

**THE IMPACTS OF THE HEALTH AND SAFETY PROGRAMMES ON THE
ORGANIZATION PERFORMANCE: A CASE STUDY OF ARUSHA
AIRPORT AUTHORITY**

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**A RESEARCH DISSERTATION SUBMITTED IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF HUMAN RESOURCE MANAGEMENT OF THE OPEN
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2013

CERTIFICATION

The undersigned certify that he has read and hereby recommends for acceptance by the Open University of Tanzania a dissertation titled **The impacts of the health and safety programmes on the performance, at Arusha Airport Authority** in partial fulfillment for the requirements for the degree of Master of Human Resource Management of the OUT.

.....

Dr Salum Soud

Supervisor

.....

Date

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DECLARATION

I, **Abihud Greeperson** declared that this dissertation is my original work and has not been presented for a similar degree in any university.

.....

Signature

.....

Date

DEDICATION

This work is dedicated to my parents, Greepherson Mwakijambile and Maria Lucas for their wonderful life upbringing that I now enjoy.

ABSTRACT

The aim of this study was to assess the impacts of the occupational health and safety programmes on organization performance, a case study of Arusha airport authority. The study was centered on examining the management processes that's shows commitment on health and safety programmes, the health and safety management systems within an organization context, the contributions of occupational health and safety programmes on performance, and identify the challenges affecting the implementation of health and safety programmes at workplace.

A case study approach was used and 31 respondents were sampled, however 23 responses were received. Semi-structure interviews and self-administered questionnaire with both open-ended and close-ended questions was used to collect data. Data was analyzed using Microsoft excel and presented by frequency tables, charts and description.

The results from the analysis of respondents revealed that there was a reasonable impacts of occupational health and safety programme to the organization. However, there were challenges which hinder the 100 percent of successful occupational health and safety at Arusha airport authority. Training and education, involvement of staffs, conforming to the budget, and motivation were recommended by the researcher.

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ABBREVIATIONS

AAA:	Arusha Airport Authority
ACC:	Accident Compensation Corporation
AIDS:	Acquired Immune Deficiency Syndrome
CIPD:	Chartered Institute of Personnel Development
GPI:	Gradual Process Injury
HIV:	Human Immunodeficiency Virus
HRM:	Human Resource Management
HSE:	Health and Safety Executive
ILO:	International Labor Organization
MNT:	Medical News Today
NAOT:	National Audit Office of Tanzania
OHS:	Occupational Health and Safety
OOS:	Occupational Overuse Syndrome
OSH:	Occupational Safety and Health
OSHA:	Occupational Safety and Health Administration
RSI:	Repetitive Strain Injury
TAA:	Tanzania Airport Authority
USA:	United States of America
WHO:	World Health Organization

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background of the Problem

Health and safety policies and programmes are concerned with protecting employees_ and other people affected by what the company produces and does_ against the hazards arising from their employment or their links with the company (Armstrong, 2009). The need to provide a safe work environment for employees has had a long history in personnel management. In Beer et al.'s model of HRM, it is acknowledged that work system can not only affect commitment, competence, cost effectiveness, and congruence_ the 'four Cs'- , but also have long-term consequences for individual well-being, 'there is some evidence to indicate that work system design may have effects on physical health, mental health, and longevity of life itself. This certainly understates the importance of safe and healthy work systems to the health of employees (Bratton and Gold, 1999).

Problems of occupational safety and health (OSH) have been present since the emergence of human work. The recognition that work is risky to life, safety and health was highlighted in the eighteenth and nineteenth centuries as the industrial revolution occurred in Europe. The scope of occupational safety and health has gradually broadened from the diseases or injuries attributable to work to the nature of work itself, the wider work environment, and workers wellbeing. OSH is divided into a number of specializations related to particular

problems and applications within physiology, psychology, sociology, ergonomics, medicine, hygiene, work safety, toxicology, and epidemiology amongst others (Elgstrand and Petersson, 2009).

Occupational health and safety issues are not limited to physical injuries that occur in the job but also occupational diseases for example excessive and constant noise, long ignored as a source of problems in the past, can lead to serious health problems such as neurologic, cardiovascular and endocrinological, also cancer and hypertension are due to occupational hazards and stress, furthermore, the proliferation of chemicals in the working and living environment particularly chlorinated and synthetic organic chemicals, create serious long short-term problems. For example carbon tetrachloride induced liver and kidney damage in plastic and dry cleaning workers and bladder cancer in paint manufacturing workers textile. Many employers are attempting through assistance programs to address a variety of employee's health problems such as drugs and alcohol abuse and accumulative effects of exposure to toxic substances and psychological stressor. Additionally, employers are advocating employee's wellness programs, thereby encouraging healthy lifestyles (Leap and Crino, 1989).

As (Bratton and Gold, 1999) highlighted in their study, In the 1960s, something like a thousand employees were killed at their work in the UK. Every year of that decade about 500 000 employees suffered injuries in varying degrees of severity, and 23 million working days were lost annually

on account of industrial injury and disease. Such statistics led investigators to argue that 'for both humanitarian and economic reasons, no society can accept with complacency that such levels of death, injury, disease and waste must be regarded as the inevitable price of meeting its needs for goods and services. There are also indirect costs associated with work-related accidents. The indirect costs include overtime payments necessary to make up for lost production, cost of retaining a replacement employee, a wage cost for the time spent by HRM personnel recruiting, selecting and training the new employee and, in less typical cases, the cost associated with loss of revenue on orders cancelled or lost if the accident causes a net long-term reduction on sales, and attendance at court hearings in contested cases.

Regardless of the size of the enterprise, or how you chose to measure it, the safety of each and every employee is crucial to your organization's success. No matter how sophisticated the operations, activities, communication, and data processing systems are, they are designed, maintained, and operated by people. The importance of having an emergency plan, disaster recovery plan, or business continuity plan to minimize the negative impact of potential natural or man-made disasters cannot be overlooked. The need for planning has been reinforced by the lessons learned in the aftermath of the terrorist attacks on 11 September 2001 and catastrophic natural events such as hurricanes, tornadoes, and earthquakes (Jyothi and Venkatesh, 2006). And, the achievement of a healthy and safe place of work and the elimination to the maximum extent possible of hazards to health and safety is the responsibility

of everyone employed in an organization, as well as those working there under contract. But the onus is on management to achieve and indeed go beyond the high standard in health and safety matters required by the legislation – the Health and Safety at Work, etc Act, 1974 and the various regulations laid down in the Codes of Practice (Armstrong, 2009).

So, the major concern of this study therefore, was to assess the impacts of OHS programmes on performance of Arusha airport authority. Actually, the study examined how the organization keep its workplace healthier and safe, and assess how the programmes applied as a catalyst to achieve organizational goals and propagate sustainable performance to employees in specific and organization in general.

1.2 Statement of the Research Problem

The overall research problem that was addressed in this study was that despite an increase in the effort to bring about healthy and safe environment in the workplace, A recent official survey put the costs to society for death and accidents (excluding occupational disease) in British workplaces at £10 – 15 billion or 1.75 – 2.75 per cent of the Gross Domestic Product (Bratton and Gold, 1999). Rapid advancement in modern technology and rapid increase in the use of hazardous chemical substances in industry and commerce have increased the chances that significant numbers of people both employees and members of general public, could have their health and safety endangered by workplace hazards.

Agola (2009) reported on Ippmedia.com that, “Likewise when the Tanzanian government flung ajar doors for investments in the mining sector, we cheered, hoping the level of poverty would decline, but the dream has remained elusive.

The mining sector is now a curse rather than a blessing for Tanzanians”. Those were sentiments that Kahama legislator on the CCM ticket James Lembeli voiced when contributing to the budget speech of the Prime Minister’s Office this week in Dodoma recently. This week it came to the limelight that for people of Kibasuga and Matongo villages in Kibasuka ward in the neighborhood of North Mara Gold Mine in Tarime District, Mara Region, there is absolutely nothing to cheer about minerals; instead they are “dangerous” precious stones.

Mwikwabe Mwita (65) survived severe body burns from the toxic, hazardous and lethal emission from one of the mine pits to narrate the story but lost all his livestock. All along the memory lane, river Thigithe provided inspiration to the ecosystem of Matongo village. It was a reliable source of drinking water, protein not only for human beings but to all living things. Then came the monster in the name of investor; that changed the lifestyle of the society. With disregard to basic human rights and environmental degradation, they have polluted the river source and registered misery in the faces of people all for lust of money. As a result mysterious diseases have emerged in the area claiming lives of human beings and animals.

“In a span of less than one Month, 20 human deaths and 270 livestock were recorded in the area,” says Mwita. This, he says, happened in May this year alone. A peasant farmer Simon Magaiga crosses river Thigithe as a daily routine to and from his Shamba; he quenches his thirst and bathes from the river after hard work. But that fateful day, he developed a protruding stomach accompanied by diarrhea and vomiting. His face swelled and he died a few hours later. Esther Mugusuhi, a mother of three children in her early thirties could be mistaken for a 95-year-old grandmother. Her skin developed shrinks and itches severely. She has protruding, bleeding lips, due to using polluted water.

The effects of work place hazards are not confined to organizational premises alone; they can often do cause injuries and deaths to members of the general public as well. The importance of healthy and safe policies and practices is, sadly, often underestimated by those concerned with managing businesses and by individual managers within those businesses. It is commonly known that, there is an inherent conflict between the employer’s need to increase output, and efficiency and employee’s needs to maintain good health and be protected from hazards at workplace. If this left to go its way, it would be difficult for many organizations and employees to realize the value for money, because employees will spend their earnings treating job-related diseases, injuries, and/ or death occurrence at large number, while organizations will be busy paying compensations and reparations, fines to authorities, repair of buildings and machines cracks and broken due to accidents and hazards.

1.3 Research Objectives

1.3.1 General Objective

The general objective of this study was to examine the impacts of occupational health and safety programmes to the performance of Arusha airport authority.

1.3.2 Specific Objectives

The specific objectives of this study was:

- i. To examine processes of management that's shows the commitment on health and safety within the organization.
- ii. To examine safety and health management system within the organizational context.
- iii. To assess the contribution of OHS management system on achieving organization performance.
- iv. To identify challenges affecting the implementation of health and safety programmes at workplace.

1.4 Research Questions

1.4.1 General Research Question

Do occupational health and safety programmes at workplace have the impacts on the organization performance?

1.4.2 Specific Research Questions

The specific research questions was:

- i. What are the processes management do to demonstrate commitment on health and safety at the workplace?
- ii. What are the safety management system that contribute to the success of an occupational safety and health within the context of an organizational structure?
- iii. Is there any relationship between the OHS management system and organization performance?
- iv. What are the challenges affecting the implementation of health and safety programmes at workplace.

1.5 The Significance of the Study

The study on the health and safety programmes at workplace will be significant in that it assessed the commitment of management on the OHS at work, of which the organization that will adapt the findings will use it as a new tool of motivation to its employees.

The findings of the study are also expected to be useful to other public and private organization. It will shade lights on how useful the OHS programs is on the organization well-growing. It will help to reduce the risk of hazard or harm caused by either new technologies or poor occupational health and safety.

The findings of this study will also help other organization which will adapt the findings to increase performance through reduced costs of training new employee, reduced employees turnover, at al, hence to increase productivity.

It is expected to help policy maker to design and devising health and safety policies which will support the international attempts to reduce number of work related accidents, diseases and hazards at workplace.

1.6 Scope of the Study

The study conducted in one case study chosen, that is Arusha airport authority. The study was more inclusive as it picked respondents from all departments and partners within the organization premise to get results which will be real to the actual different circumstances.

1.7 Organization of the Study

This research is attributed in five chapters. The first chapter is used to portrait what really the research is all about by giving introduction of the topic information, existing problem and objectives of the research so far.

The second chapter is all about going through the literature of other writers and researchers on the relevant research topic to see what they have done, and what have been missing in their work that this research can help to close that gap. In this chapter is where the researcher formulate conceptual framework of which tries to link different ideas to get the whole. Also, the theoretical framework is constructed here by seeing the relation between theories and behavior of people in adopting and implementing safety and health programmes to support organization performance. The third chapter deal with research methodology. It discuss the research approach, research design,

location of the study, sample size and targeted population. It look on the methods and tools for data collection, the validity and reliability, and ways of data measurement and analysis.

The fourth chapter describe the characteristics of the findings and analyze the facts in order to understand the reality. It pass through the facts according to the responses of each research question as highlighted in chapter one. And, the fifth chapter is all about the conclusion and recommendation of the research's finding analysis.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

This chapter discusses literatures of other writers on occupational health and safety in various places around the world. It presents overview of occupational health and safety matters, safety standards, safety Acts, and OHS policies and programmes.

2.2 Conceptual Definitions

The World Health Organization defines health as 'a state of complete physical, mental and social well-being, not merely an absence of disease and infirmity'. Safety, on the other hand, defined by the oxford dictionary, as the state of being safe and protected from danger or harm. Safety is more specific and easier to understand. safety is relative freedom from or protection against hazards at the place of work (Ngirwa, 2005).

According to International Labor Organization (ILO), Occupational health and safety is a discipline with a broad scope involving many specialized fields. In its broadest sense, it should aim at: The promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations; The prevention among workers of adverse effects on health caused by their working conditions; The protection of workers in their employment from risks resulting from factors adverse to health; The placing and maintenance of

workers in an occupational environment adapted to physical and mental needs;
The adaptation of work to humans.

In other words, occupational health and safety encompasses the social, mental and physical well-being of workers, that is the “whole person”. Occupational health issues are often given less attention than occupational safety issues because the former are generally more difficult to confront. However, when health is addressed, so is safety, because a healthy workplace is by definition also a safe workplace. The converse, though, may not be true – a so-called safe workplace is not necessarily also a healthy workplace. The important point is that issues of both health and safety must be addressed in every workplace. By and large, the definition of occupational health and safety given above encompasses both health and safety in their broadest contexts.

Employee health and safety is part of employee welfare. The welfare of a employees is their general state of well-being, for example their good health and comfort as well as their stability and prosperity. Thus the function of maintaining employee health and safety should be treated as being part of the important function of providing for employee welfare. Employee welfare was historically used to encompass the employees’ physical working conditions, e.g. facilities related to sanitation, canteens, bars, vending machines, sports clubs, dispensaries, shortening of working hours, and any other initiatives of job satisfaction and improvement of quality of work life in the places of work (Ngirwa, 2005).

2.3 Theoretical Literature Reviews

2.3.1 Health and Safety at Workplace

About 5,000 people worldwide die daily as a result of work – related accidents or diseases. International Labor Organization (ILO) estimated that over 53 000 fatal accidents at workplace take place in Sub – Saharan region. Worldwide ILO says that workers do suffer approximately 270 million occupational accident each year (fatal and non-fatal), and fall victims to some 160 million incident for occupational diseases. This rings a bell whether people really value safety and health at their employees while at their workplaces and how informed are employers on the need for safety of their employees while at work.

The world marks the ILO world Safety and Health day every 28th April. Addressing workers last April, ILO East Africa Director Ali Ibrahim said both human and economic costs of approximately 4 percent of the world's gross domestic product lost through injury, death and diseases, resulting in absence from work, sickness, treatment, disability and the need for survivor benefits (OSHA Newsletter, October 2005: 4). It has been estimated somewhere in UK there is accident at work every 3½ seconds. Every year, about 600 of these accidents are fatal of the rest some are minor (Carsyfoth, 1992).

2.3.2 Health and Safety Matters

This part will try to picture possible health and safety workplace-related problems:

2.3.2.1 Stress

Stress in the workplace can be defined as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker. Workplace stress can lead to poor health and even injury. The concept of job stress is often confused with challenge, but these concepts are not the same. Challenge energizes us psychologically and physically, and it motivates us to learn new skills and master our jobs. When a challenge is met, we feel relaxed and satisfied. Thus, challenge is an important ingredient for healthy and productive work. The importance of challenge in our work lives is probably what people are referring to when they say "a little bit of stress is good for you" (Center for disease control and prevention, 1999).

Job stress is increasing globally in all countries, organizations, professions, and among employees, employers, families and society in general. Occupational stress has been known as a serious health issue for organizations and employees. Thus, the stressful situations of the workplace due to occupational stress lead to negative consequences like anxiety, headache, stomach distress and cardiovascular disease. So, occupational stress can be described as any discomfort that perceived by individuals who their capabilities and resources cannot be coped to demands, events and stressful situations in their workplace (Karimi and Alipour, 2011).

Three out of every four American workers describe their work as stressful.

And, The problem is not limited to these shores. In fact, occupational stress has been defined as a "global epidemic" by the United Nations' International Labor Organization. While the physical effects of this epidemic are often emphasized, the economic consequences also are alarming. Workplace stress costs U.S. employers an estimated \$200 billion per year in absenteeism, lower productivity, staff turnover, workers' compensation, medical insurance and other stress-related expenses. Considering this, stress management may be business's most important challenge of the 21st century. Of course, stress is a factor in every one's life, particularly during major events such as marriage, divorce or buying a home. But according to the Holmes- Rahe Life Events Scale, which rates the levels of stress caused by such events, many of the most stressful events are related to the workplace: firings, business readjustments, changes in financial status, altered responsibilities, a switch to a different line of work, trouble with the boss, variations in work hours or conditions, retirement and vacations.

Sources of stress vary tremendously. For factory workers, stress often is related directly to the work situation, such as dealing with dangerous heavy equipment or working in an uncomfortable environment. In contrast, office workers are more likely to experience stress related to inter-personal relationships on the job. "People pressures" such as unclear supervision, tension among team members and fear or aversion of conflict can cause stress. "For many people the core of their social life is the people with whom they work," explains Ostermann. "But work is not a social situation, so

you begin to get some things that are antagonistic to good relationships, such as rumors and power plays among executives who are competing for the next promotion". Occupational stress is not related only to what goes on at work. Conflicts between the demands of the workplace and of home life are increasingly common. According to a survey completed for the U.S. Department of Labor, 10 percent of people who are married or living with children under 18 experience severe work-family conflict, and an additional 25 percent report moderate levels of conflict.

Joel Harmon, associate professor of management and chair of the management, marketing, information systems and sciences department on the Florham-Madison Campus, says, "The greatest reported cause of stress is workload. Employees work more today than they did 25 years ago -- the equivalent of a 13th month every year. Staff are getting downsized but the work remains, so workloads are getting upsized." Changes in office procedures are happening more rapidly than at any other time in history. "Fifty years ago, the nature of someone's job did not change during their entire tenure at that job," Ostermann says. "Now, everything is different." And, in the current "information age" things move at a faster pace than ever before with faxes and instant e-mail messages. Some professions are especially prone to stress resulting from changing technology. Take airline pilots, for example: "They are flying more complicated planes, carrying more people under more pressing time demands and with much more airport traffic than ever before," Ostermann observes.

Technology in automation has enabled employers to eliminate many jobs. Not only does this result in a fear of being replaced by a machine, but those who keep their jobs must undergo retraining and tend to have a higher level of responsibility, and thus greater stress, thrust up on them. "Other organizational changes," Harmon adds, "especially increased use of part-timers, management changes, increased diversity and pay cuts or freezes," lead to increased levels of job insecurity. "Now only about half of managers and employees rate security as good or very good, down from 75 to 80 percent in the 1980s."

The physical effects of excessive stress have long been recognized -- from heart attacks and strokes to ulcers and other gastrointestinal disorders. Continual stress also takes a toll on the body's immune system, causing frequent colds and other illnesses. Psychologically, stress can lead to depression, anxiety and even panic attacks. Specifically, the stress produced by aggression in the workplace has "been associated with physical and psychological distress, resulting in decreased productivity, commitment and loyalty," says Harmon. Also, victims of or witnesses to violence in the workplace may suffer from a range of trauma-related illness including post-traumatic stress disorder.

Sixty percent of lost workdays each year can be attributed to stress. In addition, an estimated 75 to 90 percent of visits to health care providers are due to stress-related conditions, costing employers in increased health care

costs. A list of physical and psychological warning signs of stress exhaustion appears on this page. Stress also can have a direct effect on the way people handle their jobs. Employees under stress may make more mistakes, have trouble concentrating, become disorganized, become angry or just stop caring about their work. *The Wall Street Journal* reported that one third of people surveyed considered quitting their jobs because of stress and 14 percent actually did (Maxon, 1999).

Job stress can be prevented and controlled effectively by integrating primary, secondary, and tertiary intervention. Therefore, primary intervention is proactive which its aim is to help healthy people to be immune of illnesses. The second intervention is ameliorative that modifies employees' responses to stressors like stress in order to help them to control stressful situations. At last, tertiary intervention which is reactive and its purpose are to minimize the consequences of stress-related that they have happened once. In fact, this intervention tries to help employees to cope more effectively with reactions in stressful conditions. So, the integration of these three interventions required a meaningful participation which involves in job control, organizational fairness, and mutual support among employees and supervisors.

Additionally, setting clear objectives can minimize role ambiguity and role conflict. Role ambiguity which can be defined as an employee's unawareness about the job's duties, responsibilities and the expectations which should be performed in the organization satisfactory and role conflict is conflicting

between determined demands and required skills and responsibilities in a workplace. Both role ambiguity and role conflict are the source of employee's stress. So, providing a clear objective of responsibilities and duties by supervisor and managers can decrease occupational stress among employees. Furthermore, increasing employees' sense of control through programs such as job development and enrichment, decision making, and delegation of authority in order to increase the employees' sense of control over their jobs and the work environment. Also, an appropriate organizational communication can immune the employees from work stress which uncertainty and feelings of isolation are the main sources of it. Thus, having a proper communication helps them to know what is going on in the organization, thus, they will have a good relationship with all members and parts of their organizations; and consequently, communication will decrease occupational stress. Finally, exercise and enough sleep are recommended to reduce occupational stress. Exercise relieves stress at work, by doing Exercise; it can reduce illnesses, speed up metabolism, increase blood flow and oxygen to brain. Also, enough sleep or well-rested, is much easier to keep emotional balance so as to cope with job and workplace stress (Karimi and Alipour, 2011).

2.3.2.2 Sexual Harassment and Bulling

“The issue of sexual harassment is emotionally loaded because it is so personal and intense, involving both sex and power,” says B.J. Gallagher, a Los Angeles management consultant who specializes in workforce diversity. A key factor in that emotional storm is confusion, both for would-be harassers

and their potential targets. No one's sure where the boundaries lie anymore. That's particularly true in small firms where staffers become personally invested in the business' success and work relationships often turn intimate. "Such closeness and intensity can blur the professional boundaries and lead people to step over the line," points out Sexual Harassment Support, an online nonprofit support group. So, exactly what is sexual harassment? Under federal law — Title VII of the U.S. Civil Rights Act, passed in 1964, and remedies legislated by the Civil Rights Act of 1991 — sexual harassment can occur whenever an employee is unfairly treated owing to his or her gender (in businesses with 15 or more staff). Most state laws mirror the federal statutes (Fox business, 2011).

The EU code defines sexual harassment as unwanted conduct of sexual nature affecting the dignity of women and men at work. It defines harassment as largely subjective, in that it is for the individual to decide on whether conduct is acceptable or offensive. In 1998, the allegations of sexual impropriety against the US President, Bill Clinton, highlight some difficult issues that arise during sexual harassment cases in the workplace. The first is credibility, because there is seldom a witness to support whether the conduct being complained about actually happened. For example, there are no witnesses to the alleged conduct of Mr. Clinton and the White House employee, Monica Lewinsky. The issue is credibility and circumstantial evidence. Who has more credibility? Is there indirect evidence that might support or dismiss the allegations? The Clinton case raises another issue,

which often applies to workplace investigations, the question of containment (Bratton and Gold, 1999).

“There’s no bright-line test on sexual harassment since the courts—including the U.S. Supreme Court—have made it clear that it will depend on the frequency and severity of the conduct, whether the conduct is physically threatening or humiliating and whether the conduct interferes with the employee’s job performance,” says Paul O. Lopez, director and chair of the litigation department at law firm Tripp Scott.

According to Lopez, here is a list of inappropriate conduct that will be viewed as sexual harassment by the courts, if continual and repeated: Comments and remarks of a sexual nature that refer to a person’s physical appearance and/or genitalia: Inappropriately touching someone in a sexually provocative manner. Making requests (typically a supervisor) to an employee about having sex and/or going on a date with another employee: Forwarding pictures that are sexually graphic in nature. This could mean images that were found online or personal images as well: Forwarding of literature that is sexually explicit or provocative in nature. An example might be: a sexual story or a joke, or personal experiences (US news and world report, 2011).

As Ngirwa (2005) highlighted, Sexual harassment in the workplace can be a disturbing source of stress. It is a direct insult to the victim's dignity, as well as an interference with the victim's work performance. Victims of sexual

harassment experience embarrassing symptoms of stress e.g. silent disapproval, anger, physical illness, absenteeism, and even turnover.

All-in-all, sexual harassment is stressful, undesirable to all persons whether male or female. It can be disruptive of organizational performance and should therefore be fought more seriously and realistically than appears to be done currently.

Bullying is a form of harassment and can be very unpleasant. It is perhaps one of the most difficult aspects of employee relationships to control. Like sexual harassment, it can be hard to prove that bullying has taken place and employees may be reluctant to complain about a bullying boss, simply because he or she is a bully. But this does not mean that an organization can ignore the problem. A policy should be published that states that bullying is unacceptable behavior. People who feel that they are being bullied should have the right to discuss the problem with someone in the HR department or a trained counselor. Bullies should not be punished automatically. They should initially be helped to acknowledge the impact of their behaviors, and to change. Punishment should be reserved for those who persist in spite of this guidance (Armstrong, 2009).

The workplace bully abuses power, brings misery to his/her target and endeavors to steal the target's self-confidence. Bullies often involve others using many tactics such as blaming for errors, unreasonable work demands,

insults, putdowns, stealing credit, threatening job loss, and discounting accomplishments. Bullies create a terrible toll within an organization. Their behavior leads to increased levels of stress among employees, higher rates of absenteeism and higher than normal attrition. Because bullies often get results by getting more short-term production out of employees, they are tolerated.

One study by John Medina showed that workers stressed by bullying performed 50% worse on cognitive tests. Other studies estimate the financial costs of bullying at more than \$200 billion per year. A study of 6,000 British office workers found employees who felt that their supervisors treated them fairly had a 30% lower risk of heart disease. A 2008 meta-analysis of the connection between health and leadership by Jana Kuoppala and associates concluded that good leadership was associated with a 27% reduction in sick leave and a 46% reduction in disability pensions. The same study concluded that employees with good leaders were 40% more likely to report the highest levels of psychological well being including lower levels of anxiety and depression.

Bullies may get employees to comply, but not to commit. Compliance is okay for day-to-day operations, but when an organization is faced with a challenge or even a crisis, you need employees who are willing to go the extra mile. People who work for a bully are biding their time looking for a way out, or a time when the bully will be replaced (wired for success, 2011).

2.3.2.3 Smoking

It has been estimated that of the 600 000 deaths in the UK each year, 100 000 are caused by tobacco. Smokers comprise around 90 per cent of all deaths from lung cancer and chronic bronchitis. Some 40 per cent of heavy smokers (over 20 cigarettes a day) die before retirement age compared with only 15 per cent of non-smokers. One North American manager calculated the cost of smoking to his company at about US\$ 71.5 million per year, or US\$71 500 per smoker. This figure was estimated by putting a money value to such items as the time each employee spends smoking (estimated at 30 minutes each day), absenteeism due to smoking-related illness, property damage and additional maintenance. Smoking increases employers' costs as Figure 2.0 (money that 'goes up in smoke') shows. Recent research has highlighted the health risk of 'second-hand smoking' (inhaling other people's smoke). In 1997, the first second-hand smoking case against the USA tobacco industry resulted in a US\$300 million settlement. The lawsuit was filed on behalf of thousands of US-based flight attendants in 1991.

In the past, employers have restricted employees' smoking in order to reduce fire risks or to comply with hygiene standards. To reduce the risks and costs associated with smoking, to appease non-smokers, and to deter possible legal action from employees suffering from polluted air caused by smoking, many organizations now have established policies on smoking at the workplace. The Civil Service, for example, has recently restricted smoking in inland Revenue offices. Management and union representatives at British

Telecom agreed to ballot employees on their views on a smoking ban. The result was a 3 to 1 majority in favor of a smoking ban in common work stations. The company set up a union–management working party to examine the details of implementation. Many employers believe that they would face hostility from employees if they implemented a non-smoking policy. Companies that have implemented non-smoking policies report increased awareness of the health risks of smoking and little employee or union resistance. A government report found that '79 per cent of smokers interviewed acknowledged the right of non - smokers to work in air that is free of tobacco smoke (and not surprisingly, 84 per cent of non - smokers and 78 per cent of ex-smokers also thought so)'. HRM professionals agree that successful non-smoking policies require consultation with employees. In a unionized workplace it requires a joint approach by management and union (Bratton and Gold, 1999).

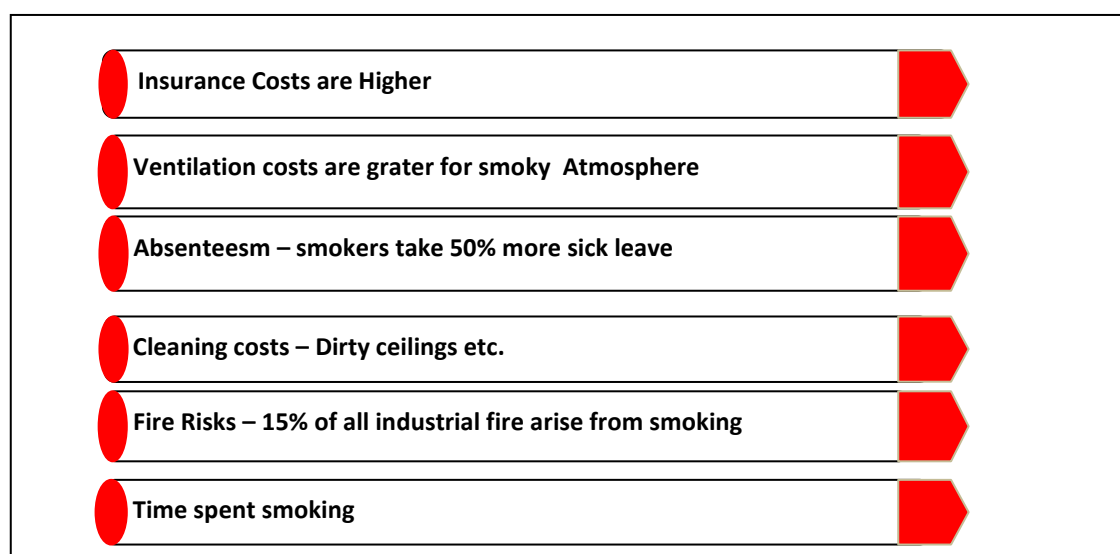


Figure 2.1 Smoking-related costs

Source: Bratton and Gold book, 1999

2.3.2.4 Acquired Immune Deficiency Syndrome (AIDS)

AIDS is caused by the human immuno-deficiency virus (HIV), which attacks the body's immune system. In 1994, almost 14 million people were infected with AIDS in the three continents of Africa, Europe and the Americas. One adult in six in Botswana, Zimbabwe, and Zambia is infected. Data from studies in Tanzania and Uganda show that between the ages of 25 and 35, four deaths in five are HIV related and in India, WHO estimated the number of people affected with AIDS is between 3–5 million.

In the USA between 1992 and 1996, AIDS was the leading cause of death among 25- to 44-year-olds and to date 343 000 Americans have died of AIDS and another 900 000 are HIV- infected, about 1 in 250 people (Bratton and Gold, 1999). “Nine out of ten people living with HIV and AIDS are of working age – most of those at risk are also working women and men” Juan Somavia, Director General of the ILO, Statement for World AIDS Day 2005. Nine out of ten persons living with HIV belong to the working age group 15 – 49 years, usually the most productive group in any society. Out of the 33.3 million persons living with HIV in 2009, about 30.8 million were adults. At the level of the infected or affected worker, HIV/AIDS often has an impact on the basic human rights of that worker including the right to work, the right to non-discrimination, the right to health, the right to privacy, the right to education and the right to social security (ILO Decent work team and office for the Caribbean, 2013). In Canada, mandatory testing for AIDS is regarded as a serious intrusion on individual rights and employers are prohibited from

subjecting job applicants to any type of medical testing for the presence of the HIV virus. Further, the employer is obligated to accommodate the needs of an employee with a disability such as AIDS by, for example, redefining work assignments. The fear of catching HIV can create problems for human resource managers. Employees might refuse to work with a person with AIDS. As one North American human resource manager explained 'No matter how sophisticated or educated you are, AIDS can trigger irrational things in people...There's a big potential for disruption. It could close a plant down.' A North American chain store manager had to call in the Red Cross to explain to distraught employees that AIDS cannot be transmitted through normal contact in the workplace. This happened when an employee developed AIDS and died. Six months later employees were still refusing to use the drinking fountain or the toilet (Bratton and Gold, 1999).

At the level of the family, the inability to work or dismissal from work of the HIV positive person results in a loss of personal or family income, exacerbating poverty. Often, the burden on women is increased when they are required to combine care of the ill with productive work to replace loss of income. The need for replacement income may also result in truncated schooling for children and their premature entry into the labor force, with implications for their own development, for the vicious cycle of poverty and for the quality of the human capital of a country. HIV/AIDS results in increased costs to the employer and decreased productivity through the loss of skilled and experienced workers and consequential recruitment and training of

new employees, through increased demand on the company's medical system and through absenteeism of both ill workers and affected relatives and friends. Reduced productivity at the level of the firm has a negative impact on a country's competitiveness and economic growth. Ill workers and impoverished families result in a contracting consumer base and falling demand for goods and services and can further undermine investment and enterprise development. The demands made on the social protection systems and national health services as a result of treatment and care of HIV positive persons often limit the investment capacity and choices of national budgets, inhibiting development agendas (ILO Decent work team and office for the Caribbean, 2013).

2.3.2.5 Women and Occupational Health Risks

The increased labor participation rate of women in recent years has led to growing concern about special hazards that may compromise their safety and health. Much of safety and health concern for women involves reproductive system. Exposure to toxic substance and radiation may cause birth defects or spontaneous abortion.

Study has indicated that there are increased risks women engaged in the laboratory works and in the metal, chemical, plastics, and rubber industries, were exposed to solvents, gases sterilizing agents, and pesticides are more likely. For example, a five years study conducted by the University of Massachusetts' School of Public Health and Digital Equipment Corporation indicates that the rate of miscarriages for workers involved in computer chip

production was significantly greater than would have been expected in the general population at large or was found among non production workers at Digital. Although it should be emphasized that this was a preliminary study, it does indicate that there is a cause for concern and a need for further investigation into the effects on women of the chemicals used in the production process (Crino and Leap, 1989).

2.3.2.6 Occupational Overuse Syndrome

Occupational overuse syndrome is an umbrella term for a range of conditions which cause discomfort or persistent pain in muscles, joints, tendons, nerves and soft tissues. These conditions develop as the result of a number of factors such as repetitive movement, constant muscle contraction or straining, forceful movements and constricted postures. Occupational Overuse Syndrome (OOS) was previously referred to as Repetitive Strain Injury (RSI) and is increasingly being referred to as Gradual Process Injury (GPI).

Symptoms of occupational overuse syndrome tend to develop gradually and worsen over time if left untreated. Symptoms mainly occur in the shoulders, arms and hands. Early symptoms of OOS include: Muscle discomfort; Aches and pains; Hot or cold feelings; Muscles tightness and spasms; Numbness and tingling. There may be associated symptoms of tiredness, headaches, anxiety and loss of concentration. As the condition progresses the pain and discomfort may become constant, there may be a loss of muscle strength, burning sensations in the tissues, and sleep disturbances.

There are many different conditions that can fall under the umbrella of OOS. These can be broadly classified by the nature of the condition. The three main categories are; localized inflammations; where pain and inflammation occurs in a localized area. These conditions can usually be easily treated and recovery is usually quick. Examples of localized inflammations include tennis elbow (inflammation of the tendons on the outside of the elbow joint) and rotator cuff syndrome (inflammation of the tendons around the shoulder joint). Compression syndromes; where swelling in the muscles and soft tissues compresses the nerves. Pain tends to be more widespread, treatment is more involved and recovery can take several weeks. An example of a compression syndrome is carpal tunnel syndrome, where the median nerve in the forearm is compressed as it travels through the wrist. Pain syndromes; these are much more complex conditions that develop over a period of time. Pain is persistent and widespread and is often associated with emotional symptoms such as depression and anxiety.

Treatment is difficult and recovery takes months or years. An example of a pain syndrome is fibromyalgia – where pain trigger points develop in the muscles and soft tissues. Accident compensation corporation (ACC) (1991, 2007). Occupational Overuse Syndrome can affect people in a wide variety of occupations, including the following: process workers, cleaners, machinist, kitchen workers, keyboard operators, clerks, meat workers, knitters, potters, musicians, carpet layers, painters, shearers, hairdressers, typists, mail sorters, supermarket workers, carpenters.

Accident Compensation Corporation highlighted number of causes for OOS. Essentially, however, any repetitive work practice or activity that causes the muscles to be held tight and tense for long periods can lead to the development of OOS. Muscles use energy supplies derived from the blood to function. The blood is supplied to the muscles via small blood vessels that travel through the muscles. When the muscles are tense these blood vessels are constricted, slowing the flow of blood. If the blood flow is restricted for too long, the muscles work inefficiently. This uses energy very quickly, tires the muscle, and leads to a build-up of acid waste products. This causes pain and the muscle stiffens, making it harder still for the muscle to work. The muscles and tendons can withstand fatigue and are able to recover if their movements are varied and they are regularly rested. If “overuse” occurs the muscles and tendons may be strained beyond their capacity. Factors that can lead to OOS developing include: Awkward or constricted postures; Repetitive movement; prolonged muscle tension; Forceful holding or movement; Poor ergonomics; Poor work practices e.g. poor time management, poor work techniques, lack of training; psychosocial factors e.g. excessive workload, deadlines, social and physical work environment.

Diagnosis of OOS is often difficult. It is important for the doctor to take a full medical history and conduct a physical examination. Other causes for the symptoms need to be ruled out. Once a diagnosis of OOS has been made, and the specific OOS condition has been identified, appropriate treatment will

be recommended. This may involve referral to an occupational or musculoskeletal specialist and may involve input from healthcare professionals such as occupational therapists and physiotherapists. Treatment may include: Rest from activities; Changing work practices; Postural correction; Physiotherapy; Pain relieving and anti-inflammatory medications; Exercise and stretching; Relaxation exercises; Additional treatments that may be recommended include massage and acupuncture. It is important to follow a tailored, individual treatment programme to achieve best results.

2.3.2.7 Hazard at Work

A hazard is the potential for harm. In practical terms, a hazard often is associated with a condition or activity that, if left uncontrolled, can result in an injury or illness. Identifying hazards and eliminating or controlling them as early as possible will help prevent injuries and illnesses (OSHA, 2002). Accidents account for a range of injuries in the workplace. In 2009, hazards in the workplace resulted in 3,277,700 nonfatal injuries and illnesses, according to the Bureau of Labor Statistics; 965,000 of those injuries resulted in missed work days. Recognizing workplace hazards helps to keep employees safe and reduces costs related to injuries and illnesses, including those leading to lost productivity (Long, 2013).

According to Demand media (2013), common hazards and their descriptions at workplace are: Physical Hazards, include heat, cold, vibration and high noise. Working at heights on roofs, ladders or scaffolding creates a risk of falling.

Working in confined spaces carries a risk of asphyxiation. Workers can be struck by equipment or become entangled in machinery. Other equipment-related hazards include risk of electrical shock or exposure to harmful radiation such as with X-rays, lasers and radio-frequency energy. Improper lifting technique can cause back injuries, while just working at a computer for long periods can result in repetitive stress injuries. Simple housekeeping problems, such as spilled coffee on the floor, can cause a serious injury from a slip and fall. The most common cause of work-related injury is driving. According to the Bureau of Labor Statistics, highway incidents were the leading cause of workplace fatalities in 2006.

Chemical Hazards, Many jobs require the use of hazardous chemicals. These chemicals may be toxic, flammable, corrosive or reactive. Some are extremely dangerous, causing harm at very low doses, while others allow a greater exposure without causing physical harm. Health effects can manifest quickly (acute exposure) or over a long period of time (chronic exposure).

Respiratory Hazards, Many substances are harmful when inhaled. This includes substances such as asbestos, chemical solvents, metal fumes and dusts. Some individuals react adversely to certain types of mold found in the workplace. In addition, although many workplaces restrict smoking, secondhand smoke is still a potential respiratory hazard.

Biological Hazards, Medical and clinical laboratory workers handle potentially infectious bodily fluids and cultures. Medical professionals are exposed to sick

and potentially infectious individuals. If workplace cafeterias do not follow proper food-handling protocols, their products can cause food-related illnesses. Virtually all workers are exposed to sick co-workers occasionally, increasing the risk of transmission of illnesses such as influenza and the common cold.

Stress and Violence, Increasingly, stress is surfacing as a workplace hazard. Worker reaction to long work hours, layoff fears and work pressures can manifest as tangible illnesses such as ulcers, high blood pressure and heart attacks. Worker stress can also spill over into violence. According to the Bureau of Labor Statistics, workplace violence was the third leading cause of workplace fatalities in 2006.

Worksmart (2013) pointed that, The Management of Health and Safety at Work Regulations sets out the following safety management guidance for employers for tackling risks, The basic approach is also known as a hierarchy of control: Substitution: i.e. try a risk-free or less risky option. Prevention: e.g. erect a machine guard, or add a non-slip surface to a pathway. Reorganize work to reduce exposure to a risk: a basic rule is to adapt the work to the worker. In an office, ensure chairs and display screen equipment (DSE) are adjustable to the individual, and plan all work involving a computer to include regular breaks. For monotonous or routine work, introduce work variety and greater control over work. In call centers, introduce work variety by providing work off the phones, and varying the type of calls handled. As a last resort, issue personal protective equipment to all staff at risk, and make sure they are trained in when and how to use this

equipment, such as appropriate eye protection, gloves, special clothing, footwear. Provide training in safe working systems. Provide information on likely hazards and how to avoid them. Provide social and welfare facilities: e.g. washing facilities for the removal of contamination; a rest room.

2.3.3 The Occupational Health and Safety Act

Appropriate legislation and regulations, together with adequate means of enforcement, are key policy instruments for the protection of workers. They form a basis for efforts to improve working conditions and the working environment. The inspection mechanism should make use, among other things, of a workers' health surveillance system, which may be run by the government, the community or the enterprise.

Labor legislation lays down minimum standards which are compulsory and applicable to everyone. As employers and plant managers have to fulfill these stipulations by adopting appropriate techniques, and as the efficacy of safety measures ultimately rests on their application by workers, it is imperative that representative organizations of employers and workers be consulted at the various stages in the preparation of laws and regulations. It has been recognized, in countries with good safety records that it is more effective to stipulate the duties of those with primary responsibility for OSH measures in general terms, rather than to attempt to regulate a multitude of hazards in minute detail. This approach is important because technology is developing at an increasingly rapid pace, and it often proves difficult for the legislation to keep abreast of progress. More recent legislation has therefore

avoided setting out detailed requirements, but rather has defined general objectives in broad terms (Alli, 2008).

In Leap and Crino (1989) study, shows that, OSHA passed by the congress in 1970 and administered by secretary of labor, was ended to hold corporations responsible for protecting workers safety and health. It deemed necessary because the existing of safety and federal laws focused reimbursing after they were injures rather than on protecting non–the job accident, injuries and diseases. State regulation of employers operating nationally and internationally also proves unsatisfactory. Federal legislation was very limited in scope and protected few workers.

OSHA evaluated health and safety implication of technical changes, establishes minimum industrial standards, research on safety in work place and encourages industry operation with state officials. Although OSHA is a federal law, It allows the state to regulate work place health and safety when state standard equal or exceed federal standards.

2.3.4 Health and Safety Standards

The achievement of the highest standards of health and safety in the workplace is the moral as well as the legal responsibility of employers – this is the overriding reason. Close and continuous attention to health and safety is important because ill-health and injuries caused by the system of work or working conditions cause suffering and loss to individuals and their

dependants. In addition, accidents and absences through ill-health or injuries result in losses and damage for the organization (Armstrong, 2009).

To ensure the application of minimum level of health and safety at work, standards which define the safe levels of various exposures and other condition of work are needed. These standards also serve as references for assessment of results from monitoring and provide guidelines for planners. When standards are further developed, the high variation in workers sensitivity to occupational exposures should be considered (Elgstrand and Petersson, 2009).

More than 80 percent of the standards adopted had been endorsed by professional organizations, unions and employees before OSHA official acted, yet employers often criticized them. Employers do claim that standards have been approved too quickly, unnecessarily and without considering remedial costs. Although criticism disagree with many OSHA decisions some standards are extreme, duplicative and conflicting, unjustifiable costly, improperly promulgated – many criticisms are unfair and needless hostile. A charge of unwarranted Government interference is always made when the costs for correcting years of negligence is high. Many employers take the position that to be profit oriented is rational and healthy for society that Government regulation is hard and unnecessary. On the other hand, the proponent of profits is to ignore the welfare of workers as well as the societal costs (loss of wages and thus tax income to the Government, costs, of supporting disabled and sick workers.

2.3.5 Health and Safety Policies

According to Alli (2008), Measures for the prevention and control of occupational hazards in the workplace should be based upon a clear, implementable and well-defined policy at the level of the enterprise. This occupational safety and health policy represents the foundation from which occupational safety and health goals and objectives, performance measures and other system components are developed. It should be concise, easily understood, approved by the highest level of management and known by all employees in the organization.

The policy should be in written form and should cover the organizational arrangements to ensure occupational safety and health. In particular, it should: Allocate the various responsibilities for OSH within the enterprise; bring policy information to the notice of every worker, supervisor and manager; determine how occupational health services are to be organized; and Specify measures to be taken for the surveillance of the working environment and workers' health.

The policy may be expressed in terms of organizational mission and vision statements, as a document that reflects the enterprise's occupational safety and health values. It should define the duties and responsibilities of the departmental head or the occupational safety and health team leader who will be the prime mover in the process of translating policy objectives into reality within the enterprise.

The policy document must be printed in a language or medium readily understood by the workers. Where illiteracy levels are high, clear non-verbal forms of communication must be used. The policy statement should be clearly formulated and designed to fit the particular organization for which it is intended. It should be circulated so that every employee has the opportunity to become familiar with it. The policy should also be prominently displayed throughout the workplace to act as a constant reminder to all. In particular, it should be posted in all management offices to remind managers of their obligations in this important aspect of company operations.

In addition, appropriate measures should be taken by the competent authority to provide guidance to employers and workers to help them comply with their legal obligations. To ensure that the workers accept the safety and health policy objectives, the employer should establish the policy through a process of information exchange and discussion with them.

The policy should be kept alive by regular review. A policy may need to be revised in the light of new experience, or because of new hazards or organizational changes. Revision may also be necessary if the nature of the work that is carried out changes, or if new plant or new hazards are introduced into the workplace. It may also be necessary if new regulations, codes of practice or official guidelines relevant to the activities of the enterprise are issued.

2.3.6 Health and Safety Programmes

Occupational health programmes deal with the prevention of ill-health arising from working conditions. They consist of two elements: 1) occupational medicine, which is a specialized branch of preventive medicine concerned with the diagnosis and prevention of health hazards at work and dealing with any ill-health or stress which has occurred in spite of preventive actions, and 2) occupational hygiene, which is the province of the chemist and the engineer or ergonomist engaged in the measurement and control of environmental hazards.

Safety programmes deal with the prevention of accidents and with minimizing the resulting loss and damage to people and property. They relate more to systems of work than the working environment, but both health and safety programmes are concerned with protection against hazards, and their aims and methods are clearly interlinked (Armstrong, 2009).

Successful safety and health programs have many components and philosophies and differ from organization to organization, and rightly so, since safety and health programs should “fit” individual company’s mission, goals and needs. However, since the wave of the future is one of change and globalization trend; it is important for safety and health professionals to understand the components that contribute to a successful program in the context of the organizational structure to better provide effective services to companies of today and more so of the future. It is also important for safety and health professionals

to understand the management style of the future and to prepare to be a part of this “new way of doing business” again to provide effective services and to justify their existence in the organization (Shepherd, et al, 2001).

2.3.6.1 Management Commitment on Occupational Health and Safety

While top management has the ultimate responsibility for the safety and health programme in an enterprise, authority for ensuring safe operation should be delegated to all management levels. Supervisors are obviously the key individuals in such a programme because they are in constant contact with the employees. As safety officers, they act in a staff capacity to help administer safety policy, to provide technical information, to help with training and to supply programme material.

Total commitment on the part of management to making safety and health a priority is essential to a successful OSH programme in the workplace. It is only when management plays a positive role that workers view such programmes as a worthwhile and sustainable exercise. The boardroom has the influence, power and resources to take initiatives and to set the pattern for a safe and healthy working environment.

Management commitment to occupational safety and health may be demonstrated in various ways, such as: Allocating sufficient resources (financial and human) for the proper functioning of the occupational safety and health programme; Establishing organizational structures to support managers and

employees in their OSH duties; Designating a senior management representative to be responsible for overseeing the proper functioning of OSH management.

The process of organizing and running an OSH system requires substantial capital investment. To manage safety and health efficiently, adequate financial resources must be allocated within business units as part of overall running costs. The local management team must understand the value that corporate leaders place on providing a safe place of work for employees. There should be incentives for managers to ensure that resources are deployed for all aspects of safety and health. The challenge is to institutionalize safety and health within the planning process. Once the programme is under way, concerted efforts must be made to guarantee its sustainability (Alli, 2008).

2.3.6.2 Communicating Safety Rules and Policies

According to Occupational Health and Safety Program Manual (2004), the occupational health and safety performance of a workplace depends entirely on the quality of communications between its employees. The importance of good communications for the health and welfare of workers cannot be overstated. Dupont, a company which has been internationally recognized for its excellence in occupational health and safety, described the essential aspect of its program as “People talking with people about the safety of the job in progress.” The “right to know”, along with the “right to participate” and the “right to refuse”, are referred to as the three fundamental rights provided for in the *Occupational Health and Safety Act* and regulations. The “right to know”

means that everyone in a workplace has a right to receive information needed to identify and control the hazards to which they may be exposed. Workers must know about the hazards they are likely to encounter on the job in order to protect themselves. The department's management, and particularly its workplace supervisors, has a duty to obtain accurate and sufficient information about those hazards and communicate it effectively to the workers in their area. Workers have a duty to report hazards to their supervisors and ask questions about any aspect of the job which they are not sure of.

2.3.6.3 Health and Safety Inspections

According to Armstrong (2009), Health and safety inspections are designed to examine a specific area of the organization – an operational department or a manufacturing process – in order to locate and define any faults in the system, equipment, plant or machines, or any operational errors that might be a danger to health or the source of accidents. Health and safety inspections should be carried out on a regular and systematic basis by line managers and supervisors with the advice and help of health and safety advisers. The steps to be taken in carrying out health and safety inspections are as follows: Allocate the responsibility for conducting the inspection; Define the points to be covered in the form of a checklist; Divide the department or plant into areas and list the points to which attention needs to be given in each area; Define the frequency with which inspections should be carried out – daily in critical areas; Use the checklists as the basis for the inspection; Carry out sample or spot checks on a random basis; Carry out special investigations as necessary to deal with special

problems such as operating machinery without guards to increase throughput; Set up a reporting system (a form should be used for recording the results of inspections); Set up a system for monitoring that safety inspections are being conducted properly and on schedule and that corrective action has been taken where necessary.

2.3.6.4 Risk Assessment

Risk assessments are concerned with the identification of hazards and the analysis of the risks attached to them. A risk is the chance, large or small, of harm being actually done by the hazard.

The purpose of risk assessments is to initiate preventive action. They enable control measures to be devised on the basis of an understanding of the relative importance of risks. Risk assessments must be recorded if there are five or more employees. There are two types of risk assessment. The first is quantitative risk assessment, which produces an objective probability estimate based upon risk information that is immediately applicable to the circumstances in which the risk occurs. The second is qualitative risk assessment, which is more subjective and is based on judgment backed by generalized data. Qualitative risk assessment is preferable if the specific data are available. Qualitative risk assessment may be acceptable if there is little or no specific data as long as the assessment is made systematically on the basis of an analysis of working conditions and hazards and informed judgement of the likelihood of harm actually being done. When carrying out a

risk assessment it is also necessary to consider who might be harmed. This does not mean only employees but also visitors, including cleaners and contractors, and the public when calling in to buy products or enlist services (Armstrong, 2009).

2.3.6.5 Education and Training

The continuous integration of improvements into the work process is vital, but it is possible only if everyone involved is properly trained. Training is an essential element in maintaining a healthy and safe workplace and has been an integral component of OSH management for many years. Managers, supervisory staff and workers all need to be trained. Workers and their representatives in the undertaking should be given appropriate training in occupational safety and health. It is up to management to give the necessary instructions and training, taking account of the functions and capacities of different categories of workers. The primary role of training in occupational safety and health is to promote action. It must therefore stimulate awareness, impart knowledge and help recipients to adapt to their own roles.

Training in occupational safety and health should not be treated in isolation; it should feature as an integral part of job training and be incorporated into daily work procedures on the shop floor. Management must ensure that all those who play a part in the production process are trained in the technical skills that they need to do their work. Training for the acquisition of technical skills should therefore always include an OSH component (Alli, 2008).

2.3.6.6 Joint Occupational Safety and Health (JOSH) Committee

The work of the safety committees should supplement management's arrangements for regular and effective monitoring for health and safety precautions; it cannot be a substitute for management action. All forms of safety arrangements that encourage employee participation in workplace health and safety matters reduce the incidence of accidents. However, the shows strong support for union-management health and safety committees as an important variable for promoting a safer workplace. Reilly et al.'s study found that establishments with joint health and safety committees – and with all employee representatives chosen by the union – have 'on average, 5.7 fewer injuries per 1000 employees compared with establishments where management deals with health and safety matters without any form of worker consultation' (Bratton and Gold, 1999).

2.3.6.7 First Aid

Globally, millions of people die each year as a result of accidents or serious injury. Unfortunately, many of those deaths could have been prevented had first aid been administered at the scene immediately, before the emergency services arrived. First aid or emergency first aid is the care that is given to an injured or sick person prior to treatment by medically trained personnel. According to Medilexicon's medical dictionary, first aid is "Immediate assistance administered in the case of injury or sudden illness by a bystander or other layperson, before the arrival of trained medical personnel." Some self-limiting illnesses or minor injuries may only require first aid intervention,

and no further treatment. First aid generally consists of some simple, often life-saving techniques that most people can be trained to perform with minimal equipment. First aid usually refers to administration of care to a human, although it can also be done on animals. The aim of first aid is to prevent a deterioration of the patient's situation, to aid recovery, and to preserve life. Technically, it is not classed as medical treatment and should not be compared to what a trained medical professional might do. First aid is a combination of some simple procedures, plus the application of common sense (MNT, 2009).

2.3.6.8 Programme Review

According to HSE (1997), Reviewing is the process of making judgments about the adequacy of performance and taking decisions about the nature and timing of the actions necessary to remedy deficiencies. Organizations need to have feedback to see if the health and safety management system is working effectively as designed. The main sources of information come from measuring activities and from audits of the RCSs and workplace precautions.

Other internal and external influences include delayering, new legislation or changes in current good practice. Any of these can result in redesign or amendment of any parts of the health and safety management system or a change in overall direction or objectives. Suitable performance standards should be established to identify the responsibilities, timing and systems involved.

Feeding information on success and failure back into the system is an essential element in motivating employees to maintain and improve performance. Successful organizations emphasize positive reinforcement and concentrate on encouraging progress on those indicators which demonstrate improvements in risk control.

The aims of the review process reflect the objectives of the planning process. Reviews will need to examine: the operation and maintenance of the system as designed; and the design, development and installation of the health and safety management system in changing circumstances.

Reviewing should be a continuous process undertaken at different levels within the organization. It includes responses: by first-line supervisors or other managers to remedy failures to implement workplace precautions which they observe in the course of routine activities; to remedy sub-standard performance identified by active and reactive monitoring; to the assessment of plans at individual, departmental, site, group or organizational level; To the results of audits.

Review plans may include: monthly reviews of individuals, supervisors or sections; three-monthly reviews of departments; annual reviews of sites or of the organization as a whole. Organizations should decide on the frequency of the reviews at each level and devise reviewing activities to suit the measuring and auditing activities. In all reviewing activity the result should be specific

remedial actions which: establish who is responsible for implementation; and Set deadlines for completion.

These actions form the basis of effective follow-up, which should be closely monitored. The speed and nature of response to any situation should be determined by the degree of risk involved and the availability of resources. The application of risk assessment principles can contribute to decision-making by identifying relative priorities. Reviewing demands the exercise of good judgement and people responsible for reviewing may need specific training to achieve competence in this type of task.

2.4 Empirical Literature Reviews

2.4.1 Empirical Reviews in the World

According to Webb (1989) study of workstation of changes demonstrated a 1,000 percent productivity increase with less than three months, for the cost of \$5000. Brown et al (1991), Material handling equipment, findings shows that; 85% productivity increase; cost–benefit ratio of 1 to 10. According to the National Safety Council (USA), the college of Insurance and National institute for Occupational Safety and Health industry stress count \$32 billion annually in work-related accidents.

According to Chartered Institute of Personnel Development-CIPD (2007), absence management survey showed that sickness absence accounts for 8.4% of working time equivalent to 8 working days for each employee each year.

The average cost of sickness absence is \$ 659 per employee per year, with absence being one of HR professionals. Over 5,500 US workers died annual the early 2000s in workplace accidents, at work roughly 5.1 cases per 100 full-time workers in United States per year.

A related survey involved a survey of about 16,000 employees in Australia, this study focused on the relationships among occupational injuries, employees' satisfaction. The researcher measured satisfaction with items such as "I am satisfied with management treatment" they measure occupational injuries by "for having respondents indicating whether they had experienced an injury in the past year" (Dessler, 2005). A study of brain injury in residents of San Diego County, California in 1981 showed that at least 2 million people incur such injuries each year with nearly 500,000 resultant hospital admissions as from traumatic head injuries (Gennerelli and Kotapa , 1992).

In the year 2003 for example, 226 people lost their lives in the United Kingdom as a result of accidents sustained at work, most as result of falls and motor vehicle accidents. The study shows that 6000 people are estimated to have been dying each year from cancers caused by working conditions. Again over million people are reported by the Health and Safety Executive to suffer from some form of work related illness each year (Torrington, et al, 2005).

It is estimated by the Royal Society for prevention of accidents (2008) that every year in the United Kingdom 30 million working days are lost of work

related-illness. Two million people say suffer from an illness they believe was caused by their work. Muscular disorder including repetitive strain injury (RSI) and back pain are by far the most commonly reported illness with 1.2 million affected and the numbers are rising. The next biggest problem is Stress, which 500,000 people say is so bad that it is making them ill (Armstrong, 2009).

QUEBEC'S Institute of Occupational Health and Safety (1980) conducted a research, the results has it mandate to contribute through scientific research to the identification and elimination of sources of workplace hazards as well as to the re-adaptation of workers suffered workplace injuries. For example in 1992 the Institute spent C \$17.9 million and approximately 126 employees being policy implementation.

2.4.2 Empirical Reviews in Africa

According to the World Health Organization, Regional committee for Africa (2004), In the African Region work-related threats to human health and life are becoming increasingly evident. A report of Regional Director for Africa shows that workers in gold mining in an East African country reported abnormally high concentrations of total mercury in the urine samples of miners exposed to mercury vapor during burning of gold-mercury amalgams. In the same country, there were injury rates between 10 and 18 per 1 000 workers in mining, building and construction industries. In the same report, Director for Africa added that, in another East African country, there has

been a rate of 7.6 clinical health complaints per worker per year from women working in manufacturing industries. In West Africa, a study revealed abnormal lead levels in blood and urine samples of smelters, automobile mechanics and petroleum retailers. Between 1990 and 1998, one southern African country reported 2 200 accidents and 16 deaths in agriculture and forestry. The cost of road injuries is estimated at 1% of gross national product in low income countries. Work injuries and fatalities caused by cumulative fatigue resulting from lack of sleep, night driving and shift work have also contributed to road traffic injuries.

In spite of all these work-related health findings, including psychosocial issues, only 5% to 10% of workers in developing countries and 20% to 50% of workers in developed countries have access to occupational health services. In 2001, a survey conducted by the WHO Regional Office in Africa showed the lack of comprehensive occupational health services for workers in the Region in spite of various WHA resolutions. Of the countries surveyed, 63% conducted risk management; 41% provided information and education; 26% conducted pre-placement medical examinations; 33% provided clinical services for vaccinations, special examinations and treatment; 7% conducted research, provided examination for compensation, developed human resources, provided education and counseling on HIV/AIDs and use of tobacco, and collected data related to the health of workers. Policies and legislation on occupational health and safety do indicate a commitment to workers' health. The regional survey showed that 48% of the countries have occupational health legislation

and 37% have legislation pertaining to labour and health, but in both cases there is lack of adequate human resources to monitor applications.

The high incidence of endemic disease, conditions related to the use of tobacco and other harmful substances, and malnutrition as well as the absence of routine medical check-ups makes workers more vulnerable to uncontrolled biological hazards. The world health report 2002 shows that in the African Region, more than 40% of hepatitis B and hepatitis C cases and more than 3% of HIV infections are caused by risk at work. Some industries in some southern African countries report the negative impact of HIV/AIDS in workplaces.

2.4.3 Empirical Reviews in Tanzania

The Government of Tanzania established the Occupational Safety and Health Authority (OSHA) under the Ministry of Labour and Employment (MoLE) and charged it with the responsibility of ensuring safe and healthy working conditions in all workplaces, by setting and enforcing laws and standards that will be observed by employers in every workplace. Also the Government established the Labour Court (LC) which is the Division of the High Court of Tanzania, the Employment and Labour Relations Act No. 6 of 2004, the Commission for Mediation and Arbitration (CMA) and the Registrar of Trade Unions.

Despite these initiatives, the occupational safety and health in Tanzania is still a serious problem and the Tanzanians workers in all social economic sectors

are daily affected. OSHA has managed to register only 6,599 out of estimated 27,500 workplaces in Tanzania which accounts for 24% of the existing estimated workplaces. There are no strategies in place to identify unregistered workplaces in the country. There is no separate plan prepared by OSHA zone offices that shows when and how the Authority is going to identify unregistered workplaces operating within their jurisdictions.

Workplaces located in the peripheral, rural, suburban areas and other regions far from OSHA zone offices face a potential risk of not being registered at all by OSHA. There is no register that shows temporary or closed workplaces. Many workplaces have operated for quite a period before being registered and no penalties were imposed on them.

According to the International Labour Organizations (ILO) report of 2012, it is estimated that 2.34 million people died from work-related accidents or diseases in 2008, of which 2.02 million deaths were caused by various type of diseases and 321,000 deaths from work-related accidents. This equates to an average of more than 6,300 work-related deaths every day. Similarly, in 2005 as per ILO report³, it was estimated that there were around 3,313 of fatal accidents: 12,819 of work related diseases, 16,163 of work related mortality and 3,484 of deaths caused by dangerous substances. In 2003 and 2004, the numbers of accidents reported in Tanzania mainland were 1,692 and 1,889 respectively and total amount of TZS 668.5 million were used to compensate occupational accidents victims.

New stress factors as consequences of technological development add more burden to health of workers. However, the magnitude of the above problems is not well quantified due to inadequate experts and technology in the field of Occupational health and safety especially on reporting issues pertaining to occupational accidents and diseases, hence, the availability of data is a challenge (NAOT, 2013).

2.5 Research Gap

The above literature revealed those previous researchers who were observing physical injuries, diseases and accidents. The reviews shows that still losses, injuries, and death are there and very high in our places of work. Regardless of OSHA, and other stakeholders efforts on health and safety welfares of people, still our workplaces are risky and not safe place to go. For instance, Mwachang'a (2013), reported on IPPmedia.com that, "36 confirmed dead as rescue efforts end" due to the recent incidence of 16-storey building's collapse in Dar Es Salaam at Indira Gandhi street which happened on Friday, March 29, 2013. All of those dead were the workmen at the site, visitors and pass by people who had the rights to live and go home safe.

So, the gap this study want to fill is that to explore and assess the extent of health and safety policies and programmes on impaction of performance in the organizations. This study is intended to try to influence employers and owners to emphasize OHS programmes in their organization to gain competitive advantages and achieve sustainable development.

2.6 The Conceptual Framework

Sustainable performance in the organization can be achieved through the effort of management of occupational health and safety. It normally not brought about by a single variable but rather an interaction of various networks of different variables and factors. The conceptual framework of these variables was a guide to this research on how they determine organization performance.

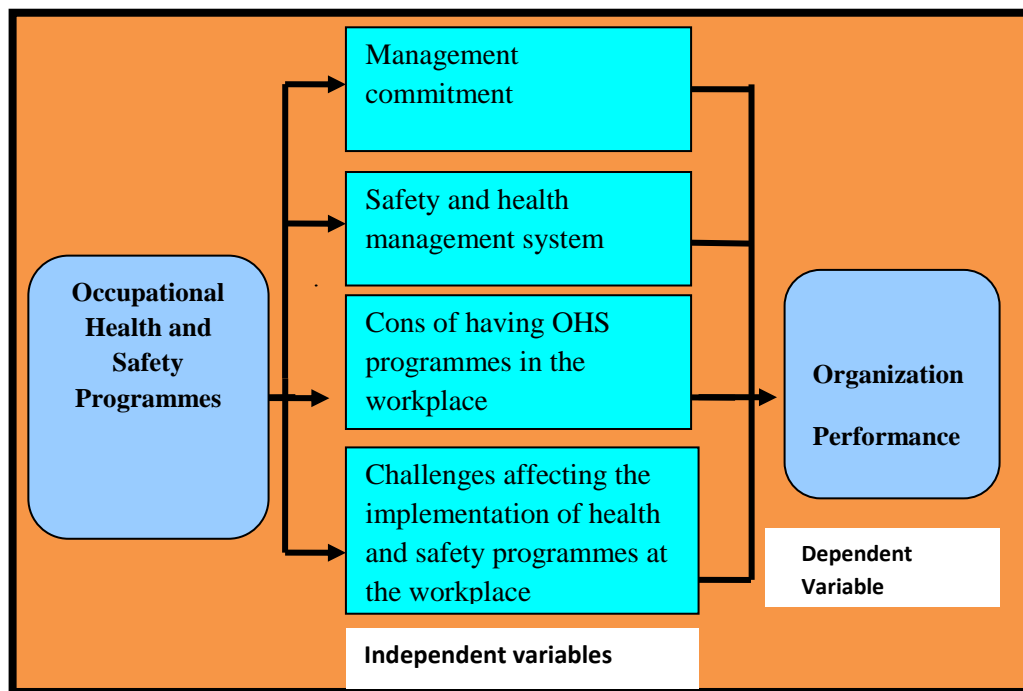


Figure 2.2 Conceptual Framework

Source: Author

2.7 Theoretical Framework

This study was guided by behavioral operant conditioning theory propounded by the B. F. Skinner on an attempt to explain factors for some employees

within the organization to either adopt or reject health and safety programmes for the betterment of themselves and the organization in general. Behavioral safety is the way in which an individual responds to a decision involving risk or safety.

Modifying individual behavior can play a very significant role in providing safer workplace and promote organizational performance. Environmental changes often rely on workers behavior. For instances, protective clothing does not protect when it remains on the rack; ventilation systems do not work unless activated; alarms that have been disconnected to eliminate their annoying noise fail to alert workers of dangers.

The key to operant conditioning is the immediate reinforcement of any response that moves the person towards the target behavior – in this case safety practices. Skinner found that reinforcement either positive or negative strengthens the behavior it follows. With positive reinforcement, a positively valued stimulus is added to the situation, thus increasing the probability that the behavior will recur. Example is monetary reward for workers or departments that are safety compliant. With negative reinforcement, behavior is strengthened by the removal of an unpleasant or negatively valued stimulus. Example would be extracting compliance from workers because they do not want to deal with their boss's or supervisor's reproach. Punishment also changes behavior by decreasing chances that a behavior will be repeated. At best, punishment will merely inhibit or suppress behavior.

The behavioral model also predicts that adherence to new behavior will be difficult, because learned behaviors form patterns or habits that are resistant to change. When a person must make changes in habitual behavior patterns, that person need help in establishing such changes. Proponents of the behavioral model suggest the use of cues, rewards, and contracts to reinforce compliance behavior. Cues include written reminders which could be safety signs, posters etc., posted at strategic places and or the use of blogs on the intranet. Rewards can be extrinsic such as money, compliments, certificates and awards, or intrinsic such as feeling of safety, satisfaction and good health. Contracts can be verbal, but they are more often written agreements between the management and the worker.

This study therefore look on the occupational health and safety programmes at the workplace in the first place, and then, compliance and commitment of both management and employees on safety management system to promote performance.

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 Introduction

Research methodology is an approach through which research is undertaken. The research methodology includes research approach, data collection methods and approach, sampling techniques, reliability and validity of data, data cleaning, data management as well as analysis of data.

3.2 Research Design

According to Kombo and Tromp (2006), A research design can be thought of as the structure of research. It is the glue that holds all of the elements in a research project together. Kothari (2004) defines it as the conceptual structure within which research is conducted. It constitutes the blueprint for the collection, measurement and analysis of data.

This study use a case study approach because it seeks to describe a unit in detail , in context and holistically. According to Adam and Kamuzora (2008), case studies are useful particularly when one intends to gain a rich understanding of the problem under study and are capable of providing both, qualitative and quantitative data for analysis.

3.3 Area of the Study

The research was carried out at Arusha airport authority located in Arusha city. The rationale of choosing this study site was that the researcher is

based in Arusha, and so the chosen organization are well known for operating safety and health programmes in its workplace, that data which was found are more representative, appropriate, and reliable.

The arrangements of data collection was convenience to the researcher in terms of time and cost. According to Ghauri and Gronhaug (2005), while selecting the study area, it was important to consider the ability and effectiveness of the researcher to retrieve data in terms of both, time and cost. Thus the researcher saved time and money by carrying out the study in the area.

3.4 Target Population

According to Ghauri and Gronhaug (2005), a population is the totality of all units from which the sample drawn. The subjects of the study was drawn from most members of the chosen sites so that to have greater diversity which will capture validity and reliability.

Respondents were heads of different departments, staffs, and other permanent employees from partner offices within the organization premises. The population within the airport could be 200-350 at once at the airport premises throughout the day; this include 101 employees stationed permanent at the premises, visitors, and passengers who arrived or wait for the aircraft for departure. But to have the reliable and valid data, the study was only based on 101 permanent employees within the organization.

Table 3.1 Summary of Population

	Entire Population
Head of Departments	5
Staff	26
Partners	70
Total	101

Source: Study Findings

3.5 Sampling Techniques

3.5.1 Sampling Procedure

Sampling is the procedure a researcher uses to gather people, places or things to study. It is a process of selecting number of individuals or objects from population such that the selected group contains elements representative of the characteristics found in the entire group. A sample is a finite part of a statistical population whose properties are studied to gain information about the whole (Kombo and Tromp, 2006). The study adopted a case study approach. In selecting the cases however, the study adopted purposive sampling. Extreme cases are of interest because they represent the purest or most clear cut instance of a phenomenon we are interested in. For example, if we were interested in studying management styles, it might be most interesting to study an organization that did exceptionally well and/ or another that had high expectations but did exceptionally poorly.

3.5.2 Sample Size

According to Adam and Kamuzora (2008), the selection of the sample size should take into consideration the required accuracy, the sampling procedure,

the nature and characteristics of the population, the time and financial resources available and the tools of data collection. Considering all the above, the sample of 5 heads of departments, 10 staff, and 16 partner's employees which makes 31% of the entire population, was regarded adequate for this study.

Table 3.2 Summary of Sample Size

	Entire Population	Sample Pop.
Head of Depts.	5	5
Staffs	26	10
Partners	70	16
Total	101	31

Source: study findings

3.6 Data Collection Methods

Researcher recognized two types of data, primary data and secondary data. Primary data are those data which are collected afresh and for the first time and thus happen to be original in character. On the other hand, secondary data are those have been passed through the statistical process (Kothari, 2004).

3.7 Data Collection Tools

Researcher use questionnaires and interview instruments because of the nature of the study, the number of respondent studied, costs in term of time and financial resources.

3.7.1 Questionnaire

The choice of using questionnaire in data collection is given a greater priority because of its advantages over the other methods and its efficiency or ability to capture more information from the source (Kothari, 2004). Questionnaire forms (appendix 1) was distributed to each staff respondent and collected after being filled. The questionnaire contained with closed and open-ended questions, where in open-ended questions respondents are free to express their feelings/ thoughts, and in closed-ended questions respondents are required to choose among the alternatives given and tick in space provided.

3.7.2 Interview

Interview is any person-to-person interaction between two or more individuals with a specific purpose in mind (Kumar, 1999). Semi-structured interview was administered to all head of departments as they are perceived by researcher to be more knowledgeable in safety and health procedures and programmes. The researcher construct guiding questions (appendix 2) which lead the interview to extract more information relevant to the study.

3.8 Reliability and Validity of the Study

Reliability and validity are important aspects to researchers that link abstract concepts to empirical determinants.

3.8.1 Reliability

In this study, several measures was employed to ensure that the results are free from material errors from the design of the questionnaire to interpretation

of the results. Such measures included pre-testing the designed questionnaire and prior review of questionnaire by the supervisor. Apart from the supervisor, the questionnaire was tested in one staff member of AAA. Such measures enabled the researcher to find out the time needed to complete a questionnaire, clarity of instructions and questions, topic omissions, the layout of the questionnaire and other comments.

3.8.2 Validity

Validity deals with persons, settings and times to which findings can be generalized. This was addressed in this research during the planning stage. The following strategies was adopted; interviews, sorting and pre- testing of the questionnaire for the purpose of measuring theoretical meaningfulness of the concepts and consistency of language used to present concepts. Also by asking respondents if questions are clear in order to measure the intent of the questions.

Following the validity checks and reliability, data analyzed using Microsoft Excel tables to determine the percentage of response to show the relationship or difference as the basis to answer the research questions.

3.9 Management and Analysis of Data

3.9.1 Data Management

At the end of data collection process, the researcher processed the data before making analysis. The processing function entailed data editing, coding

and classification, to ensure that they are meaningful, accurate and complete. The analysis was done both quantitatively and qualitatively. This was done so to give the collected data a meaning and grouping similar data for easy comparison and tabulation. Data that contain quantitative figures was categorized, tabulated and summarized in the form of frequencies and percentages for easy of analysis. The qualitative data was edited and processed in the form that facilitate explanation building. The data processing done on case by case bases.

3.9.2 Data Analysis

Data analysis was done by descriptive method using Microsoft Excel. Tables and charts was prepared to analyze data by computing the percentages just to show the relationships. To answer the research questions, the result of 50% and above was taken as the criteria of acceptance. A result of below 50% was taken as the criteria to reject the research question. When the result is 50% each, the research question is neither accepted nor rejected.

CHAPTER FOUR

4.0 DATA ANALYSIS AND FINDINGS

4.1 Introduction

This chapter presents data analysis and research findings. It aims at covering the impacts of health and safety programmes on the organization performance at Arusha airport authority. The research study has conducted by different people using various means of fact finding. This was done through using questionnaire and interview.

Based on research the problem, four questions were drawn and these are:-

- i. What are the processes management do to demonstrate commitment on health and safety at the workplace?
- ii. What are the safety management system that contribute to the success of an occupational safety and health within the context of an organizational structure?
- iii. Is there any relationship between the OHS management system and organization performance?
- iv. What are the challenges affecting the implementation of health and safety programmes at workplace.

Answers to these questions provide the means of achieving the study objective. Three categories of respondents participated in this study. This includes head of departments, staff, and partner's employees stationed at the airport premises.

4.2 Analysis of Respondents

The researcher analyzed the respondents' characteristics in order to explore their ability to respond on the questions posed to them and awareness to health and safety programmes and its system. This section represents respondents' distribution in terms of statistics of responses, staff job category distribution, Staff education level distribution, and staff departmental distribution.

4.2.1 Respondent Distribution

The responses rate was 74.19 percent. This means that the research sample size was 31 respondents in categories of head of departments, staffs, and partners. In turn the researcher captured valid responses from 23 respondents. All head of departments responded 5 (100 percent), staff member responded 7 (70 percent), and partners 11 (68.75 percent) (Table 4.1).

Table 4.1 Summary of the Respondents Statistics

	Respondents	Non-Respondents	Response rate
Head of Depts.	5	0	100%
Staff	10	3	70%
Partners	16	5	68.75%
Total	31	8	74.19%

Source: Study findings

From the staff respondent category the researcher distributed questionnaire to the two categories namely supervisor from AAA departments, other supervisors

from sampled partners like Tanzania Meteorological Authority (TMA), Tanzania civil aviation authority (TCAA), Kilimo anga, Regional air, precision air, coastal air services, puma energy, flying medical, zantas air, and employees purposively. The researcher wanted to explore information from staff who are most involved in operations at the airport apron. In this regard supervisors of all sampled departments and partners were 9 equivalent to 39.13 percent and 14 employees which were equivalent to 60.86 percent responded (Table 4.2).

Table 4.2 Staff Job Category Distribution

	Frequency	Percent
Supervisor	9	39.13%
Employee	14	60.86%
Total	23	100%

Source: Study Findings

The study captured education level of the staff respondent category. The group was dominated by the graduates which was 60.86%, followed by diploma holders of 17.39%, and then secondary leaver of 13.04%, and last was technical holders of 8.69%. No respondent was from primary education level. (Table 4.3).

Table 4.3 Staff Education Level Distribution

Education level	Frequency	Percent
Primary	0	00%
Secondary	3	13.04%
Vocational/Technical	2	8.69%
Diploma	4	17.39%
Graduate	14	60.86%
Total	23	100%

Source: Study findings

The distribution of staff respondent department was led by operation (including business partners) which acquired 52.17 percent of distribution share, followed by administration, and security which each acquired 17.39 percent of distribution share. Safety scored 8.69 percent, fire which was last acquired 4.34 percent. This trend of respondents might not be the same to the staff distribution pattern in the organization because the researcher was aiming to the respondents who were most involved in operations activities (Table 4.4).

Table 4.4 Staff Departmental Distribution

Department	Frequency	Percent
Administration/Accounts	4	17.39%
Operation	12	52.17%
Safety	2	8.69%
Security	4	17.39%
Fire	1	4.34%
Total	23	100%

Source: Study findings

The question on working experience was intended to gather information from respondents that could be based on experiential data about the organization concerning OSH. According to the work experience 21 respondents (91.3%) were between more than two years of service, 1 (4.34%) was two years of service, and 1 (4.34%) was less than two years of service. This means that

due to the need for viable data the aggregate respondents under the study were much more than two years in experience (Table 4.5)

Table 4.5 Staff Working Experience

Year	Frequency	Percentage
Less than two years	1	4.34%
Two years	1	4.34%
More than two years	21	91.30%

Source: Study findings

4.3 Analysis of Primary Data

According to the study setting, the data from the field were aiming to answer the research questions. This section presents the answers of research questions from all respondent categories simultaneous.

4.3.1 What are the Processes Management do to Demonstrate Commitment on Health and Safety at the Workplace?

The research questions on the commitment of management on the occupation health and safety at work place was intended to gather information on the presence of OHS systems at the workplace and how far the management support the programme to promote performance at large.

4.3.1.1 Availability of Health and Safety Program in an Organization

On the question asked about availability of health and safety program in an organization, 17 respondents equivalent to (73.91%) said there are health and safety programme in their organization. This means that they understood the

meaning of Occupational health and safety, therefore basing on the distribution above it seems that the respondents were much aware of what they were asked by the researcher hence they have furnished the research with relevant data (Table 4.6)

Table 4.6 Availability of OHS Programme

	Frequency	Percentage
Yes	17	73.91%
No	6	26.08%

Source: Study Findings

4.3.1.2 Performance of the Programme in the Organization

On the question about performance of the programme in the organization, the study finding revealed that 9 respondents (39.13%) said the programme works well, 14 (60.86%) said the programme does not work well in their organization. This stresses that, even though the majority of 73.91% agreed that there was OHS at the place, but still only minimum employees (39.13%) agreed it works sufficiently.

This implies that organization especially its allies (business partners) are not investing much in buying safety gears and time in regular or continuous seminars to enlighten the workers to just realize the benefits and other direct and indirect advantages of OSH. This was revealed by the interviews conducted, and accessed internal safety audits reports done within the organization (Table 4.7).

Table 4.7 Performance of OHS in Organization

	Frequency	Percentage
Yes	9	39.13%
No	14	60.86%

Source: Study Findings

4.3.1.3 Short Explanation on Performance of OSH

On the question as to whether the programme works well or not the findings revealed as 53.84% respondents said the programme doesn't works well in various ways like there is only minimum involvement of employees on OHS decisions, no training to all rather to few supervisors, no timely seminars, etc. 3.84% said the programme doesn't works well because of lack of working tools like troll, lifting machines, etc. while, the rest respondents agreed that the programme works well by pointing various ways. 15.38% said safety rules and policy are in place, 11.53% agreed that there was no or minimal record of work related diseases/ or accidents. Also, 11.53% of respondents pointed at the presence of safety officer, and 3.84% said there was safety committee (Figure 4.1).

However the data from interview supported the answers in questionnaire that though the organization has very good OHS programme in the place, but there is still little involvement of employees on OHS decision making, or seminars/ training being given. This is a common case for a business partners who some of them still don't see direct advantages of OHS, and yet they

employ less educated to work on risky environment especially at apron where there is frequent massive noise and other risks during landing and taking off of aircrafts. However, majority agreed that there is no experienced common work related diseases and common accidents have been recorded recently because most of supervisors starting to comply with OHS.

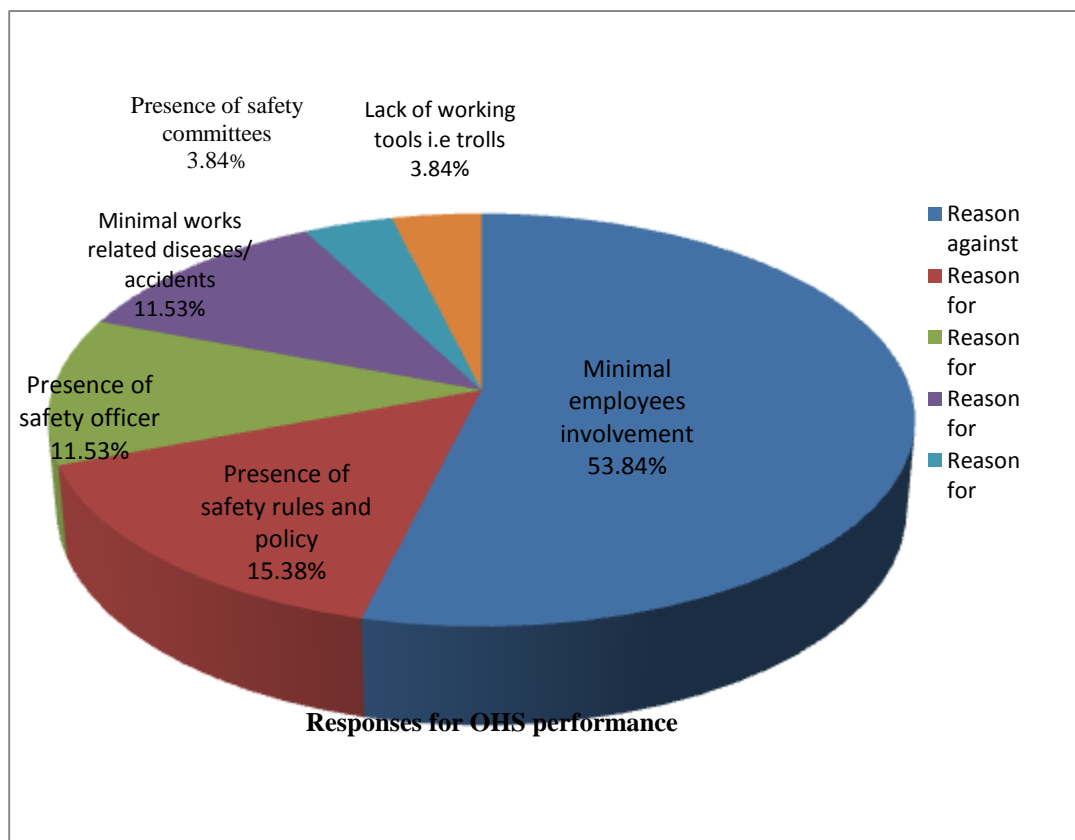


Figure 4.1 Responses for OHS Performance

Source: Study Findings

4.3.1.4 Reason for the Organization to Insist on Health and Safety Programmes at Workplace

From the question on reason for the organization to insist on Health and Safety programmes at workplace, 23 Respondents (100%) accepted that there

is a reason for the Organization to insist on health and safety programmes at workplace. The findings revealed the reality that the majority employees have the knowledge about derived benefits from health and safety at workplace. The distribution below shows that respondents were much aware of what they were asked by the researcher hence they have furnished the research with relevant data strongly stressing on the need for OSH (Table 4.8).

Table 4.8 Reason to Insist on OHS

	Frequency	Percentage
Yes	23	100%
No	0	0%

Source: study findings, 2013

4.3.1.5 Consideration Between Compensation and Nature or Type of Accidents

Researcher intended to examine the extent to which compensation has been provided to workers regarding the nature and type of accidents occurring to workers. Under the question on consideration between compensation and nature or type of accidents 10 respondents (43.48%) said yes, 13 (56.52%) said no (Table 4.9).

Table 4.9 Compensation vs. Nature and Type of Accidents

	Frequency	Percentage
Yes	10	43.48%
No	13	56.52%

Source: Study Findings

However, the findings from interviews reflected that the organization has good policies in compensation due to accidents and diseases related to work. So, the researcher concluded that this was not either clearly communicated to employees or it was never mentioned to them at all since no illness nor diseases related to work have been reported so far, thus 56.52% in questionnaire said no on compensation related to OHS though it is there in paper work.

4.3.2 Systems that Contribute to the Success of an Occupational Health and Safety within the Context of an Organizational Structure

This question was intended to explore how the systems of health and safety works at the organization. It want to understand all procedures, processes and practices within the organization to promote a healthier and safe work place. It specifically want to analyze acceptance of OHS to employees, and safety culture within organization at large.

4.3.2.1 Definition of Success in Terms of Health and Safety

The question on definition on success in terms of OHS was intended to understand and measure the knowledge of people on OHS in general at the workplace. Employees at the airport shows greatly they know what OHS is all about as 43.47% says that for OHS to be successful, no accidents or work related diseases should happen in the workplace. Also, 39.13% hinted on training and education to rise people awareness on OHS. Timely inspections and audit on safety should be given priority was mentioned by 17.39%, and

4.34% saw the need for employees involvement as a factor success for OHS. (Figure 4.2).

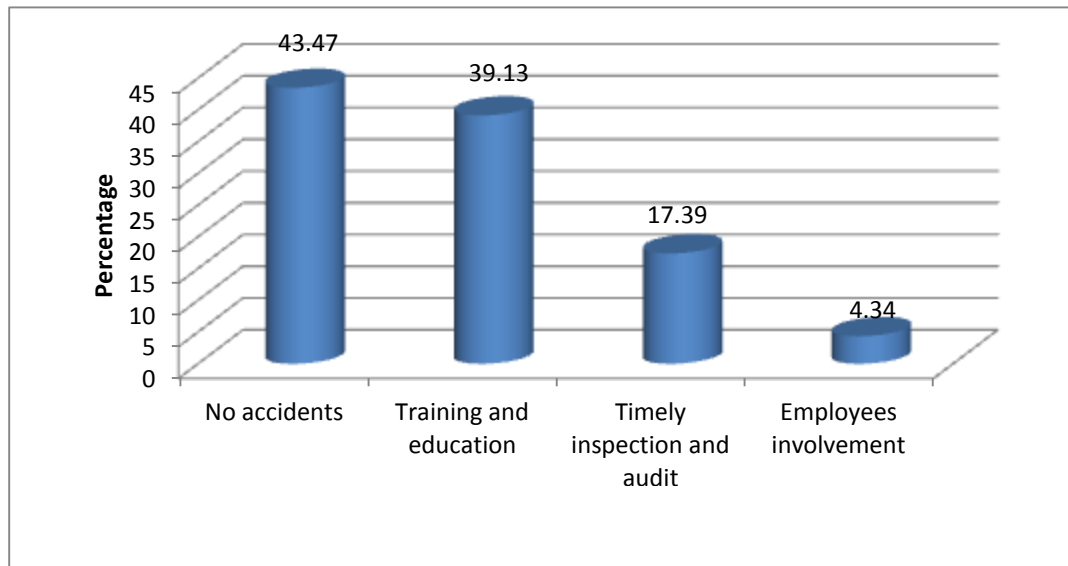


Figure 4.2 Success in Terms of OHS

Source: Study Findings

4.3.2.2 Components which are Necessary for OHS Programme

On the question of components to make system of OHS works properly, 15 (65.21%) respondents said training and education is a vital aspects. 8 (34.78%) respondents pointed out the necessities of working and protective gears like ear guards, reflector jackets, safety boots, etc. 4 (17.39%) respondents each mentioned about the importance of clear communication and information concerning health and safety, and management appreciation and motivation on health and safety. 1 (4.34%) rate of respondent shows the necessity of having first aid; safety rules and procedures; safety audit; safety committee; safety officer at the workplace. So, the findings stress strongly for much half of respondents 65.12 percent the need and necessity of education

and training concerning health and safety to the employees (Figure 4.3).

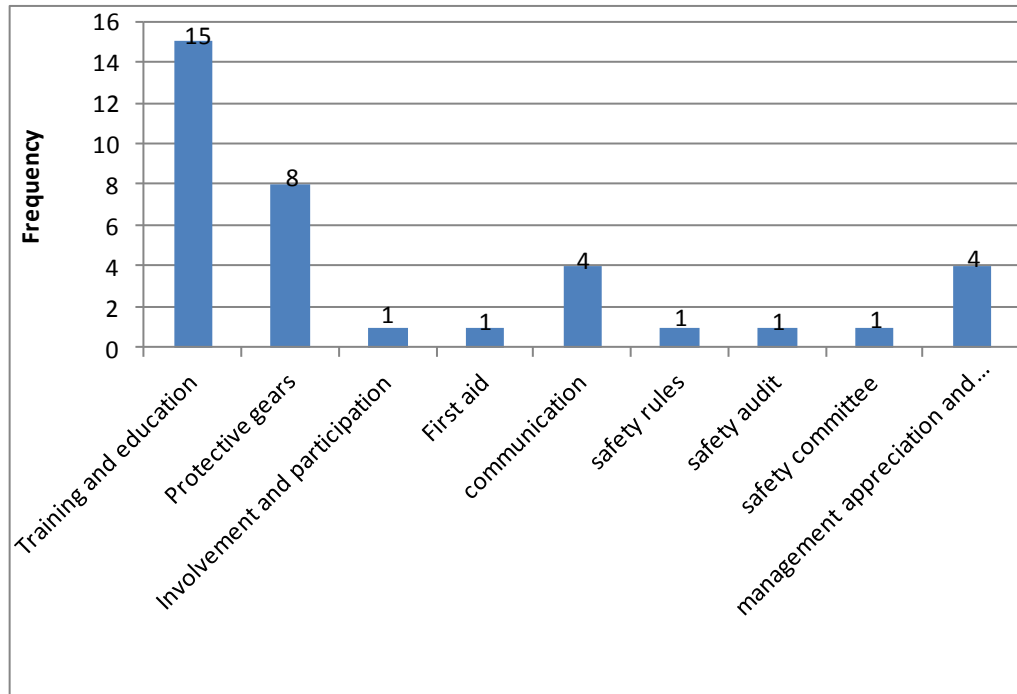


Figure 4.3 Components of OHS Programme

Source: Study Findings

However, from interviews the researcher was able to find information about how the system of OHS works at the Arusha airport. There are seminars conducted within the airport for only all employees who are working for vehicles inside an airstrip side (apron). There is a training course for any AAA new employee to attend for at least a month before resume work. There is a safety policy and manual which guides all actions concerning OHS, and to support rules are set, 5000 fine was imposed for anyone who may enter to the apron without protective gadgets like boots, reflector, ear guard, and so on; though no strong follow up were put on. There is also a safety officer and safety committee in place which sat after every three months. According

to the reports, Internal safety audit are conducted after every safety committees meeting within the AAA, including partners offices. Things which are audited are safety gears, emergence procedures, safety management system manual, fire extinguishers, first aid, training, and working tools/ equipments like troll, cleanliness, etc.

4.3.2.3 How do People Communicate and Involved in Decision Making Concern OHS

On the question on how people communicate within the organization concerning the OHS shows that mostly they use verbal communication as 34.78% respondents pointed at it. 26.08% respondents said they use telephone for quick break of information concerning OHS. Safety meetings is another way used to communicate health and safety matters as 21.73% respondents mentioned it. 17.39% respondents show departmental meetings and alarms alert as means of communication on health and safety issues. While 13.04% respondents said they communicate through reports and training (Figure 4.4)

4.3.2.4 Employees Rewards and Recognition Concerning OHS

The answers to this question shows that 55.55% respondents said they are paid allowances as a reward after they work safely for some time. 22.22% respondents said they have been recognized by given certificate of recognition for a good work, or given a certificate of attendance after attending safety training. While 11.11% each said have been praised and recognized verbally in departmental meetings; and given license to work at the apron. This

responses from questionnaire and other from interviews supported that OHS programme is at the place because it is also used as the basis to be chosen as the best employee of the year to receive identified rewards (Figure 4.5)

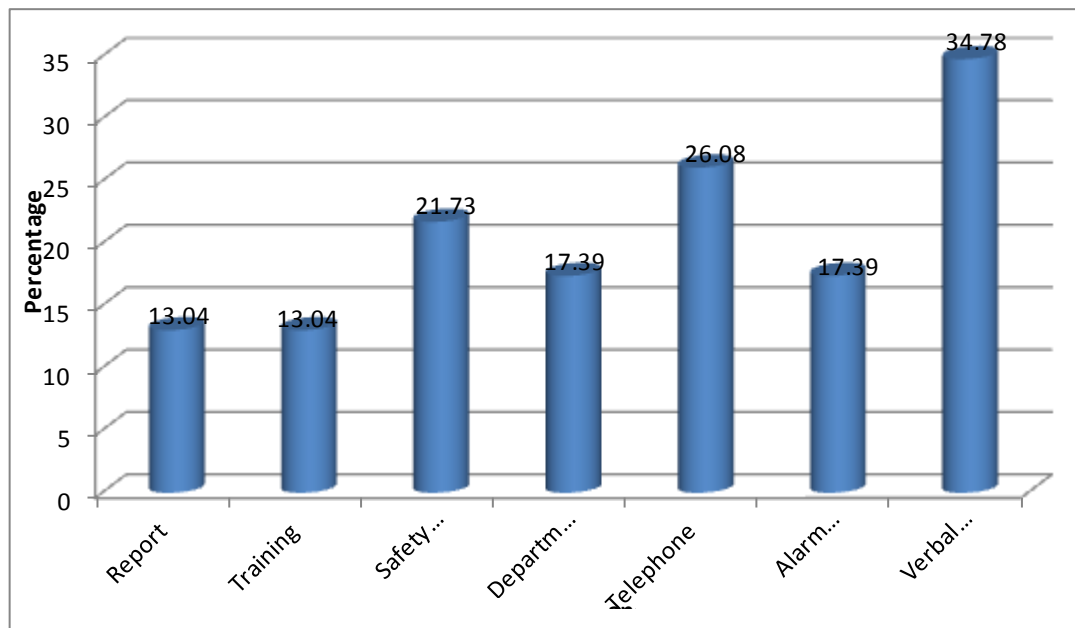


Figure 4.4 Processes of Communication and Decision Making

Source: Study Findings

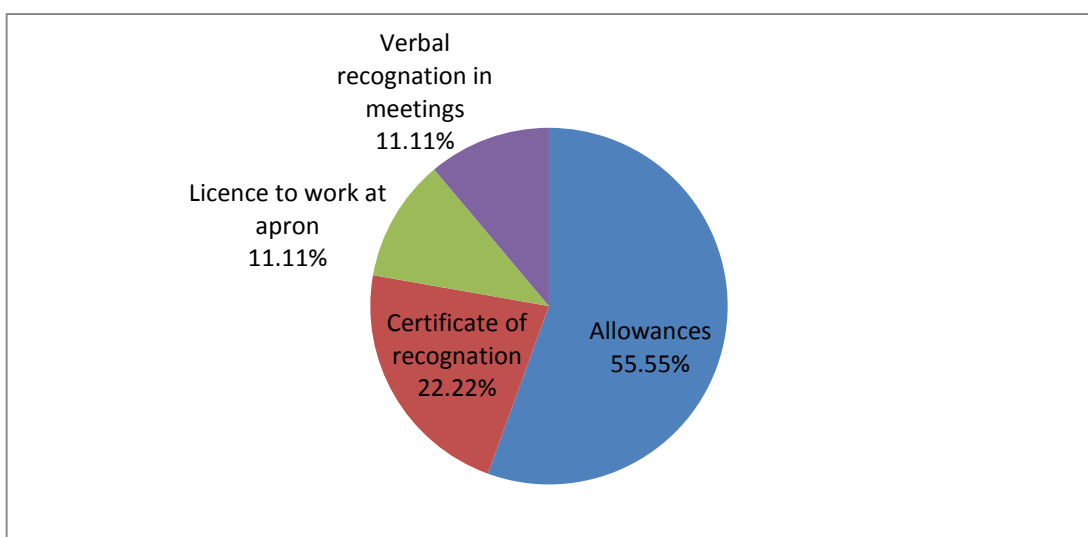


Figure 4.5 Employees Rewards and Recognition

Source: study findings

4.3.2.5 Employees Participation on OHS Activities

This question intended to measure people awareness about OHS and why really in the above question on the insists of OHS they all said yes. So, answers to this question of why they participate on OHS, 13 (56.5%) respondents said they do participate because they want to remain safe and healthy, and also to make their organization grow positively. 6 (26.1%) respondents said they participate because it is part and parcel of airport rules and procedures. While 5 (21.7%) respondents live blank the question or said they have no idea why they do participate (Table 4.10).

Table 4.10 Reasons for Employees' Participation on OHS

Reason for participation	Frequency	Percentage
Stay safe and healthy	13	56.5%
Rule and procedure	6	26.1%
No idea	5	21.7%

Source: Study Findings

4.3.3 Importance of having Health and Safety Programmes Towards

Employees Performance

This research question was intended to gather information on the role of occupational health and safety in improving and increasing efficiency in an organization. It was seek to implore relation between effectiveness of OHS and employee performance.

4.3.3.1 Contribution of Occupational Health and Safety on Employee's Performance in the Organization

Under the question on Contribution of Occupational health and Safety on employees' performance, 6 (26.08%) of the respondents said OSH reduces the rate of absenteeism, 17 (73.91%) of the respondents said OSH increase productivity, 14 (60.86%) of the respondents said the programme increases the profit of organization, while 12 (52.17%) said the programme increases employees satisfaction. And 3 (13.04%) of the respondents said it reduce rates of staff turnover. This finding revealed that the aggregate response is mainly stressing to increase productivity, increase profit to organization and employees satisfaction being over half the respondents (Figure 4.6)

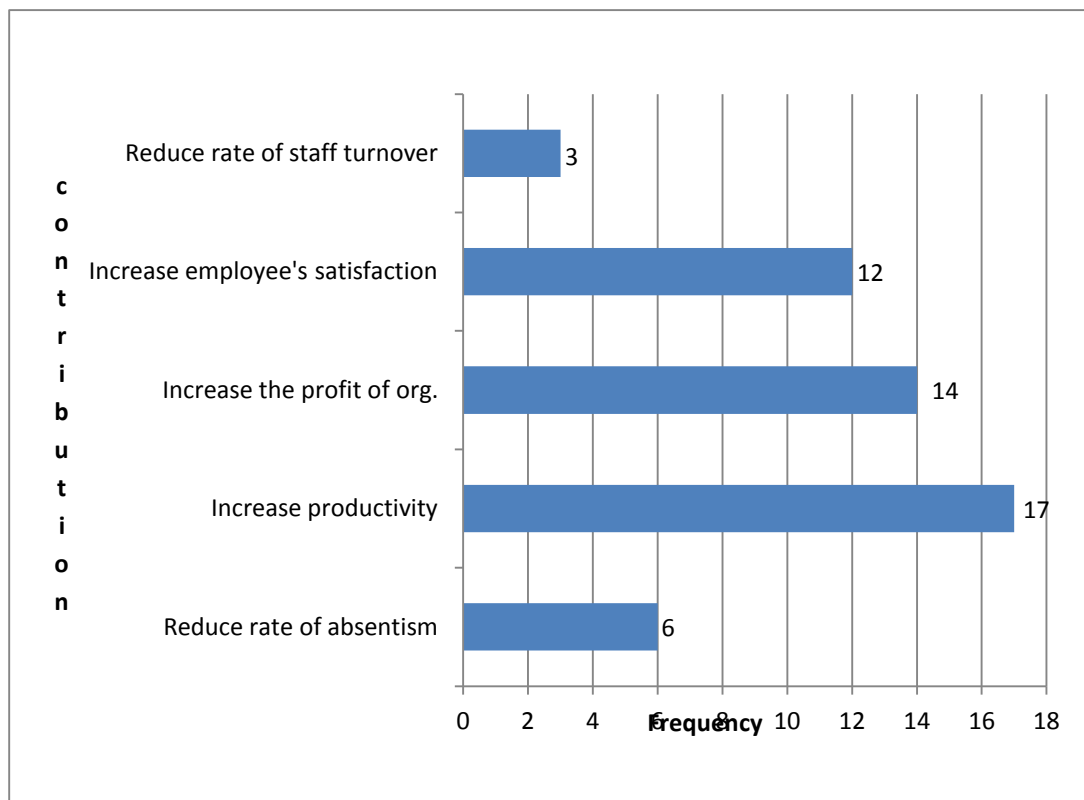


Figure 4.6 Contributions of OHS

Source: Study Findings

Based on data from interview finding added that OSH programmes lead to increase of productivity and profit to the organization since many business partners flow much to request to work with the organization which increase productivity and profit in term of uses and parking fees, and satisfaction of customers to use the airport. Therefore data from interview revealed with the one from questionnaire in response to the research question above.

4.3.3.2 Other Contribution of OHS on Employee's Performance

According to the response provided by respondents on this question asked by the researcher, 5 respondents each said occupational health and safety eliminates injuries and reckless death related to work; and increase sensitivity at the workplace. 4 respondents said the programme increases responsibility awareness to the work, while 1 said the programme promote cooperation between employees and management as they both strive to achieve common goals (Figure 4.7)

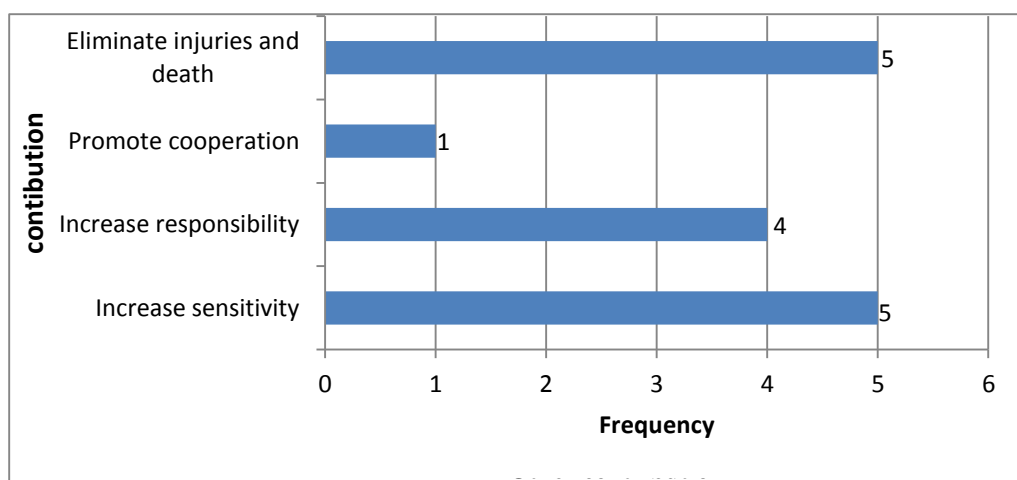


Figure 4.7 Other Contribution of OHS

Source: Study Findings

4.3.3.3 Why Management should Insist and Commit on OHS

According to the responses given by the respondents on this question, 8 respondents said management should insist and commit on OHS because the safety of their employees is at their hands, and that it is their responsibility to make sure everyone is going home safe. 6 respondents said OHS increased productivity therefore management has no option rather than insisting and commit on the programme of health and safety. 4 respondents each said the reason to insist is that life security increase job satisfaction; and reduce rate of injuries and accidents occurrence respectively (Figure 4.8).



Figure 4.8 Reasons Management Should Commit on OHS

Source: study findings

4.3.3.4 Mention any Experienced Accidents and Diseases Occurred in your Organization for the Period you have been Working there

Under this question, 10 respondents said there was an aircraft accident near ground zero, 4 respondents each said there was a case of HIV infection; and

malaria for night guards respectively. 3 respondents said about stress to employees, while 2 respondents shoot on ears aching due to noisy. Only 1 respondent said there was small incidents but didn't mention what was them (Figure 4.9).

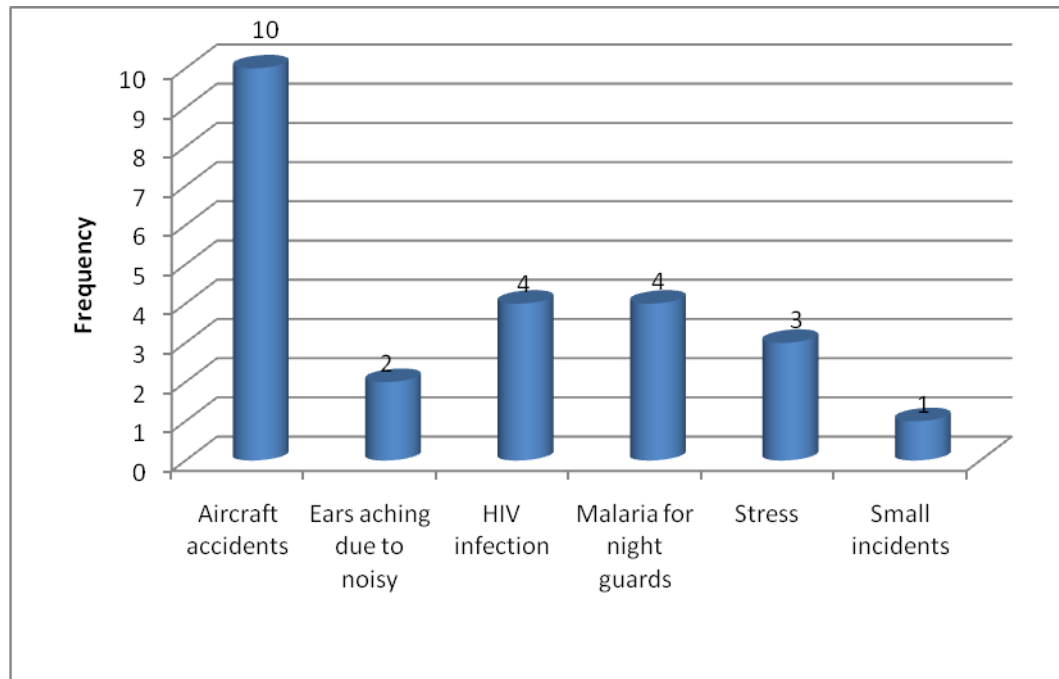


Figure 4.9 Experienced Accidents and Diseases

Source: Study Findings

However, from the interviews, respondents said there was no major accidents, incidents or diseases reported which was directly attached to the workplace or so. Respondents said as far as they can remember, the only accident happened was that of aircraft which carried only one person, who was the pilot and the owner of course. Actually the accident was not due to any failure or insufficient operations within the organization. Respondents said the accident did happen when the aircraft was landing and there was no alert of a pilot reporting for any fault thus why he clearly requested for landing when he

saw ground zero and given a go ahead. So, the crash happened very close to the ground zero, and the claim of the incident was shouldered to the pilot's individual factors in that early morning.

4.3.3.5 Do you Think the Incident(s) Mentioned in Question 4 above had the Negative Effect on Employee's Morale

Under this question, 9 respondents equivalent to 39.13% said yes the incidents mentioned in question 4 had the effect on employees morale, while 7 respondents equivalent to 30.43% said the incidents didn't affect the morale of employees. This findings shows that regardless of how in a small scale diseases or accidents/ injuries occur in the workplace but still they can impose shock, fear and uncertainties to the employees that could affect their working morale (Table 4.11).

Table 4.11 Morale of Employees after Accidents and Diseases

	Frequency	Percentage
Yes	9	39.13%
No	7	30.43%

Source: Study Findings

4.3.4 Challenges Affecting the Implementation of Occupational Health and Safety Programmes at Workplace

This section wanted to explore and examine things which could pose a setback to the occupational health and safety programme to work effectively and sufficiently well at the organization.

4.3.4.1 Is there any Sign of Ignoring Health and Safety of Employees in your Organization?

Under this question, 8 respondents said there was ignoring of buying protective gears at the work place. 6 respondents said there was new diseases due to working conditions, while 2 respondents said there was no legislation. Only one respondents said there was increased number of work-related accidents (Figure 4.10).

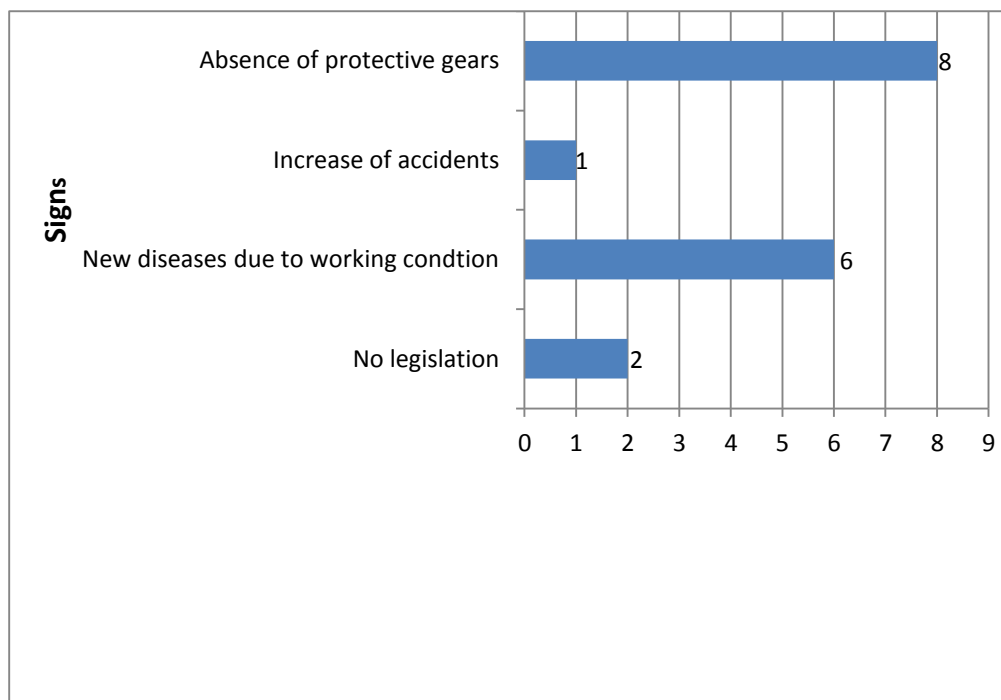


Figure 4. 10 Sign of Ignoring OHS

Source: Study Findings

However, findings from interviews supported the response in questionnaire of business partners to ignore protective gears to their employees. Also it is true that there was a good rules and regulation concerning health and safety but no big effort was made to communicate to the employees.

4.3.4.2 Any other Sign of Ignoring OHS in your Organization

Only 1 respondent equivalent to 4.34 percent mention no health programme rather there is only safety programme; and no one shows concern as a sign of ignoring proper achievement of occupational health and safety at the organization. However this responses from the respondents shows that even though there was some weaknesses but still OHS programme is at the place and it is working (Table 4.12).

Table 4.12 Other Sign of Ignoring OHS

Other signs	Frequency	Percentage
No one shows concern	1	4.34%
No health programme	1	4.34%

Source: study findings

4.3.4.3 Factors Affecting Implementation of Health and Safety Programme in the Organization

Under this question, 12 respondents equivalent to 52.17 percent agreed that high cost to train, protective gears, and compensate affected employees can affect the implementation of OHS. 5 respondents equivalent to 21.73 percent each agreed on poor management support and low-level of employees involvement respectively can affect OHS. 3 respondents equivalent to 13.04 percent agreed on no identified safety standards and legislation can be a setback factor; while only 1 respondent which is equivalent to 4.34 percent said powerless HR-department is a setback to health and safety goals (Table 4.13)

Table 4.13 Factors Affecting OHS

Factors	Frequency	Percentage
Poor management support	5	21.73%
High cost to train, provide protective gears, and compensate affected employees	12	52.17%
Low-level of employees involvement	5	21.73%
Powerless HR-department	1	4.34%
No identified safety standards and legislation	3	13.04%

Source: Study Findings

4.3.4.4 What are other Factors Seems to be among the Key Problems to Effectively Implement the Programme of the Health and Safety

Under this question 8 respondents equivalent to 34.78 percent shoot their concern on the insufficient budget which has been allocated to the occupational health and safety, while 2 respondents equivalent to 8.69 percent said individual carelessness is among a factor which dwarfing the successful achievement of occupational health and safety (Table 4.14).

Table 4.14 Other Factors Affecting OHS

Other factors	Frequency	Percentage
Insufficient budget allocated	8	34.78
Individual carelessness	2	8.69

Source: Study Findings

4.3.4.5 What Management Should do to Improve the Programme for the Better of both Employees and Organization

The question on measures that the Management need to do so as to better improve the programme for the purpose of both individual performance and organization at large 9 (36%) of the respondents suggested that management seriousness on supervision and disciplining of workers to abide with rules and regulations is the major solution to better improve the programme for the purpose of both individual performance and organization at large, 5 (20%) each proposed that the Management should emphasize on timely safety drills, training and seminars including daily morning safety assemble to sensitize employees before resume work will bring undeniable impact on the efficiency of health and safety programme, 3 (12%) said motivation can do a big deal to improve health and safety programme at the workplace. 2 (8%) said provision of necessary safety gears is also a measure to improve OSH, and 1 (4%) said employees involvement (Figure 4.11).

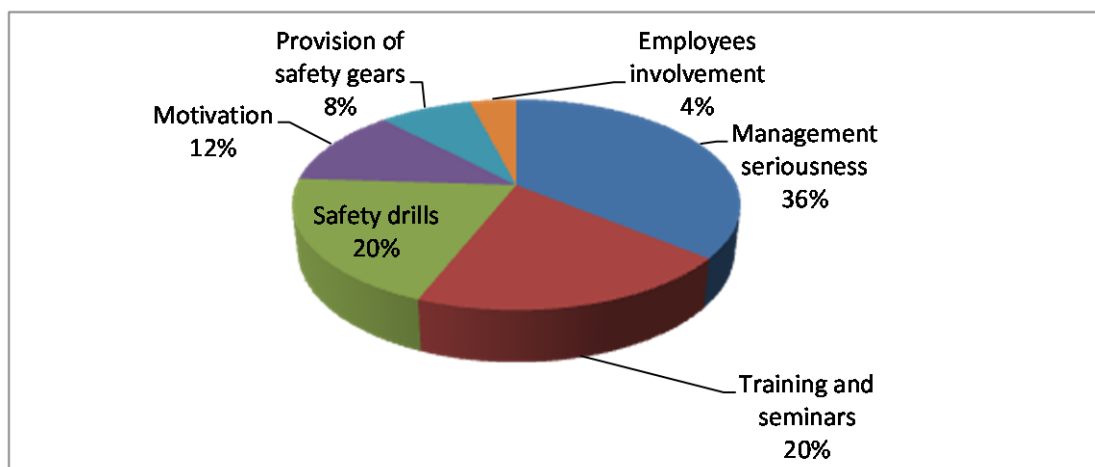


Figure 4.11 Measures for Improving the Programme

Source: Study Findings

CHAPTER FIVE

5.0 SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

A considerable number of items were covered by this study on analysis of the impacts of the occupational health and safety programme on the organization performance in Arusha airport authority. This chapter presented the summary of the study, and then it drew the conclusions from previous chapters and finally made recommendations to the particular stakeholders as well as to the academia.

5.2 Summary of the Main Findings

This study was undertaken to analyze the impacts of the occupational health and safety programme on the organization performance in Arusha airport. The study specifically examined processes of management that's shows the commitment on health and safety within the organization, safety and health management system within the organizational context, assess the contribution of occupational health and safety management system on achieving organization performance, and identify challenges affecting the implementation of health and safety programmes at the workplace.

The key findings are summarized as follows:

5.2.1 Processes that's shows management commitment on health and safety programme within the organization

The findings revealed that Arusha airport authority has the programme of health and safety at the place as 78.9% of respondents supported the question, though 60.9% said the programme doesn't work well only because there was a minimum involvement of employees concerning OHS, and lack of working and protective tools. However they admit and appreciate the presence of safety rules and policy, safety committees, safety officer, and minimum works related diseases and accidents. Actually 100% respondents said there was a need for the organization to commit and insist on OHS programme.

5.2.2 Systems that Contribute to the Successful Health and Safety Programme within the Organization

Respondents said they will consider the programme of health and safety is successful when there will be no accidents or work related diseases, training and education concerning OHS is given to all, there is timely inspection and audit, and employees involvement of course. On responding to the things or components which can make that successfulness, 65.2% said training and education can be a major aspect. Others said protective gears, involvement and participation of employees, first aid, communication, motivation, safety rules, safety committee, and safety audit.

5.2.3 Contribution of Occupation Health and Safety Programme on Achieving Organization Performance

The study found out that occupational health and safety programme has the major contribution on the performance of the employees and organization at

large. 73.9% of respondents said it increases productivity, 60.9% said it increases profit to the organization, while 52.2% said it increases employees satisfaction. Respondents said it also has other contributions like it eliminate injuries and reckless death, promote cooperation between employees and management, increase responsibility and sensitivity among employees.

5.2.4 Challenges Affecting the Implementation of Occupational Health and Safety Programmes at the Workplace

The study shows that 52.2 percent of respondents from Arusha airport authority said the main setback for achieving effective implementation of occupational health and safety programme is actually the high cost to train, protective gears, and compensate affected employees. Respondents mentioned other challenges like individual carelessness, and insufficient budget allocated.

5.3 General Conclusion

The findings shows that respondents were quite aware of the subject matter under discussion as it revealed that there was a greater contribution of OHS on increase of production, profit to the organization, and satisfaction to the employees. It help to rise employees awareness and ties together management and employees goals for the betterment of the organization. Also, the views of respondents showed that health and safety programmes at the place helps to alleviate diseases, injuries and death related to working condition.

However the findings have come out with an extraordinary views or

suggestions on how can the managements with occupational health and safety in place be able to improve and protect their employees from work related hazards and diseases. This is according to the respondents' views training and education, management seriousness on making follow-up and disciplining employees concerning health and safety, conducting timely safety drills, motivation to employees, provision of safety gears, and employees involvement will ultimately facilitate achieving goals.

5.4 Recommendations

In the light of the findings of the study, there are recommendations that can be drawn from this work.

a. Training and Education

The study reveal that there was lack of knowledge and skills to employees concerning health and safety at the airport staffs and partners. Though they have an idea of it but still they shows a greater concern of having the specific knowledge to realize their best. Education including seminars can increase awareness and brought results we want.

b. Involvement of Staff

Involvement and participation of staffs is the only thing which can make employees feel belongingness and attachment to the management and organization in general. People has the right to know and the right to participate. People wants to get involved in decision making concerning their

lives and their workplace. Only this can make employees feel valued, and appreciate what management do.

c. Conforming to the Budget

The study revealed that protective gears, working tools, and all that are so expensive that they pose challenge to the OHS. But still the study reveal the need for sufficient budget to be allocated on occupational health and safety as people are the ones who make the organization move forward, and so their lives are so versatile and cannot be replaced once perished.

d. Motivation

The study understands the role of motivation for making employees comply to the OHS. Human behavior is so fragile and it sometimes need to be controlled, monitored and motivated. Through different ways of motivation management may want to use, but the study reveal the uses of allowances can bring expected results and help to create safety culture within the organization.

e. Contribution to Knowledge

The study has identified various challenges encountered by the occupational health and safety in achieving intended objectives in the organization. These challenges were like factors enabled researched to make recommendation for improvement . Also the study have been of a big help in providing knowledge to the researched organization and other researchers as well as to the government.

i. To the Researcher and other Researcher

Researcher has been able to gain a familiarity with total knowledge and challenges encountered by the occupational health and safety. The study revealed strengths and weaknesses which are the challenges for improving the same.

ii. To the Arusha Airport Authority

The Arusha airport authority, it hereby recommended to improve health and safety management system by building human resource capability to both its employees and partners based on the challenges revealed during the study to make sure everyone go home healthy and safe.

iii. To the Government

It is recommended that, since government aims at improving lives of its citizen as a famous government slogan goes maisha bora kwa kila Mtanzania (better life to all Tanzanians), therefore, it has the role to play to make sure everyone in the workplace or around so is protected from any harm which may relate to the working condition or operation at the place by setting good and favorable condition to both workers and employers/ investors.

iv. Implication to Policy Makers

It was revealed that business partners are much concern about their business and that they leave aside human factors. This is a challenge to the policy makers that are hereby required to review the laws, policy whatever

concerning health and safety to push investors or employers to not put financial prosperity a priority at the expenses of human lives.

5.5 Implications of the Findings

The findings of this study is supposed to be a catalyst for many operational workplaces in Tanzania and around the world for supporting humans existence. The researcher expect the airport authorities, mine companies, public and private industries, and normal offices to apprehend recommendations of this study to improve lives of their workforce and people around to achieve the best.

5.6 Limitations of the Study

The limitations which posed serious constrains for the researcher to conduct his study efficiently were;

- i.** Time factor, time given to complete the study was short, so the researcher chose to use a single case study approach to eliminate the limitation.
- ii.** Financial problem was also a limiting factor to the researcher due to the fact that living, travelling and stationary costs are increasing. However, the researcher decided to use a nearby case study method to minimize this limitation.

5.7 Suggested Area for Further Study

The researcher found out the main pros at the field was the involvement and participation of the employees, and here the researcher suggest further study

to be conducted on examining the role of employees involvement and participation at upgrading motivation and management legitimate in the workplace.

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APPENDENCES

APPENDIX 1: Questionnaire

Dear Respondents,

I am a MHRM student at the Open University of Tanzania. I am collecting data for my dissertation regarding **“The impacts of the occupational health and safety programmes on the organization performance”**. I am kindly requesting you to answer all questions in the questionnaire. The questionnaire will take about 20 minutes. Please respond basing on your practical experience and I assure you that all answers will remain and be treated in a confidential manner and will be used for the purpose of this study only.

Yours Sincerely

Abihud Greepherson

SECTION A:

Details of the Respondent

Please fill and tick (√) where appropriate

1. Job Category

- i. Supervisor []
 - ii. Employee []
 - iii. Other (Specify).....

2. Educational level

- i. Primary education level []
- ii. Secondary education level []
- iii. Vocational/Technical level []
- iv. Diploma education level []
- v. Graduate education level []

3. Department in which you are working?

4. Working experience:

- i. Less than two years []
- ii. Two years []
- iii. More than two years []

SECTION B:

Management commitment on Health and safety

1. Is there any health and safety programmes in your organization?

- Yes []
- No []

2. Do you think the programme works well in your organization?

- Yes []
- No []

3. If yes or no, shortly explain how .

.....

.....

.....

4. Is there any reason for the organization to insist on health and safety programmes at workplace?

Yes []

No []

5. Does compensation provided to the employees considering the nature and type of accident?

Yes []

No []

SECTION C:

Systems that contribute to the success of an occupational health and safety within the context of an organizational structure

1. How do you define success in terms of a safety and health programmes?

.....
.....
.....
.....

2. What components are deemed necessary for a successful programme from your perceptions?

.....
.....
.....

- 3. What are the organizational, departmental, and individual processes in terms of communication and decision-making concerning safety and health?

(How do you communicate and make decisions concerning health and safety?)

.....
.....
.....

- 4. How are employees rewarded or recognized for participation in safety and health activities?

.....
.....
.....

- 5. Why do you participate in health and safety activities?

.....
.....
.....

SECTION D:

Importance of having health and safety programmes towards employees performance

- 1. Contribution of occupational health and safety on employee's performance in your organization are:

- i. Reduce rate of absenteeism []

- ii. Increase productivity []
- iii. Increase the profit of the organization []
- iv. Increase employee's satisfaction []
- v. Reduce rates of staff turnover []

2. Is there any other contributions of OHS on organization more than the above mentioned ? if yes, mention at least three (3).

- i.
- ii.
- iii.
- iv.
- v.

3. Based on your own working experience, why do you think management should insist and commit on the occupational health and safety practices?

-
-
-

4. Mention any experienced accidents and diseases occurred in your organization for the period you have been working there.

- i.
- ii.
- iii.
- iv.
- v.

5. Do you think the incident(s) mentioned in question 4 above had the negative effect on employee's morale?

Yes []

No []

SECTION E:

Challenges affecting the implementation of occupational health and safety programmes at workplace.

1. Is there any sign of ignoring health and safety of employees in your organization, like?

i. Absence of protective gears []

ii. Increase number of work-related accidents []

iii. New diseases due to working conditions []

iv. No legislation []

2. Any other sign of ignoring OHS in your organization?

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3. The following are the factors affecting implementation of health and safety programmes in your organization.

i. Poor management support []

ii. High cost to train, provide protective gears, and compensate affected employees []

iii. Low-level of employees involvement []

iv. Powerless HR-department []

v. No identified safety standards and legislation []

4. What other factor(s) seem to be among the key problems to effectively implement the programme of the health and safety in your organization?

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5. In your own view, what do you think should be done by the management to improve the programme for the betterment of both individual employees and the organization at large?

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Thank you very much for your time and participation. Again, this information will be kept confidential and will be used for intended aim of education basis only.

APPENDEX 2: Interview Guidelines

1. Do you think the programme works well in your organization?
2. If yes or No, shortly explain how?
3. What are the contributions of occupational health and safety on employees performance
4. What are factors which can affect the implementation of OHS in your organization?