

CHRISTIAN SERVICE UNIVERSITY COLLEGE

SCHOOL OF BUSINESS

DEPARTMENT OF MANAGEMENT AND GENERAL STUDIES

ASSESSING HEALTH PROBLEMS OF STAFF AT THE WORKPLACE AND ITS

EFFECT ON COMPANY PRODUCTIVITY

(A CASE STUDY OF CHRISTIAN SERVICE UNIVERSITY COLLEGE, KUMASI AND

ECOBANK GHANA, ADUM BRANCH)

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(HUMAN RESOURCE MANAGEMENT)

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DECLARATION

We hereby declare that this research is our own work towards the award of a Bachelor Degree in Business Administration (Human Resource Management) and that to the best of our knowledge, no materials in this has been published by any other person except where due acknowledgement has been in the study.

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ABSTRACT

Health is an important aspect of an organization requiring adequate attention. The major objective of every organization is maximizing profit at minimum cost and one of the ways in which this can be achieved is by increasing productivity. Among the various factors of production, labor has been noted the most important, this is because, it has the mind to think, to resist, and therefore to take actions which may be in favor of the organization.

This study is about the health problems of staff and its effect on productivity. The objective was to assess the various factors that may affect employees' health at the workplace, to determine the effect of health and safety on employees' productivity, to assess the attitude of management towards the health and safety of employees and to determine if the organization have a safe and healthy working conditions. The study was limited to the staff of Christian Service University College, Kumasi and Ecobank Ghana, Adum Branch. Research questionnaire were developed and distributed to a sample of 80 staff; 20 for Ecobank Ghana, Adum Branch and Christian Service University College. Responses received were from all respondents except one. The study revealed that employees' productivity is influenced by management attitude towards health and safety, also influenced by management safety practices. It also revealed that health and safety standards if managed effectively have a positive impact on productivity. It was recommended that management should put in place health and safety measures and there should be continuous review of health policies to ensure that firms have up to date safety measures in place. Moreover management should be more responsible for the needs and concerns of their employees' health by being more sensitive to the problems of employees. The management should initiate health professional teams to be available to assist employees.

DEDICATION

We dedicate this piece of work to our dear parents and siblings who assisted in diverse ways to make this work and our studies in general a success.

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CHAPTER ONE

1.0 Introduction

This chapter entails the background of study which captures health problems of staff at the workplace and how it affect organizational productivity. This chapter also covers statement of problem, purpose of the study, objectives, and research questions, significance of the study, limitations and organization of study.

1.1 Background of Study

Health is an important aspect of an organization requiring adequate attention. The major objective of every organization is maximizing profit at the minimum cost and one of the ways in which this can be achieved is by increasing productivity. Every organization has an obligation to utilize properly the factors of production in order to acquire organizational productivity.

Among the various factors of production, labor has been noted the most important. This is because, it has a mind to think, to resist, and therefore to take actions which may be in favor of the organization, and such the organization has a great role to play in ensuring that labor force is properly cared for.

Accidents in organization are inevitable occurrence. The cost these accidents are of great detriment to the organization. Therefore, when an organization takes time and effort in looking into health issues of its staff, it could result in employee job satisfaction.

For one thing, an individual's experiences at work be they physical, emotional, mental, or social in nature, obviously affect the person while he/she is in the workplace.

In addition, work related stress combined with the stress from everyday life can lead to detrimental physical and emotional outcomes because of the excess physical and mental demands placed on the human body and mind. (Cf. Cooper & Cartwright, 1994).

Workers' health and well-being should also become more important concerns because of the growing awareness that other elements in the workplace pose risks for workers. For example, workplace characteristics ranging from health and safety practices by the organization (Patterson, 1997) to work design issues associated with basic ergonomics (Hoke, 1997) can have major consequences for workers.

Health and well-being are important because of their consequences for workers. Researchers and managers have generally recognized that health and well-being can potentially affect both workers and organizations in negative ways. For example workers experiencing poor health and well-being in the workplace may be less productive, make lower quality decisions, be more prone to be absent from work (Boyd, 1997), and make consistently diminishing overall contributions to the organization (Price & Hooijberg, 1992).

In the globalized world, the relative edge of developing countries such as Ghana lies with the cost of labor. Labor cost has become an important consideration in product and service development as most organization aim to maximize productivity from their workforce and equipment. Lehtine, (2001) argued that health and safe working conditions improve productivity and will thus, help developing countries become competitive in the globalized world economy and that is why many organizations are making efforts to ensure that health and safety is managed at the workplace effectively.

According to Hughes, (2007), health is the protection of the body and mind of people from illness resulting from work. He also defined safety as a protection of people from physical injury.

Productivity is what people can produce at a given period with the least effort and resources. It is also a ration that measures how well an organization put resources into goods and services. Work environment can be seen as the circumstances, influences, stress, competitive, cultural,

demographic economic regulator and technological factors that affect the survival, operations and growth of an organization.

According to Sundstrom et al, (1994), most people spend about seventy percent of their lives within the work environment which greatly influence their mental, actions, abilities and performance.

The International Labor Organization, (2005) estimates that, some 6,000 workers die each day as a result of work-related accidents/illness.

Quite apart from the willful avoidance of health measures, some employees face the dilemma of ignorance about the consequences of some dangerous working conditions. Furthermore, even where there is knowledge, prohibitive costs could prevent them from doing what is necessary. That is although work, the cost of some of these preventive programs are so high that it would not be economically viable to adopt them. Employees today are central to achieving competitive advantages (Cascio, Wayne 1986). This reality has led to the need for health institutions and other organizations to link strategic goals and objectives in order to improve health service and develop organizational cultures that foster innovation and flexibility. Employees should be treated as crucial in meeting their ends. The key levers of human resource management must be internally integrated with each other and externally integrated with the organization's strategy to enhance productivity and job satisfaction.

This study focuses on 'employee health workers' productivity'. Health issues of employees is therefore an important issue which if studied carefully and thoroughly, could be of great benefit to the organization. Thus the improvement of health issues could yield the best results in terms of productivity.

1.2 Scope of the Study

This study is concentrated on corporate exercises of Ecobank Ghana (Adum branch) and Christian Service University College, Kumasi as regards to the health problems and measures set up to ensure employee job satisfaction and organizational productivity.

1.3 Statement of Problem

There is no doubt that the human resource that an organization has is one of its versatile resources. Therefore, an effective and efficient use of the human resource will translate into the overall effectiveness and efficiency of the organization. Though many organizations accept this to be true, they fail to realize that as part of their human resource management practices, there is the need for management to ensure that employees' health are taken into consideration to promote their optimum utilization.

The developed countries have sort various ways of reducing this problem because they are aware of the cost, the developing countries till today are still fighting this problem. This issue of employee's health is a problem because, health related problems are encountered at the workplace and can pose danger directly or indirectly to other employees and the organization as a whole.

Indeed, any safety measure or action on the part of government or employer may prove futile if the employees are not committed to the idea of safety. Employers also fail to see occupational health and safety as a process. It is not enough to institute safety measure and fail to provide adequate training and education on these measures.

For this reason, solution to the health issues would without doubt lead to solution of many other problems.

It is line with this that this research seeks to assess the health and safety measures of Ecobank Ghana (Adum branch) and Christian Service University College, Kumasi. It is also to examine the departments of both organization and outline various hazards staff are exposed to.

1.4 Purpose of Study

The state of employees' health and its effect on organizational productivity has become a widespread issue and is of great importance to achieve like never before. It is essential to advance like never before as to dispose all health related issues of staff at the workplace. This research work is aimed at examining health related issues of employee in Ecobank Ghana (Adum branch) and Christian Service University College, Kumasi.

1.5 Objectives of Study

The main objective is to assess the health problems of staff at the workplace and its effect on productivity at CSUC and Ecobank Ghana (Adum Branch).

Below are the specific objectives of the study for the research work.

1. To assess the various factors that may affect employees' health at the workplace.
2. To determine the effect of health and safety on employees' productivity.
3. To assess the attitude of management towards the health and safety of employees.
4. To determine if Ecobank Ghana (Adum branch) and Christian service University College, Kumasi both have a safe and healthy working conditions.

1.6 Research Questions

The following research questions were set.

1. What are the various factors that may affect employees' health at the workplace?
2. How has health and safety standards affected employees' productivity?
3. What is the attitude of management towards health and safety of employees?
4. How has the working conditions affected the organization?

1.7 Significance of the Study

The research would be great significance to Ecobank Ghana (Adum branch) and Christian Service University College, Kumasi and the nation at large, in order to improve their employee's health and safety standards and as such reduce their cost. Also recommendation would be made on ways in which the employers and government could jointly make effort to set policies to cover health and safety standards in the organization and other organizations.

1.8 Limitation of the Study

As with many human endeavors, the study was not without any shortcomings. Some of the requirements in the questionnaire were sensitive organizational information and as such, employees were reluctant in answering questions which were critical in providing the necessary response for the study as they were of the view that providing the right answers may affect them directly or indirectly.

1.9 Organization of Study

The research work is organized into five chapters. Chapter one is the general view of the research study which includes the research background, problem statement, research questions, research objectives, scope of the study, organization of study and others. Chapter two discusses the literature review of the study. Chapter three covers the methodology. Chapter four presents the results, analysis and discussions. Chapter five provides the summary of major findings, conclusion of the study based on the results and suggested recommendations based on the conclusions reached on this study.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

In working environment setting, one of the important roles of the organization is to make provisions for an enabling conducive environment and facilities for working. This chapter emphasizes on scholarly work which includes the work environment and employees productivity. It also includes measuring productivity, organizational role and attitude to health and safety, and empirical review.

2.1 The Concept of Health and Safety

Occupational health safety has been defined in various ways by different scholars. World Health Organization (WHO) in 1995 defined occupational health to includes the actions for occupational medicine, occupational hygiene, occupational psychology, safety, physiotherapy, ergonomics, rehabilitation, etc. Safety on the other side involves the protection of people from physical injury. The International Occupational Hygiene Association (IOHA) generally defines occupational health and safety (OHS) as the science of anticipation, recognition, evaluation and control of hazards arising in or from the workplace that could impair the health and well-being of workers, taking into account the possible impact on the surrounding communities and the general environment (ILO, 2009).

Therefore, occupational health and safety can be seen to concern the promotion and maintenance of the highest degree of physical, mental, and social well-being of workers in all occupations (ILO/WHO, 1995).

Hall and Goodale (2007) proposed Health and Safety as ‘conditions and factors that affect, or could affect the health and safety of employees or other workers (including temporary, and contract

workers), visitors, or any other person in the workplace'. Dorland (2001) asserted 'health' as a state of optimal physical, mental, and social well-being. It is not merely the absence of disease and infirmity. Occupational health and safety as contained in Encyclopedia (1998) made it clear that 'job safety' as the interrelationship between people and work, material, equipment and machinery, environmental and economic consideration such as productivity. These terms 'health and safety' are considered together in the occupational context. Lucas (2007) is of the view that workplace is a physical location in which work related activities are performed under the control of the organization.

2.2 The Working Conditions and Employees Productivity

Hughes (2007) in a survey reported that nine out of ten workers believed that quality of work environment affects the attitude of employees and increases their productivity.

Chandrasekar (2011) also confirm that unsafe and unhealthy workplace environment in terms of poor ventilation, inappropriate lighting, excessive noise etc. affect workers' productivity and health. Hameed and Amjad (2009) in a survey of 31 bank branches showed that comfortable and ergonomic office design motivates the employees and increased their performance substantially. Based on these findings and literature review, it was observed that most research on workplace environment and productivity have been concentrated on profit-oriented organizations. It was against this background that this study sought to assess health problems of staff at the workplace and its effect on company productivity.

The environment is man's immediate surrounding which he manipulates for his existence. Wrongful manipulation introduces hazards that make the environments unsafe and impede the productivity rate of the worker. Therefore, the workplace entails an environment in which the worker performs his work (Chapins, 1995) while an effective workplace is an environment where

results can be achieved as expected by management (Mike, 2010; Shikdar, 2002). Physical environments affect how employees in an organization interact, perform tasks, and are led. Physical environment as an aspect of the work environment have directly affected the human sense and subtly changed interpersonal interactions and thus productivity. This is so because the characteristics of a room or a place of meeting for a group have consequences regarding productivity and satisfaction level. The workplace environment is the most critical factor in keeping an employee satisfied in today's business world. Today's workplace is different, diverse, and constantly changing. The typical employer or employee relationship of old has been turned upside down. Workers are living in a growing economy and have almost limitless job opportunities. This combination of factors has created an environment where the business needs its employees more than the employees need the business (Smith, 2011).

“Working conditions are created by the interaction of employee with their organizational climate and includes psychological as well as physical working conditions” (Gerber et al., 1998, p.44). According to business dictionary, the term working condition refers to working environment and all existing circumstance affecting labor in the workplace, including job hours, physical aspects, legal rights, and responsibility, organizational climate, and workload. Rolloos (1997) defined the productivity as that which people can produce with the least effort. Productivity is a ratio to measure how well an organization (individual, industry, or country) converts input resources (labor, materials, machines etc.) into goods and services. This study adapts the definition of working conditions which refers to the working environment and aspects of an employee's terms and conditions of employment. In addition, productivity refers to effort that individuals can produce with the least effort by putting labor, material, and machines. The working conditions are especially important to the organization.

Productivity is related to working conditions which in turn related to absenteeism, retention, the adoption of new methods and technologies. All these things are related to how people are trained, encouraged are generally treated within the system (Hamilton, 2007).

2.3 Theoretical Foundation of Health and Safety in workplaces

Safety constitutes one of the essential human needs, as postulated by Abraham Maslow in his theory of needs hierarchy. To Kreitner (2007), feeling safe at work is the most important factor in job satisfaction. To achieve this ends, certain organization integrate into their policy framework, guaranteeing workers' safe work execution under a climate capable of enhancing the physical, mental, and emotional conditions. Organizational policy of this nature is often categorized under health and safety.

Hall and Goodale (1986) made it clear that the employees' health is the absence of illness or disease resulting from the interaction of employee and the work environment. Generally, health means a state of complete physical, emotional, mental, and social ability of an individual to cope with his environment, and not merely the absence of disease or infirmity (Hippocrate, 1981). Health is the art and science of preventing disease, control of infections and organization of health services (Lucas, 2001).

Safety on the other hand, refers to freedom from the incidence or risk of injury or loss of life (Aswathappa, 2000). He described employee safety as the protection of workers from the danger of accidents. Lucas (2001) proposed that safety can be referred to as absence of injuries due to the interaction of the employee and the work environment. For the purposes of this study, safety refers to a condition of being safe from undergoing or causing hurt, injuries or loss.

Therefore, safety policies may include policies directed at either reducing or complete removal of hazardous conditions capable of causing bodily injuries.

Aswathappa (2004) emphasized that organizational safety policy should specify the company's safety goals and designate the responsibilities and authority for their achievement. He continued that such policy statement must emphatically declare four fundamental points which include - the safety of employees and the public, safety taking precedence over expediency, every effort made to involve all managers, supervisors and employees in the development and implementation of safety procedures, safety legislation to be complied with. Organizational health and safety in the context of this paper is concerned with the health and safety of workers, which Annah (2004) described as part and parcel of human society and as a basic human right.

According to ILO (2005), organizational health and safety focuses on the development of specific measures and programs, aimed at protecting employees in the course of performing their duties to maximize productivity and improve the overall organizational performance.

2.4 Employees Attitude towards Physical Working Environment

- Distracting noise: Noise in open offices create, among others, stress disturbances and decrease concentration, and through all these it increases the individual workload (Witterseh et al 2004; Jensen and Arens, 2005; Evans and Johnson 2000; Sundstrom et al, 1994; and Roper and Juneja, 2008, 2007).
- Lack of privacy: Individuals suffer from lack of acoustical and visual privacy (Bharucha-Reid and Kiyak, 1982; Block and Stokes 1989; and Oldham and Rotchford 1983)
- Presence of others: The presence of others may be perceived as distracting even when they are just present. (Bharucha- Reid and Kiyak, 1982).

Work is important to most of us on many levels. Doing a job we enjoy and find satisfying can provide a meaningful focus for our lives, as well as bringing in an income. Our standard of living hinges on the money we make, employment often contributes to our self-image and self-esteem.

Work related problems can affect our physical, emotional and mental health. Common issues include job dissatisfaction, workplace injury, stress, discrimination and bullying, violence, accidental death and retirement. Job loss, retrenchment or unexpected loss of income can also cause distress and hardships.

In the past few years, researchers have scrutinized how workers' health has a direct bearing on productivity, but research on the flip side of the issue remains largely unrecognized.

- Health affects work; for most employers, the downside to working hard presents an inherent conflict. While a good book and a hammock in the shade may reduce stress, they don't produce widget.

A health Enhancement Research Organization study showed that smoking, stress, exercise and body weight together affect 20% of a company's overall medical cost.

- Work affects health; Environmental factors have a profound effect on health. Poor air quality can affect the respiratory system.

2.5 Measuring Productivity

According to Gunderson (2002) several researchers have been developing performance indicators to measure the impacts of a range of workplace practices on firm level performance. Examples include gross or net sales per worker, the ratio of physical input to output, and the scrap rate and uptime for production equipment. The choice of the outcome variable is constrained by the data available for the firms or industries under study (Stainer and Stainer, 2000). In studies of workplace innovation, such as job redesign, teams, reduced hierarchy, or the delegation of responsibility, it is difficult to measure productivity accurately and consistently (Stainer and Stainer, 2000).

According to Brinkerhoff and Dressler (1990), understanding how healthy work environments affect productivity also requires more detailed analysis of individual worker's job performance

than presently available. Brinkerhoff and Dressler (1990) opined that productivity reflects results as a function of effort. They however intimated that efficiency (input to output) and effectiveness (the process of getting a task done) do not necessarily equate with productivity, because the latter takes into account the end cost of the product or service. For example, working harder may not have the same productivity payoffs as working smarter, which may not require more time or effort. Both kinds of effort may vary in their effects depending on the specific organizational context. Productivity depends on an individual's job performance (Jex, 1998). In assessing how work environments contribute to worker well-being, it is important to distinguish between 'task and contextual' performance (Parker and Wall, 1998). The latter refers to helpful coworkers, communication, 'entrepreneurship, innovative activities, initiative, adaptation to change, and flexibility. These reflect workplace social relationships and are critical as more organizations depend on teamwork for their success (Yeatts and Hyten, 1998).

Accidents are caused by the result of unsafe acts or practices (the human element that results from poor attitudes, physical conditions and lack of knowledge or skills to enable one to work safely). They are also caused by the result of unsafe conditions of equipment or materials. Koopman, (2001) states that accidents bring pain and suffering to the worker and his family. When it results in permanent disability, the consequences are disastrous for both the victim and the company. The victim loses his earning capacity and ability to enjoy a normal active life, and the society and company are deprived of his/her skill and contribution to production. The 1969 Frank Bird Accident Ratio study on causes of accidents found out that 88% of accidents are caused by unsafe acts of persons, 10% are caused by unsafe mechanical or physical conditions and the remaining 2% are unpreventable.

According to McCunney, (2001) the primary beneficial impact of occupational health and safety on productivity is reduced absenteeism. McCunney, (2001), demonstrates that the health risks and

failure of employees to participate in fitness and health promotion programs are associated with higher rates of employee absenteeism. There is need for much emphasis on the employer's participation in ensuring that health and safety programs and policies are existent. If these health and safety practices are set, it is more likely that the worker participates in order to preserve his or her life. However, absenteeism may be encountered but may be completely neither unjustified on medical grounds nor attributable to unsafe conditions or hazardous events in the workplace. It is difficult to demonstrate conclusively the extent to which business prosperity benefits from good health and safety or on the contrary, to say that prosperous businesses have good health and safety because they are able to afford it (Health and Safety Executive, 2006).

2.6 The Working Environment and Performance of Employees

Every worker has the right to work in a healthy and secure environment. It is the prime duty of the employers to give their labor force with an environment that is safe, healthy, and friendly. Workers health and safety should be the prime concern of all the employers. A worker of an industry or organization is liable to work in an environment where his safety and health are properly taken care of.

The workplace is the setting in which many people spend the largest proportion of their time. Indeed, for many people, particularly in developing countries, the boundary between their home and workplace environments is blurred, since they often undertake agricultural or cottage industry activities within the home. Growth of the latter has often been spurred by population growth and rapid urbanization, in combination with economic development, and in parallel with larger, more conspicuous industrial development (Pantry, 1995).

In favorable circumstances, work contributes to good health and economic achievements. However, the work environment exposes many workers to health hazards that contribute to

injuries, respiratory diseases, cancer, musculoskeletal disorders, reproductive disorders, cardiovascular diseases, mental and neurological illnesses, eye damage and hearing loss, as well as to communicable diseases (Weeks, et al, 1991).

Workplace design and processes may promote organizational success by creating environments that support work quantity, quality, and style, while improving turnover and absentee rates (Mohr, 1992). Over the years, many organizations have been trying new designs and techniques to construct office buildings, which can increase productivity, and attract more employees. Many authors have noted that, the physical layout of the workspace, along with efficient management processes, is playing a major role in boosting employees' productivity and improving organizational performance (Vancevich, 1995).

According to Cole (2002), the key factors that affect employees' productivity and performance fall into two categories: One category is management driven factors which include the development of organizational plans such as the allocation of responsibilities at all levels of the organization, definition of job descriptions and the degree of access to the management and administrative support needed to complete their tasks, working patterns, shift-working, break times, absence or holiday cover and health and safety policies, including the provision of training, and development of safe working practices.

In recent times the organizations design is a critical ingredient to the success of any business operation. However, most companies have a remote or mobile workforce, diverse employee demographics, specific corporate and branding objectives, an international workforce, and global clients. According to Neal, (2000) an employee's workplace is responsible for 24 per cent of their job satisfaction level and this can affect staff performance by five per cent for individuals and 11 per cent for teams.

The workforce is the most valuable asset of any business and as such serious attention should be given to the physical environment of the office which is more likely to increase staff productivity. Poor workplace design, by contrast, is linked to lower business performance and higher level of stress experienced by employees' physical, psychological, and social well-being and consequently work performance.

Clark (2005) observed that the costs of unhealthy and unsafe workplaces have been well documented and are calculated in terms of absenteeism. According to the World Health Organization Report, (2002), one person in four suffers from a mental health problem at some point in their life. A 2006 report commissioned by five leading mental health charities states that at least one million adults in the UK are out of work with mental health problems.

Work-related stress is the root cause of a significant degree of mental ill health. Stress can manifest itself in absenteeism, reduced productivity, and increased staff turnover. Excessive stress can lead to fatigue, impaired judgment and decision-making and the onset of both mental and physical health problems. The impact of health on performance is demonstrated by a study of employees at the US banking giant Wachovia, which found that employees who are put through an energy renewal program outperformed a control group by 15% to 20% in achieving bottom line targets for sales and business growth (Phillips, 1995).

2.7 Organizational Role and Attitude to Health and Safety

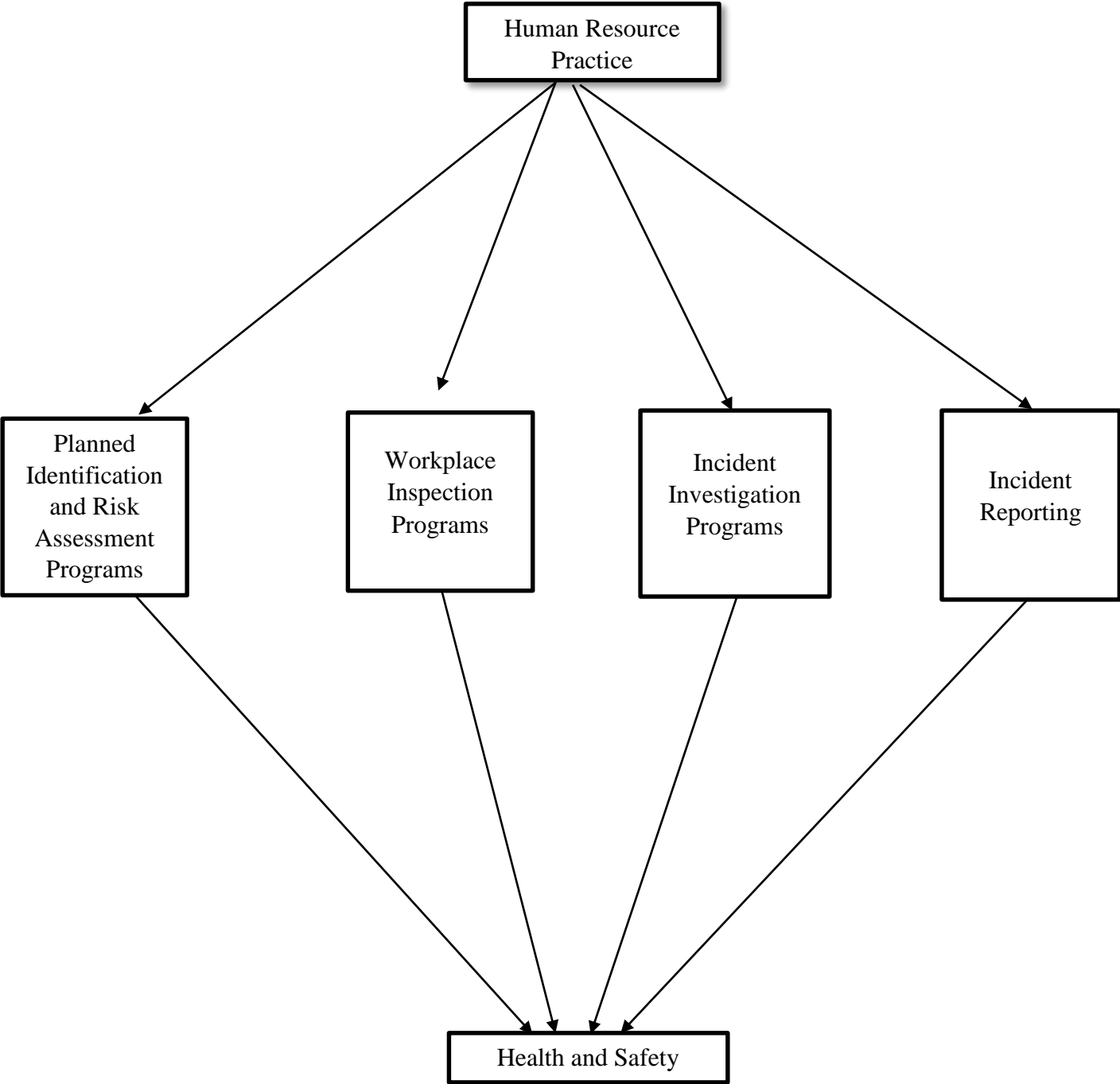
The role of organizations in the promotion of safety can be termed as safety management and is often reflected on the attitudes, beliefs, perceptions, and values that employee share in relation to safety. According to Stranks, (2000), health and safety is a major concern for management. Management's attitudes and approach towards accident prevention are always reflected in the supervisory force of the organization. Thus, if the employer is not genuinely interested in

preventing accidents no one else is likely to be since the basic fact applies to every level of management and supervision. Beach, (2000) stated that, accident control program results from top management's efforts and is demonstrated if employee's co-operation and participation are to be obtained. This means that the healthy organization model draws on the population health literature dealing with environmental influences. This mirrors organizational performance research which tries to situate individual workers in their workplace context. As Demmin, (1986), argues, most variance in worker performance is due to the attributes of work systems, not individuals. Management should setup information and control systems so that the health and safety performances are monitored, and corrective actions initiated when required.

2.8 Conceptual Framework

The conceptual framework below was designed based on the four identified ways developed by Ayodele and Olubayo-Fatiregun (2010) which emphasized that human resources practices influence health and safety through four thematic ways namely: planned identification and risk assessment programs, workplace inspection programs, incident investigation programs and incident reporting.

This is illustrated in **Fig 2.1** below



Source adopted from; Ayodele and Olubayo – Fatiregum (2010)

2.8.1 Planned Identification and Risk Assessment

Ayodele and Olubayo-Fatiregun (2010) proposed that planned identification and assessment refers to a programmed approach to the identification and assessment of all major hazards and work processes. This should include formal risk assessment activity, and should be a continuous process, with re-assessment upon change in the workplace or the availability of new information on the health and safety hazard, and the conduct of periodic reviews to monitor the effectiveness of controls and to identify any further hazards. The assessment criteria also take into account a range of reactive hazard identification mechanisms, including workplace inspection, incident investigations, use of injury data and legislation, and employee hazard reports.

Komaki et al., (2008) concluded in a survey that while few companies have a planned approach to hazard identification and assessment, a majority of companies identify health and safety hazard on a more reactive basis, using such methods as record of injury/ illness and incidents; injury/illness/incident investigation; inspections; job hazard analysis; regular analysis of procedures and systems of work; use of legislation, codes of practice and government guidance material; product information, industry or trade guidance; personal knowledge and experience of managers and employees; reporting of hazards by employees; and expert advice and opinion.

2.8.2 Workplace Inspection

To Denisi and Griffin (2005), the audit criteria emphasize the need for regular schedule workplace inspection, organized around an inspection checklist and conducted jointly by trained management and employee representatives, who seek input from employees during the inspection. The records and corrective action tracking systems should be maintained and follow-up inspections undertaken to determine the effectiveness of corrective actions.

Eklof (2008) indicated that periodic review of the inspection process, forms and checklists should be undertaken. Inspections should be viewed as an ongoing part of the safety and health hazard identification, risk assessment and control process, and as a device for verifying the maintenance of health and safety standards. There should not be an 'inspect in' focus, where inspections are the primary tool for health and safety hazard identification and control, but rather inspection should be focused on checking employee compliance with rules and other day-to-day tasks such as housekeeping.

Osuala (2005), stated that the weekly inspection is supplemented by a monthly inspection undertaken by senior managers, equivalent of the more comprehensive inspections conducted on an annual basis in other industries. He continues that the formal annual inspection program complements the informal inspections undertaken separately by the Safety Manager and the health and safety representatives. In other cases, a more comprehensive annual inspection is undertaken through annual health and safety audits.

2.8.3 Incident Investigations

Alberta (2006) wrote that incident investigations systems should be designed to identify reasons for sub-standard performance and underlying failures in the health and safety management and should not support an analysis which considers human error only. He further stated that the enterprises should have a procedure for accident investigations which is administered by persons trained in incident investigation and contemporary approaches to corrective action.

Inspection should be undertaken by manager/supervisors, health and safety representatives and employees affected, with senior managers involved in the investigation of more serious incidents. The investigation reports, discussion of corrective action with appropriate personnel prior to implementation and monitoring of the effectiveness of corrective action. He finally noted that there

should be evidence of review of the investigation system or critiques of particular investigations in order to identify any flaws arising during the investigation process.

Guldenmund, (2010) discovered that less than half the companies he investigated have sought to design an investigation program centered upon the analysis of the underlying management system failures, as opposed to one which supports and focus on human error. Methods used to circumvent a primary focus on human error include the use of quality management analytical tools and guidance on higher order hazard control measures to steer the investigators in the right direction (Brauger, Frank, Korunka and Lueger, 2009), building an emphasis on system failure, as opposed to individual failure, into the workplace culture (Antonsen, 2009) and a vigilant approach by health and safety specialists to treat as incomplete any reports focusing on the individual alone (Gauthey, 2005).

Further, more common method is for investigation forms to contain that the investigator should avoid a hasty attribution of blame to the employee. The use of such forms does not necessarily lead to a more balanced investigation, as shown by the experience of Pigwork (2003) where individuals are invariably viewed as the cause of incidents.

Pigwork (2003) pointed out that no cases have a formal system for follow-up in place although there are several examples of tracking systems to ensure that corrective action is undertaken. Gauthey (2005) asserted that at this state, the emphasis should be placed on the implementation of recommendations for corrective action, with a monthly report by the Health and Safety Manager highlighting outstanding corrective actions related to major incidents. The practice of senior manager perusal of the monthly report is viewed as a stimulant to implement activity.

2.8.4 Incident Reporting

Effective incident reporting is expected to flow from the existence of a reporting procedure that is known by employees and results in a high level of reporting. According to Brauger, Frank, Korunka and Lueger (2009), the reporting system should include incidents that do not result in injury and ensure appropriate reporting to health and safety authorities within the organization. Where relevant, the causes of under-reporting of injuries and incidents should be studied and strategies to encourage reporting implemented.

Guldenmund, (2010) further stated that it is difficult for some enterprises to make an adequate assessment of the level of reporting in the absence of a considered process to identify possible reporting problems and monitor changes following action. The process can be a simple one, as in word of mouth campaign on the importance of reporting for evaluation of the hazard elimination program (Yuh, 2011). This should include an assessment of the implementation of the reporting procedure in its annual inspection.

2.9 Safety Standards and Health Problems faced by Employees

In most accidents, managers and supervisors almost instantaneously point fingers at human efforts and unsafe actions as the ultimate cause without probing deeper into the root cause of the accident. Such incidents occur due to multifaceted factors. Human errors and unsafe actions caused by illiteracy, lack of training, poor supervision, technical flaws relating to design, layout, machine guarding and arrangement of work (Krishnan, 1999). Very often it is found out that accidents occur in activities ancillary to the main purpose of the organization, and these activities are given less safety focus by the management. Safety standards is an orderly arrangement of interdependent activities and related procedures that drives on organization health and safety performance.

According to Bryan, (1999), it can be defined as the plan to reduce and eliminate hazards and risk at workplace.

According to occupational Health and Safety Act 651, health and safety means the conditions or factors that affect the well-being of employees, temporary workers, personnel, visitors, and any other person at the workplaces. It is a part of the overall management system that facilitates the management of the occupational health and safety risk that are associated with the business of the organization. This includes the organization structure, planning activities, responsibilities, practices, procedures, processes, and resources for developing, implementing, achieving, reviewing, and managing the organization's health and safety policy.

From the viewpoint of Wayne, (2002), each employer has a general duty to provide a place of employment free from recognized hazards, they also have the special duty to comply with all health and safety standards. The Occupational Health and Safety Act to date, has issued a large number of detailed standards covering numerical environmental hazards. The occupational health and safety standard govern potentially unsafe work condition that employees may be exposed to.

The Act also states that suitable first aid facilities must be provided or be available at the workplace as well as safety signs placed at specific risk and hazardous points to warn employees as well as to ensure that the employer provides the maximum level of comfort at the workplace. The Act also charges the employers and employees to report incidents and accident in the workplace for at least three years. Majority of such standards were acknowledged as helpful and important by all organizations. The health and safety at work defines the duties and obligations of both employers and employees in ensuring that the workplace is maintained as a safe working environment. This Act consolidated many previous enacted safety requirements and made employees responsible for their own safety. Employers are obliged to avoid health and safety hazards and secure a safe working plant and implement code of practice for safety and emergency evacuation. Employers

have the duty of issuing a written statement of general policy with respect to health and safety matters in their organization and implementation for the revision with the organization and also to provide for the appointment of safety representatives (Labor Act, 651).

2.10 Employee Involvement in Health and Safety Standards

Workers' involvement may be termed as the willingness of employees to accept the responsibility for their behavior in creating an accident free workplace. From a management perspective, workers involvement refers to the ability of workers to directly influence or form the management and work process in an enterprise (Cohen and Michael, 1999). The term employee refers to every employee in the organization at every level and in every department. Workers involvement is a process involving behavior that is dynamic, action oriented and problem solving that continuously seeks for improvement in a safety conscious environment.

According to Schein, (1992) there is the need to increase safety for individuals if they are to feel secure and capable of changing behaviors and adapting to new policies and procedures. Thus, employee's involvement means that employees have a substantial voice in health and safety decisions and also have the leverage to initiate and achieve health and safety improvement as well as hold themselves and others accountable for their actions as well as taking pride in the health and safety performance record of the organization.

Contrary to workers' involvement, employee pessimism could paralyze problem solving activities of individuals and workgroups because employee pessimism behavior carries enormous negative consequences for individual and for the organization where they work.

From the view of Oyan (2000), employee pessimism was found to correlate with poor safety performance. He also viewed workers' involvement as a means of improving both the overall health and safety conditions at the workplace. When employees are aware of management sincere

interest in them, they will respond in kind. In this type of an environment on the one hand, employee innovation, thinking, suggestion and decision making evolve to the benefit of the employee and the organization alike.

High employee morale and commitment decreases absenteeism and turnover. High employee morale and commitment are associated with high safety performance. According to Alazab (2003), based on the studies of the United Kingdom's health and safety executive found out that companies that promoted employee involvement in health and safety issues frequently saw a reduction in accidents and injuries and there were improvement in hazards awareness and productivity.

From the study on safety by Costigan (2001), it was revealed that the highest scores of six variables were management commitment and employees' involvement followed by workplace analysis as (Inspection, audits, and hazards correction) and the third on the rank was safety and health training.

2.11 Empirical Analysis on Health and Safety

There is evidence that providing a healthy and safe working environment has the potential to increase labor productivity and in turn increase business profits. It is also evident that there are certain requirements needed to ensure the success of health and safety intervention and subsequent increase in productivity. Such requirements include a good level of cooperation between the management and employees and the working environment in which employees are engaged to work.

The study findings showed a moderate positive relationship between health problems and safety programs and organizational performance of banking sector and academic sector. This was an indication that health and safety programs were not efficient in the studied firms, thus, affecting

organizational performance of these institution in terms of sales, profitability, production, order delivery, reputation, target achievement, quality, and costs.

However, the review of the literature has revealed a number of key gaps in the research. This include the personnel understanding of health and safety policies and Act as well as Management commitment in relation to health and safety was overlooked in the research. This study will assess the level of understanding of the health and safety policies and Act of employees and the level of management commitment on health and safety.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter entails the techniques, methods of data collection for the study. Sections covered in this chapter include research design, source of data, study area, sampling technique, data collection procedure, questionnaire design, and data analysis.

3.1 Research Design

The research employed both the qualitative and quantitative form of research design for the study. Quantitative research was used to quantify the problem by way of generating numerical data that was transformed into usable statistics. Quantitative data included number of working days, adequate and comfortable working environment, favorable working conditions and health and safety standards affect productivity.

Qualitative questions in questionnaire included attitude of management towards health and safety of employee's and challenges of health and safety standards in the organization.

3.2 Sampling Technique

Due to the topic and research objective, the research was focused on the staff of CSUC and Ecobank Ghana (Adum Branch) both academic and banking sector. The targeted population consisted of staff members from both institution. A sample size of 80 staff in total was chosen arbitrary to represent both the entire staff of CSUC and Ecobank Ghana (Adum Branch). 60 from CSUC and 20 from Ecobank Ghana (Adum Branch). The technique employed in collecting the data was simple random sampling.

3.3 Sources of Data

Data was obtained from staff members of CSUC and Ecobank Ghana (Adum Branch). This was done through the administration of questionnaire to respondents.

3.4 The Study Area

The study area is from the grounds of Christian Service University College, Kumasi and Ecobank Ghana (Adum Branch). CSUC is accredited to the National Accreditation Board with 161 support and faculty staff, located in the capital of Ashanti Region and Ecobank Ghana (Adum Branch) is a financial institution who are into loans, savings, investments, debit and credit cards, mortgages with 20 staff, located on the Harper road, Adum Kumasi

3.5 Data Collection Procedure

Questionnaires were employed as a source of data collection tool, which comprised specifically of closed-ended questions and open-ended questions. The open-ended questions were administered to help respondents to freely express their views on particular issues and give justifications for their answers.

A total of 60 questionnaires were administered for the staff of CSUC and 20 questionnaires for the staff of Ecobank Ghana (Adum branch). The questionnaires were given to respondents to who were available and willing to fill out the questionnaire at their own convenience.

3.6 Questionnaire Design

A two paged questionnaire was designed to elicit relevant data from the sample of the study. In designing the questionnaires, extra caution was taken for better clarification of each question. The questionnaire was divided into sections;

Section one – General Information (Demographics)

This section of questionnaire was to seek the gender, educational background, department and working experience.

Section two – Health Issues.

This section was to seek the data which included working environment, health and safety precautions.

Section three – Productivity

3.7 Data Analysis

The data gathered were analyzed using both quantitative and qualitative methods of analysis.

Data were analyzed using frequencies and percentages table. Other statistical programs like the Statistical Package for Service Solution (SPSS) was used to analyze and interpret the data collected from respondent. The qualitative aspect of the data were summarized in the form of text for easy analysis.

CHAPTER FOUR

DATA ANALYSIS, DISCUSSION AND REPRESENTATION OF RESULTS

4.0 Introduction

This chapter deals with the analysis and discussion of findings. The analysis was based on data collection from respondent. In effect, a total of 80 questionnaire were administered to respondent but 79 were collected. Data were analyzed using frequencies, percentages table and charts. Other statistical programs like statistical package for service solution (SPSS) v 16.0 was used to analyzed and interpret the data collected from respondent. The questions were encoded before entry into the computer.

4.1 Response Rate

In effect, a total of 80 questionnaires were administered to respondents. Out of the 80 questions, 60 were administered to Christian Service University College staff and 20 to Ecobank Ghana, Adum-Kumasi. 79 out of 80 questionnaires were collected.

4.2 Analysis on Demographics

Table 4.2.1

		Statistics					
		Gender of respondent	Age range	Main activity	Department	Working experience	Working days
N	Valid	79	79	79	79	79	79
	Missing	0	0	0	0	0	0
	Minimum	1	1	1	1	1	1
	Maximum	2	5	16	16	4	2

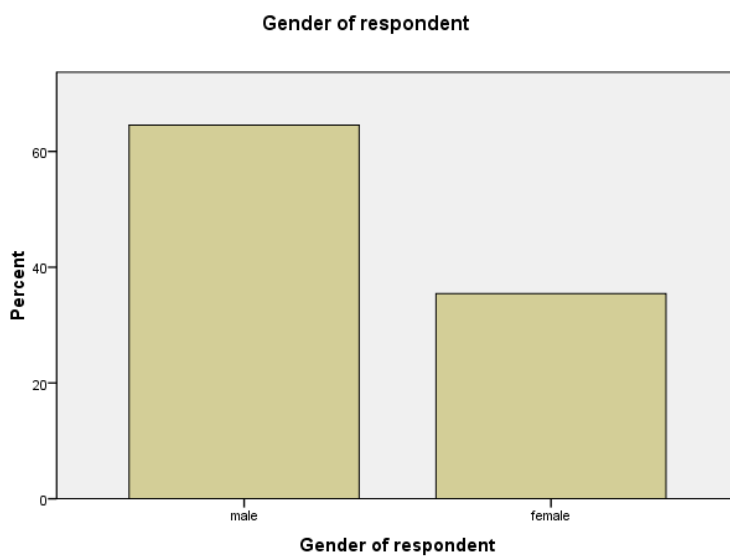
Table 4.2.2

Gender of respondent

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Male	51	64.6	64.6	64.6
female	28	35.4	35.4	100.0
Total	79	100.0	100.0	

From both institution, 51 respondents representing 64.6% are male and 28 respondents representing 35.4% representing female.

Fig 4.1



Source field: 2021

Table 4.2.3

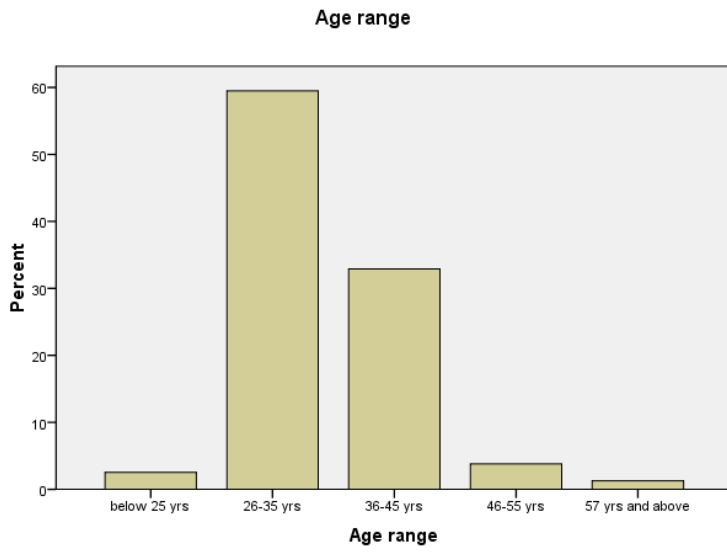
Age

range

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid below 25 yrs.	2	2.5	2.5	2.5
26-35 years.	47	59.5	59.5	62.0
36-45 years.	26	32.9	32.9	94.9
46-55 years.	3	3.8	3.8	98.7
57 years. and above	1	1.3	1.3	100.0
Total	79	100.0	100.0	

Table 4.2.3 depicts the age distribution of respondents who participated in the study. From Table 4.2.3, 2 respondents representing 2% fall below 25years; 47 respondents representing 59.5% fall within the age bracket 26-35years; 26 respondents representing 32.9% fall within the age bracket 36-45years; 3 respondents representing 3.8% fall within the age bracket of 46-55years and 1 respondent representing 1.3% fall under 57years and above.

Fig 4.2



Source filed: 2021

Table 4.2.4**Main activity**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Lecturer	14	17.7	17.7	17.7
accounts officer	9	11.4	11.4	29.1
Secretary	7	8.9	8.9	38.0
Librarian	6	7.6	7.6	45.6
UITS	8	10.1	10.1	55.7
Marketing	6	7.6	7.6	63.3
HR	6	7.6	7.6	70.9
QA	4	5.1	5.1	75.9
Sch nurse	3	3.8	3.8	79.7
Security	3	3.8	3.8	83.5
info desk	1	1.3	1.3	84.8
HM	1	1.3	1.3	86.1
EM	1	1.3	1.3	87.3
Customer service	3	3.8	3.8	91.1
Teller	5	6.3	6.3	97.5
support unit	2	2.5	2.5	100.0
Total	79	100.0	100.0	

Table 4.2.4 depicts the main activity each respondent is entitled to.

Table 4.2.5**Department**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid HOD,Lecturer	14	17.7	17.7	17.7
Accounting	9	11.4	11.4	29.1
Administration	7	8.9	8.9	38.0
Library	6	7.6	7.6	45.6
IT	8	10.1	10.1	55.7
Marketing	6	7.6	7.6	63.3
HR	6	7.6	7.6	70.9
QA	4	5.1	5.1	75.9
Clinic	3	3.8	3.8	79.7
Security	3	3.8	3.8	83.5
ID	1	1.3	1.3	84.8
Hostel	1	1.3	1.3	86.1
Estate	1	1.3	1.3	87.3
Customer service	3	3.8	3.8	91.1
Teller	5	6.3	6.3	97.5
Support unit	2	2.5	2.5	100.0
Total	79	100.0	100.0	

Table 4.2.5 depicts the department each respondent from both organizations fall under.

Table 4.2.6**Working experience**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1-5 years	9	11.4	11.4	11.4
6-10 years	40	50.6	50.6	62.0
11-15 years	22	27.8	27.8	89.9
16-20 years	8	10.1	10.1	100.0
Total	79	100.0	100.0	

Table 4.2.6 depicts the working experience of staff who participated in the study from both organizations. The data gathered shows that 9 respondents representing 11.4% have worked between 1-5years; 40 respondents representing 40.6% have worked between 6-10years; 22 respondents representing 27.8%, between 11-15years and 8 respondents representing 10.1%, between 16-20years.

Fig 4.3



Source field: 2021

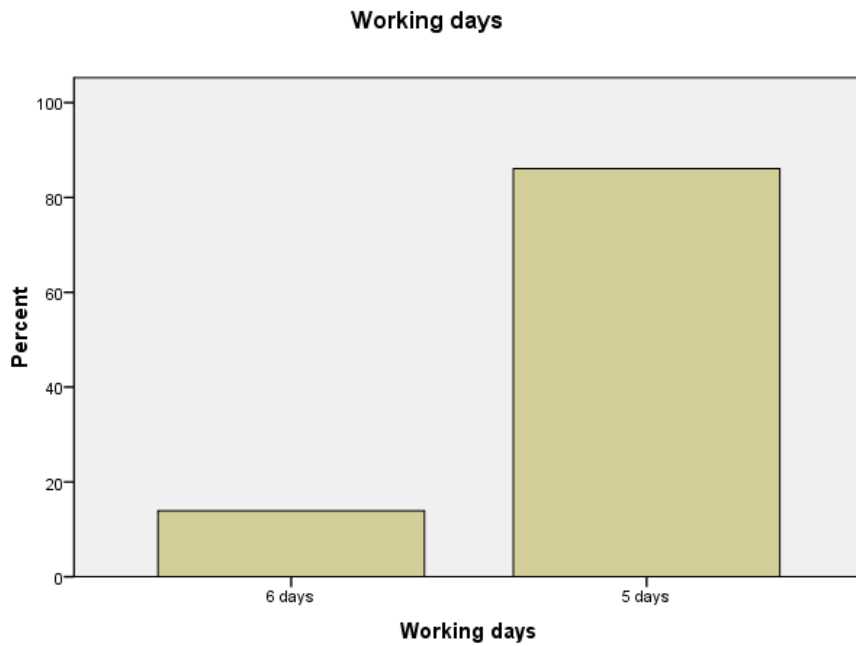
Table 4.2.7

Working days

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 6 days	11	13.9	13.9	13.9
5 days	68	86.1	86.1	100.0
Total	79	100.0	100.0	

Table 4.2.7, majority of respondents (68) representing 86.1% work 5 days in a week and 11 respondents representing 13.9% work 6 days in a week.

Fig 4.4



Source field; 2021

4.3 What are the Safe Standards put in place in the Organization?

The research questions sought the views of employees on the safety standards put in place in the organization. It sought the views on safe working environment, safety policy and does the organization have procedures for employees for reporting pains or other disease in relation to the job.

Table 4.3.1 Descriptive and frequency statistics on safety standards put in place in the organization.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation	Variance
Does the organization have a safe working environment?	79	1	1	1.00	.000	.000
Does the organization have procedures for employees for reporting pains or other disease in relation to the job processes?	79	1	2	1.08	.267	.071
Does the organization have a safety policy?	79	1	1	1.00	.000	.000
Valid N (list wise)	79					

Table 4.3.2

Does the organization have a safe working environment?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	79	100.0	100.0	100.0

From table 4.3.2 all respondents (79) representing 100% affirm that they have a safe working environment.

Table 4.3.3**Does the organization have a safety policy?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	79	100.0	100.0	100.0

From table 4.3.3, all respondents (79) representing 100% affirm they do have a safety policy.

Table 4.3.4 Does the organization have procedures for employees for reporting pains or other disease in relation to the job processes?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	73	92.4	92.4	92.4
No	6	7.6	7.6	100.0
Total	79	100.0	100.0	

From table 4.3.4, 73 respondents representing 92.4% affirm they have procedures for employees for reporting pains or other disease in relation to the job, however 6 respondents representing 7.6% does not agree.

4.4 How has the Working Conditions affected the Organization?

The research question sought the views on of staff on the working conditions in both organizations. The objective was to determine if both organizations have a safe and healthy working condition. It sought the views on health and safety procedures and regulations, ability to approach management on issues of concern with regards to their health and safety, are they satisfied with the conditions in the organization.

According to Week et al, (1991) organizational safety seeks to make workplace safe for workers within organization and that the goal is to present the occurrence of illness among workers.

Table 4.4.1 Descriptive and frequency statistics on working conditions in the organization.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation	Variance
Does the organization have health and safety procedures and regulations?	79	1	2	1.09	.286	.082
Do employees have the ability to approach management on issues of concern with regards to their health and safety?	79	1	2	1.25	.438	.191
Are you satisfied with the conditions in the organization?	79	1	2	1.75	.438	.191
Valid N (list wise)	79					

Table 4.4.2 Does the organization have health and safety procedures and regulations?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	72	91.1	91.1	91.1
	No	7	8.9	8.9	100.0
Total		79	100.0	100.0	

Table 4.4.2 depicts that, 72 respondents representing 91.1% says the organizations have health and safety procedures and regulations, however, 7 respondents representing 8.9% says no they do not have health and safety procedures and regulations.

Table 4.4.3 Do employees have the ability to approach management on issues of concern with regards to their health and safety?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	59	74.7	74.7	74.7
	No	20	25.3	25.3	100.0
Total		79	100.0	100.0	

Table 4.4.3 depicts 59 respondents representing 74.7% says they have the ability to approach management on issues of concern with regards to their health and safety, however, 20 respondents representing 25.3% says no.

Table 4.4.4 Are you satisfied with the conditions in the organization?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	20	25.3	25.3	25.3
	No	59	74.7	74.7	100.0
Total		79	100.0	100.0	

Table 4.4.4 depicts, 20 respondents representing 25.3% says they are satisfied with the conditions in the organization, however the majority (59) representing 74.7% says they are not satisfied with the conditions in the organization.

4.5 How Has Health and Safety Standards Affected Employees Productivity?

The research question sought the views of employee on how health and safety standards have affected their productivity. The objective was to determine the effect of health and safety on employees' productivity. The views elicited from respondents have been presented in Table 4.5.1. A look at Tables depict that, 30 respondents representing 38% agreed that adequate and comfortable working environment as well as safety practices will affect productivity positively, however, 49 respondents representing 62% disagrees.

This is in the agreement with Holzer & Seok-Hwan (2004) that, productivity and performance are functions of many factors varying from top management support, performance measurement system, employee training. It is thus important to build up capacities for productivity improvement. When it came to whether all employees are given the opportunity to voice out health and safety concerns, 28 respondents representing 53.2% affirms they are given the opportunity, 42 respondents representing 53.2% disagree and 9 respondents representing 11.4% are neutral.

Cole (2002) asserted that among the key factors that affect employees' productivity and performance include health and safety policies development of safe working practices and development of organizational plans.

Also, majority (39) representing 49.49% affirms that health and safety standards affect productivity, 35 respondents representing 44.3% disagree and 5 respondents representing 6.3% are neutral.

Table 4.5.1 Descriptive and frequency statistics on health and safety standards affecting employee's productivity.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation	Variance
Adequate and comfortable working environment as well as safety practices will affect my productivity positively	79	1	2	1.62	.488	.239
All employees given the opportunity to voice out health and safety concerns.	79	1	3	1.76	.645	.416
Health and safety standards affect productivity.	79	1	3	1.57	.614	.377
Valid N (list wise)	79					

**Adequate and comfortable working environment as well as safety practices will affect my
productivity positively**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	30	38.0	38.0	38.0
	Agree	49	62.0	62.0	100.0
	Total	79	100.0	100.0	

All employees given the opportunity to voice out health and safety concerns

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	28	35.4	35.4	35.4
	Agree	42	53.2	53.2	88.6
	Neutral	9	11.4	11.4	100.0
	Total	79	100.0	100.0	

Health and safety standards affect productivity.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	39	49.4	49.4	49.4
	Agree	35	44.3	44.3	93.7
	Neutral	5	6.3	6.3	100.0
	Total	79	100.0	100.0	

4.6 What Is The Attitude Of Management Towards Health And Safety Employee?

The research question sought the views on management attitude towards health and safety of employees. The objective was to assess management attitude towards the health and safety of employees.

As the views expressed by the employees on the issues of health and safety policies procedures, we were able to get their side of view on management philosophy. Their responses were varied on this subject.

And the response coming from employees were; good, average, highly commendable, not bad, very good and also management would want to see your hospital report before they cover the expenses and also provision of clinic to attend to staff.

The findings were consisted with Zohr, (2002) who reveals that management's commitment to safety is a major factor affecting health and safety of employees. He further stated that this commitment can manifest itself through follow-up actions, priority assigned for safety etc.

4.7 What Are The Challenges Of Health And Safety Standards In The Organization?

The research question sought the views on challenges of factors that affect the health of employees at the workplace. These challenges or factors that affect the health of employees. Notable among these factors was;

- ❖ Long computer usage.
- ❖ Long sitting hours.
- ❖ Inappropriate chairs.
- ❖ Long working hours.
- ❖ Carrying of heavy objects.
- ❖ Pressure from management.

Again, from the study, employees also asserted that there is discrimination with regards to how reported cases of accidents are treated.

Types of health problems encountered at the workplace include; backache, stress, eyestrain, neck pain, injury.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.0 Introduction

This chapter presents a summary of the research process and the major findings from the study. It then draws conclusions and make recommendations for policies and practice. Suggestion are also made for future research.

5.1 Overview of the Study

The study was conducted in Christian Service University College, Kumasi and Ecobank Ghana, Adum-Kumasi to assess health problems of staff at the workplace and its effect on productivity. The study purposed to identify health problems of staff in both organization and to determine the health and safety standards on employee's productivity. It also aimed at the working conditions affecting the organization. Additionally, it purposed to assess the attitude of management towards health and safety of employees and to identify the various factors that may affect employees' health at the workplace.

The target population consisted of staff from both organization. The sample size was 80; 20 to Ecobank Ghana, Adum Branch and 60 to Christian Service University College, Kumasi.

Simple random sampling technique was used to select the employees. Questionnaire were designed and used to collect data for the study. The data collection lasted for three weeks. The data were edited, coded, presented and analyzed using statistical tool such as percentages, frequency tables and charts, were used to summarize the data and the results were presented in the form of tables for discussion which aided in answering the research questions. Even though various recommendation techniques were adopted to reduce the cumulative effects of the limitations on the data, their impacts on the findings were not entirely ruled out.

5.2 Key Findings

5.2.1 What Are The Safe Standards Put In Place In The Organization?

All respondents (79) representing 100% affirm that they have a safe working environment. All respondents (79) representing 100% affirm they do have a safety policy. 73 respondents representing 92.4% affirm they have procedures for employees for reporting pains or other disease in relation to the job, however 6 respondents representing 7.6% does not agree.

5.2.2 How Has the Working Conditions Affected the Organization?

72 respondents representing 91.1% says the organizations have health and safety procedures and regulations, however, 7 respondents representing 8.9% says no they do not have health and safety procedures and regulations.

59 respondents representing 74.7% says they have the ability to approach management on issues of concern with regards to their health and safety, however, 20 respondents representing 25.3% says no.

20 respondents representing 25.3% says they are satisfied with the conditions in the organization, however the majority (59) representing 74.7% says they are not satisfied with the conditions in the organization.

5.2.3 How Has Health and Safety Standards Affected Employees Productivity?

30 respondents representing 38% agreed that adequate and comfortable working environment as well as safety practices will affect productivity positively, however, 49 respondents representing 62% disagrees.

When it came to whether all employees are given the opportunity to voice out health and safety concerns, 28 respondents representing 53.2% affirms they are given the opportunity, 42 respondents representing 53.2% disagree and 9 respondents representing 11.4% are neutral.

Also, majority (39) representing 49.49% affirms that health and safety standards affect productivity, 35 respondents representing 44.3% disagree and 5 respondents representing 6.3% are neutral.

5.3 Conclusion

Based on the findings, it can be concluded that;

First of all, the problem of the study is that health related problems are encountered at the workplace and can pose danger directly or indirectly to other employees and the organization as a whole.

The objective of the study is to assess the health problems of staff at the workplace and its effect on productivity.

The methodology employed by the researchers were both the qualitative and quantitative form of research design for the study.

Health and safety of employees is primarily important at any workplace be it in educational, hospital, construction or banking. The importance of health and safety at workplace cannot be over simplified.

From the study, it can also be deduced that health and safety of workers, the better the motivation to boost productivity.

Also from the study, not all employees are satisfied with the working conditions in the organization and also most don't have the ability to approach management on issue of concern with regards to

their health and safety. Therefore, each employee with an issue should be given the chance to voice out concerns regarding their health.

5.4 Recommendations

From the findings and conclusions of the study, the following recommendations are made;

- ❖ Management should be more responsible for the needs and concerns of their employees' health by being more sensitive to the problems of the employees. This can be carried out by getting health professionals to assess employees to determine their health and safety practices.
- ❖ Health and safety measures should be in place and employees should be advised to use the organizational health centers for reviews.
- ❖ There should be continuous review of health policies, to ensure that firms have up to date safety measures in place.
- ❖ The management should initiate health professional teams to be available to assist employees.
- ❖ The government should also initiate monitoring teams that will go round periodically to check whether employers go by the regulations as provided.

5.5 Further Research

The study focused on health problems of staff and its effect on productivity. A similar study should be conducted in other sectors like construction, mining, other private and public educational institute, health care institutions, utility etc. The study should be carried out in either sectors in order to compare in the implementation of health and safety policies and procedures.

REFERENCE

- Alazab, L., (2003), *A healthy and safe workplace*. African Newsletter on Occupational Health and Safety.
- Alberta, E. K. O. (2006) *Effect of state workplace safety laws on occupational injury rates*. Journal of occupational and environmental medicine 43(12): 1001.
- Annah, B. V. (2004) *Inside the Black Box: How do OSHA Inspections Lead to Reductions in Workplace Injuries? Law and Policy* 27(2): 219-237.
- Aswathappa B. N. (2000). *A new-generation, safety contest in the mining industry A long-term evaluation of a real-life intervention*. Safety Science 48(5): 680-686.
- Ayodele R. and Olubayo-Fatiregun S. (2010) *Occupational health and safety: effectiveness of economic and regulatory mechanisms. Workers' Compensation: Foundations for Reform*: 187–218
- Beach, D., (2000), *The management of people at work*, 7th edition. New Jersey: Macmillan publishing company Ltd.
- Bharucha-Reid, R., & Kiyak, H. A. (1982). Environmental effects on affect: Density, noise and personality. *Population and Environment*, 5(1), 60-72.
- Brauger, G. L., Frank D. E., Korunka X. A. and Lueger Q. T. (2009). *Safety, courts and crime: occupational safety and health prosecutions in the Magistrates' courts*. Policy and practice in health and safety 1(1): 105-127
- Brinkerhoff, R. O., & Dressler, D. E., (1990), *Productivity Measurement: A Guide for Managers and Evaluators*. Newbury Park, CA: Sage Publications.
- Bryan, B., (1999), *Occupational Health & Safety Management Systems: Strategic Issues*. New York: McGraw Hill.

- Casio, W., (1996), *Managing Human Resource: Productivity, Quality and Working Life and Profits*: New York: McGraw Hill
- Chatrchyan, S., Khachatryan, V., Sirunyan, A. M., Tumasyan, A., Adam, W., Bergauer, T., & Van Haeevermaet, H. (2011). Search for super symmetry at the LHC in events with jets and missing transverse energy. *Physical review letters*, 107(22), 221804.
- Clarke, E., (2005), *Do occupational health services really exist for Ghana?* Retrieved from: www.ttl.fi/en/publications/electronic_publication/com, 15th March 2012.
- Cohen, A., & Michel, C., (1999), *Assessing Occupational Safety and Health Training*. New York: Handley and Beifus.
- Cole, E. A., (2002), *Personnel and human resource management*, 5th edition. London: Biddles Limited
- Costigan, (2000), *Measuring Performance in health and safety, An Investigation into the use of positive performance indicators*. *Journal of Occupational Health and Safety*, 16 (1):55-64.
- Demming, W. E., (1986), *Quality, Productivity, and Competitive Position*. Cambridge, MA: Centre for Advanced Engineering Study, MIT.
- Denisi, Y. and Griffin, E. (2005). *Teaching health and safety: Problems and possibilities for learnercentered training*. *Amer J Indust Med* 22:665-676.
- Dorland, E. O. (2001). Effect of educational programs, rigid sharps containers and universal precautions on reported needle stick injuries in health care workers. *Infect Contr Hosp Epidem* 12:214-219.
- Eklof, D. L. (2008). *Motivational and organizational factors affecting implementation of worker safety training*. *Occupational Medicine: State of the Art Reviews* 9(2):211- 240.

- Gauthey, E. T. (2005) *Employee attitudes towards hearing protection as affected by serial audiometry*. In: Personal Hearing Protection in Industry (Ed: PW Alberti, Raven Press, N.Y.) 491-501.
- Gerber, T. P., & Hout, M. (1998). More Shock than Therapy: Market Transition, Employment, and Income in Russia, 1991-1995 1. *American Journal of Sociology*, 104(1), AJSv104p1-50
- Guldenmund, U. (2010). *An investigation of the durability of behavioral procedures for reducing workers' exposures to a suspect carcinogen. Special Report to National Institute for Occupational Safety and Health*, Cincinnati OH 45226.
- Gunderson, L., (2002), *Understanding Transformations in Human and Natural Systems*. Washington: Island Press.
- Hall, E. and Goodale T. L. (2007). Worker training and education in occupational safety and health: A report on practice in six industrialized western nations (Part 2). *J Safety Res* 13:73-87.
- Hameed, A., & Amjad, S. (2009). Impact of office design on employees' productivity: a case study of banking organizations of Abbottabad, Pakistan.
- Health and Safety Executive, (2006), The Department of labor. *Model for Business, Excellence*. Harare. Koopman Books.
- Hippocrate, X. V. (1981). *Improving human capabilities for combined manual handling tasks through a short and intensive physical training program*. *Amer Indust Hyg Assoc J* 51:610-614
- Holzer, M., & Seok-Hwan, L., (2004), *Mastering public productivity and performance improvement from a productive management perspective*. 2nd ed., Marcel Dekker, New York, NY.

- Hughes, J., (2007), *Office design is pivotal to employee productivity*. Sandiego Source the Daily Transcript.
- International Labor Organization, (2005), *Decent work – Safe work*, a global report on work related accidents and ill health. Geneva, ILO.
- Jensen, L. B., Muylle, H., Arens, P., Andersen, C. H., Holm, P. B., Ghesquiere, M., ... & Barre, P. (2005). Development and mapping of a public reference set of SSR markers in *Lolium perenne* L. *Molecular Ecology Notes*, 5(4), 951-957.
- Jex, S. M., (1998), *Stress and Job Performance*, Theory, Research, and Implications for Managerial Practice. Thousand Oaks, CA: Sage Publications.
- Komaki et al. (2008). *Efficacy of an intervention to promote use of hearing protective devices by fire fighters*. *Pub Hlth Repts* 105:53-59.
- Kreitner, E. A. (2007). *Environmental Health and Safety CFR Training Requirements - 2nd Edition* Government Institutes, Inc., Rockville, MD
- Krishnan, N. V., (1999), *Safety Management in Industry*, 3rd edition. Mumbai: Jaico Publishing House, p. 406.
- Lehtinen, S., (2001), *Developing occupational health and safety in Asia*. *Asian-Pacific Newsletter on Occupational Health and Safety*, 8(2), 44-7.
- Lucas, Q. R. (2007). A new SCSR donning procedure. In: *Research and Evaluation Methods for Measuring Non-routine Mine Health and Safety Skills*. Vol I. University of Kentucky, Lexington, KY, Chapter 4.
- Lucas, W. R. (2001). *A cross-sectional survey of workers and their training needs at 29 hazardous waste sites*. *Appl Occup & Environ Hygiene* 9(9):605-611.
- McCunney, R., (2001). *Occupational Health and Medicinal*, 7(4): 3-5.

- Mohr, L. B., (1992), *Impact analysis for program evaluation*. Newbury Park, CA: Sage Publications.
- Neal, J., (2000). *The Impact of Organizational Climate on Safety Climate and Individual Behavior* *Safety Science*, 34, 99-109.
- Osuala, Q. O. (2005). *Safety program practices in record-holding plants*. DHEW (NIOSH) Publication No. 79-136, National Institute for Occupational Safety and Health, Cincinnati, Ohio 45226
- Oyan, T., (2000), *Putting Optimism in to your safety program*. *Occupational Hazards*, 62(91), 66-69.
- Pantry, S., (1995), *Occupational Health*. London: Chapman & Hall.
- Parker, S. & Wall, T. (1998). *Job and Work Design: Organizing Work to Promote Well Being and Effectiveness*. Thousand Oaks, CA: Sage Publications.
- Phillips, J. J., (1995), *Return on investment beyond the four levels*, London, Academy of Human Resource Development.
- Pigwork, F. L. O. (2003). *Occupational electrocutions: Investigation and prevention*. Prof Safety Pp: 34-39.
- Republic of Ghana (2003). *Labor Act*, (Act 651). Accra: Ghana Publishing Corporation.
- Rolloos, M. (1997). Een gezond binnenmilieu betaalt zichzelf terug *Praktijkboek Gezonde Gebouwen*. October.
- Schein, E. H., (1992), *Organizational culture and leadership*, 2nd edition. San Francisco: Jossey-Bass.
- Shikdar, A., Al-Araimi, S., & Omurtag, B. (2002). Development of a software package for ergonomic assessment of manufacturing industry. *Computers & industrial engineering*, 43(3), 485-493.

- Smith, M. D. (2011). The ecological role of climate extremes: current understanding and future prospects. *Journal of Ecology*, 99(3), 651-655.
- Stainer, A., & Stainer, L., (2000), Performance in public services: *A total productivity approach*. International Journal of Business Performance Management, Vol. 2 No. 4, pp. 263-75.
- Stranks, J., (2000), *The Handbook of Health and Safety Practice*, 5th edition. London: Prentice Hall
- Sundstrom, E., Town, J. P., Rice, R.W., Osborn, D. P. & Brill, M. (1994), *Office noise, Satisfaction, and Performance*. *Environment and Behavior*, 26(2), 195-222.
- Vancevich, J. M., (1995), *Human Resource Management*. Sydney: Irwin Inc.
- Wayne, C. C., (2002), *Managing Human Resource*, 5th edition New York: McGraw Hill.
- Weeks, J. L, Levy, B. B., & Wagner, G. R., (1991), *Preventing Occupational Disease and Injury*, Washington, DC: American Public Health Association.
- World Health Organization, (2002). *Environment, health and safety*. Geneva: WHO
- Yeatts, D. E. & Hyten. C. (1998). *High-Performing Self-Managed Work Teams: A Comparison of Theory to Practice*. Thousand Oaks, CA: Sage.
- Yuh, H. R. (2011). *Development and pilot evaluation of a health and safety training program for foundry workers*. *Appl Occup Env Hyg* 5:595-603.

APPENDIX I
QUESTIONNAIRE

This questionnaire is to provide data on the topic “health problems of staff and its effects on productivity.” This is an academic exercise in fulfillment of the pre-requisite for the award of Bachelor of Business Administration.. Information provided would be treated confidentially and wholly for academic pursuit.

INSTRUCTIONS

Please provide brief and concise answers where required. Please tick [] the following answers that are applicable to you. Also provide accurate figures and amounts to where needed.

BACKGROUND / PERSONAL DATA

1. Gender: A. male [] B. Female []
2. Age: A. below 25 [] B. 26-35 [] C. 36-45 [] D. 46-55 [] E. 57 and above []
3. Please describe briefly your main activity in the institution.
.....
4. Kindly state your department.
.....
5. Working Experience: A. 1-5yrs [] B. 6-10yrs [] C. 11-15yrs [] D. 16-20yrs []
C. above 25yrs []

Please tick [√] in the appropriate box

	Yes	No
6. Does the organization have a safe working environment?		
7. Does the organization have a safety policy?		
8. Does the organization have procedures for employees for reporting pains or other disease in relation to the job processes?		
9. Does the organization have health and safety procedures and regulations?		
10. Do employees have the ability to approach management on issues of concern with regards to their health and safety		

Please indicate the extent of your agreement with the following statements by ticking [√] on the scale the most appropriate to which you agree or disagree. Using the key

5 = Strongly Agree {SA} 4 = Agree {A} 3 = Disagree {D}

2 = Strongly Disagree {SD} 1 = Neutral {N}

Statement	SA	A	D	SD	N
11. Adequate and comfortable working environment as well as safety practices will affect my productivity positively					
12. All employees given the opportunity to voice out health and safety concerns					
13. Health and safety standards affect productivity.					

14. Please state the type(s) of health problems being encountered at the workplace.

.....
15. How many days do you work in a week?

.....
16. In general are you satisfied with the conditions in the organization?

.....
17. What are some of the factors that affect the health of employees at the workplace?

i.

ii.

iii.

iv.

18. In your opinion, what is the management view regarding health and safety of employees?

.....