

# Assessing the Awareness of Safety Rules in the Hospitality Industry in Ghana: A Case of Some Selected Hotels in the Accra Metropolitan Area

ELIZABETH KAFUI SENYA

Department of Hotel, Catering and Institutional Management, School of Applied Science and Arts, Accra Technical University, P. O. Box 561, Accra, Ghana

## Abstract

The study sought to assess the awareness of safety rules in the hospitality industry in Ghana, with the search light on the operations of some ten Hotels in the Accra Metropolitan Area as well as the head office of the Ghana Tourist Authority. Among other objectives the study assessed the knowledge of management and employees concerning health and safety in the hotels, explored the existing rules and regulations regarding health and safety by management to protect employees, and examined the existing national policies on Health and safety in the hotel industry. In conducting the study, the researcher employed the purposive sampling technique to approach officials of the Ghana Tourist Authority as well as management members of the ten hotels for their views on health and safety. Random sampling technique was used to select respondents from the employees of the hotel. The questionnaire technique was adopted as the research instrument while Statistical Package for Social Science (SPSS) was used to facilitate the analysis of the information captured on the field. Findings of the study indicated that management members of hotels are aware of the laws on health and safety practices that should be maintained in their hotels, such information has not been readily made available to the employees. The employees however are aware of their obligation to ensure that their places of work are healthy and safe. The study also discovered that the hotel has emergency exist, fire extinguishers, first aid box etc., which are used as strategies to combat eventualities such as fire outbreaks. It is recommended that owing to the challenges tourist board faces in sanctioning hotels that default in health and safety standards as a result of political interference, highly place politicians must be educated on the need to allow formalities to prevail so as to instill discipline in the hospitality industry. Ghana Tourist Authority was also advised to organise compulsory sensitization workshop on health and safety standards for hotel employees so as to step up their awareness in modern standards for running the hotel industry. The study concluded that although hotel managers and operators are mindful of the health and safety standards required of them, they hardly disseminate such information into their employees thereby keeping them in the dark about modern standards and the national policy on hotel safety standards.

**Keywords:** Health and safety rules, hotels, Ghana Tourist Authority, purposive and random sampling technique.

## 1.0 Introduction

Hotels, restaurants, entertainment and food joints all come under the term hospitality industry in Ghana". According to Cohen and Michel (1999), the phrase covers a variety of service industries that receive a customer to service them with that of traditional 'hospitality', such as providing them food and beverages, or provision of a room and bed to sleep. It is often applied to hotels and resorts". The hospitality industry is an important industry which forms a significant part of the economy. This industry provides employment for a large number of people; both direct full-time employees as well as part-time and contract staff. In providing a high standard of service to customers, the pace of work can be fast and the working hours long. Providing a safe and healthy working environment contributes to the wellbeing, morale and productivity of employees. The hospitality industry employs a variety of staff that could be exposed to a variety of safety and health hazards at work depending on the specific tasks they perform (Alazab, 2003). They may be exposed to the risk of musculoskeletal disorders and injuries and to health hazards such as chemicals, noise and thermal stress.

There is also the risk of accidents from slips, trips, knocks and falls, cuts, burns and scalds, electrocution and even fire and explosion. Occupational accidents and diseases can result in suffering, sickness, absenteeism, productivity loss, disability or even death. All these can be prevented. The Health and safety philosophy could be traced to the fall of man as recorded in Genesis Chapter 3. In the 21<sup>st</sup> verse "the Lord God made garments of skin for Adam and his wife and clothed them" (New American Standard Bible). Subsequently, in verse 23, the Lord banished them from the Garden of Eden to work the ground. From this biblical record, God was the first to provide personal protective equipment (PPE) to man. Health and safety therefore began with God. In times past, employers were not concerned with the health and safety of their employees at work. An employee was not provided with safety and health equipment and he/ she risked getting hurt at work anytime he/she goes about his/her duties. According to Takele and Admassu, (2006), the work place itself is a potentially hazardous environment where millions of employees pass at least one-third of their life time. This fact has been recognized

for a long time, although developed very slowly until 1900. According to McIntosh and Gough (1998), Safety and health in the workplace has become an integral component to the viability of businesses, employers, labour unions, government agencies and environmentalist.

According to Jorma (2004) every individual in life either at the workplace or outside the workplace has the intrinsic need to be safe and responsible for every decision they make with regards to securing their safety. Hotels will continue to be in existence as for as people have need to travel long distances where they require an overnight stay (Jurdark and Shahim, 2001). So, what then is safety and what constitutes the hospitality industry? The Business Dictionary.com defines safety as relative freedom from danger, risk, or threat from harm, injury or loss of personnel and property. Boyle (2006) defines the hospitality as receiving of guest in generous and cordial manner, creating a pleasant or sustaining environment that satisfies a guest needs. The hospitality industry is a several billion-dollar industry that mostly depends on the availability of leisure time and disposable income. A hospitality unit such as a restaurant, hotel, or even an amusement park consists of multiple groups such as facility maintenance, direct operations (servers, housekeepers, porters, kitchen workers, front office, bartenders, management, marketing, and human resources etc.)

Generally, the hospitality industry is the single biggest employer of young and inexperienced workers, (ILO, 2005). A significant part of the economy of any country is made up of hospitality and entertainment industries. Any country's economy has a huge employment proportion contributed by these industries; direct employees, part time and contract staff are hired. To keep the customers satisfied and to provide them with high standard of services, hospitality industries need to keep up with the pace which can be really fast and often requires employees to dedicate long hours to their work life. Therefore, to increase the productivity, morale of the employees and contribute to the wellbeing of the employees, human resource management of these industries needs to provide its employees with a safe and healthy working environment (Stiglitz, 2001). The hospitality industries workforce consists of a huge variety of employees and backend staff is often exposed to a variety of safety and health hazards due to the tasks they need to perform in the kitchen or other specific tasks that they are asked to perform. Hazards such as chemicals, noise and thermal stress are a great threat to the health of employees and they also may be exposed to the risk of disorders like musculoskeletal. A risk like fire and explosion, burs, cuts, scalds, electrocution, falls, knocks, slips and trips are always lurking around the corner. Such risk are called occupational accidents and diseases which can result in absenteeism on employee's part, suffering, sickness, loss in productivity, disability or can lead to deaths of the employees as well (ILO, 2005).

However, all of the above accidents can be prevented if the company has devised proper guidelines for its employees and also provide them the needed guidance on the identification of work hazards and how to prevent them. It is mandatory that employers should work in collaboration with the employees to avoid these accidents and to establish a safe and healthy working environment (Takala, 2000). The current study will therefore scrutinize through various cases of the health and safety management in the hotels as well as various research articles on the topic. Although the interest in the health and safety systems have risen in the previous years, there have been a number of question that are still unanswered in the health and safety community that includes the employers, the unions, the government and the specialists. Hence, the study will also aim towards answering questions like the importance of protection of employees' safety and rights in the Ghanaian industry, the system needed policy in place to ensure for health and safety management in Ghana and how this system will aim towards the reduction in injury and disease.

The inability of any establishment to conform to the safety rules governing its operation poses a great threat to its very existence. Hotel operators and employees must know about general hazards in the workplace and safety regulations related to the proper handling of equipment, tools and chemical materials. It is on this basis that the researcher seeks to assess the awareness of health and safety rules in the hospitality industry in some selected hotels in Accra Metropolitan area.

This paper seek to assess the knowledge of management and employees concerning health and safety in the hotels; explore the existing rules and regulations regarding health and safety in the hotels and examine the existing national policies on health and safety in the hotel industry. This study has become necessary at a time when Ghana is initiating moves at making tourism the first foreign exchange earner by the year 2015 (Ghana Statistical Service Report, 2005). The country seeks to accomplish this by boosting other related industries such as the hospitality industry. This paper will help policy makers in shaping policies in health and safety management issues in the hospitality industry and further help managers in the hospitality industry to save cost and time wastage with regards to health and safety issues.

## 2.0 Literature Review

According to Fleming & Lardner (2000), employee's physical well-being such as the mind and body needs to be in a state of good health and well-being to concentrate on a job assigned. This is a prime prerequisite for productivity. High productivity brings a sense of achievement for the individual as well as marginal increase in profits for the organization. A positive working environment for employees is the common goal of all employers

and managers in organizations. Such an environment encompasses favourable working conditions, timely management feedback and an understanding of job goals and priorities. According to Jorma (2004), a healthy workplace is an environment where health risks are recognized and controlled if they cannot be removed. In a healthy workplace, the work is designed to be compatible with people's health needs and limitations and employees and employers recognize the responsibilities they bear for their own health and that of their colleagues. A safe workplace is an environment where, to the highest degree, workers well-being physical, mental and social is promoted and maintained. All possible efforts are made to prevent worker's ill health caused by working conditions, to protect workers in their employment from factors adverse to their health, and to place and keep workers in their individual physiological and psychological conditions while also promoting and maintaining a work environment that is free of harassment (Jorma, 2004).

The World Health Organization, (1999) defines health as a "state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity". Thus, health and safety refers to the preventing and protecting people from injury and occupational disease in any form due to hazards and risk that may harm, injure, cause unsafe environment to people or damaged equipment or the facilities put in place at the workplace. The ILO, (2005) defines occupational health and safety as a discipline with a broad scope involving many specialized fields. In its broadest sense, it aims at the: promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations; prevention among workers of adverse effects on health caused by their working conditions; protection of workers in their employment from risks resulting from factors adverse to health; placing and maintenance of workers in an occupational environment adapted to physical and mental needs; and adaptation of work to humans (Krishnan, 1999).

Health and safety hazards and risk must be managed and controlled to achieve high level safety performance. Management entails leadership, authority and co-ordination of resources, together with planning and organization, communication, selection, training of subordinates, accountability and responsibility. To achieve occupational safety and health objectives all parties involved at the workplace such as management, personnel or workers and union officials and people concerned have to be visibly committed to the health and safety programmes. Productivity is generally seen as a measure of the amount of output generated per unit of input. In many countries, public sector productivity has been assumed to be zero in the national accounts. According to Boyle (2006), output of the government sector has been measured as equal in value to the total value of inputs. This output one-fourth input convention has increasingly come under scrutiny in recent years. The challenge is to devise alternative estimates based on output measurement in a public-sector context where collective services are provided and where there is, in most instances, no market transaction in services provided to individuals (Boyle, 2006; Mearns, Whittaker and Flin, 2003).

The expression occupational health and safety plan is used to cover the whole spectrum of activities undertaken by employers, workers and their organizations, designers and architects, manufacturers and suppliers, legislators and parliamentarians, labour and health inspectors, work analysts and work organization specialists, standardization organizations, universities and research institutions to protect health and to promote occupational safety and health. It is a frame work that allows an organization to consistently identify and control its health and safety risks, reduce the potential for accidents, help achieve compliance with health and safety legislation and continually improve its performance. An occupational health and safety plan is the basis for all health and safety activities. It is a master plan to identify and control hazards before they cause accidents or illnesses; and respond to emergencies. An effective health and safety plan benefits all workplaces The Health and Safety Plan (HASP) of any organization provides a general description of the levels of personal protection and safe operating guidelines expected of each employee or subcontractor associated with the services being conducted at the site of operations. For the hospitality industry and specifically hotel, HASP also identifies chemical, biological, psychosocial, ergonomic and mechanical/electrical hazards known to be associated with the activities (Mearns, Whittaker and Flin, 2003).

The African continent is witnessing a verifiable shift towards peace, stability and economic growth. This situation is making the world appreciate West-Africa for its significant investment opportunities. Ghana is one such country in the sub-region experiencing rapid industrialization in recent times. Industrialization as discussed above comes with its own problems, one of which is OHS. In countries like Ghana with a fast-growing labour force coupled with a growing informal sector as opposed to the formal sector, workers have tended to fight for job security while neglecting the need to promote the quality of work life, although the provision of a safe and healthy work environment is a human right issue, and investment in occupational health and safety yields improved working conditions, higher productivity and better quality of goods and services. Lack of comprehensive OHS policy, poor infrastructure and funding, insufficient number of qualified occupational health and safety practitioners, and the general lack of adequate information are among the main drawbacks to the provision of effective enforcement and inspection services in most African countries (Jorma, 2004). The Republic of Ghana epitomizes the above assertion in its entirety.

According to Work Safe Australia (1996), Hierarchy of hazard control is a system used in industry to

minimize or eliminate exposure to hazards. It is a widely accepted system promoted by numerous safety organizations. This concept is taught to managers in industry, to be promoted as standard practice in the workplace. Various illustrations are used to depict this system, most commonly a triangle. The hazard controls in the hierarchy are, in order of decreasing effectiveness: elimination, substitution, engineering, administrative controls and personal protective equipment



Regulatory requirements under the occupational health and safety awareness and training regulation: ensure that workers complete a basic occupational health and safety awareness training program as soon as reasonably possible ensure that supervisors complete a basic occupational health and safety awareness training program within one week of working as a supervisor maintain a record of the training completed by workers and supervisors; and provide a worker or supervisor with written proof of completion of the training, if requested by the worker or supervisor

In Ghana, the Occupational Health and Safety Act were established under the Factory Offices and Shops 1970 (Act, 328). The main provisions of the Act are intended to bring it in line with internationally accepted standards on safety, health and welfare of employees. The occupational health and safety activities stated under the Act, include, creating safe work and work environment and promoting the safety, health and welfare of employees in order to ensure effective utilization of human capabilities thereby promoting increased productivity. Although Ghana does not have a national policy on Occupational Health and Safety, the Ghana Labour Act, 2003 (Act 651) has made provision for Occupational Health and Safety. Provisions made under Part XV Section 118 of the Act include placing a responsibility on employers to ensure a safe and healthy working environment and obligation on employees to use safety appliances provided by the employer in compliance of the employer's instructions. It is generally known that developing countries like Ghana lack relevant policies to adequately cater for the health and safety of employees (Quainoo, 2001).

### 3.0 Methods

This section outlines the methodology employed. Exploratory research was conducted using random target population for generalizability of the results. Data was collected using semi-structured questionnaires which were distributed to randomly selected hotel staff. Questionnaires were justified on the basis of the fact that they would enable the coverage of a wide area and extensive contents within a short period of time. For detailed and collective information, questionnaires were administered to hotel management to ensure that what the staff were not able to capture at their level then the management could answer. The questionnaires mainly dealt with safety awareness, prevention measures and policies and procedures within the hotels. Non-participant observation checklists were also used to confirm the physical structures available to ensure occupational health and safety of the employees in the hotel. The sample for the study emanated from officials of Ghana Tourist Authority, executives and employees of some selected hotels within Accra Metropolis. In all a sample size of eighty (80) was employed to obtain the relevant information for the study. The analysed data was based on findings from a total of 40 hotel staff, 20 hotel managers, and 20 officials of Ghana Tourist Authority including an observation checklist from the 10 hotels studied. Out of the total number of 80 questionnaires distributed to officials of Ghana Tourist Authority, hotel employees and executives, 72 were retrieved representing 90% response rate.

### 4. Results and Discussions

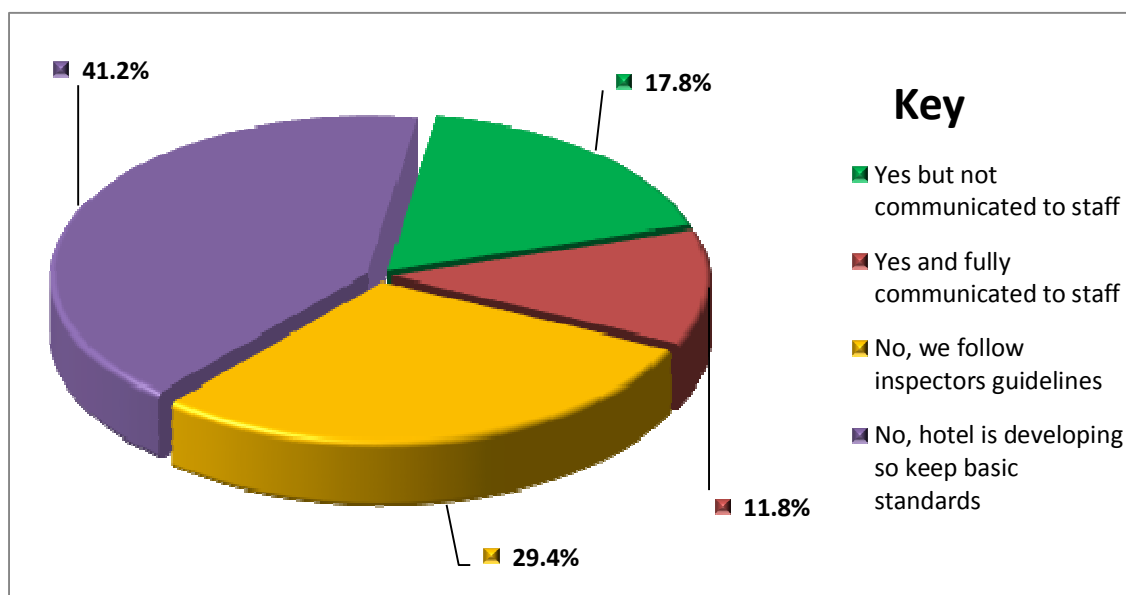
A reliability test using Cronbach Alpha resulted in a reliability coefficient of 0.845% (85%) which is above the recommended minimum of 0.7 (Santos and Reynolds, 1999) was conducted on all the variables (questionnaires) from the respondents used in the study. This indicate that the questionnaires were 85% reliable to be used for the study (Twenefour, 2017).

**Table 1: Crosstabulation on Demographic Characteristics of the Respondents**

Age Range	GTA Officials	Hotel Executives	Hotel Employees	Total	%
18 - 25	-	-	18	18	25.0
26 - 35	8	2	12	22	30.6
36 - 50	7	10	7	24	33.3
51 & above	3	5	-	8	11.1
Totals	18	17	37	72	100
Level of Education	GTA Officials	Hotel Executives	Hotel Employees	Total	%
No education	-	-	4	4	5.5
J.H.S	-	-	8	8	11.1
SSS/A' Level	5	3	25	33	45.8
Tertiary/Post Sect	13	14	-	27	37.6
Totals	18	17	37	72	100
Years of Service	GTA Officials	Hotel Executives	Hotel Employees	Total	%
0 – 5years	2	3	26	31	43.1
6 – 10yrs	4	8	8	20	27.8
11 - 15yrs	8	4	3	15	20.8
16 & above	4	2	-	6	8.3
Totals	18	17	37	72	100

Table 1 above shows that, 18 (25%) out of the 72 respondents are aged between 18 and 25 years and that all of them are Hotel employees. 22 (0.6%) respondents are aged between 26-35 years. Of this number 8 are Tourist Authority Officials, 2 are Hotel executives while the remaining 2 are Hotel employees. 24 (33.3%) respondents are between the ages of 36 and 50 years. Of this age range 7 are GTA officials, 10 are Hotel executives and the remaining 7 are Hotel employees. 8 out of the 72 representing 11.1% respondents are aged above 51 years. In relation to educational level of respondents. The study sought to evaluate the educational background of the respondents. 33 (45.8%) out of the 72 respondents had Senior Secondary School (SSS) certificate or Advanced level school certificate. Out of this number, 5 are GTA officials, 3 hotel executives and 25 happened to be hotel employees. 27 (37.6%) respondents are products of tertiary educational levels such as the Universities, Polytechnic, Teacher Training Schools etc. 8 (11.1%) respondents are J.H.S products while 4 (5.5%) respondents had no school mates. Table 4.1 shows that all 37 hotel employee respondents attained not more than Secondary education. This is highly consistent with the generally held view that those with low educational background are lower down the organisational structure and are not enviably rewarded. 13 (72.2%) percent out of the 18 GTA officials wield Tertiary level qualifications while 14 (i.e. 82.3%) out of 17 respondents who are hotel executives have some form of tertiary level qualification (see Table 1).

In relation to the service duration of the respondents, 31 (43.1%) respondents have been in their organisations for not more than 5 years. 20 (27.8%) respondents have been with their outfits for periods between 6-10 years. 15 (20.8%) respondents have between 11- 15 years while the remaining 6 (8.3%) respondents have been in the employment of their organisations for period above 16 years. It is interesting to note from the findings that 26 out of the 37 employees of the hotels constituting 70.3% have not worked more than 5years. With the Ghana Tourist Authority, 12 out of the 18 forming 66.7% respondents have been around the organisation for more the organisation for more than 10 years signifying job security with government organisation (see Table 1).



**Figure 1: Views on whether Hotels has Health and Safety Policy**

Figure 1 presents the view on whether hotels has health and safety policy in place. 7 (41.2%) out of the 17 hotel officials indicated that their hotel had no documented health and safety policy and that they are doing well to maintain basic health and safety standards. 5(29.4%) respondents also mentioned the fact that they do not have a clear cut health and safety policy and that they are following standards prescribed by the external inspectors. 3 (17.6%) respondents indicated that they do have policy on Health and Safety, but these have not been communicated to staff members. The remaining 2 which happens to be star rated stated emphatically that they have health and safety policy document which has been summarised and pasted on some vantage areas of the facility. One can clearly deduce from the foregoing that star rated hotels seem to have taken this issue of health and safety seriously while the non-star or budgeted hotels just seem to be doing their best to satisfy the inspectors. Management of Holiday Inn Hotel for instance indicated that they have subjected themselves to international scrutiny by credible institution such as International Standards Organisation i.e. (ISO, 9000) as well as Quality Standards (QS 14000) and these are in the process of releasing their findings on them so as to be accredited with the desired international ratings.

25 (65.8%) out of the 38 employee respondents indicated that they had no idea as to whether their hotels had health and safety policy or not. 31 (81.6%) respondents answered in the affirmative that they are well aware of the health and safety obligations as some employees. Seven 7 (76.3%) respondents indicated they did not have any documented procedures for the work they do (see Table 2). 9 (23.7%) respondents however pointed out that adequate arrangements have been put in place through documentation to ensure that the work they do are covered by safety procedures.

**Table 2: Table on Employee Awareness on Issues**

Statement on Health and Safety Issues	Yes %	No %	No Idea %
Is documented health and safety policy available at your hotel?	34.2	-	65.8
Is the policy communicated throughout the hotel?	34.2	65.8	-
Are you aware of your health and safety obligations?	82.3	17.7	-
Do you have documented safety procedures for the work you do?	23.5	76.5	-

Twenty-five (i.e. 65.8%) respondents noted that no health and safety policy documents have been communicated to them. Thirteen (i.e. 34.2%) respondents agreed with the statement that some form of communication has been given to them in respect of their hostel's policy statement on health and safety issues. In view of the obligation to health and safety issues at work place. 14 (3.8%) out of the hotel employee respondents indicated that under the employee's obligation to health and safety issues, they are expected to act to protect themselves and others. 11 (29%) respondents noted that the employee is expected to follow health and safety procedures in order to help accomplish the health and safety framework within their organisation. 8(21%) respondents also pointed out that as an obligation to health and safety arrangements at their hotel, each employee is expected to be careful the way they use health and safety equipment. 5 (13.2%) respondents noted that under the health and safety arrangement, it is a criminal offence for an employee to sound a false fire alarm or play with the fire extinguisher to create unnecessary panic and tension.

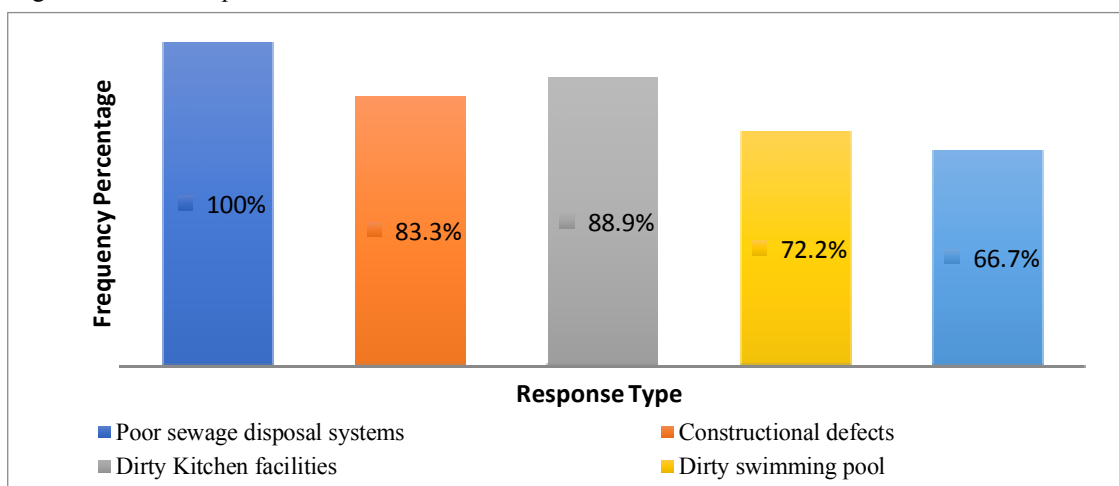
**Table 3: Health and Safety Laws**

Health and Safety at Work Act	Frequency (out of 18)	Percentage
The employers must provide a safe and healthy workplace	15	83.3
The provision for proper safety procedures for both visitors and employees	14	77.8
Safe machinery and equipment must be provided and guided	13	72.2
Local written health and safety policy must be available to all employees	10	55.6
Employees must act so as to protect themselves and visitors	14	77.8
Employees must follow health and safety material and equipment	12	66.7
Temporary staff also obey the law	10	55.6

Table 3 presents respondents' views on health and safety laws. 15 (83.3%) out of the 18 respondents from Ghana Tourist Authority pointed out that under the Health and Safety Act the employer must provide a safe and healthy workplace for employees, visitors, and others. Fourteen (77.8%) respondents indicated that the employer must all provide proper safety procedure for both visitors and employees. 13 (72.2%) respondents noted that under the safety and health act it is the duty of the employer to provide safe machinery and equipment and that these must be properly guided. For instance, it is an offense to be seen playing with the fire extinguisher which could injure employees and visitors. 14(77.8%) respondents noted that it is the duty under the health and safety act for the employees to act so as to protect themselves and visitors. 12 (66.7%) respondents indicated that employees must follow health and safety procedures in the performances of their duties. Ten (55.6%) respondents indicated that the health and safety Act makes it mandatory for local written health and safety policy to be available to all employees.

Respondents answered both yes and no with reasons stated below. 16 (88.9%) out of the 18 GTA respondents pointed out that most of the employees are aware of the safety and health laws and regulations yet since they are not properly enforced by the appropriate authorities the situation looks like these safety and health standards do not exist. 17 (94.4%) respondents felt the employees did not know of such safety and health law because hotel operators want to cut cost and therefore would not create expensive structures that should enhance safety and health standards. 15(83.3%) respondents appeared categorical on their no answer to whether employees have ample knowledge about safety and healthy laws. The group explained further that with the level of unemployment so high at the Ghanaian labour front workers are even afraid to question managers or owners of the hotels about safety and health issues. Thirteen (72.2%) respondents felt employees of hotels somehow knew of safety and health laws and standards yet since the external enforcement agencies are not living up to expectation the employers have recoiled into their shells thereby failing to observe basic safety standards.

In relation to whether hotels are inspected for compliance to health and safety policies; 8 (44.4%) out of the 18 officials of the GTA pointed out that the hotel facilities are inspected annually to evaluate general compliance with standards including health and safety issues. 4 ( 22.2%) respondents indicated that hotels are inspected on half-year basis. 3 (16.7%) respondents were of the view that the hotels are rather inspected quarterly and that this often happens when it is discovered that all was not well with some compliance issues. The remaining 3 (16.7%) respondents also indicated that hop visits are often made to what they refer to as 'troublesome' hotels to ensure that regulations are complied with.



**Figure 2: Sanctions Imposed for non-compliance with health safety rules**

In Figure 2. all 18 (100%) respondents or officials from Ghana Tourist Authority pointed out that hotels which violated the safety and health rules by maintaining poor sewage disposal systems severely sanctioned. 16

(88.9%) respondents also indicated dirty surroundings and poor cooking facilities also held their operating licensing suspected and made to pay fine as well as restore decency prior to being asked to continue operations. 15 (83.3%) respondents mentioned constructional defects noticed in the hotel operating structure as another offence which attracted sanctions because it had the propensity of injuring employees and visitors. 13 (72.2%) respondents also noted that some hoteliers added on extra hotel room without consulting the tourist board to evaluate the safety of such additional facilities. Offenders had their licences suspended until the relevant government building inspecting agency approved of the additions. 12 (66.7%) respondents mentioned badly handed swimming pool as another offence where a good number of hoteliers have been sanctioned.

Table 4 presents respondents' views on other regulatory agencies on the Tourism industry. All 17 (100%) respondents indicated that Ghana Fire Service visit their hotel premise periodically to evaluate their readiness to fight any fire outbreak.

**Table 4: Views of other Regulatory Agencies on the Tourism Industry**

Regulatory Agencies in Hotel Industry	Frequency (out of 17)	Percentage
Environmental Protection Agency	13	76.5
Ghana Fire Service	17	100
Health Inspector from District Assembly	14	82.4
Factory Inspectors from Labour Ministry	12	70.6
Ghana Tourist Authority	17	100
Ghana Police Service	9	52.9

All 17 (100%) management member respondents mentioned officials of Ghana Tourist Authority as another external group that often inspect their hotel premises. It was noted that most annual inspections were necessary help form an opinion as to whether to renew the clients' hotel operating licence or not. Perhaps it must be worth recording that in the immediate past a good number of hotels have had their operating licenses wither suspected or revoked owing to violation of one kind of operating rules or another.

14 (82.4%) respondents noted that health inspectors from the Accra Metropolitan Area often visit their operating facilities to check on the healthy status of their operations. They usually examine the sewage system, the status kitchen equipment's, the landscape gardening to ensure that mosquito breeding grounds are not promoted. 13 (76.5%) respondents indicated that officials of the Environmental Protection Agency (EPA) also visit their establishment from time to time to investigate whether their operations are degrading the ecosystem. 12 (70.6%) management member respondents mentioned factory inspectors as another external inspection group that periodically visit their hotels.

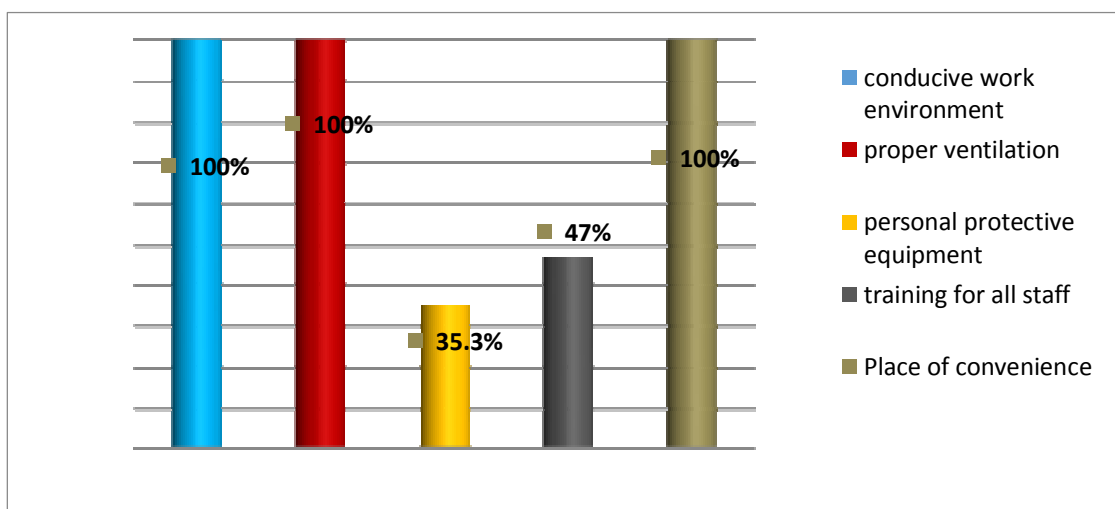
9 (52.9%) respondents also reported that the Ghana Police Service visit their premises to check on the identity of certain visitors who are considered dangerous to the hotel in particular and the community at large. Such people could be wounded armed robbers who have taken refuge at the Hotel, notorious international criminals who have infiltrated through Ghana porous borders to hide their identity thereby escaping lawful arrest.

**Table 5: Evacuation Plans at hotel Premises**

Kind of Evacuation plan/Equipment	Yes	No
Existence of Fire extinguishers	100	-
Existence of fire fighters	29.4	70.6
First Aid box or Clinics	100	-
Assembly point	35.3	64.7
A roll call for staff when there is fire	100	-
First Aiders	17.6	82.4
Emergency exist	70.6	29.4

All 17 respondents indicated that fire evacuation facilities such as fire extinguishers, First Aid box or Clinic as well as a roll call for staff where there is fire are all available at their premises. 12 (70.6%) respondents indicated that although they have fire extinguishers they have not yet trained special staff as fire fighters. 5 (29.4%) respondents however indicated that they do have fire fighters. 11(64.7%) respondents pointed out that their outfits did not have fire Assembly points while 6 (i.e. 35.3%) respondents gave an indication that they do have Assembly point. Twelve (i.e. 70.6%) respondents mentioned the existence of Emergency exit while 5 (29.4%) respondents said their hotel do not have emergency exists. As many as 14 (82.4%) respondents stated the absence of First aiders within their hotel premises while 3 (17.6%) respondents confirmed that they do have specially trained people who administer first aid to deserving persons in case of any eventuality.





**Figure 3: Health and Safety Facilities Provided by Management at Hotels**

All 17 (100%) hotel management respondents noted that they are aware of their obligation to provide such health and safety facilities as conducive work environment, proper ventilation as well as places of convenience for the benefit of staff members. Only 6 (35.3%) respondents indicated that they have provided Personal Protective Equipment (PPEs) for staff members. Eight (i.e. 47%) respondents do provide some form of training for their staff while 9 (53%) respondents stated that they are yet to train their staff. It is surprising that more than 50% of the hotels have no training packages in places for staff. How would staff members then imbibe more trends in the industry (see Figure 3).

Table 6 presents the challenges faced by Ghana Tourist Authority (GTA). 17 (94.4%), out of 18 respondents from GTA indicated that their organisation has a big challenge with manpower and that inadequate personnel in the national and regional offices is really disrupting their inspection duties. 15 (83.3%) respondents also mentioned political interference as a huge problem bedevilling their quest to straighten up erring hoteliers. 15 (83.3%) respondents also pointed at logistical challenge especially the absence of good vehicles for conducting frequent inspection exercises. 14 (77.8%) respondents presented another challenge as the dishonest attitude of some GTA officials who compromise their professional ethics thereby accepting bribes from non-complaint hoteliers to cover up violations of the health and safety rule. 13 (72.2%)

**Table 6: Challenges faced by Ghana Tourist Authority**

Identified Challenge	Frequencies (out of 18)	Percentage
Political interference in disciplinary erring hotels	15	83.3
Corrupt GTA officials who condone to cover non-compliance	14	77.8
Manpower inadequacy	17	94.4
Logistical constraints especially vehicles	15	83.3
Lack of funds to adequately build the capacity of hoteliers	13	72.2
Lack of requisite co-operation from stakeholder institutions	12	66.7

respondents noted that lack of funds to outsource capacity building training sessions towards improving upon compliance by hoteliers is also a huge challenge confronting their operations. 12 (66.7%) respondents mentioned lack of co-operation from other stakeholders such as the fire service, health inspector, Ghana Police, Environmental Protection Agency as a big challenge to their operations. The respondents further indicated that these other external agencies do not seem to be serious about their inspection duties leading to serious violations and compromises on health and safety standards.

## 5. Conclusion

Knowledge of staff and management members of Hotels concerning health and Safety practices within their industry. The study is in the position to conclude that although management members of hotels are aware of the health and safety standards and procedures required of them such information has not be fully disseminated to employees and therefore most workers are not aware of statutory provision on the health and safety laws governing their operations.

As means of protecting employees and hotel customer managements, hotels have put in place such measures as emergency exit, fire assembly point, caution signs, hot surface signs, bright light in corridors, security check point as well as clean Sewage system that does not promote mosquitoes to infest employees and customers with malaria fever.

The study further concludes that the Ghana national health and safety laws were promulgated in 1970 under

Act 328 with the sole aim of bringing Health and Safety standards in consonance with international laws. The act prescribes healthy and safety environment for which employees must operate and that the employees also have an obligation to ensure that they act in a manner that does not endanger the lives of other employees and visitors. Existing national regulations on health and safety practices further stipulate that management of organisation have the obligation to provide conclusive work environment, proper ventilation, personal protection equipment, training of all staff as well as decent places of convenience for all employees and visitors.

### Acknowledgement

My appreciation goes to Mr. Frank B. K Twenefour. a Senior Lecturer at the Department of Mathematics, Statistics and Actuarial Science, Faculty of Applied Science, Takoradi Technical University for taking a time out of his busy schedules to proofread this article and making necessary suggestions. Kudos Frank.

### References

- [1] Alazab, L., (2003), A healthy and safe workplace. African Newsletter on Occupational Health and Safety
- [2] Boyle, R., (2006), "Measuring public sector productivity: lessons from international experience" CPRM Discussion Paper 35, Institute of Public Administration (IPA), Dublin.
- [3] Cohen, A., & Michel, C., (1999), Assessing Occupational Safety and Health Training. New York: Handley and Beifus.
- [4] Fleming, M. and Lardner, R. (2000) Behaviour Modification Programmes: Establishing Best Practice. HSE Books.
- [5] ILO, (2005) Safe work. Global estimates of fatal work-related diseases and occupational accidents, World Bank Regions.
- [6] Jorma, S., (2004), "A healthy and safe workplace". African Newsletter on Occupational Health and Safety.
- [7] Jurdak, M. and Shahin, I., (2001) "Problem Solving Activity in Workplace and School: The Case of Constructing solids". Springerlink. Educational Studies in Mathematics. 47: 297- 315.
- [8] Krishnan, N. V., (1999), Safety Management in Industry, 3rd edition. Mumbai: Jaico Publishing House, p. 406.
- [9] McIntosh, M. and Gough, R., (1998) "The Impact of Workplace on Occupational health and safety; A Study of four Manufacturing plants". An International Journal of Human Factors in Manufacturing, Wiley Science.
- [10] Mearns, K. Whittaker, M.S. and Flin, R., (2003) "Safety Climate, Safety Management practice and safety Performance in Offshore Environments". Safety Science. Elsevier. Vol. 41, Issue No. 8 pp. 641-680.
- [11] Quainoo, A. A., (2001), A strategy for poverty reduction through microfinance Experience, capacities and prospects. Accra, Woeli publications.
- [12] Santos A, Reynolds J (1999). A Tool for Assessing the Reliability Scales: Journal of Extension. SAS Institute Inc. USA 37( 2).
- [13] Stiglitz, J. (2001) Employment, social justice and societal well-being. Presentation at ILO Global Employment Forum, Geneva, Switzerland.
- [14] Takala, J. (2000) Safe work—the global program on safety, health and the environment. Asian-Pacific Newsletter on Occupational Health and Safety, 7, 4–8.
- [15] Takele, T., and Admassu, M. (2006) Occupational Health and Safety. Lecture Notes. Gondar, University of Gondar August, <http://www.cartercenter.org/>
- [16] Twenefour FBK (2017). The Influence of Family Background on Students' Academic Performance. Academic Journal of Educational Research, 5(8): 216-232.
- [17] WHO, (2006) Declaration of workers health. WHO Collaborating Centres of Occupational Health: Stress, Italy
- [18] World Health Organisation, (1999), Declaration on Occupational Health for All. Beijing: WHO