies to involve the interventions of both employers and employees. At the employer's level, administrative structures should oversee the implementation of the prevention measures, minimize effects of safety hazards, offer adequate training to staff, and enhance the environmental design to fit the working needs. Similarly, individual employees are expected to develop de-escalating skills, avoidance of risk activities, ability to identify risk areas, and increase their reporting skills once they notice arising risk factors (Spencer and Munch, 2003).

The experience in the implementation of the OSH policies and regulations in government institutions in Kenya is however questionable. Whereas the policies and relevant regulations are in place, registry workers in most government ministries continue to work without proper occupational gears, prompting this study to determine the application of the OSH policies. Kenyan government can borrow the practice from international institution, and these can be attained by institutionalizing OSH offices and officers within respective government ministries, something which is up to date missing. With only the Headquarter location in Nairobi, where most officers are situated, this reduces the applicability and frequent monitoring of how OSH policies are implemented within work environment. Notwithstanding government bureaucracy when an employee is affected by OSH hazard, the steps to follow are so diverse and sometimes they end up not addressing the cause, leave alone the individual employee impacts.

Most of these previous studies elaborate the utility of OSH policies in improving both employee's wellness as well as work productivity. Such evaluations are missing in Kenya's public sector; few reports have been published to demonstrate whether OSH policies are impactful. Reflecting on Ministry of Health report of how 50% -70% of diseases are attributed by respiratory, digestive, cardiovascular, diabetes, cancers, and mental disorders, it is not easy to substantiate the number of public servants affected in these statistics. If increase in deaths and infections/illness are from non-communicable diseases, it is paramount to evaluate whether the existing OSH regulations are improving the situation or not. This study therefore will fill the gap by assessing whether OSH policies in government Ministries is improving employee's wellness and in turn, their work productivity.

2.2 Occupational Safety and Health Hazards and Employee Productivity

Occupational safety and health hazards can be quite detrimental to employee's life, employers, and the productivity of their work. According to McCunney (2001), occupational health and safety policies have a great impact on an organization. In a safe and healthy workplace employees are motivated to report to work hence reduced rate of absenteeism and as a result productivity is increased. While there exist numerous risks and hazards, literature has discussed widely on accidents, diseases and infections, and chemical reactions that are common in most workplaces. A 2014 report by the ILO on health and safety at work revealed that on annual basis, work-related diseases and occupational accidents accounts for over 2.3 million fatalities, of which 14% are occupational accidents related while 86% are work related diseases(ILO,2014). These rates are significant and call for a similar study to assess the rate in Kenya, especially in the public sector.

In Kenya, although there are a few published reports on the outcomes of safety and health hazards in workplaces, one of the reports by the Ministry of Health (2014) revealed an increasing rate of non-communicable diseases in Kenya, particularly those of respiratory diseases, digestive diseases, cardiovascular disease, diabetes, cancers, and mental disorders. In 2014, the report noted that all these diseases combined accounted for 50% - 70% of all hospital admission. The high number of illness and infection among employees translate to absenteeism, reduced work

morale, and employee turnover consequently lead to reduced work production. Accordingly, the human resource regulations manual provides that when an employee falls sick, they be granted sick leave until they recover completely (Public Service Commission, 2016). The organization is therefore negatively affected when a majority of employees are affected by occupational health and safety hazards. If the situation is not resolved in time, employees may become demotivated with others opting to terminate their employment, thus resulting to high labour turnover.

Previous studies have linked safety and health hazards to increased insurance cost, financial instability for employees and family members, loss of productivity due to increased sick leaves, inability to perform similar duties as a result of fatigue and muscles injuries, and psychological distress (Goncalves, et al., 2010). The ILO (2014) also noted that of the accounted non-fatal occupational accidents, a minimum of four working days are lost when employees are absent. Among the registry and library employees, Ifijeh and Adebayo (2014) found linkage of exposure to dust and chemicals, working for long hours focusing on computer screens, and sitting throughout the day as resulting to respiratory diseases, muscle strain, back aches, as well as eye problems among employees. These effects have direct implications on employees' productivity as they adjust to their new way of life.

According to Prokopenko (1987), employee productivity is concerned with the general effectiveness and performance of employees in assessing the degree to which set goals are attained. Priority is given to the quality of output, input, as well as the process itself. This coincide with the OSH field in that, policies developed are geared towards streamlining the procedures and requirements for organizations to meet. Productivity is described as a critical component in maintaining and improving the quality of products and services as well as living standards. Kenyan sessional paper no. 3 of 2013 on national productivity policy describes productivity as the relationship between inputs and outputs, efficiency and effectiveness that bring together economic and environmental sustainability aspects for production of quality and cost-effective goods and services (Ministry of Labour, Social Security, and Services, 2013). Focusing on employee productivity, Prokopenko (1987) asserts that it is the general effectiveness and performance of workers through an assessment of the degree to which set goals are attained.

Therefore, this study articulates employee productivity as the relationship between employee's ability to meet their performance goals/ targets with the minimum disturbances emanating from their work environment.

According to McCunney (2001), occupational health and safety policies have a great impact on an organization. The author argues that employees are motivated to report to work hence reduced rate of absenteeism and as a result productivity is increased. The same study concludes that health risks and failure of employees to participate in fitness and health promotion programs are associated with higher rates of employee absenteeism. The Health and Safety Executive (2006) argue further that OSH policies impact employee productivity form a virtuous circle. This motivates the employees because they are provided with a safe working environment hence productivity is increased because a healthy and happy workforce is more productive. However, for this to happen, organizations should ensure that these policies are implemented. De Greef and Van den Broek (2004) also postulated that OSH policies have a great impact to both the organization's productivity and employee performance.

Historically, the development of OSH policies has encountered sharp reactions and contributions globally. Each country in the world has its own background on the developmental stages of OSH legislation and policies. For instance, the development of OSH policies in the United Kingdom is attributes to political response of social problems arising from worldwide industrial revolution (Eves, 2016). The demand for safer working environments saw the adoption of the Factory Act which has been developing over the years in need to address safety, secure fencing, working time, compensation, child labour, communication channels, workers welfare, workmen compensation, and environmental protection, among others. This in turn enable an organization to develop OSH policies, manage and implement as per the legal requirements and hence, attaining the organization goals and objectives (Eves, 2016).

The occurrence reflects what most countries have gone through, including Kenya which was governed by the Factories Ordinance of 1952. Apart from specifying its application, powers, and the registration of factories, the Factories Act (1952) in Kenya placed more emphasis on the

general health of workers and their working conditions, specifically in relation to cleanliness, overcrowding, ventilation, lighting and sanitary conveniences as well as relevant safety provisions for mobile devices, transmission machinery, unfenced machinery, vessels containing dangerous liquids, self-acting machines and the training and supervision of inexperienced workers. In addition, part 7 of the Act provided for the need of protective clothing, gloves, and gears for safety and protection where necessary, while handling equipment, chemicals, working in noisy environment, and other workplace activities that may cause harm to workers, besides reducing costs of risk and accidents, effective safety and health management promotes business efficiency and employees productivity in these factories (Republic of Kenya, 1952).

In a study on the occurrence of OSH hazards in Nigerian libraries, Ifijeh and Adebayo (2014) found out those severe effects that librarians' experience were muscle strains (54%), back injuries/ aches (43%), eye problems (43%), respiratory problems (24%), repetitive strain (10%), ligament strain (8%), and skin rashes (5%). These outcomes could be reflected to the registry departments since their environmental conditions share most of the OSH characteristics that librarians face. Although the study was not to relate the findings to the occupational effects, it revealed that 90% of the staff affected by the OSH hazards take responsibility for settling medical bills incurred, an indication that the effects ought to have forced them either to stay away from their duties for some time, coming to work late, or forgo some duties to allow for recovery. In one way or another, their actions and behavior must have cost the organization productivity gaps. In relation to government ministries, effects of reduced productivity among registry staff would be felt in terms of service delivery, especially when there is delay of information within and outside the institution. Critically, this study examined whether there exist OSH gaps that affects public employees and their effects on their productivity.

2.5 Theoretical Framework

This study is guided by two theory namely; the Herzberg's two factor theory, and institutional theory.

2.5.1 Two-Factor Theory

The two-factor theory, developed by Fredrick Herzberg in 1959, argues that factors that motivate employees are totally different from those that avert people from becoming dissatisfied with their work (Lingard and Rowlinson, 2005). Thus, the theory identifies two factors that result to satisfactions and those that enhances motivation, that is, hygiene factors and motivation factors. The main assumptions of Herzberg two factor theory that underpins this study are: the presence of hygiene factor will not cause moitvation but contribute to general performance of employees, and the absence of hygiene factor will cause dissatisfaction, thus impacting on their general performance.

This theory underpins this study in that, OSH policies act as a hygiene factor that contributes to the general employees' satisfaction. Broadly, the two-factor theory identifies working conditions as one of the hygiene factors that inculcate employees' job satisfaction. Other hygiene factors include salaries, company policies, good interpersonal relations, quality supervision, job security, and work-life balance. Keeping other factors constant, (in that they are adequately provided), presence of OSH policies infers that employees working conditions are addressed, thus it is expected that they will be satisfied and therefore highly productive. Among the registry employees, frequent exposure to occupational safety and health hazards would cause some form of dissatisfaction to their work environment which intern may affect their work productivity generally.

On the other hand, the theory further underpins this study in that lack of these hygiene factors causes dissatisfaction among employees, thus impacting on their general performance. Lack of proper implementation mechanisms of the OSH policies is an indication that the policies do not work in favor of employees working condition. Poor implementation of the OSH policies is like non-existence of the policy or lack of hygiene component, which translates to increased risk factors exposed to employees within their work environment. Thus, employees may be experiencing some form of dissatisfaction that in the long run, their work productivity is low or decreases.

In summary, the main assumptions of the two-factor theory present a perfect comparison of how presence of OSH policies and regulations can contribute to employees' productivity by elevating their level of satisfaction. Although the theory recognizes motivational factors such as recognition, sense of personal achievements, growth, promotion, challenging work, and opportunity to advance among others, as the major determinants of employee's satisfaction, extrinsic factors such as a safe and health are relevant in providing a conducive environment where employees can perform better (Lingard and Rowlinson, 2005).

2.5.2 Institutional Theory

Institutional theory on the other hand, is a theory applicable in public policy development and implementation. According to Peters and Zittoun (2016) institutional theory holds that public policy making is rooted within an institutional setup that gives the policy legitimacy for implementation. Such institutions are mostly governmental, that have authority to enact and enforce policy measures for the benefit of the general public.

Institutional theory underpins this study in that, the OSH policy first is a government-oriented legislation, adopted in respect to catering for the wellbeing of workers, both in public and privately-owned organizations. The Directorate of Occupational Safety and Health (DOSHS), housed in the Ministry of Labour, is the main governmental institution with the authority to legislate, oversee and manage the OSH policy in respective organizations.

The theory therefore underpins this study in that, it is expected that the respective institution to take lead in the implementation of the OSH policy. Particularly, being a governmental institution responsible for the implementation the policy, and the fact that this study assesses the level of compliance of the OSH policy within government ministries, institutional perspective fits in determining whether the respective institution is attaining its goal, that is, enhancing the wellbeing of workers by promoting conducive, safe, and healthy working environment.

2.6 Research Hypotheses

The study hypothesizes that;

H₁ – There is a significant relationship between effective implementation of the OSH Policy and improved employee productivity among registry staff in the public service of Kenya.

H₀ – There is no significant relationship between effective implementation of the OSH Policy and improved employee productivity among registry staff in the public service of Kenya.

CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Introduction

This chapter presents the methodological approaches that were used to obtain relevant response for this research. The sections encompass the research design, study area and population, sampling procedure and sample size, data collection techniques, and data analysis.

3.1 Research Design

The study used a mixed research design that combines both quantitative and qualitative research designs. Use of mixed research design enabled the collection of both quantitative and qualitative data which complements each other thus increasing the understanding of the research problem.

3.2 Target Population

The target population in this study was employees who work within the registry departments in the ministries of Education, Health, Lands, Housing and Urban Development, Water and Irrigation, Energy and Petroleum. Registry employees were considered fit for this study because they face high levels of occupational hazards. Although the exact population of members of staffs within the registry departments across the ministry is not certain, the researcher used a disproportionate population size to select respondents.

3.3 Sample and Sampling Techniques

The study used purposive sampling technique to select the respondents. To obtain the desired representation, each cluster (ministry) was divided into 6 strata or departments. In each government ministries, there exist a central registry and at least five departmental registries within administration, human resource, finance, Information Technology and Communication (ICT), and procurement departments. From each cluster, 11 respondents were purposively picked 1 from the central registry and 2 respondents from every department (Table 3.1). The assumption in this regard was that the information obtained from these respondents was valid and reliable.

Table 3.1 Sample Size Details

Ministry	Central Registry	IT Dept.	HR Dept.	Finance Dept.	Procurement Dept.	ICT Dept.	Total
Education	1	2	2	2	2	2	11
Health	1	2	2	2	2	2	11
Lands, Housing and Urban Development	1	2	2	2	2	2	11
Water and Irrigation	1	2	2	2	2	2	11
Energy and Petroleum	1	2	2	2	2	2	11
Sub Total	5	10	10	10	10	10	55

Source: (Researcher, 2017)

3.4 Data Collection Procedures

The study collected both primary and secondary data in qualitative and quantitative forms. Primary data was collected using questionnaires and interview schedules developed by the researcher. A structured questionnaire was developed using closed-ended and open-ended questions. Closed-ended questions were used to get used to get a specific and conclusive answer while Open-ended questions were used to get more information from the respondent. The questionnaire was divided into four sections: demographic section and the three other sections organized as per the objectives of the study. The researcher also interviewed the person or the head of each central registry who is the key informant to provide more useful information to counter non-responsiveness. Secondary data was collected from legal documents such as the Acts, journals, books and other scholarly articles relevant to the study.

3.5 Data Analysis

The study generated both qualitative and quantitative data. Quantitative data was coded and analyzed using the Statistical Package for Social Scientists (SPSS) to compute descriptive statistics such as frequencies, and percentages. Qualitative data on the other hand was analyzed based on the content matter of the responses. Content analysis was used to analyze both the qualitative data and the observation made. Data was presented in tables, graphs, and narratives from qualitative data.

CHAPTER FOUR: DATA PRESENTATION, ANALYSIS AND INTERPRETATION

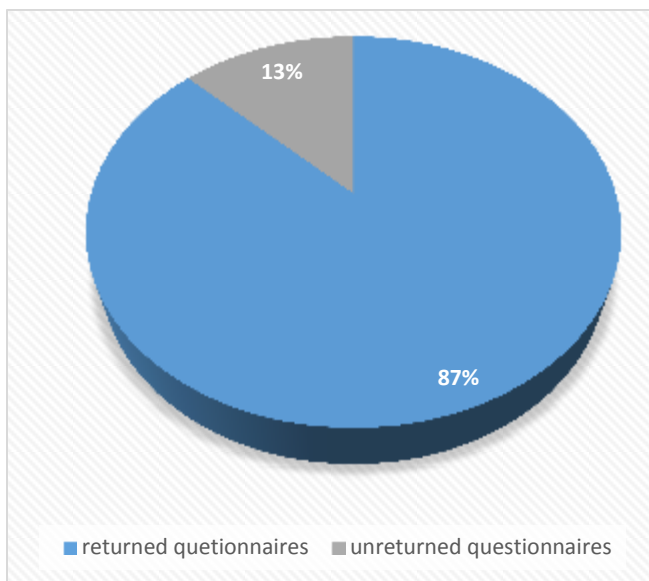
4.0 Introduction

This chapter presents, analyzes and interprets the findings from the data collected. The data was analyzed using both descriptive and inferential statistics. The chapter is organized according to the objectives of the study.

4.1 Response Rate

The study had targeted 55 respondents from the registry departments in the government ministries. Out of 55 questionnaires issued, 48 were filled and returned, making it 87% response rate as indicated in Figure 4.1. Scholars such as Weisberg, Krosnick and Bowen (2006) agree that a response rate of 70% is recommended while Mugenda and Mugenda (2008) stated that a 50% response rate is acceptable for analysis and conclusions. Thus, the response rate obtained was adequate to make conclusions and recommendations.

Figure 4.1: Response Rate



4.2 Pilot Test

To establish reliability of the research instruments, questionnaires, test-retest technique was used, and the Cronbach alpha was calculated using SPSS. Cronbach alpha coefficients range from 0 to

1 and the coefficient is used to determine the reliability of the research instrument. The closer the Cronbach alpha coefficient is to one the greater the internal consistency of the items in the questionnaire. According to Cooper and Schindler (2008) a coefficient above 0.7 was considered the best stating that the research instrument was reliable. Cronbach alpha coefficient obtained were all greater than 0.7, thus questionnaire was reliable and appropriate to be used in the study.

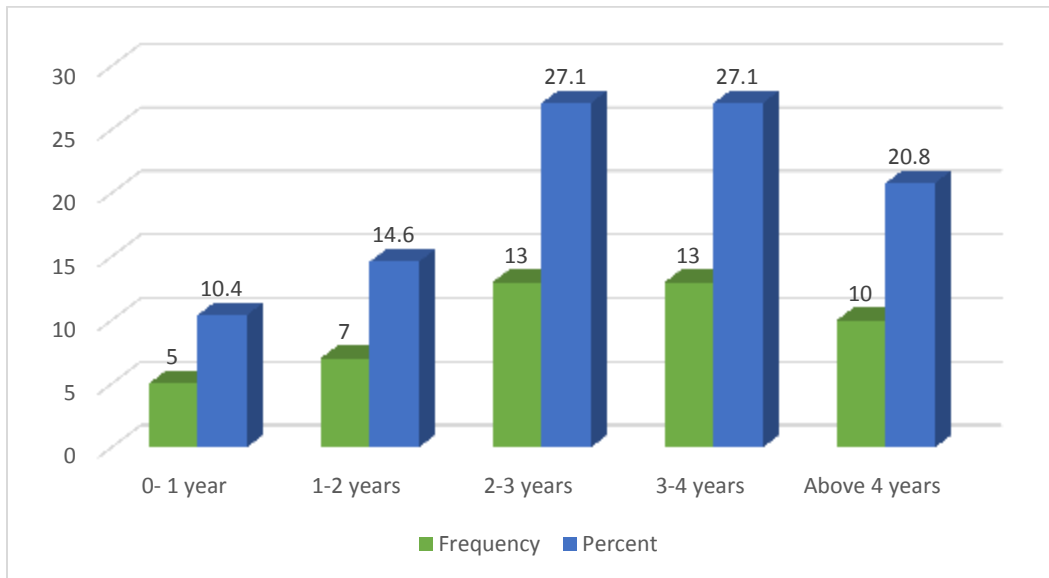
4.3 Demographic Data

The get a picture of the respondents, they were asked to provide information on their work experience and work department. Summary of demographic details are numerated in the following sub-sections.

4.3.1 Work Experience of Respondents

To determine their working experience, respondents were asked to indicate the number of years they had worked in the registry section. The results are as shown in Figure 4.2 below.

Figure 4.2: Respondent’s Work Experience



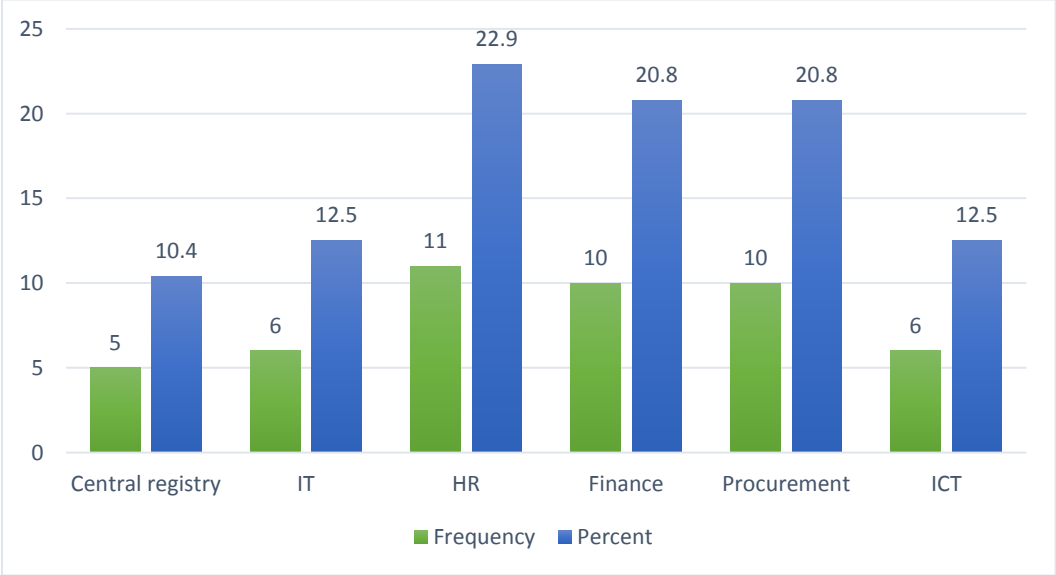
The finding shows that 20.8% of the respondents had worked in the registry for more than 4 years while 27.1% had worked for between 3 to 4 years; another 27.1% had worked for between

2-3 years; 14.6% had 1-2 years of experience while 10.4% had less than 1 year of experience. The more the number of experience respondents have worked within the respective work environment (registry department), the higher the chance that they have experienced occupational hazards, ones or on several occasions. The fact that 20.8% of the respondents had worked in the registry for more than 4 years is an indication of a high labour turnover. Whereas employees leave their work for various reasons including better paying jobs or to pursue personal goal goals there is a possibility that some may have left due to a poor work environment.

4.3.2 Respondents Work Department

To establish their work departments, the respondents were asked to state the name of their ministries and their respective departments. Figure 4.3 summarizes the findings.

Figure 4.3: Respondent’s work department



As shown in the figure 4.3, 22.9% of the respondents worked in the Human Resource department, followed closely by 20.8% from the Finance and Procurement department, IT department had 12.5% while 10.4% of the respondents were from the central registry department. These findings indicate that responses will not be biased on one department, instead, they will be distributed across target areas.

4.4 Assessing the extent to which OSH policies are applied within the work environment in the government registries in Kenya.

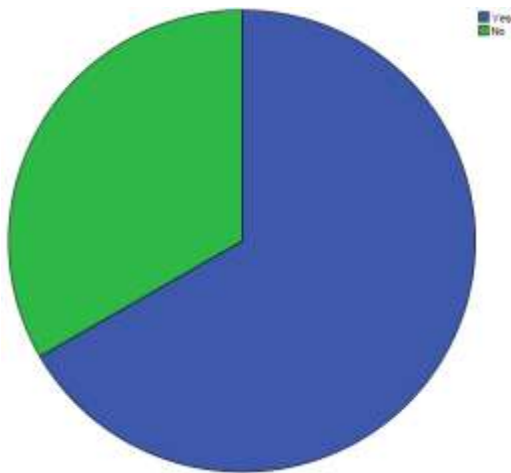
4.4.1. Responsibilities of key agencies in Occupational Safety Health Policies Management

The assessment of the responsive OSH agency implementing the relevant policies was gauged by two indicators. First, respondents were asked whether there are governmental and/or non-governmental institutions mandated to implement OSH policies. They were further asked to explain some of the roles of such institutions. The findings are as shown in Table 4.1 and Figure 4.4 below.

Table 4.1: Agencies mandated with implementation of OSH policies

	Frequency	Percent
Yes	32	66.7
No	16	33.3
Total	48	100

Figure 4.4: Agencies mandated with implementation of OSH policies



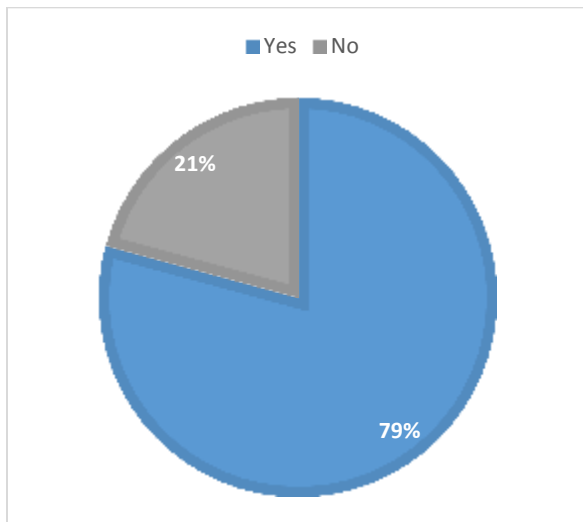
The findings reveal that majority of the respondents, (66.7%) were aware of external government or non-governmental institutions that were mandated to implement the OSH policies within the ministries. However, 33.3% of the respondents were not aware of external government or non-

governmental institutions that were mandated to implement the OSH policies within the ministries and could not state their roles.

Among the frequent mentioned institutions included the Ministry of Labour, the National Commission on Occupational Safety and Health (NACOSH), the Directorate of Occupational Safety and Health (DOSHS), and the Central Organization of Trade Unions (COTU). Their roles as indicated by respondents includes to represent the rights of employees in relation to good working conditions; prevent organizational accidents and diseases; ensure employees are compensated from work-based accidents; identify risks in organizations; prevent hazards from occurring; implement the national policy on safety in organizations; and create awareness on OSH entitlements.

Further, respondents were prompt on their level of awareness of OSH policies. They were asked to state whether they were aware of such policies within their organization and the responsible department charged with the implementation. Figure 4.5 summarizes the findings below.

Figure 4.5: Awareness of OSH policies



Based on the findings, a majority of the respondents (79%) were aware of the OSH policies within the organization, while 21% of the respondents were not. Further to this, respondents

pointed out that the department responsible for the implementation of the OSH policies was the human resource in all the ministries. The findings match global trend in organizational management where the human resource undertakes the responsibility of ensuring workers perform their duties within clean and safe environment.

Respondents who were not aware of existing OSH policies, arguably, could be associated with fewer number of work experience that they have worked in their organization. Thus, they could be undergoing work orientation, familiarizing themselves with diverse work activities and regulations. Awareness of OSH policies is important for the performance of an organization because it helps employers and employees understand the potential hazards they are exposed to on a daily basis and thus take measures to prevent injury and illness in the workplace.

4.4.2 Extent to which OSH Policies are Implemented in Government's Registry Departments

To assess on the implementation levels, the study sought information on whether registry employees are provided with protective gears, whether cleanliness within their working environment is well maintained, and whether the working space is equipped with the necessary tools and equipment to curb hazards effects. The following sub-sections summarizes the findings.

4.4.3 Provision of Protective Gears

To establish the extent to which OSH policies were implemented, the respondents were asked whether the ministries provided protective gears to the employees. The results were as shown in Table 4.2 below.

Table 4.2 Provision of protective gears

	Frequency	Percent
No at all	0	0
Yes, but to some extent	36	75
Yes, when necessary	12	25
Yes, at all the time	0	0
Total	48	100

A majority of the respondents (75%) indicated that the employer provided protective gears to some extent, but 25% of the respondents stated the protective gears were only available when necessary. Provision of the protective gears in the workplaces to all the employees always is very important in ensuring their safety. This is an indication the legal aspects of OSH in not complied with as required.

4.4.4 Cleaning of Offices

The OHS Act requires that all workplaces are kept clean and dust-free all the time. To ascertain whether this was the case, respondents were asked if their work places were cleaned or dusted frequently. The responses are as shown in Table 4.3.

Table 4.3: Cleaning of offices

	Frequency	Percent
Not frequent	2	4
Sometimes	34	65
Nearly everyday	12	31
Total	48	100

A majority (65%) indicated that their workplaces were only cleaned and dusted sometimes, 31% indicated that their workplaces were only cleaned and dusted nearly every day while 4%

indicated that their work places were not frequently cleaned. The implication is that these employees are exposed to risk of being adversely affected by unhealthy working conditions.

4.4.5 Safety within the Working Environment

To establish the level of safety at the workplace, respondents were asked to state if their offices are well equipped with the tools and equipment such as fire extinguishers or safety precautions or safety signs and notices displayed. The results are as shown in Table 4.4.

Table 4.4: Safety within the working environment

	Frequency	Percent
Availability of safety precaution notification	48	100
Availability of safety equipment	48	100

All the departments in the selected ministries have safety precaution notifications and messages, for example exit emergency doors. The departments also had safety equipment including fire extinguishers in various locations within the organization. Whereas notices and necessary safety equipment's are adequate, the contrast is that safety materials that employees need on a day-to-day basis are still lacking.

4.5 Examining the kind of safety and health hazards encountered by registry workers and how they impact on employee productivity in the government registries in Kenya

4.5.1 Types of Occupational Safety and Health Hazards Exposed to Employees

The study sought to establish the various types of OSH hazard exposed to employee's which may affect their work productivity. Respondents were first asked whether they have been exposed to any hazardous effects arising from the work environment and secondly, to specific which ones. A cross-tabulation was used to analyze the findings as illustrated below.

Table 4.5: Cross-Tabulation Analysis

	Types	Fq.	Have you been exposed to health hazards in the office?	Total
			Yes	
What hazard have you been exposed to?	Poor Lighting	Count	26	26
		%	56.5	56.5
	Chemicals	Count	12	12
		%	26.1	26.1
	Dust	Count	8	8
		%	17.4	17.4

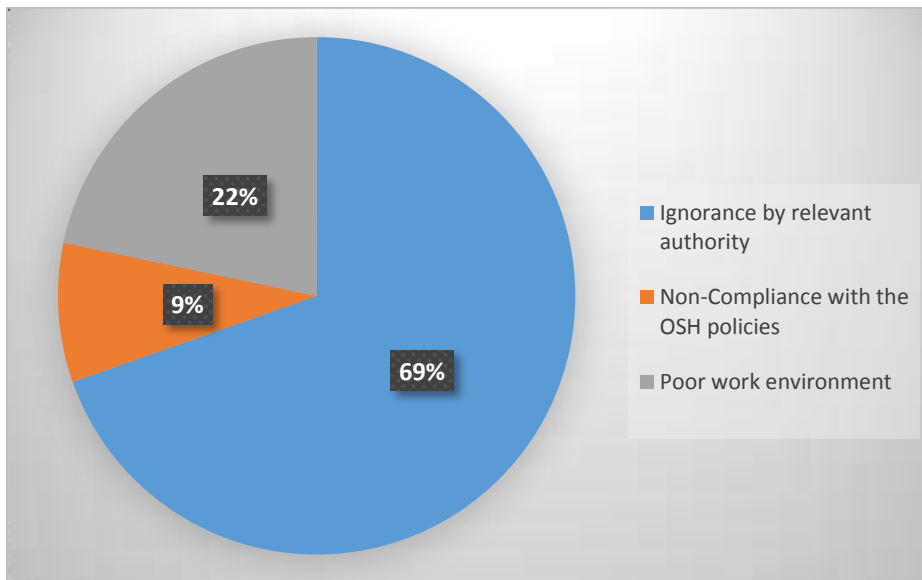
The analysis in Table 4.5 reveals that all participants in this study have had exposure to OSH hazards within their work environment. The findings show that 56.5% of those who have been exposed to OSH hazards experienced poor lightening in performing their duties, 26.1% were exposed to chemicals, and finally 17.4% exposed to dust. The findings match global outcomes of some of the hazardous factors that affects employee’s productivity. Ideally, if employees work under poor lightening, or are exposed to dangerous chemicals, or dust, then their health is affected.

Employees where further asked to assess the causes of the hazard effects within their work environment. This section sought to determine whether the outcomes are as a result of ignorance, non-compliance of OSH policies, or generally out of poor working environment. Respondents rated as follows.

Table 4.6: Causes of OSH Hazards

	Frequency	Valid Percent	Cumulative Percent
Ignorance by relevant authority	32	69.6	69.6
Non-Compliance with the OSH policies	4	8.7	78.3
Poor work environment	10	21.7	100.0
Total	46	100.0	

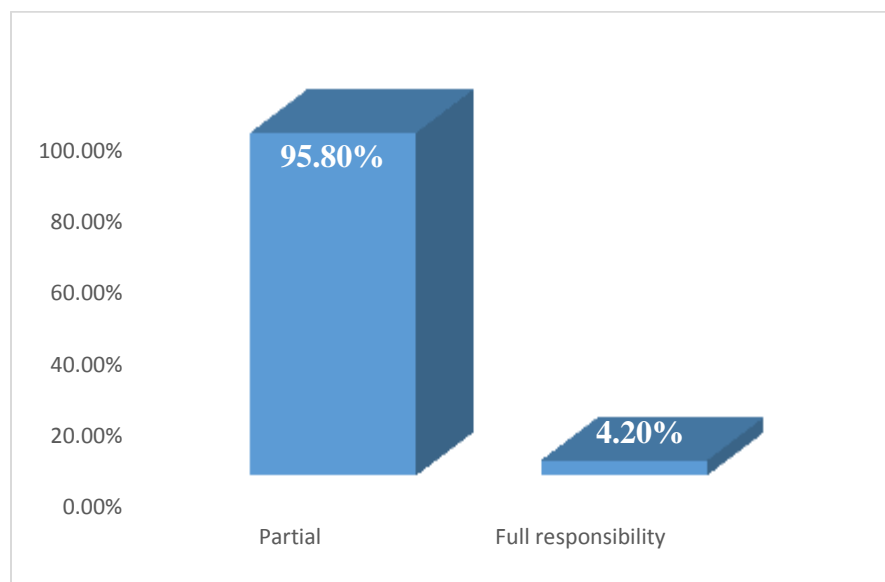
Figure 4.6: Pie Chart on the Causes of OSH Hazards



The findings in Table 4.6 and Figure 4.6 illustrate that most of the OSH hazards are because of ignorance by relevant authority (69.6%), followed by poor working (21.7%), and finally due to non-compliance of OSH policies. The findings suggest that respective implementing authorities of the OSH policies are not adequately addressing the needs of employees, thus pre-disposing them to various OSH hazards.

Finally, respondents were asked whether the respective institutions take responsibility in case one is affected by occupational related hazards. Responsibility here would take forms like catering for medical bills in case one's sickness arises from the hazards, or any other necessary support or financial compensation in case of an injury. Thus, to what extend do respective OSH offices take responsibility to cater for the needs of employees in case one is affected by such hazards? The findings re illustrated below.

Figure 4.7: Analysis on the Level of Responsibility Taken by Officials in case of OSH Hazards



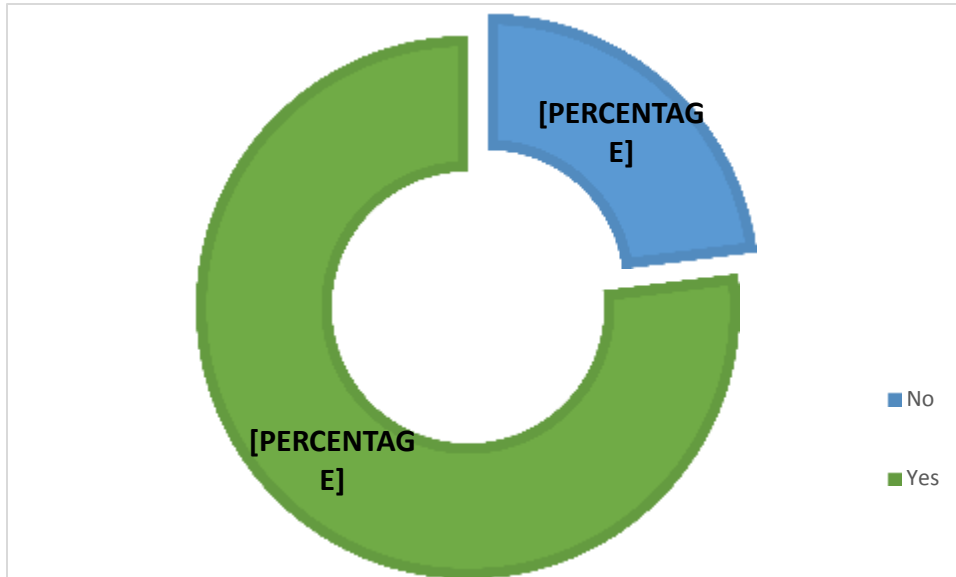
The findings in Figure 4.7 reveals that OSH officials take partial responsibility (95.8%) when employees are exposed to hazards effects, only a few cases (4.2%) is where they take full responsibility. This is an indication that employees go an extra mile to pay for their health bills in case of hazardous, thus reducing their income levels.

4.5.2 How Occupational Safety and Health Hazards Impact on Registry staff work Productivity

The study sought to establish how occupational hazards experienced by individual employees affect their productivity or those of others. This section analyzes respondents feedback in regards

to the types of OSH hazards experienced, the identifiable OSH risks factors within the ministry, the extend they affect employees, and the nature of employer’s responsiveness towards medical coverage and support to affected employees.

Figure 4.8: Whether one has been exposed to OSH Hazards



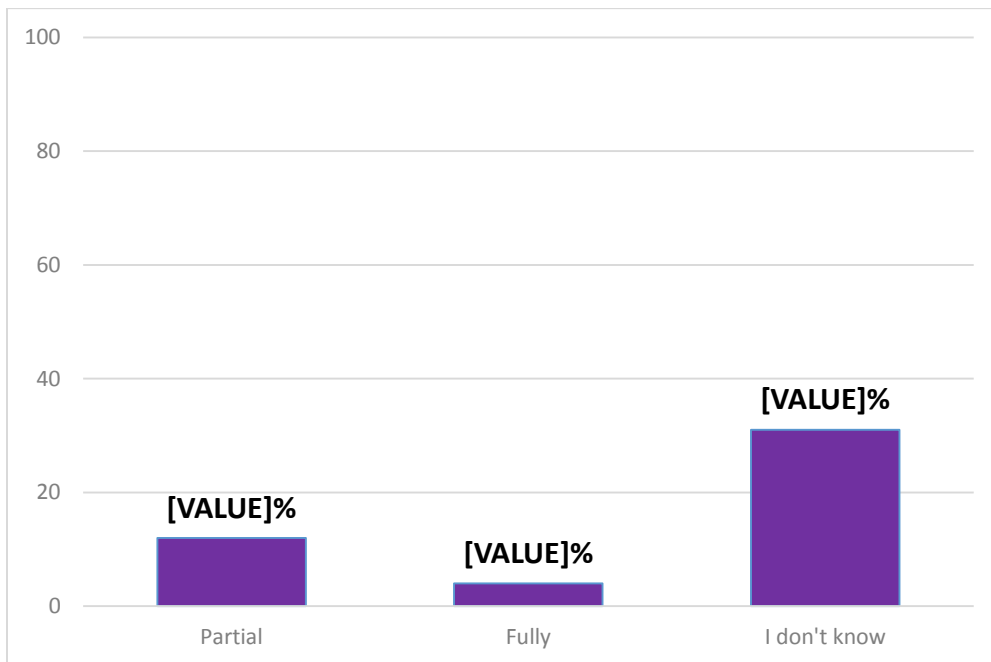
The findings in Figure 4.8 reveal that majority (77%) of employees have been exposed to various types of OSH hazards within their organization. Only 23% said they have not experienced OSH related hazards. To further articulate the exposure, respondents were asked to describe the type(s) of OSH hazards they have experienced. Drawing from respondents’ narratives, the following types were identified; firstly, eyesight problems. Respondents retaliated that they had to seek for eyes checkups frequently, some leading them to wearing of glasses to enhance their vision. This can be related to the poor lighting systems that respondents identified earlier as an OSH hazards they have been exposed to.

Secondly were issues with skin rushes. Respondents noted that exposure to chemical products leads them to get rushes on their hands and sometimes around their face and neck. Registry employees who particularly exchange printers’ cartridges and ink products are easily exposed to such chemical reactions. Thirdly, respiratory problems, especially common cold, flu, running

nose/sneezing, red itchy eyes, coughing, and chest problems were identified as some of the respiratory complications that employees have experienced. And finally, employees noted some psychological problems they encounter. Respondents alluded that they have been faced with lots of stressful experience relating to their workplace.

In relation to employer's responsibility, employees were asked whether their medical bills are partially or full taken care of by the employer after being exposed to OSH hazards. This question sought to determine who caters for the extra charges (if any) that employees have to pay apart from what is catered for in the medical insurance. The analyses were as follows;

Figure 4.9: Whether the organization pays for medical bill after exposure to OSH Hazards



The results indicate that majority of the employees (31%) do not know, 12% indicated partially, while 4% indicated fully that their organization is responsible for their medical bills after being exposed to OSH hazards. Although this responses shows that majority of employees were not aware of the responsibilities of their employers in relation to medical bills, partial and full responses shown by some organizations is a good indication that employers care about their employees. However, this should be encouraged to reduce financial burdens over employees.

Respondents were further prompted on the relevant outcomes that they had to go through or other employees had to endure after being exposed to OSH hazards. In this section, employees were to indicate work-related issues that were affected as a result of OSH hazards. The following were the responses; first, sick leave had become common. Majority of the respondents noted that they had to take sick leave to allow them to recover from what they were ailing from. Secondly, lifestyle changes were inevitable. Employees retaliated that they had to adjust their lifestyles, which impacted on how they performed their work. An example provided included avoiding working in under high or low lightness. However, since the individual employee is not capable of regulating the installed building lighting system, they are forced to look for alternative ways of adjusting how and where they perform their work. And thirdly, physical injuries, for instance, paper cuts, minor occupational accidents such as falling objects, and repetitive motion activities were described as some of the physical injuries that employees encounter.

Finally, respondents were asked to provide their views on how OSH hazards impact on their work productivity or those of other employees. The responses were as follows; first, they alluded that at the individual level, the output and the degree to which one could achieve an outcome is reduced. A respondent noted that their performance is affected because of some impairment in eyesight. Secondly, minor accidents slowed down activities, especially when assets break down and they take time before they are replaced. Thirdly, morale levels are reduced when one knows that they will continue working in an area which causes them to risk getting sick. For example, a dusty environment reduces employees' morale, thus affecting their productivity. Stress from financial burdens and recovery processes reduces employees' morale. And finally, due to absenteeism, work is delegated to others, of which they may not have similar outcomes than when performed by the rightful, skillful individual. Certain roles are specific to those employees who have been trained on, and if they are not present, productivity is reduced.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter gives the summary, conclusions and recommendations of the study.

5.2 Summary

The overall objective of the study was to assess the role of occupational safety and health policy on employee productivity in the public service of Kenya. Specific objectives were to: determine the responsibilities of key agencies involved in implementation of OSH in government registries in Kenya; to assess the extent to which OSH policies are applied within the work environment in the government registries in Kenya; and to examine the kind of safety and health hazards encountered by registry workers and how they impact on employee productivity in the government registries in Kenya. This was achieved through a cross-sectional survey using a mixed research design.

The literature review indicates that the government of Kenya has addressed the issue of OSH through the Occupational Safety and Health Act (2007). OSH involves putting policies and measures in place to prevent ill-health and accidents caused by working conditions. This is with the realization that lack of poor OSH means high cost for both the organization and the employee. Thus, just like in other countries, the government of Kenya has embraced OSH not only because a safe and healthy work environment is more likely to lead to more productivity because employees experience reduced sick leaves and safety hazard arising from the workplace. The results show that employees continue to encounter various occupational hazards under the watch of the OSH implementing agencies or and respective ministry.

In relation to the adopted theories, the findings suggest that the implementation of OSH policy within the registry departments should be enhanced. Within the two-factor theory, hygiene factors are not well met, suggesting that employees are not satisfied with their work environment. Following the underpinnings of the theory, therefore, low work morale leads to reduced work productivity. We can therefore conclude that reduced work productivity among

registry staff can be attributed to poor working conditions arising from poor implementation of the OSH policies.

For institutional theory, the findings suggest that respective OSH offices are not adequately implementing their regulation, thus a failure from the government side in not meeting the needs of its employees. Despite having the legitimacy in overseeing the OSH regulation, relevant institutions were described as reluctant, as respondents alluded that some of the outcomes of occupational hazards were attributed to negligence and non-compliance. This is an indication that if there were proper mechanism to implement the OSH policies, most of the occupational hazards could be prevented, thus contributing to a healthy workforce which in turn leads to high work productivity.

From the analysis it was noted that majority of the respondents had worked in the government ministry for 2 years and above. This was interpreted that the response will not be over-biased since the employees have worked for a substantive period to evaluate whether their occupational safety and health rights are been met or not. The response was also representative since respondents were obtained from different departments within a ministry. The study further established that majority of the respondents were aware of the Occupational Safety Health policies within the ministry. In the study majority of the respondents were aware of the external institutions mandated with the duty of implementing occupational safety health policies. When employees are aware of the OSH policies it is more likely that they will adhere to the health and safety regulations leading to better health and less accidents. It was also noted that in majority of the ministries, the human resource department carried out implementation of the occupational safety health policies. However, there were still some of the respondents who were not aware of this which means there is a need for better sensitization on health and safety issues at the ministry.

The findings indicated that implementation of OSH policies is not managed well. For instance, respondents in various departments only provided the protective gears, sometimes rather than always whereas majority of the offices of the ministries were not cleaned regularly or daily as

expected. The poor working conditions exposes employees to various health issues, among them, respiratory problems arising from dust. Although the study did not establish whether the lack of cleanliness and dusting was across the ministry's departments, registry staff also deserve to work in conducive working environment, since they too are covered by the OSH regulations.

The act of displaying safety and health messages or notifications as well as safety equipment for example fire extinguisher, evacuation directions in the case of emergency, just to mention a few, was a positive initiative for the ministries in guaranteeing the safety of their workers. Although the study did not establish any occurrence of workplace fire or accidents that would prompt the utilization of the equipment, the expectation is that they are in good conditions to prevent adverse effects during calamities.

Finally, the study established that employees within the registry department have been exposed to various occupational hazards such as poor lighting, chemicals, and dust. Whereas the literature describes such factors as contributors of poor working conditions as well as poor job performance, it was of the view of the respondents that these factors have been largely been contributed by ignorance and non-compliance by implementing authority, as well as poor working conditions. In relation to work productivity, the study established that the respective OSH institution provides partial assistance to employees after encountering occupational hazards. This contradicts the roles of relevant OSH institutions that respondents highlighted, among them, compensating causalities of occupational related accidents and effects.

5.3 Conclusions

From the findings of the study, it was established that occupational safety health policies had a significant impact on employee productivity. The government had put in place several agencies to to formulate and implement and evaluated the performance of OSH policies. The study noted that the key agencies involved in implementation of OSH policies in the government registries in Kenya do not fully carry out their mandate in ensuring that these policies are implemented. The key agencies in Kenya involved in implementation of these policies include the Ministry of Labour, the Directorate of Occupational Health and Safety Services (DOSHS) and National

Council for Occupational Safety and Health (NACOSH). The Ministry of Labour plays an important role by setting, communicating and enforcing OSH laws and regulations that are designed to reduce or eliminate workplace injury or illness. NACOSH was established to advise the minister on occupational safety and health policies and programs. A twelve-member committee is established and chosen on the basis of their knowledge and experience on occupational safety and health. DOSH plays an important role also in ensuring safety and health of all employees their places of work. It is responsible for the administration of OSH Act, 2007. According to the findings from the study, it was noted that the department of human resource management is entrusted with the formulation and implementation of the OSH policies.

Application of OSH policies is important in every organization. The study noted that OSH policies are not adequately applied within the work environment in the government registries in Kenya. According to the findings, 70% majority of the respondents were aware of the OSH policies within the organization, while 21% of the respondents were not aware. This showed that despite the awareness of the presence of these policies, the problem is arising when these policies are not implemented. This showed that with the knowledge and application of the policies, it is easier to implement and improve on the employee performance. Therefore, organizations have to ensure that these policies are applied or implemented on regular basis. The extent to which OSH policies are applied within the work environment in the government ministries in Kenya should be enhanced.

The study also noted that the staff within the registry departments encounter safety and health hazards that impact on their productivity. It was noted that all the ministries had put on safety notifications and had provided safety equipment. However, the ministries did not provide protective gears to the employees on regular basis and also some did not clean the offices regularly. This often led to exposure to hazardous situations such as, excess light and dust, which would eventually lead to sickness and therefore reducing the employee's performance.

The study noted the important role played by the key agencies responsible for implementation of OSH policies in government registries in Kenya. Total commitment by the key agencies in

ensuring implementation of OSH policies is a worthwhile and sustainable exercise. The research established that OSH policies bring about measurable improvements in safety and health in the world of work and the applications of preventive strategies therefore offers significant human and economic benefits. In addition, safety and health hazards encountered by the registry officers adversely affect productivity of the employees in the government registries in Kenya.

In conclusion, and based on the findings, the study established that there is a significant relationship between effective implementation of the OSH Policy and improved employee productivity among registry staff in the public service of Kenya

5.4 Recommendations

From the findings and the conclusion, it was demonstrated that low and poor implementation of the OSH policies has a significant impact on employee productivity. To ensure that employee productivity improves the following measures should be put in place;

- i. The respective OSH implementing institutions should adopt measures to ensure that relevant policies and regulations are implemented to the letter. Such measures should as well have a feedback mechanism that will promote effective and efficient monitoring of the policy.
- ii. The immediate institution within each ministry, such as the Human Resource departments, should establish proper communication strategies that will enable them frequently to identify the needs of employees thus ensure that they are well equipped.
- iii. There are needs for increasing employees' awareness of what they are entitled to in respect to occupational safety and health. For registry staff, they should either use formal or informal means to request for provision of relevant tools and equipment's that they need for their day-to-day activity, thus prevent themselves from exposure to occupational hazards.

- iv. To move forward with setting frameworks for proper implementation of the OSH policies, this study recommends to the ministries, the DOSH, as well as employees to conduct various civic education as a way of creating awareness that will empower them sustain a conducive work environment. As the OSH Act articulates, both the employer and the employee have a role to play for them to achieve a safe and healthy work environment.

5.5 Recommendations for Further Studies

The following are identified as topic areas for further studies in relation to OSH policies and employee's productivity;

- i. In what ways can employees contribute to the implementation of OSH policies as a means of enhancing their work productivity?
- ii. What are the effects of poor funding of OSH institutions on the implementation of the relevant legislations?

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APPENDICES

Appendix I: Time Frame of the Study

2016/2017	DECEMBER 2016 – JUNE 2017	JULY	AUGUST	SEPT
1				
1		Developing the research proposal		
2	Defending part one of the research proposal			
3	Collecting and analyzing data			
4	Developing the final research project and presenting the major findings			

The time frame for this study was organized as follows;

- I. Developing the research proposal (from December, 2016)
- II. Defending part one of the research proposal (July, 2017)
- III. Collecting and analyzing data (August, 2017)
- IV. Developing the final research project and presenting the major findings (September, 2017 – November 2018)

Appendix II: Letter of Introduction to the Respondent

Faith Chepkorir,
University of Nairobi,
Department of Political Science and Public
Administration
Faculty of Arts,
P.O. Box 30197-00100,
Nairobi.
Cell: 0720 520 910
Email: kosgefaith@gmail.com
2nd August, 2017.

Dear Respondent,

My name is Faith Chepkorir, a student at the University of Nairobi pursuing Masters Degree in Public Administration. I am conducting an academic research as it is a partial requirement for the award of Master of Public Administration degree. I am writing to you to please serve as one of my participants as I have identified you as a respondent in this study. Any information given will be used for this study only and will be treated with utmost confidentiality.

Thank you in advance for your attention and I would appreciate working with you to make this study successful.

Yours faithfully,

Faith Chepkorir.

QUESTIONNAIRE

Instructions: Please provide appropriate information and indicate your answers in the space provided or tick on the box against one of the choices provided.

THE ROLE OF OCCUPATIONAL SAFETY AND HEALTH POLICY ON EMPLOYEE PRODUCTIVITY IN THE PUBLIC SERVICE

SECTION 1: DEMOGRAPHIC INFORMATION

1. Please indicate the name of your **Ministry** and **Department** currently working in.

2. How many years have you worked in the registry section?

SECTION II: GENERAL INFORMATION ON OCCUPATIONAL SAFETY AND HEALTH (OSH) POLICIES AND THEIR ROLES

3. Are you aware of any OSH Policies in your organization?

No []

Yes []

4. If 'Yes' in Question 1 above, please indicate the institutional section/ department(s) that are responsible of implementing OSH Policies in your Ministry?

5. Of the departments identified in Question 2 above, what specific roles and responsibilities do they play in line with OSH Policies (If you answer was 'No' in Question 1, please skip this question)?

6. Are you aware of external government and non-governmental institutions that are mandated to implement OSH Policies in Ministries?

No [] Yes []

Please explain some of their roles _____

SECTION III: THE EXTENT TO WHICH OSH POLICIES ARE APPLIED WITHIN THE WORK ENVIRONMENT

7. Are necessary protective gears provided to employees within the registry staff in your Ministry?

No at all [] Yes but to some extent [] Yes, when necessary [] Yes, at all the time []

Explain briefly what is provided _____

8. Is the occupation cleaned or dusted frequently?

Not frequent [] Sometimes [] Nearly every day []

Explain briefly how things are done _____

9. Are safety precaution messages/ notices displayed within your occupational surrounding?

No at all [] Yes, the institution is equipped []

Explain briefly what is provided _____

10. Are safety tools and equipment such as fire extinguishers provided by respective bodies within your occupation?

No at all [] Yes, the institution is equipped []

Explain briefly what is provided _____

SECTION IV: SAFETY AND HEALTH HAZARDS AND THEIR IMPACT ON EMPLOYEE PRODUCTIVITY

i). In this section, indicate the kind of safety and health hazards encountered by registry workers

11. Have you ever experienced/been exposed to occupational health hazards?

No [] Yes []

List the type _____

12. What would you describe as the major causes of OSH hazards in your work occupation?

13. Does your organization take partial or full responsibility for settling medical bills incurred in cases of occupational health hazards?

Partial [] Full responsibility [] I don't know []

ii). In this section, indicate how OSH hazards impact on employee productivity

15. What are some of the immediate outcomes that you or other employees experience after exposure to OSH hazards?

16. Describe how the identified OSH hazards affect your or other employees work performance.

END

THANK YOU FOR PARTICIPATING IN THE STUDY