PERCEIVED INFLUENCE OF OCCUPATIONAL SAFETY AND HEALTH PRACTICES ON EMPLOYEE COMMITMENT AT THE NAKURU LEVEL FIVE COUNTY REFFERAL HOSPITAL

BY

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DECLARATION

This research is my original work and has not been submitted for a degree in this or any other university.

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

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DEDICATION

This project is dedicated to my loving family for the support they have accorded to me and to my dear friends who have helped me in one way or another during this programme.

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LIST OF ABBREVIATIONS

AMECA: Alex Medical and Educational Clinic in Africa

COSECSA: College of Surgeons of East Central and Southern Africa

ENT: Ear Nose and Throat

FBO: Faith Based Organisation

GOK: Government of Kenya

HIV: Human Immune Virus

HRH: Human Resources for Health

HRO: High Reliability Organisation

ILO: International Labour Organisation

KMTC: Kenya Medical Training College

MOH: Ministry of Health

MTC: Medical Training College

OHS: Occupational Health and Safety

OSHA: Occupational Safety and Health Act

PCEA: Presbyterian Church of East Africa

PGH: Provincial General Hospital

SPSS: Statistical Package for Social Sciences

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ABSTRACT

The objective of the study was to establish the perceived influence of occupational safety and health practices on employee commitment at Nakuru Level Five County Referral Hospital. The study adopted descriptive design. The population comprised of 438 medical employees of the Nakuru Level Five County Referral Hospital, both permanent and temporary employees. The categories of these individuals include; doctors, nurses, clinical officers, radiologists and lab specialists. The study gathered primary data by means of questionnaires. The collected data was analysed with SPSS software. The results were presented using Tables and Figures. The study recognised that the key occupational health and safety practices at Nakuru Level Five hospital included health and safety education and training, policy, committee, practices by management and audits. The study concludes that occupation health and safety practices had significant effect on employee commitment. The study recommends that the management team of Nakuru Level Five Hospital need to improve on their occupational health and safety practices to positively impact the level of employee commitment in their organization. The county government of Nakuru in close cooperation with the national government and the ministry of health should come up with best ways of improving on the occupational health and safety practices among all Level Five Hospitals in Kenya. This would positively contribute towards employee commitment.

CHAPTER ONE: INTRODUCTION

1.1 Background of the Study

Maintaining safety and health of the workplace is crucial for the well-being of workers and this is where occupational health and safety (OHS) comes into play. OHS is a discipline that deals with the safety, health and welfare of workers, whose main goal is to ensure workers undertake tasks in a safe working environment (Makhamara and Simiyu, 2016). The workplace environment has been known affect employee performance, job satisfaction, motivation and commitment as well as the safety and health of employees (Michael et.al., 2005). Despite this knowledge however, most organisations are not thorough in fostering the implementation and adherence to safety and health guidelines. As a result therefore, workers are exposed to vast workplace accidents and hazards, which may lead to job dissatisfaction, poor performance, demotivation and lack of organisational commitment, which may hinder the success or proper functioning of an organisation. To accomplish set goals and objectives organisations ought to be aware of the tremendous effect the working environment has on overall efficiency and effectiveness (Bernardin, 2007; Hong, 2001).

Different industries, however pose different kinds of safety hazards to its employees, occupational risks may range from mild to severe dangers. Safety programs help to prevent injury and illness in the workplace not only because it is a legal requirement but also because it is vital for the long-term success of a business, by helping increase productivity, retention, minimise costs (as a result of injuries) and ensures compliance with set regulation (Vesterinen, 2016). OHS is focused on the formulation of programmes and specific measures geared towards the protection of workers in their course of work (ILO, 2005) so as to increase efficiency and effectiveness of operations.

There are several theories that support this study such as the social exchange theory and, the High Reliability Theory. With regard to the social exchange theory, all human relations are made by use of personal cost-benefit analysis and the evaluation of possibilities (Cherry 2018). Social behaviour is an interchange of goods, either material or non-material. According to social exchanges theorists, employees tend to show higher levels of commitment if they perceive managements support and concern in their well-being (Eisenberger et al., 1990). As stated by Blau, (1964) social exchange theory is where, an individual offers service to another in anticipation of positive future returns. Therefore, if management demonstrates their commitment to support safety, workers will show effort to comply with guidelines set with regard to safety. Managements support also creates a positive perception to workers hence motivating good safety behaviour. The High Reliability Theory flowed out of the NAT (Normal Accident Theory) by Charles Perrow. It tries to shed light on how organisations working with complex and hazardous systems operated without any mishaps. According to Despins et.al (2010), the blend of attentive-cognitive process and responsive actions create highly reliable organizations, able to manage unforeseen events efficiently. These cognitive processes take into consideration the processing of information with the assumption that uncertainties will occur while carrying out routine activities.

The working environment of a hospital is quite complex, involving and challenging and can present substantial hazards to the safety of the staff. Health workers may be exposed to a very wide variety of risks; for instance being exposed to infectious diseases and chemicals, handling of materials and patients manually, needle pricks trips, slips, falls, and work-related violence. These risks can cause musculoskeletal disorders, acute traumatic injury, biological disorders and infections such as hepatitis, HIV (Human

Immune Virus), psychological disorders and potentially even death (Doyle, 2013). Undertaking this study is essential because the effect of inappropriate occupational health and safety standards is not only felt by the health care workers but also by the patients they are handling and their families. The Nakuru County Referral hospital is chosen because it is a public sector hospital serving over 3.6 million people not only in Nakuru County but its environs (Nakuru County Business Portal, 2018). It also serves as a referral hospital to other level 2 to level 4 hospitals. Public hospitals are known to put its workers under unnecessary risk due to poor management of OHS practices. The institution is therefore charged with a high responsibility of providing quality health care and ensuring that citizens have access to professional well trained workers who are committed to what they do.

1.1.1 Concept of Perception

Perception refers to how individuals view different things in the world. It is defined as the practice in which individuals recognize and construe sensory information so as to assign meaning to it (Maund, 2001). Perception may therefore be considered as a process of taking sensory information from the environment and using that information so as to interrelate with the environment. Perception relates to the reception of, selecting, acquiring, transforming and organizing the sequence completed by our mind (Barber and Legge, 1976).

According to Ivancevich et.al (2008) perception is when an individual tries to satisfy his own self-concept, needs or emotions by giving meaning or interpreting different things taking place around them in their own different way. A group of people may be in a similar setting but each will have a different version or interpretation of events that unfolded based on how each sees it. Perception is considered essential since it helps individuals to gather necessary data from their environment and draw conclusions from

it. Individuals are also able to harness, process and channel relevant information in order to fulfil the individual's requirements (Rao and Narayan, 1998).

1.1.2 Occupational Health and Safety

Occupational health and safety (OHS) is a versatile field encompassing the health, safety, and wellbeing of workers in the workplace. OHS comprises of rules, principles, and programs aimed at making the workplace better for employers, employees, customers, and other stakeholders who may come in contact with the working environment (Bhagawati, 2015). Alli (2008) defines it as the science of expectation, acknowledgment, assessment and control of threats and hazards that may arise in the place of work that may potentially damage the health and safety of employees, while still taking into consideration the society and the environment at large. Amstrong (2006) gives a distinction between health and safety programmes by stating that safety programme is concerned with the minimization and prevention of mishaps and the subsequent loss and damage to property and persons, whereas health program is concerned with the prevention of illness as a result of poor working conditions.

Refining the OHS standards in an organisation warrants good business, superior company image, and greater employee morale and commitment. However for OHS to be successful, it requires the cooperation and involvement of both employers and employees in health and safety programmes. OHS addresses many types of workplace hazards, including: chemicals, physical hazards, accidents, psychological fallout, biological agents, engineering safety, education and ergonomic issues. Safety standards help in reduction, replacement or complete removal of job site hazards (ILO, 2010).

According to the International Labour Organisation (ILO, 2010) OHS is defined as a discipline with a broad scope comprising of several specialized fields aiming at:

maintaining the physical, psychological and social welfare of employees in every profession; preventing employees from adverse effects on their health triggered by their working environments; protecting employees from risks in the workplace; ensuring working environment adapts to the physical and mental needs of employees. Work is very essential for the development of an economy. It allows organisations to compete at local, national and even at international level. According to the World Health Organisation there are various occupational risks and hazards associated with undertaking various activities such as back pains, hearing loss, injuries, cancer, chronic obstructive lung disease , leukaemia and hearing loss just to mention a few (Barrientos et.al., 2004).

1.1.2 Employee Commitment

Commitment is a force that drives an individual's behaviour (Meyer and Herscovitch, 2001). Commitment is also described as person's psychological link to the organisation, as well as being loyal and believing in the organisational values (O'Reilly 1986). From this perspective, commitment is considered as employee's approval of the goals of the organisation and their readiness and determination to work for the organisation. Cohen (2003) describes commitment as a force that binds individuals to a certain plan of action in order to achieve set goals and targets. Miller (2003) correspondingly asserts that organisational commitment is where an employee wants to identify with a certain organisation's values and goals, and aspires to maintain association with that organisation. Organizational commitment correlates with the extent to which workers would attain organizational loyalty, corporate identity and organizational goals. It may also be viewed as the comparative strength exerted by individuals in order to be associated and involved with an organisation (Yeh, 2014).

Maintaining commitment of employees is among the many challenges business face in the current external business environment. With no guarantee of job security and working conditions, employees are always seeking for alternative employment opportunities. The external environment in which organisations operate is also ever changing, hence increased competition. Organisations therefore, need to come up with strategies that will help them not only attract and retain value adding employees, but also maintain a committed workforce, which will in turn increase efficiency and effectiveness of the activities, thus the overall success for the organisation (Parish et.al. 2004).

Employee commitment is therefore vital for the success of an organisation. Some of the benefits employers or organisations gain include; increased overall satisfaction to one's job; improved job performance; better total return to shareholders; higher sales; reduced employee turnover; reduced intention to leave; reduced absenteeism ; an increase in trust and loyalty to the leader and perception of supervisor impartiality (Mathieu and Zajac, 1990; Cohen, 1993; 2003). Taking all this factors into consideration therefore, employee commitment ought to be regarded as a business need, hence it is essential for managers to comprehend this concept, that is, what it is, how it works, and essentially which activities or behaviours are exhibited by employees who are committed to an organisation (Coetzee, 2005).

1.1.3 Health Sector in Kenya

The health care system in Kenya can be grouped into three subsystems, that is, the public (which is the biggest with regard to the number of health facilities), private, and Faith Based Organisations (FBOs). The financers of the health expenditure in Kenya include; taxation, private health insurances, the National Health Insurance Fund (NHIF), Community Based Health Financing (CBHF), Non-Governmental

Organisations (NGOs) and outpatient fees. Health service delivery in Kenya has for a long period been a responsibility of the national government (NEA, 2016). In August 2013 however, health sector services were transferred to the county government after the country adopted a new constitution in 2010 introducing a new governance framework (Barke et.al. 2014).

Human resources for health (HRH) are regarded as the most essential component of the health sector since they produce, manage and deliver services. In Kenya, HRT are managed at the national level. Kenya's greatest challenge in the health sector is making sure that all citizens are able to have access to qualified health workers. The country is currently experiencing health worker shortage especial in rural areas with majority of workers being employees in the private sector and abroad. Other challenges include lack of training capacity, inefficiency of health workers and brain drain (NEA, 2014). According to the World Health Organisation, 23 doctors, nurses and midwives per 10,000 people are recommended, Kenya however has one doctor, 12 nurses and midwives per 10,000 people (Ministry of Health, 2014a).

OHS has been a developing concern in Kenya for years. At the present, the board of Occupational Safety and Health Services is anchored in the Government of Kenya, Ministry of Labour, Social Security and Services. In 2004, a subsidiary legislation titled "Safety and Health Committee" was gazetted by the government whose goal was to oversee OHS implementation and performing safe audits (GOK, 2010). In 2007 however, the Occupational Safety and Health Act (OSHA) was passed and was expected to give a more precise approach on the issues concerning OHS (Nyakang'o, 2005). Kenya has roughly over 97 health facilities across the countries which are level 2 to level 6. The facilities undergo assessment by Ministry of Health in conjunction with Intra Health International to assess the standards of OHS implementation and

suggest better policies to fill the gap between desired and actual or current conditions (Ministry of Health, 2014b).

1.1.4 Nakuru Level Five Hospital

The Nakuru Level Five County Referral Hospital is a government provisional hospital located in Nakuru County, which begun as a military hospital in 1906. The hospital is cited as the fourth largest referral hospital aiding a population of nearly 3.6 million in South and Central Rift Valley and neighbouring regions such as Western, Central Kenya and North Rift Valley attending to more than 1800 patients per day (Nakuru County Business Portal, 2018).The hospital conducts both undergraduate and postgraduate training programmes; it is a credited training centre for part one MCS COSECSA (College of Surgeons of East, Central and Southern Africa) in general and orthopaedic surgery, and also serves as the training centre for, Kabarak University, Egerton University, Nakuru MTC, PCEA MTC and St. Marys MTC undergraduate medical school. The hospital accommodates surgeons of all kinds; particularly if they are capable bringing a teaching package. The hospital is also particularly interested in receiving reconstructive surgeons, Ear Nose and Throat specialists, orthopaedic surgeons and colorectal surgeons (Alex Medical and Educational Clinic in Africa, 2018).

Associated with Nakuru Rift Valley County Referral Hospital is Nakuru Hospice which was established in March 2008, to offer palliative care to terminally ill cancer patients. The Hospice was operational in June 2009, and their goal was to help patients and families who have been diagnosed with life threatening disease not only cancer but also tuberculosis, HIV and neurological disorders. Some of the services rendered include;

psychological support, counselling, psychotherapy, chemotherapy and radiotherapy sessions (Ngugi, 2017)

1.2 Research Problem

Hazards and accidents in the working environment may led to an increase of physical workload and job stress, which are factors that may disrupt employees ability to perform duties satisfactorily. Organisations stand to benefit a lot if they create safe working environment for their workers. One of the ways organisations can do this is by ensuring safety and health of workers is taken into consideration. Poor formulation and implementation of safety and health principles may lead to employee unproductiveness and accidents which may be attributed to an increase to physical and emotional stress (Shikdar and Sawaqed, 2003). Previous studies show that undesirable health and safety principles due to hazardous work predisposes employees to accidents, job stress and anxiety which might lead to job dissatisfaction, low performance and lack of commitment while undertaking operations. On the other hand safe working environs reduces occupational hazards; injuries and illnesses, increases; employee motivation; job satisfaction; employee performance; employee commitment (ILO, 2016).

Nakuru PGH has policy guidelines that provide the framework within which; OHS is managed satisfactory to secure the health and safety of its workers. It also provides technical guidelines which are helpful for health care workers. These guidelines aim to; encourage a safe and healthy environment at work; layout work-related procedures and practices for all staff so as to reduce work-related injuries and illnesses; make sure management of health and safety is in line with set regulations and standards; encourage a culture of health and safety. Some of the policy guidelines include; providing OHS risk evaluation plans, tools and equipment for use; giving direction on how to conduct OHS training and capacity building, ensuring availability of necessary tools for OHS

monitoring and evaluation; ensuring compliance to OHS by customers, contactors, employees, management and visitors at the facility, promoting the incorporation of OHS educational programmes designed to minimise workplace risks and hazards (Ministry of Health, 2014). Despite having all this policy guidelines in place there are still challenges with their implementation. This has led to increased accidents and hazards, absenteeism, inefficiencies and costs to the institution.

There are studies undertaken with regard to OHS and employee commitment. Siu (2002) undertook a study trying to identify the role of organisational commitment on the well-being of Chinese employees. The study found out that affective commitment is positively related to organisational commitment and the physical welfare of employees. Mensah and Tawiah (2016) conducted a study in the Ghanian mining industry trying to find out whether there is a relationship between OHS and organisation commitment. Findings revealed that positive correlation existed between OHS and normative, affective and continuance commitment. In relation to health care facilities, Doyle (2013) conducted a study on the OHS risks in public hospitals in Victoria. The study found out that OHS is not given enough importance in public hospitals and that the hospital management is not completely informed of occupational health and safety risks. Mwawasi (2013) undertook a study on the influence of OHS practices in private hospitals in Mombasa. The study found out that no health and safety programs existed and that majority of the respondents did not know the standard behaviour expected from them with regard to health and safety matters. Health and safety was also not a subject of discussion in their staff meetings.

Despite these studies it is evident that not much has been undertaken with respect to the relationship between employee commitment and OHS particularly in a hospital setting. There therefore exist significant gaps due to contextual differences. This study thus

sought to identify the perceived influence of OHS practices have on the commitment of employees at the Nakuru Level Five County Referral Hospital posing the question what is the perceived influence of OHS practices on employee commitment?

1.3 Research Objective

The objective of the study was to establish the perceived influence of occupational safety and health practices on employee commitment at Nakuru Level Five County Referral Hospital.

1.4 Value of the Study

The importance of this research cannot be overemphasized; it would help to fill the gaps in previous studies conducted by other researchers. Furthermore with respect to the variables being investigated it will add on to the current body of knowledge. These results would offer empirical evidence on the benefits organisations can amass once they maintain safe and healthy conditions for their workers.

The study would provide insight to the Kenyan health sector on the best way assess, design, formulate and apply the suitable occupational safety and health legislation. This research would also be a source of material to post and undergraduate students as well as researchers who may intend to further their studies on the subject matter in future.

The study also holds a lot of benefits to not only health care institutions but also all organizations. The study would be of great benefit to management or human resource department of organizations regarding the identification of the impact of suitable OHS practices has on the commitment of workers which in turn affects the overall success of the institutions. In addition, the study would clarify the argument on how an effective OHS practice adds value to organizational activities. It would enable management of

organizations take profitable side on how to provide safe workplace hence boosting employee morale and overall commitment to the organisational goals and values.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter will analyse available literature on occupational health and safety practices and employee commitment. Scholarly work on theoretical foundations related to occupational health and safety and employee commitment, and also reviews on empirical studies related to the topic shall be analysed.

2.2 Theoretical Foundation

This section identifies theories supporting the relationship between OHS practices and employee commitment .The overarching theories in this study are the high reliability theory and the social exchange theory.

2.2.1 High Reliability Theory

The High Reliability Organisation Theory flowed out of the Normal Accident Theory by Charles Perrow in 1984. This theories seek to explain accidents in highly hazardous and complex organisations (Lekka, 2011). Despite the fact that Normal accident theory has advanced the understanding of organisational characteristics that escalate the probability of disastrous errors, it has also received several criticisms. This criticisms are addressed by high reliability organisation theory that tries to understand conditions where complex systems are able to maintain high safety performance levels. Extensive research on high reliability theory was carried out by researchers including; Roberts Karlene, Gene Rochlin and Todd at the University of California, Berkeley (Roberts, 1989).

Organisations have been trying to transform their safety culture to be highly reliable. An organisation is termed to be highly reliable if it ensures that it is nearly accident free

despite the fact that the work is carried out in accident prone conditions where the cost of error could be disastrous (Lekka, 2011). Several theorists have tried to understand this theory although they differed in there explanations and conclusions since they did not focus on the same set of hazardous organisations. They however concurred in one common assumption that organisations which are properly managed and designed are in a better position to predict accidents that may take place and can therefore be considerably more rational and effective than can individuals. This is consistent with the closed rational system approach in organisation theory which was developed by Scott (1998). High reliability hazardous organizations are seen as "rational" since they have highly formalized structures and are focused in the attainment of set goals hence operations are safe and organisations are extremely reliable (Sagan, 1993).

This theory is relevant to this study because the principles are prominently applicable in healthcare. For example practices of HRO with regard to accident analysis, reporting incidents and redundancy so as to determine the root causes may be conveniently transferred to healthcare environment (Tamuz and Harrison, 2006). Similarly, a study conducted by Madsen et.al (2006) shows that implementation of HRO processes revamps the quality of care, response time and reduces the rate of mortality, making intensive care unit for paediatric care become more reliable. There are however, challenges of HRO principles in practice for example double checking of medication which is commonly used in nursing may make people ignore vital safety checks because they depend on others to replicate what they do (Tamuz and Harrison, 2006). This theory is also criticized for disregarding the environmental and social context in which highly reliable organisations operate in turn limiting the chance for the organisation to learn from errors (Lekka, 2011).

2.2.2 Social Exchange Theory

Social exchange theory suggests that societal conduct is the result of an exchange process. Individuals assess the possible pros and cons of social relations and when the risks outweigh the benefits people end those relationships. With each interactions therefore individuals attempt to maximize positive results and minimize negative outcomes (Cherry 2018). According to Peter Blau social relations generate a set of relationships which generate obligations that are non-clear. This is because interactions are contingent and interdependent on the other party involved. The obligations are not necessarily well defined and what will be given in return cannot be negotiated but is a decision of one who makes it (Blau, 1964).

According to Howman (1958) social exchange is observed in all social settings such as in market relations and friendships. It involves the exchange of activities, tangible or intangible, which may be beneficial or costly, between at least two individuals. Aselage and Eisenberger (2003) on the other hand view the exchanged resources as being either impersonal or socio-emotional. Impersonal resources may include financial resource whereas socio-emotional resources include respect, care and loyalty. Previous studies show that a wide variety of workplace outcomes are predicted by employee commitment (Mathieu and Zajac, 1990). According to social exchanges theorists employees are more likely to trade their commitment for their employers support (Eisenberger et al., 1990). Committed workers become more motivated in their daily activities and desire to maintain their association with the employer. Commitment is both symbolic (it is not a tangible commodity), and particularistic (commitment to the organization).

This theory is relevant to this study because all social behaviour results from the exchange process, where individuals do something in order to get something in return.

Exchanges may either be negotiated or reciprocated (Molm, 2003). According to Coopey (1995), organizational commitment is an exchange agreement amongst individuals and the organization. If management shows commitment and concern for the welfare of its workers, employees will reciprocate with positive work related outcomes such as commitment. The key criticism for this theory is that it perceives that individuals are only encouraged to maintain relationships out of selfish ambitions. This is not applicable in collectivism cultures (Dominique, 2016).

2.3 Occupational Health and Safety Practices

The occupational health and safety field is concerned with preventing of job-related injuries and illnesses along with the protecting and promoting the health of workers. It aims at improving the workplace setting (ILO, 2011). Placing an emphasis on the adoption of OHS practices among companies ensures that workers perform duties in safe environs hence increasing overall productivity of the company. Healthy employees are more motivated, committed and satisfied with their job therefore boosting performance (Michael et.al, 2005). OHS may therefore be considered as a catalyst for increasing productivity and enhancing the quality of life of individuals and society though production of high quality goods and services (Alli, 2008).

OHS management system is a logical step by step method that identifies what should be done, how to do it, monitor progress, evaluate how it's done and recognize necessary improvement areas. It purposes to provide a technique to assess and increase overall performance in the prevention of workplace incidents and accidents, through effectively managing risks and hazards in the workplace (ILO, 2011). OHS management systems ensure continuous improvement of the working environment and establish preventive measures at work stations. The components of a management system consist of safety programs and practices, policy guidelines and procedures, OHS

information, identification of hazards, staff engagement, monitoring and control and evaluation. According to Work Safe BC, all work places are different but they should all have the core elements of a workplace place program. The elements are; records and statistics, worker instruction and supervision, appropriate written instructions for workers, regular inspection of equipments and tools , work stations and work practices, periodic meetings to discuss OHS practices and lastly the OHS statement on the aims of the program (Work safe BC, 2017). A health and safety management system aims at reducing injury and illnesses at the workplaceby identifying, assessing, controlling and eliminating workplace harzards. Management system is dependent on the type of industry and the nature of workbeing undertaken in different settings. Despite this fact however, the overall objective is the same and that is, ensuring safe working conditions for workers (ILO, 2011).

Health and safety policies and procedures are a part of efficient health and safety management structure. According to Christian et.al (2009), these policies show willingness of the administration to provide their staffs with a safe and healthy workplace. Creating a perception of a safe and healthy climate by giving emphasis to organizational policies and practices, is seen to have a positively affect employee commitment (Kaynak.et.al 2016). National Governments have put in place national policy guidelines which are operational, in the field of OHS that will ensure; Workers' rights to safe working environments are adhered to; Adoption of health and safety culture (training, refresher courses and information) by organisation; Ability to figure out the source hazards and developing the most appropriate solutions (Alli, 2008). These policies should be designed and implemented in line with ILO standards (ILO, 2010). Foot and Hook (2008) suggested that health and safety policies should be well

defined and implementable since it's used as the foundation for establishing preventive and control measures of occupational hazards in the workplace.

Health and safety audit is a documented assessment of an organisations processes and systems to make sure health and safety standards are adhered to (Cook 2013). These audits provide complete assessment of every health and safety aspect, such as, practices, policies and procedures. Employers use health and safety audits to control workers assigned to hazardous tasks to see whether they follow set guidelines and procedures. This assessment also help identify deficiencies and mistakes for health and safety, hence removal or improvement of practices (Kaynak et.el.2016). Safety audits maybe carried out by safety advisers or human resource specialists, however the more managers, employees and their representative's take part the better. Managers may also be liable in conducting safety audits in their departments. Individuals may also be trained on how to conduct audits in various areas (Jackson et.al 2008).

According to the occupational health and safety guide practices (OHSP) guide for printers, maintaining a safe working environment is not only the responsibility of the employer/management but also the responsibility of the employees. Managers are obliged to govern and provide necessary resources for promoting the safety and health system, responsibilities may include; establishing and maintaining suitable standards for the work place; ensuring safety and health is recognised, controlled or eliminated; coming up with operational procedures that will help achieve set goals and objectives; providing education and training; provision of protective equipment for workers; monitoring health and safety of workers. Employees conversely have responsibilities of their own such as; upholding safe working procedures while performing tasks; attend trainings organised by management; wearing protective gear during work; offering

suggestions on ways of improving organisational health and safety; report any hazards recognised (OHSP, 2012).

Health and safety education and training is a vital tool used by employers and employees to identify workplace hazards and their controls in order to work safer and be more productive. It is also very essential since it provides both practical and theoretical knowledge required in order to undertake tasks satisfactorily with little or no accidents and hazards. Education and training also improves comprehension of the health and safety program hence ability to contribute to better implementation and its development (OSHA, 2016; Armstrong, 2006). Due to this reason management should train and educate workers especially in environments that are highly risky such as mines, construction sites, hospitals and manufacturing industries (Alli, 2008; OHSP, 2012).

Health and safety committee comprise of employer and employee representatives who try to work together in order to identify and solve any health and safety issues that may arise in the work site. This committee therefore provides a link between the individuals carrying out the tasks and the people who give directions on how tasks should be accomplished. The committee gives advice to the employer on the OHS program and observes the effectiveness of the program (Work safe BC, 2017). According to Reilly et.al (1995) organisations that have joint safety committees had 5.7 injuries per 1000 employees on average. This was arrived at after conducting a study in the United Kingdom among manufacturing companies. In general therefore health and safety committees help reduce work related injuries and illnesses.

2.4 Forms of Employee Commitment

Commitment is viewed as a psychological state of mind that binds an individual to the organization (Allen and Meyer, 1990). Employee commitment is the degree to which the employee feels devoted to and wants to identify with a specific organisation. An individual is more than willing be part of an organisation due to the interest of identifying with the goals and values of the organisation (Akintayo, 2010; Miller, 2003). Due to increased competition organisations cannot perform at their best if they do not have a committed workforce to achieve organisations set goals and objectives (Coetzee, 2005). Commitment of employees to an organisation is a wider concept compared to job satisfaction because it takes into consideration attitudes directed to the organization instead of the person's work. Commitment is measured in different ways but the model adopted by Allen and Meyer is widely used. The model consists of three dimensions of commitment, they are; affective, normative and continuance commitment (Meyer and Allen 1991).

Affective commitment is described as an individual's desire to be part of an organisation and remain with that organisation. It is viewed as the relative strength an individual exerts to identify and be part of an organisation. Affectively committed individuals are more motivated and work hard in order to stay with a specific organisation (Mowday et al., 1982). Continuance commitment refers to when individuals believe that there are benefits linked with continual participation with an organisation and costs associated to leaving (Kanter, 1968). Normative commitment on the other hand refers to the employee's feeling obliged to remain with an organisation (Meyer and Allen, 1991). There are three drives identified by Bragg (2002) as important factors influencing employee's commitment, they are, trust, fairness and a concern for

employees. Employee concern is when employers or organisations provide safe and secure working conditions.

2.5 Occupational Health and Safety and Employee Commitment

Kaynak et.al (2016) conducted a study among private sector industries in turkey, on the effects of OHS on employee commitment and found out that; safety measures and risk management; first aid support; organizational safety support; and health and safety training were all positively related to organizational commitment. When organisations develop safe working conditions through proper development and implementation of policy guidelines and practices, it shows management's commitment and willingness to provide safe and healthy working environments. This will in turn make employees more loyal and committed to their organisations and teams (DeJoy et.al. 2010). A study on the link between perceived organisational support (POS) and employees' affective commitment and job performance was conducted by Eisenberger et.al (2001) on postal employees in the United States. POS is formed from the belief regarding how much an organisation values employee's say and is concerned about their welfare. The study found out that employees are more concerned about the welfare of the organisation and are willing to help it attain set objectives if they perceive the organisational support on their wellbeing.

Michael et.al (2005) conducted a study among wood manufacturing industries in the United States on the link amid management's commitment to safety and job related outcomes for example, job satisfaction, withdrawal behaviour and organisation commitment. The study established that worker related outcomes vary with their opinion of management's commitment to safety. If they perceive that management is committed, employees would be; committed to the organisation, satisfied with their job and improve their overall job performance. However if employees observe that

management is not bothered with their safety, they would seek alternative employment. Management may show concern for workers' health and safety by offering training programs, taking part in safety committees and taking into consideration safety in the design of jobs.

Mwangi and Waiganjo (2017) conducted a study on the influence of OHS practices on employee performance in the flower industry in Kenya. The study found that training workers on the necessary requirements of OHS act greatly influenced their overall job performance. This was however not the case since no regular trainings were offered on the proper implementation of OSHA. It was also clear from this study that employees hardly show positive attitude towards OSHA. Having a positive attitude is known to help employees meet set deadlines, increase productivity and increase efficiency.

Omosulah (2013) conducted a study trying to identify the influence of OHS on job satisfaction at Chemilil Sugar Company in Kenya. Findings established that OHS practices for instance wellness programs, education and training, measures of accident prevention and the availability of health care at the company's clinic influenced job satisfaction. Employers therefore should do their utmost best to capitalize in health and safety practices to make sure that employees feel safe, healthy and secure which will consequently increase their commitment levels, productivity, job performance and job satisfaction

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the methodology that was used in the study. This included; the research design, the target population, sampling technique and sample size, data collection procedures and finally data analysis and presentation.

3.2 Research Design

Descriptive research design was used in this study. This design gave a description of population characteristics, and the discovery of associations among variables (Cooper and Schindler, 2003).

3.3 Target Population

Target population refers to the entire group of individuals or objects to which a research is conducted on. The target population of this study encompassed all medical employees of Nakuru Level Five County Referral Hospital, both permanent and temporary employees. The categories of these individuals include; doctors, nurses, clinical officers, radiologists and lab specialists. According to the human resource records as at October 2018, there were 32 doctors, 345 nurses, 61 clinical officers, 20 radiologists and 22 lab specialists.

3.4 Sampling Technique and Sample Size

Stratified random sampling method shall be applied to select the sample size. This is a sampling method that classifies the total population into distinct groups called strata (subgroups) and a random sample is chosen from every strata. This technique ensures that every subgroup is sufficiently presented (Ackoff, 1953). The total population was stratified into five categories that is, doctors, nurses, clinical officers, radiologists and

lab specialist. The sample was 50% of the total population. This represented half the population hence ability to get better results.

Table 3.1: Sample Size

Category	Population	Sample (50% of the population)
Doctors	32	16
Nurses	345	173
Clinical Officers	61	30
Radiologists	20	10
Lab Specialists	22	11
Total	438	240

3.5 Data Collection Methods

The study employed primary data which was gathered from the respondents using a structured questionnaire. The questionnaire comprised of three parts, the first part capturing demographic information, the second part captured information on occupational health and safety practices and the third part covered questions on employee commitment. The questionnaires were administered to the respondents during working hours using drop and pick method.

3.6 Data Analysis

Data analysis employed the use of descriptive statistics, such as standard deviation, mean, frequencies and percentages and regression analysis was also done to establish the influence of occupational health and safety practices on employee commitment. Presentation of results was in form of tables and figures.

Regression model;

$$\mathbf{Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \beta_5 X_5 + \varepsilon}$$

Where Y is =Employee commitment

β_0 = Constant, $\beta 1$, β_2, β_3 and β_4 are Coefficients

$\mathbf{X_1}$ = Health and safety education and training,

$\mathbf{X_2}$=Health and safety policy,

$\mathbf{X_3}$= Health and safety committee,

$\mathbf{X_4}$= Health and safety practices

$\mathbf{X_5}$= Health and safety audits

$\boldsymbol{\varepsilon}$ = Error Term

CHAPTER FOUR: DATA ANALYSIS, RESULTS AND DISCUSSION

4.1 Introduction

This chapter presents data analysis, results and discussions. It comprises of response rate, demographic characteristics of the respondents, results of occupational health and safety and employee commitment which were presented through correlation and regression analysis. The findings were presented in form of tables.

4.2 Response Rate

The researcher issued out 240 questionnaires to medical employees of the Nakuru Level Five County Referral Hospital. Out of these questionnaires, 195 questionnaires were completely filled and given back to the researcher. This was equivalent to an 81.3% rate of response. The rate of response was in line with Babbie (2015) who recommended an over 70% response rate as sufficient for presentation of the findings.

4.3 General Information of Respondents

The researcher wanted to determine the gender, age, marital status, profession and the level of education respondents and their years of experience.

4.3.1 Gender of the Respondents

Table 4.1 indicates the findings on the gender distribution of respondents.

Table 4.1: Gender of Respondents

	Frequency	**Percentage**
Male	103	52.8
Female	92	47.2
Total	**195**	**100**

As shown in Table 4.1, most of the respondents 52.8% were male while 47.2% were female. Thus, representative findings were sought for the study.

4.3.2Age of the Respondents

The researcher further tried to find out the age of respondents who took part in the study as presented in Table 4.2.

Table 4.2: Age of Respondents

	Frequency	Percentage
Below 30years	30	15.4
31-40 years	70	35.9
41-50 years	85	43.6
Above 50 years	10	5.1
Total	**195**	**100**

The findings in Table 4.2 show that 43.6% were 41-50 years representing the majority, 35.9% were 31-40 years, 15.4% were below 30 years and 5.1% were over 50 years. This shows that individuals who took part in the study were adults and thus were knowledgeable.

4.3.3 Marital Status of the Respondents

The study also tried to determine the respondent's marital status as indicated in Table 4.3.

Table 4.3: Marital Status of Respondents

	Frequency	Percentage
Single	13	6.6
Married	160	82.1
Divorced	17	8.7
Separated	5	2.6
Total	**195**	**100**

As shown in Table 4.3, 82.1% which represented the majority were married, 8.7% were divorced, 6.6% were single and 2.6% were separated. Since most of the respondents were married, it can be inferred that they were responsible in handling questionnaires.

4.3.4 Professions of the Respondents

The researcher wanted to understand the various professions of the respondents as shown in Table 4.4.

Table 4.4: Professions of the Respondents

	Frequency	Percentage
Doctor	10	5.1
Nurse	147	75.4
Clinical Officer	23	11.8
Radiologist	7	3.6
Lab Specialist	8	4.1
Total	**195**	**100**

The findings in Table 4.4 indicate that 75.4% were nurses who were in majority, 11.8% were clinical officers, 5.1% were doctors, 4.1% were lab specialists and 3.6% were radiologists. This shows that there was diversity in the findings sought by the study.

4.3.5 Highest Level of Education

The researcher also sought to determine respondent's highest level of education as presented in Table 4.5.

Table 4.5: Highest Level of Education of Respondents

	Frequency	Percentage
Certificate	5	2.6
Diploma	17	8.7
Higher Diploma	83	42.6
Bachelor's Degree	87	44.6
Masters	3	1.5
Total	**195**	**100**

The findings in Table 4.5 show that 44.6% had bachelor's degrees which was the majority, 42.6% had higher diplomas, 8.7% had diplomas, 2.6% had certificates and 1.5% had masters' degrees. Thus, it can be inferred from these findings that respondents of the study were educated hence could read and interpret research questions as sought by the study.

4.3.6 Years of Experience

Table 4.6. Points out the number of years that respondents had worked in that organisation.

Table 4.6: Years of Experience

	Frequency	Percentage
Less than 5 years	33	16.9
5-10 years	115	59.0
Over 10 years	47	24.1
Total	**195**	**100**

The findings in Table 4.6 reveals that most respondents 59.0% had worked for 5-10 years, 24.1% for over 10 years and 16.9% for less than 5 years. This suggests that individuals who participated in the study were knowledgeable on occupation health and safety that is place in their organization, hence offered reliable information as sought by the study.

4.4 Occupational Health and Safety Practices

The study sought to determine the occupation health and safety practices at Nakuru Level Five hospital. Specifically, the study looked at health and safety education and training, policy, committee, management's practices and audits. Table 4.7 presents the findings on health and safety education and training.

Table 4.7: Health and Safety Education and Training

	Mean	Std. Dev
Regular refresher training is provided by my employer on health and safety.	3.64	.994
Sufficient training was provided to me on the suitable use of Personal Protective Equipment	3.71	1.09
I'm regularly educated on the Standard Operating Procedure (SOP) by my employer when it comes to executing my task.	3.83	1.00
My employer generally provides health and safety training to new employees	4.03	1.25
My behaviour on how I view health and safety has been changed by training.	4.01	.570
I am able to apply skills and knowledge learnt during safety training is easily.	3.94	.929
Average mean	**3.86**	**1.14**

From Table 4.7, a slight number perceive that there is regular refresher training on health and safety (mean=3.64, SD= 0.994). Sufficient training was provided to respondents about the appropriate use of Personal Protective Equipment (PPE) (mean= 3.71, SD= 1.09). Their employer also regularly educates respondents about Standard Operating Procedure (SOP) when it comes to performing their tasks (mean=3.83, SD=1.00). Most of the respondents said that their employer does provide new employees with health and safety training (mean=4.03, SD=1.25). Training has changed the behaviour on how respondents view health and safety (mean=4.01, SD=0.57). Most of the respondents also agreed that they are able to apply skills and knowledge learnt during safety training easily (mean=3.94, SD=0.929). On average (mean =3.86, SD=1.14), it is apparent that health and safety training changes employee behaviour and helps them become more aware of their surroundings.

The study sought to determine the health and safety policy as an occupational health and safety practices as denoted in Table 4.8.

Table 4.8: Health and Safety Policy

	Mean	Std. Dev
There is a health and safety policy that purposes to promote safety culture.	4.19	.923
The policy is readily available to me when needed	3.81	1.03
The policy is very clear about my roles and responsibilities	3.91	1.01
In case I have a grievance on health and safety, the policy clearly defines the procedure for handling the grievances.	3.88	.889
Procedures for health and safety are communicated in a manner that I can comprehend.	3.67	.682
Average mean	**3.82**	**0.907**

From Table 4.8, most of the respondents established that a health and safety policy is in place that aims at promoting safety culture (mean=4.19, SD=0.923). The policy is readily available to respondents when needed (mean=3.81, SD=1.03) and is very clear about the roles and responsibilities of the respondents (mean=3.91, SD=1.01). In case respondents have grievances on health and safety, the policy clearly defines the procedure for handling the grievances (mean=3.88, SD=0.889). Procedures for health and safety are communicated in a manner that respondents can comprehend (mean=3.67, SD=0.682).

On average (mean=3.82, SD=0.907), it's evident that the hospital has a well-defined and clear health and safety policy in place. The policy should however be communicated in a way all employees will be able to comprehend.

The study sought to determine the committee for health and safety as an occupational health and safety practices as denoted in Table 4.9.

Table 4.9: Health and Safety Committee

	Mean	Std. Dev
The health and safety committee is very effective	3.75	.884
I am permitted to take part in the activities of the safety committee	3.65	1.20
I feel that the committee is able to address safety issues and make necessary improvements	3.80	.978
I believe the number of employee representatives on the committee is sufficient	3.57	1.14
Average mean	**3.65**	**1.051**

Table 4.9 shows that respondents feel that the committee is able to address safety issues and make necessary improvements (mean=3.80, SD=0.978) and that it is very effective (mean=3.75, SD=0.884). Most of the respondents were permitted to take part in the activities of the safety committee (mean=3.65. SD=1.20) while other respondents believe that the number of employee representatives on the committee is sufficient (mean= 3.57, SD=1.14).

On average (mean=3.65, SD= 1.051) the findings show there is an active health and safety committee that incorporates the employees of the organisation. The committee is also able to address any safety issues that may arise in the organisation.

Table 4.10 presents the findings on health and safety management's practices as another occupation health and safety practice.

Table 4.10: Health and Safety Management's Practices

	Mean	Std. Dev
My employer quickly investigates accidents and incidents so as to better workplace health and safety	3.73	1.45
My employer considers workplace health and safety to be at least as important as quality of work	3.94	.774
My employer frequently informs me on how to protect myself when I undertake my tasks	3.71	.921
Management has a systems to recognise, inhibit and manage hazards at work	3.14	1.31
In case of an injury or illness I receive emergency treatment	3.81	1.08
There are high levels of sanitation in my workplace	3.72	1.06
Average mean	**3.68**	**1.1**

The findings in Table 4.10 indicate that the employer investigates accidents and incidents quickly so as to better workplace health and safety (mean=3.73, SD=1.45). The employer considers workplace health and safety to be at least as important as quality of work (mean=3.94, SD=0.774) and frequently informs respondents on how to protect themselves when they undertake their tasks (mean=3.71, SD=1.06). Respondents however were not sure whether the management has a system to recognise, inhibit and manage hazards at work (mean= 3.14, SD=1.31), however in case of an injury or illness, most respondents receive emergency treatment (mean=3.81, SD=1.08). The employer frequently informs respondents on how to protect themselves when they undertake their tasks (mean=3.71, SD=1.06).

On average (mean=3.68, SD= 1.1) most employees are not aware of any systems available to recognise and deal with work related hazards, also incidents and accidents are not investigated fast enough with regard to employee liking. It is however established that management is highly concerned with safety and health of its workers just as it is concerned with the quality of work being undertaken. Employees are also regularly informed on how to effectively protect themselves in case of any injuries.

The study also assesses health and safety audits as another occupation health and safety practice as shown in Table 4.11.

Table 4.11: Health and Safety Audits

	Mean	**Std. Dev**
Safety audits are undertaken frequently	3.63	.924
I believe audits are undertaken by qualified persons (safety advisors, human resource specialists, managers and employee representatives).	3.65	1.24
I am able to access audit information	4.14	.621
Safety audits help detect work place risks.	4.02	1.31
Audit recommendations are applied to improve health and safety.	3.53	1.39
Average mean	**3.79**	**1.097**

As shown in Table 4.11, safety audits are undertaken in the institution (mean=3.63, SD=0.924). Most respondents believe audits are undertaken by qualified persons (safety advisors, human resource specialists, managers and employee representatives) (mean=3.65, SD=1.24). Most of the respondents are able to access audit information (mean=4.14, SD=0.924) and the safety audits helps identify risks in the work place (mean=4.02, SD=1.31). Some respondents slightly agreed that the recommendations of the audits are implemented to improve health and safety (mean= 3.53, SD= 1.39).

On average (mean=3.79, SD=1.097) health and safety audits do take place at the organisation hence aiding in the identification of risks, it is also perceived that they are undertaken by qualified personnel. Audit information is also available to those who require it. Respondents are however not certain if the recommendations are implemented in order to improve safety and health.

4.5 Employee Commitment

Employee commitment was the dependent variable of the study. It was operationalized as under affective, normative and continuance commitment. Table 4.12 presents the findings on employee commitment.

Table 4.12: Employee Commitment

Affective Commitment	**Mean**	**Std. Dev**
I feel very loyal to this organisation	3.59	.860
I frequently think of resigning from this job	3.13	.962
I often find it challenging to concur with the policies of this organisation on important issues concerning its staffs.	3.69	1.11
I'm aware how my job contributes to the organisation's overall goals and objectives	3.96	.619
I clearly understand where the organisation is headed	4.17	.719
I'm willing to put in more effort to help the organisation become successful.	3.80	1.05
On my part it was a mistake to undertake this profession.	3.07	.575
I'm not enthusiastic in doing more than my job necessitates just to help the organization.	3.33	1.00
I feel I'm part of this organization	4.13	.597
Normative Commitment	**Mean**	**Std. Dev**
I don't feel it's okay for me to leave this organization even though it's to my benefit	3.94	.855
I feel very loyal to this organisation for what it has done to me	4.00	.818
My organization deserves my loyalty due to how it has treated me	3.86	1.02
I feel obliged to stay in this organisation because I believe that loyalty is important	3.71	1.13
Moving to another organisation doesn't appear unethical to me	3.40	.612
Continuance Commitment	**Mean**	**Std. Dev**
I would be just as happy to work for another organisation if tasks remained same	3.78	1.31
There is not much to gain by remaining with this organisation for an indefinite period.	2.00	.733
A better offer with another company will make me think of changing jobs	3.54	1.14
I am loyal to this organization for I'm afraid of what I have to lose if I left	3.84	.719
I feel that I have minimal options to think of leaving this organisation	3.64	.872
It is necessary for me to stay in this organisation	3.81	.837
Average mean	**3.61**	**0.877**

The findings in Table 4.12 show that some members feel very loyal to the organisation (mean=3.59, SD=0.860) while others frequently think of resigning from their job (mean=3.13, SD=0.92). Other respondents often find it hard to agree with the policies of their organisation on issues concerning its employees (mean=3.69, SD=1.11). Majority of the respondents understand how their job contributes to the objectives and goals of their organisation (mean= 3.96, SD=0.619) and have an understanding of where the organisation is going to (mean= 4.17, SD=0.719) and therefore are willing to dedicate extra effort to help their organisation become successful (mean=3.80, SD=1.05). Respondents were not sure whether the decision to take their profession was a mistake on their part (mean=3.07, SD=0.575) or whether they were not willing to do more than their job description requires just helping the organization (mean=3.33, SD=1.00). Most however feel themselves to be a part of the organization (mean=4.13, SD=0.597).

According to other respondents, even though it were to their advantage they don't think it would be okay for them to leave their organization (mean=3.94, SD=0.855), most of them feeling very loyal to their organisation for what it has done to them (mean=4.00, SD=0.818). Other respondents said that their organization deserves their loyalty because of its treatment towards them (mean=3.86, SD=1.02) while others feel obliged to stay in their organisation because they believe that loyalty is important (mean=3.71, SD=1.13). Other respondents however were not sure whether moving to another organisation doesn't appear unethical to them with (mean=3.40, SD=0.612).

Other respondents would be as happy to work for another organisation if work remained the same (mean=3.78, SD=1.31). Respondents however disagreed on whether there is something much to gain by staying with their organisation indefinitely with a

(mean=2.00, SD=0.733). Some other respondents slightly agreed that a better offer with another company will make them think of changing jobs (mean=3.54, SD=1.14), with a majority of the respondents feeling loyal to their organization because they fear what they have to lose if they left (mean=3.84, SD=0.719), while other respondents said that it is necessary for them to stay in the organisation (means=3.81, SD=0.837)

On average (mean=3.61, SD=0.8769), it is evident that employees are not ready to do more than their job necessitates in order to assist the organisation but will put a great deal of effort in their current job descriptions. Employees also have an understanding of the vision and policies of the organisation and how their jobs contribute in achieving the overall goal. Quite a number however frequently think of resigning from their jobs. Respondent's also feel loyal to the organisation because they perceive that it has done so much for them, however some don't feel it is unethical to move to other organisations. Some agreed that a better offer with another organisation may make them think of changing jobs. Majority however agreed that there is something to gain by being part of that organisation.

4.6 Occupational Health and Safety Practices and Employee Commitment

The researcher sought to determine how occupational health and safety practices affected employee commitment. To achieve this, regression analysis was employed. Table 4.15 shows the findings of the model summary.

Table 4.13: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.857[a]	.735	.717	1.23757

From the Model summary above, R for regression is 0.857 signifying that there exists a strong positive correlation amid the independent and dependent variables. The coefficient of determination R square is 0.735, an indication that 73.5% of change in

employee commitment is explained by the occupation health and safety practices of the Nakuru Level Five County Referral hospital.

An analysis of Variance (ANOVA) was conducted at 5% level of significance. The findings of F calculated are indicated in Table 4.16.

Table 4.14: Analysis of Variance

	Sum of Squares	Df	Mean Square	F	Sig.
Regression	71.044	5	14.209	105.478	.000[b]
Residual	25.615	189	.136		
Total	**96.659**	**194**			

From Table 4.16, the value of F calculated is 105.478 while F critical is 2.262. Since the value of F calculated is greater than F critical, it can be inferred that the overall regression model was significant.

Table 4.17 shows the values for beta coefficients and the respective p values of the study variables. The interpretation of p values was done at 5% level of significance.

Table 4.15: Beta Coefficients

	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
(Constant)	20.400	2.700		7.556	.000
Health and safety education and training	.210	.050	.390	4.167	.000
Health and safety policy,	.264	.084	.346	3.137	.000
Heath and Safety committee	.240	.058	.192	4.146	.002
Health and safety practices	.326	.055	.753	5.962	.000
Health and safety audit	.364	.099	.458	3.669	.000

The established equation from Table 4.17 becomes;

$$\mathbf{Y = 4.460 + 0.210X_1 + 0.264X_2 + 0.240X_3 + 0.326X_4 + 0.364X_5}$$

Where Y is =Employee Commitment

$\mathbf{X_1}$ = Health and safety education and training,

$\mathbf{X_2}$=Health and safety policy,

$\mathbf{X_3}$= Health and safety committee,

$\mathbf{X_4}$= Health and safety practices

$\mathbf{X_5}$= Health and safety audits

From Table 4.17, the possible level of employee commitment when all factors are held constant would be at 4.460. At 5% level of significance, health and safety education and training (β=0.210, p=0.000<0.05), health and safety policy (β=0.210, p=0.000<0.05), health and safety committee (β=0.240, p=0.002<0.05), health and safety management's practices (β=0.326, p=0.000<0.05) and health and safety audits (β=0.364, p=0.000<0.05) had a positive and significant effect on employee commitment. Thus, on average, it can be inferred that employee commitment is positively affected by occupation health and safety.

4.7 Discussion of Results

The study shows that, health and safety training and education had a substantially affects employee commitment. According to the OSHA, health and safety education and training is very essential because it provides practical and theoretical knowledge hence ability of staff to undertake tasks satisfactorily (OSHA, 2016). The findings are also concurrent with a study undertaken by Kaynak et.al (2016) which found out that health and safety training had positive correlation with organisational commitment.

Health and safety policy relatively influenced the level of employee commitment. According to Christian et.al (2009), these policies show the willingness of the management to provide their employees with a safe and healthy workplace. The policy however needs to be well defined and implementable because it is the basis for

establishing preventive and control measures of hazards in the working environment (Foot and Hook, 2008).

Heath and safety committee was also found to substantially affect employee commitment. It is evident from the study that the organisation has an active health and safety committee. In relation to a study conducted by Reilly et.al (1995), organisations that had a joint safety and health committee had 5.7 injuries per 10,000 employees on average. Therefore, a health and safety committee helps reduce work related injuries and illnesses.

Health and safety management's practices considerably influenced the level of employee commitment. Michael et.al (2005) conducted a study that is consistent with this findings. The study established that management's commitment to safety of workers would lead to employee outcomes for instance increased satisfaction to their jobs, reduced withdrawal behaviour and increased organisational commitment. Employees are found to be more concerned about the prosperity of the organisation and are willing to help it achieve set goals and objectives if they perceive that the organisation cares about their well-being (Eisenberger et.al. 2001). Employees are therefore seen to replicate managements concern for their well-being by being committed, this is in agreement with the social exchange theory by Peter Blau (1964), where individuals are seen to do something in order to get a positive future return.

Health and safety audits positively affected the level of employee commitment. Health and safety audits according to Cook (2013) provide complete assessment of all dimensions of health and safety practices, policies and procedures. Employers use these audits to control workers assigned to hazardous tasks, to see whether they follow set guidelines and procedures.

Having a committed workforce is very essential for the success of an organisation. Committed employees are self-driven, loyal and understand their roles and responsibilities and how they affect the overall success of the organisation. Such a workforce will not only improve the quality of work for the organisation but also propel it to economic success against other organisations in the same industry. One way to ensure workers are committed as found by this study is for management to be concerned about their well-being by ensuring that they work in safe and healthy environment.

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The chapter details the summary of the findings from analysed data. The conclusions are also presented based on the findings from the analysis. The recommendations for policy and practice are also clearly indicated. The limitations and suggestions for further studies are as well clearly pointed out.

5.2 Summary of the Findings

The objective of the study was to determine the perceived influence of occupational safety and health practices on employee commitment at Nakuru Level Five County Referral Hospital. Occupational safety and health practices was operationalized as under health and safety education and training, policy, committee, management's practices and audits while employee commitment was measured by affective, normative and continuance commitment. The study was informed by the high reliability theory and the social exchange theory.

Descriptive statistics on health and safety education and training indicated that most of the respondents said that their employer generally offers new employees with health and safety training; training has improved the behaviour about exactly how respondents view health and safety. Most of the respondents also agreed that they are able to apply skills and knowledge learnt during safety training easily, their employer regularly educates respondents about Standard Operating Procedure (SOP) when it comes to performing their tasks.

On policy, most of the respondents concurred that there is a policy in place that aims at promoting safety culture which is very clear about the roles and responsibilities of the respondents. In case respondents have grievances on health and safety, the policy

clearly defines the procedure for handling the grievances, the policy is readily available to respondents when needed and the procedures for health and safety are communicated in a manner that respondents can comprehend.

In respect to health and safety committee, most of respondents felt that the committee was able to address safety issues and make necessary improvements and that the health and safety committee is very effective. Most of the respondents were permitted to take part in the activities of the safety committee while other respondents believe that the number of employee representatives on the committee is sufficient.

In view of health and safety practices by management, employers consider workplace health and safety to be at least as important as quality of work and in case of an injury or illness, most respondents receive emergency treatment. The employer investigates incidents and accidents quickly so as to better workplace health and safety, there are high levels of sanitation in the workplace and the employer frequently informs respondents on how to protect themselves when they undertake their tasks.

On health and safety audits, the study discovered that most of the respondents are able to access audit information and the safety audits helps identify risks in the work place. Most respondents believe audits are undertaken by qualified persons (safety advisors, human resource specialists, managers and employee representatives) since these safety audits are undertaken frequently.

In order to determine how occupational health and safety affected employee commitment, regression analysis was employed. From the findings, the value of R square was 0.735, which shows that 73.5% change in employee commitment is explained by occupational health and safety practices. At 5% level of significance, the

study established that occupation health and safety practices $p=0.000<0.05$ had a positive and significant effect on employee commitment.

5.3 Conclusion

The study concludes that most organizations usually provide new employees with health and safety training. Training has changed the behaviour about how respondents view health and safety. There is a health and safety policy in place that aims at promoting safety culture which is very clear about the roles and responsibilities of the respondents. In case respondents have grievances on health and safety, the policy clearly defines the procedure for handling the grievances.

There are committees that are able to address safety issues and make necessary improvements and besides being very effective. Most organizations permit employees to take part in safety committee's activities. Employers consider workplace health and safety to be at least as important as quality of work and in case of an injury or illness, most respondents receive emergency treatment. Most of the employees are able to access audit information and the safety audits help identify risks in the work place. The study further concludes that occupation health and safety practices by management have a positive and significant effect on employee commitment.

5.4 Recommendations of the Study

The study recommends that the management team of Nakuru Level Five Hospital need to improve on their occupational health and safety practices to positively influence the level of employee commitment in their organization.

The study also recommends that the county government of Nakuru in close cooperation with the national government and the ministry of health should come up with best ways

of improving on the occupational health and safety practices among all Level Five Hospitals in Kenya. This would positively contribute towards employee commitment.

5.5 Limitations of the Study

The conduct of the study encountered several constraints, first and fore most being that the research was based on the perspective of employees hence subject to people bias. Other constraints included financial and time constraints. Due to limited time the researcher had to visit the institution on a daily basis to persuade employees to participate in filling the questionnaire, this explains why not all the 240 questionnaires were able to be collected. Some of the respondents also failed to complete their questionnaires hence missing some important information.The study was further limited to Level Five hospitals in Kenya. More specifically, the study focused on Nakuru Level Five Hospital.

5.6 Suggestions for Further Studies

The value of R square in the current study was 0.735, which shows that 73.5% change in employee commitment is explained by health and safety occupation practices. Therefore, there are other factors (apart from occupation health and safety practices) that influence employee commitment which future studies should focus on. Future studies may also try and find out other employee outcomes influenced by occupational health and safety practices such as job satisfaction, withdrawal behavior, absenteeism and employee performance. Also since the focus of the current study was on Nakuru Level Five Hospital, future studies should be done focusing on other level five hospitals and other sectors. This would facilitate comparison of the findings for informed decision making.

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APPENDICES

Appendix 1: Letter of Introduction

Diana Wanjiru Gichuki

P.O. Box 21

SUBUKIA.

Mobile: 0703565789

2/11/18

Dear respondent,

I am pursuing a Master of Business Administration at the University of Nairobi. As part of the fulfilment of my degree, I am mandated to undertake a research project. My research will seek to establish the perceived influence of occupational safety and health practices on employee commitment at Nakuru Level Five County Referral Hospital.

The information collected will be handled with the highest level of discretion and shall only be used for academic purposes. Therefore, I look forward for your cooperation in terms of genuine response to questions in the questionnaire.

Yours faithfully,

Diana Wanjiru

Appendix II: Questionnaire

Please tick where appropriate

Part A

Gender……Male [ ] Female [ ]

Age……Below 30yrs [ ] 31-40 [ ] 41-50 [ ] Above 50 [ ]

Marital Status……...Single [ ] Married [ ] Divorced [ ] Separated [ ] Widowed [ ]

Profession……Doctor [ ] Nurse [ ] Clinical Officer [ ] Radiologist [ ] Lab Specialist [ ]

Highest level of education…..PHD [ ] Masters [ ] Bachelor's Degree [ ] Higher Diploma [ ] Diploma [ ] Certificate [ ] others (specify)……..

Years of Service……Less than 5 years [ ] 5-10 years [ ] Over 10 years [ ]

Part B: Occupational Health and Safety practices

Please indicate the extent of your agreement or disagreement with each statement by putting an X or √. (5- Strongly agree 4- Agree 3- Not sure 2- Disagree 1- Strongly disagree)

Health and safety education and training

	5	**4**	**3**	**2**	**1**
Regular refresher training is provided by my employer on health and safety.					
Sufficient training was provided to me on the suitable use of Personal Protective Equipment					
I'm regularly educated on the Standard Operating Procedure (SOP) by my employer when it comes to executing my task.					

My employer generally provides health and safety training to new employees.					
My behaviour on how I view health and safety has been changed by training.					
I am able to apply skills and knowledge learnt during safety training are easily.					

Health and safety policy

	5	**4**	**3**	**2**	**1**
There is a health and safety policy that purposes to promote safety culture.					
The policy is readily available to me when needed					
The policy is very clear about my roles and responsibilities					
In case I have a grievance on health and safety, the policy clearly defines the procedure for handling the grievances.					
Procedures for health and safety are communicated in a manner that I can comprehend.					

Health and safety committee

	5	**4**	**3**	**2**	**1**
The health and safety committee is very effective					
I am permitted to take part in the activities of the safety committee					
I feel that the committee is able to address safety issues and make necessary improvements					
I believe the number of employee representatives on the committee is sufficient					

Health and safety management's practices

	5	4	3	2	1
My employer quickly investigates accidents and incidents so as to better workplace health and safety.					
My employer considers workplace health and safety to be at least as important as quality of work					
My employer frequently informs me on how to protect myself when I undertake my tasks					
Management has a systems to recognise, inhibit and manage hazards at work					
In case of an injury or illness I receive emergency treatment					
There are high levels of sanitation in my workplace					

Health and safety audits

	5	**4**	**3**	**2**	**1**
Safety audits are undertaken frequently					
I believe audits are undertaken by qualified persons (safety advisors, human resource specialists, managers and employee representatives).					
I am able to access audit information					
Safety audits help detect work place risks.					
Audit recommendations are applied to improve health and safety.					

Section C: Employee Commitment

Affective Commitment	**5**	**4**	**3**	**2**	**1**
I feel very loyal to this organisation					
I frequently think of resigning from this job					
I often find it challenging to concur with the policies of this organisation on important issues concerning its staffs.					
I'm aware how my job contributes to the organisation's overall goals and objectives					
I clearly understand where the organisation is headed					
I'm willing to put in more effort to help the organisation become successful.					
On my part it was a mistake to undertake this profession.					
I'm not enthusiastic in doing more than my job necessitates just to help the organization.					
I feel I'm part of this organization					
Normative Commitment	**5**	**4**	**3**	**2**	**1**
I don't feel it's okay for me to leave this organization even though it's to my benefit					
I feel very loyal to this organisation for what it has done to me					
My organization deserves my loyalty due to how it has treated me					
I feel obliged to stay in this organisation because I believe that loyalty is important					
Moving to another organisation doesn't appear unethical to me					
Continuance Commitment	**5**	**4**	**3**	**2**	**1**

I would be just as happy to work for another organisation if tasks remained same					
There is not much to gain by remaining with this organisation for an indefinite period.					
A better offer with another company will make me think of changing jobs					
I am loyal to this organization for I'm afraid of what I have to lose if I left					
I feel I have minimal alternatives to think of leaving this organisation					
It is necessary for me to stay in this organisation					