

# Maintaining Health and Safety at Workplace: Employee and Employer's Role in Ensuring a Safe Working Environment

Grace Katunge Jonathan  
English and Literature Teacher, Mbooni Girls High School

\*Rosemary Wahu Mbogo  
Dean, School of Education, Arts and Social Sciences, Africa International University

## Abstract

The concern for health and safety is legitimate in every context of human enterprise. In schools, for teaching staff's safety to be guaranteed, the equipment available should be properly maintained and installation for non-existent ones done according to the health and safety policies. With a focus on Mbooni West district, this paper reports the findings of a survey which focused on the health and safety of teachers in secondary schools in the region. Many secondary school administrators do not consider teaching staff's involvement in recommending policies and procedures in curbing safety hazards. This makes it difficult for the teaching staff to take responsibility for their own safety. The study thus sought to establish teachers' perspectives on their role in ensuring health and safety workplaces in secondary schools. The study targeted all teachers and deputy principals working under Teachers Service Commission (TSC) and those working under the secondary schools' Board of Management (BOM). Although the study aimed survey principles, they were not available during the data collection period. The study was conducted using the descriptive research design. A questionnaire guide was used for data collection which was then analyzed by the use of Statistical Package for Social Science (SPSS) version 20. Frequency tables and charts were used for data presentation. From the findings, it emerged that majority of the teaching staff were not involved in the training programs that would equip them with safety skills in their workplace. Most of them were not involved in discussing safety policies in the workplace. This to a large extent jeopardized the safety of teachers at workplace affecting their preparedness on matters pertaining health hazards and thus their general performance. It is recommended that the Ministry of Education, Science and Technology, in conjunction with the school administrations organize training programs for the teaching staff, involve teachers in discussion of safety policies to align them with the institutions strategic plans as far as Health and Safety at workplace is concerned.

**Keywords:** Health and Safety, Teaching staff, Teachers Service Commission

## 1. Introduction

Employee health and safety programs should be a major priority for management because they save lives, increase productivity, and reduce costs. These health and safety programs should stress employee involvement, continued monitoring, and an overall wellness component (Anthony *et al.*, 2007). Work safety requires that safe working conditions should not create significant risk of people being rendered unfit to perform their work. Health and safety at work is therefore aimed at creating conditions, capabilities, and habits that enable the worker and his/her organization to carry out their work efficiently and in a way that avoids events which could cause them harm (Garcia-Herrero *et al.*, 2012). It is clear that safe working conditions have an effect on the habits of workers, which in turn impacts on efficiency. This implies that employees working in a safe condition are likely to perform in a way that will not cause them harm.

### 1.1 Role of Employees in ensuring their own Safety

By comparing two types of models on safety, Robens (1972) offers a challenge to the traditional approach to safety in the workplace, known as the 'careless worker' model. In this model, employers assumed that most of the accidents were due to the employee's failure to take safety seriously, or failing to protect themselves. In his report, he recognized that the 'careless worker' model does not explain occupational ill-health caused by toxic substances, noise and badly designed and unsafe systems of work. A new approach to occupational health and safety, the 'shared responsibility' model assumes that the best way to reduce levels of occupational accidents and disease relies on the cooperation of both employers and employees (Bratton & Gold, 1999).

In order to maintain a safe and healthy work place, workers and supervisors must be taught to keep a health and safety mind set. Such mindedness does not always accompany the acquisition of skill or knowledge on equipment operation. Most persons learn how to drive an automobile, for example, with relatively little difficulty. An attitude of maturity is however, necessary (Siegel, 1962). Though employers are required to design and maintain safe and healthy systems of work, the concomitant duty of the employee is to behave in a manner that safeguards his or her own health and that of his/her co-workers (Bratton & Gold, 1999).

A research carried out at The Research Centre Design and Technology of the Saxon University of

Applied sciences on “Safety at work” concluded that personal safety, a safe environment and safe behaviour were important components that employers need to ensure their availability within their organizations. According to this research, enforcing safety by adjusting the environment people have to work in and detecting risks at work so that workers can avoid dangerous situations is key (Ynze Houten (ed), 2012). Hints from statistics in the UK that are compiled every year reveal that the education sector as a whole produces a significant number of four to five deaths over the last six years and more than 3000 injuries. This means that a teacher or a classroom assistant could be at risk (HSE, 2001/2004).

Part two of the Canadian Labour Code stipulates the duties of both the employer and employee. These duties have a goal of preventing occupational related injuries and disease. Employees have a responsibility to take all reasonable and necessary precautions to ensure their health and safety, and that of anyone else who may be affected by their work or activities. They are required to use all materials, equipment, devices and clothing that are provided by the employer (Canadian Labour Code, 2015).

## 1.2 Role of Administration in Health and Safety Legislation

Early research by psychologists and sociologists examined individual dispositions and social causes utilizing disciplinary frameworks in developing concepts and theoretical insights into Occupational Health and Safety (Dawson & Zanko, 2011). The findings were enhanced by the results of workplace surveys by industrial relations specialists that drew attention to the importance of legislation and innovative non-regulatory as well as regulatory strategies (Nichols *et al.*, 2007).

The concern for health and safety has been there in history. Early researchers were concerned about theoretical insights into employee health and safety. Surveys which were done later focused on the importance of legislation. In technical questions pertaining to workplace health and safety, there is the social element. That is, for example, the power relations in production: who tells whom to do what and how fast. After all, a machine does not go faster by itself; someone designed the machinery, organized the work, and designed the job (Sass, 1986). This implies that ‘health and safety is not simply a technical issue such as supplying hard hats and goggles or ensuring adequate ventilation, because it raises the question of economic costs and power relations’ This is true of all institutions including schools.

A review conducted by the Health and Safety Commission (HSC) under health and safety regulation in 1994 revealed that people were confused about the differences between; Guidance, Approved Codes of Practices and Regulations. The commission went ahead to provide a way out of this confusion. The results included what health and safety law requires. The Health and Safety at Work Act of 1974, sets out the duties which employers have towards employees and members of the public, and also the duties of employers to themselves and to each other. Legislation applies to employers and employees. The legislation at the national level is supposed to be made part of domestic law by employers (HSE, 2003/2008).

In India, for an employer to meet the legal requirements, he or she must provide labour welfare facilities (Logasakthi & Rajagopal, 2013). The two stated that labour health, safety and welfare activities are necessary for improving employee working conditions, economic and living standards. They were very quick to point out that in the olden days, employers suppressed the worker by paying less salary and extracting more work in an unsatisfactory working environment. With the birth of the “Regulation and Employment Act” of 1948, employers were required to provide satisfactory working environment.

The Safety, Health, and Welfare at Work Act of 2005 repealed and replaced the Safety, Health and Welfare at work Act of 1989. The purpose of the former was to make further provision for the safety, health and welfare of persons at work. The act clarifies and enhances the responsibilities of employers, the self-employed, employees and other parties in relation to safety and health at work. It also provides a range of enforcement measures that may be applied, and specifies penalties that may be applied for breach of occupational safety and health laws (Safety, Health, and Welfare at Work Act of 2005, accessed, 2015).

Many states have passed the ‘right to know’ legislation that guarantees individual workers the right to know of hazardous substances in the workplace, and requires employers to inform employees of the same (Anthony *et al.*, 2007). There are state and federal laws to protect the welfare of the worker. The major one is the Occupational and Safety Health Act (OSHA), which became effective in 1971, whose purpose is “to assure” as far as possible, every working woman and man in the nation safe and healthy working conditions, and to preserve our human resources.” To accomplish this, there are provisions for safety and health standards, research, information, and education and training in occupational safety and health (De Reamer, 1980).

OSHA is comprehensive, covering such things as record keeping, inspection, compliance, and enforcement of safety standards. It lists over 5000 safety and health standards, ranging from density of particle in the air to the height at which a fire extinguisher is to be mounted (Muchinsky, 1990). On the same note, in the 1960s, white collar trade unions pressed for health and safety legislation to be extended to cover employees in laboratories, education, hospitals and local government (Bratton & Gold, 1999).

If the research findings by Reilly *et al.* (1995) that show the benefits of union safety committees can be

reproduced, the existing health and safety legislation in France and Germany, which obliges companies above a certain size to have joint Consultative Health and Safety committees, may become the norm or “maximalist” model. The Health and safety commission stated; Accidents and ill-health are never inevitable; they often come from failures in control and organization (Bratton & Gold, 1999). There are current trends working to oppose safety and health legislation (Bratton & Gold, 1999). This is emphasized by Bain (1997), who persuasively argues that, in Europe and the USA, powerful business lobbies and governments have mounted an offensive against health and safety legislation. The source of the current campaign for “deregulation” of health and safety safeguards is market driven and can be located in growing competitive pressures (Bain, 1997).

Managers can exert a greater influence on health and safety. They are in immediate control and it is up to them to keep a constant watch for unsafe conditions or practices, and to take immediate action. They can achieve by establishing safety committees consisting of health and safety representatives who offer advice on health and safety policies and procedures.

### **1.3 Role of Management in Maintenance of Safety Equipment**

A study on employee welfare facilities adopted at Bosch limited, and involving 100 employees observed that 65% of the respondents indicated that they were provided with safety equipment at work in the organization, 35% of them reported that the organization did not provide safety equipment. The researcher concluded that, due to the higher percentage of those who reported that the company provided safety equipment at work, the company then provided safety equipment to its employees during work.

The fatalistic notion that accidents cannot happen to us or that they will occur because of “bad luck” regardless of our efforts to prevent them is contrary to the facts. The role of luck (including such things as unavoidable equipment malfunction), as a cause of accidents, has been the subject of considerable study. Estimates of the percentage of accidents due to such causes, and therefore unpreventable, vary between 10 and 20 percent (Siegel, 1962). On the same argument, (Armstrong, 2006) stresses that health and safety inspections are designed to examine a specific area of the organization—to locate and define any faults in the system, equipment, plant or machine. The concern of these writers reveals the importance of maintaining health and safety equipment.

The health and safety function is directly related to the elements of the HRM cycle-selection, appraisal, rewards and training. Maintenance of a healthy and safe workplace can be facilitated in the selection process by selecting applicants with personality traits that decrease the likelihood of accidents. Safe work behaviour can be encouraged by a reward system that ties bonus payments to the safety record of a work group or section (Bratton & Gold, 1999).

In Beer’s model of HRM, it is acknowledged that work systems cannot only affect commitment, competence, cost effectiveness and congruence—the four Cs’ – but also have long-term consequences for individual’s wellbeing, there is evidence to indicate that work systems design may have effects on physical health, mental health, and longevity of life itself (Beer *et al.*, 1984), and continuous attention to health and safety is important because ill-health and injuries caused by the systems of work or working conditions cause suffering and loss to individuals and their dependants (Armstrong, 2006).

Managers and supervisors must serve as role models for the safety programs. They should ask for employee suggestions for improving workplace safety, and implement the suggestions in a timely fashion (Reber *et al.*, 1990). It is the managers’ responsibility to perform the job exactly as outlined by the safety programmes. Workers will want to know “what’s in it for me”. While the Company is sure to benefit from increased safety through such programmes, workers may not see a personal advantage to abiding by the new safety plan. Therefore, including incentives for workers could often reverse this trend and increase compliance.

## **2. Materials and Methods**

Methodology involves the description of the methods applied in carrying out the study (Kombo and Tromp). It answers the question “what”, “why” and “where” (Kothari 2004).

The focus for this paper was on public secondary schools in Mbooni West district of Mbooni Sub-County which has about 50 public secondary schools. Though 10% of the population is recommended (Mugenda, 1999), the author selected 20% of these public secondary schools which was about 10 public secondary schools. For each 10 schools, the Deputy Principal was selected to make a total of 10, and 4 teaching staffs to make a total of 40. The study used both simple random sampling and purposive sampling. Random sampling, on the one hand, is a method which provides equal chance to every member of the population to be included in the study (Kasomo, 2006). The author randomly selected 10 public secondary schools, which is 20% of the 50 public secondary schools. The 10 public secondary schools were selected randomly. Purposive sampling on the other hand, means that the sample may not be representative of the population (Kombo and Tromp, 2008, p. 83). Purposive sampling was used to select participants from the administration. The total sample size therefore constituted 40 teachers, 10 administrators to make a total of 50. The study used questionnaire guide and

observation protocol to collect data. The study used descriptive statistics. The data collected was analyzed using descriptive statistics and presented in charts and tables.

### 3. Findings

The demographic data consisted of gender, age, designation, academic qualification, length of service, and departmental representation. This is shown in the consequent table.

*Table 1: Gender of the Respondents*

Gender	Frequency	Percent	Cumulative Percent
Male	25	51.0	51.0
Female	24	49.0	100.0
<b>Total</b>	<b>49</b>	<b>100.0</b>	

The male teachers and deputy principals almost equated to the female representing a 51% and 49% respectively.

*Table 2: Respondents' Age*

Age	Frequency	Percent	Cumulative Percent
20-30	26	53.1	53.1
30-40	7	14.3	67.3
40-Above	16	32.7	100.0
<b>Total</b>	<b>49</b>	<b>100.0</b>	

N=49

Majority of the respondents were in the Age bracket of 20-30 years, which accounts for 53.1% of the total. Those between 30-40 years were the fewest, represented by 14.3%, while those above 40 years of age represented 32.7% of the total.

*Table 3: Designation of the Respondents*

Designation	Frequency	Percent	Cumulative Percent
Deputy Principal	11	22.4	22.4
HOD	12	24.5	46.9
Assistant- Teacher	26	53.1	100.0
<b>Total</b>	<b>49</b>	<b>100.0</b>	

N=49

Most of the respondents were assistant teachers represented by 26 (53.1%). HODs were 12(24.5%) while 11 (22.4%) of the respondents, were deputy principals. It is therefore evident that assistant teachers represented the highest number of the respondents who provided information on health and safety within the selected secondary schools.

*Table 4 Academic Qualifications of the Respondents*

Qualification	Frequency	Percent	Cumulative Percent
Master's degree or ongoing	2	4.1	4.1
Degree	38	77.6	81.6
Diploma	7	14.3	95.9
Do not know	2	4.1	100.0
<b>Total</b>	<b>49</b>	<b>100.0</b>	

N=49

It is evident that majority of the teachers were degree holders (77.6%) followed by those with diploma's (14.3%) while those with masters degree or ongoing represent (4.1%) of the total. From this data, we can deduce that majority of the respondents are above the minimal academic requirement (Diploma level) in teaching. It is therefore expected that they have better knowledge on health and safety in their workplace, and are able to provide reliable information.

*Table 5: Length of Service of the Respondents*

Length	Frequency	Percent	Cumulative Percent
Less than 5 years	24	49.0	49.0
5-10	7	14.3	63.3
11-15	5	10.2	73.5
16-20	5	10.2	83.7
21-Above	8	16.3	100.0
<b>Total</b>	<b>49</b>	<b>100.0</b>	

N=49

Majority (25) of the teachers and deputy principals were more than 5 years old in the teaching profession. Quite a number 24(49.0%) of the respondents had served in the teaching profession for less than 5 years. This implies that both those who were young in the service were represented as well as those who showed a longer length of

service. The frequency in respondents however, was skewed towards those who were young.

*Table 6: Departmental Representation*

<b>Department</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Percent</b>
<b>Sciences</b>	10	20.4	20.4
<b>Mathematics</b>	3	6.1	26.5
<b>Languages</b>	18	36.7	63.3
<b>Humanities</b>	15	30.6	93.9
<b>Applied Sciences</b>	2	4.1	98.0
<b>Art &amp; Music</b>	1	2.0	100.0
<b>Total</b>	49	100.0	

N=49

It is evident that the languages department represented the highest number of respondents 18, (36.7%). This department is closely followed by the Humanities with 15(30.6%), the science 10 (20.4%), Mathematics 3 (6.1%) and Applied Sciences (4.1%) while Art & Music (2.0%) were represented by a minority of the respondents. We can therefore deduce that, the information given by the respondents was reliable since all the departments were represented.

The data from the responses by teachers and deputy principals showed that 28 (57.1%) were not involved in any form of training program on health and safety at the workplace. Among those who said that they were involved in training programs, 10 (20.4%), mentioned that it was done annually; 8 (16.3%) said it was carried out on a termly basis, 1 (2.0%) said it was carried out on monthly basis while another 1 (2.0%) said that the training was done weekly. This implies that majority (57.1%) of the teachers and deputy principals are not involved at all in training programs within the workplace.

*Table 9: Response by the Administration on Reported Safety Issues*

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Percent</b>
<b>Readily</b>	37	75.5	75.5
<b>Reluctantly</b>	5	10.2	85.7
<b>Do not know</b>	7	14.3	100.0
<b>Total</b>	49	100.0	

N=49

To establish how the school administration responds to issues of safety that have already been discovered and reported, teachers showed that 37 (75.5%) respondents reported that the school administration responds readily to information on safety once they are reported. A total of 5 (10.2%) respondents said that the school administration was reluctant, while 7 (14.3%) respondents did not know how the school administration responds to reported safety issues. We can therefore deduce that majority of the respondents (75.5%) reported that the school administration responds readily to reported issues on health and safety in the workplace.

*Table 11: Involvement of Teaching Staff in Discussion of Safety Policies*

<b>Communication mode</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Percent</b>
<b>Daily</b>	2	4.1	4.1
<b>Weekly</b>	6	12.2	16.3
<b>Monthly</b>	1	2.0	18.4
<b>Termly</b>	13	26.5	44.9
<b>Annually</b>	4	8.2	53.1
<b>Not at all</b>	22	44.9	98.0
<b>Total</b>	49	100.0	

N=49

The study also sought to know the frequency of involvement of the teaching staff in discussion of safety policies in their workplace. Table 11 shows that 22 (44.9%) of the respondents felt that they were not involved at all in discussion of safety policies in their workplace. Among the respondents who said that they were involved in such a discussion annually were 4(8.2%), only 1(2.0%) said that such discussions were carried out on daily basis while 13 (26.5%) reported that they were involved on termly basis. Only 6 (12.2%) said that they were involved in the discussion weekly and 2 (4.1%) indicating daily involvement. From this data, it is clear that most of the teachers and deputy principals (44.9%) were not involved at all in discussion of safety policies in their workplace. This agrees with a study carried out by Eaton *et al.*, (2000) on employee wellness programs. The results of their study showed that most (67.2%) of the respondents observed that health promotion can attract and retain skilled faculty and staff (Eaton *et al.*, 2000). This implies that training programs are important in equipping the teaching staff with required safety skills in order to promote their health and longer stay in their workplace.

As concerns their role in ensuring safety, 36.7% of the teachers and deputy principals reported that they



participated in formal meeting while 12.2% said that they participated in informal meetings. At least 10.2% were of the opinion that they ensured their own safety by getting safety information from schools' notice board while 18.4% reported that they did not know how they accessed safety information in order to ensure their safety. Though most of these percentages are below average (50.0%), the study established that the teaching staff at least played a role in ensuring their own safety by getting acquainted with safety information through formal/informal meetings and the schools' notice board.

#### 4. Conclusion

The teaching staff is involved in discussing safety policies in marginal ways in their work places. It is worth noting that the staff are policy implementers and implementation cannot be complete without full knowledge of the policies to be implemented. Therefore the Government should look into ways of address this issue at schools, so that implementation of such safety policies is made possible. This agrees with the result of a study carried out by Allender (2011) which found out that work place safety and health leads to motivation and satisfaction. When the teaching staff is fully involved in discussing health and safety policies, it will also be motivated to carry out policy implementation which will finally lead to job satisfaction.

#### 5. Recommendations

The benefit of running safety programs in the workplace is a matter that should be given priority by the Government through the Ministry of Education, Science and Technology. Haines (2007) confirms this when he asserts that health promotion programs positively impact on employees' health, increase staff productivity and reduce work absenteeism.

The Government through the Ministry of Education, Science and Technology should come up with a policy to support the existence of an Emergency Response Plan in each school so that emergency cases are responded to with the urgency that they clearly deserve.

The authors recommend that the government organizes the preparation of Training Manuals on the safety of the teaching staff, and create training forums in all the forty seven counties.

The Ministry of Education, Science and Technology should incorporate the staff in forums that are supposed to address the challenges of their own safety.

The authors also recommend creation of safety committees by the administration in each school to look into ways of implementing existing policies on safety, and create new policies in schools

As Klein et al. (2008) puts it, it is the duty of the administrators to review periodically, with the science staff members the use of the fire-fighting apparatus found in the science department.

Teachers should ensure their own safety by participating in formal/informal meetings and reading safety information on notice boards and guiding manuals on safety.

#### References

- Allender, S., Colquhoun, D., & Kelley, P. (2011). Competing discourses of workplace health. *Journal for the Social Study of Health, Illness and Medicine*, 10(1) 75-93.
- Anthony, V., Mark, P., Michael, B., & Ajay, D. (2007). A data-based evaluation of the relationship between occupational safety and operating performance. *The Journal of SH & E Research*. Spring, 4 (1).
- Armstrong, M. (2006). *A handbook of human resource management practice*. (10thEd.). London: Kogan Page Limited.
- Bain, T. (1997). *Health and safety: keep it together*. England: MacmillanBeer, in M. Spector, B., Lawrence, P.R., Quinn Mills, D & Walt on, R. (1984). *Managing Human Assets*. New York: Free Press.
- Bratton, J. & Gold, J. (1999). *Human resource management theory and practice*. Macmillan Press, London.
- Dawson, P. & Zanko, M. (2011). Occupational health and safety management in organizations: a review. *International Journal of Management Reviews*, 14(3), 328–344.
- Eaton, A. & Nocerino, T. (2000). The effectiveness of health and committees: Results of a survey of public-sector workplaces. *Industrial Relations*, 39, 265-90.
- Garcie-Herrero, S. (2012). Working conditions, Psychological, physical symptoms and occupational accidents". *Bayesian network models, safety science*. 50 (9), 1760-1774.
- Haines, D. J. Davis, L., Rancour, P., Robinson, M., Neel-Wilson, T., & Wagner, S. (2007). A Pilot intervention to promote walking and wellness and to improve the health of college faculty and staff. *J Am Coll Health*, 55 (4), 219-225.
- Kombo, D.K., & Tromp, D.L.A. (2008). *Proposal and Thesis Writing: An Introduction*. Paulines Publications Africa, Don Bosco Printing Press, Nairobi Kenya.
- Logasakthi, K. & Rajagopal, K. (2013). A study on employee health, safety and welfare measures of chemical industry in the view of Salem Region. *International Journal of Research in Business Management* 1(1), 1-10.

- Muchinsky, P. M. (1990). *Psychology applied to work: an introduction to industrial and organizational psychology* (3rd ed.). Pacific Grove, CA: Brooks/Cole Publishing Company.
- Nichols T., Walters, D. & Tasiran A. (2007). Trade Unions, Institutional Mediation and Industrial Safety: Evidence from the UK. *Journal of Industrial Relations*, 49(2), p. 211-225.
- Reber, R.A., Wallin, J.A., & Chhokar, J.S., (1990). Improving safety performance with goal setting and feedback. *Human Performance* 3, 51-61.
- Reilly, B., Paci, P. & Holl, P. (1995). Unions, safety committees and workplace injuries. *British Journal of Industrial Relations*, 33 (2): 273-88.
- Robens, L. (1972). *Safety and Health at Work: Report of the Committee 1970-72*, Cmnd 5034 (London: HMSO).
- Sass, R. (1986). Workplace health and safety: report from Canada. *International Journal of Health Services*, 16 (4) 565-582
- Ynze, Van Houten (Eds). (2012). *Safety at work. Saxion research centre design and technology*. Enscheda, the Netherlands.