THE EFFECT OF HUMAN RESOURCE MANAGEMENT PRACTICES ON HEALTH AND SAFETY: A CASE STUDY OF THE GHANA HEALTH SERVICE, KUMASI METROPOLIS

By

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DECLARATION

I hereby declare that this piece is my own work towards the Master of Business Administration and that, to the best of my knowledge, it contains no material previously published by another person or material which has been accepted for the award of any other degree of the university except where due acknowledgement has been made in the text.

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DEDICATION

I humbly dedicate this research to my parents, Mr. Emmauel Kwayisi and Madam Agnes Awuku and my brothers, Festus Yeboah and William Akoto-Kwayisi

To my husband, Mr. Forster Owusu

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ABSTRACT

The purpose of this study was to investigate the effect of Human Resource Management (HRM) practices on health and safety, a case study of Ghana Health Service, Kumasi Metropolis. And the study will make recommendations to the Ghana Health Service to help staff in their quest to achieve quality service delivery to all. The research had the following objectives; to determine the human resource practices that impact on health and safety at Ghana Health Service (GHS), to assess staff knowledge of health and safety programmes in place at GHS, and to establish the effect of Health and Safety on employee commitment to work. The study reviewed literature on HRM practices such as training and development, information and communication, performance management and motivation in the literature review. In all, 200 employees of GHS were randomly selected from the six work posts to be participants of the study. A structured questionnaire in line with the study's objectives was administered to the participants. Out of the selected participants, 170 fully completed the survey's questionnaire. Basic descriptive statistics and linear regression models were employed to analyse the data gathered from the survey. Findings revealed that, staff who participated in the survey agreed to have had a good understanding on Health and Safety operations and they are updated regularly regarding Health and Safety. Findings also revealed that, Human Resource Management practices such as recruitment and selection, training and development and reward and compensation had significant influence on Health and Safety. Health and safety had very minimal influence on employees work commitment level. The study recommended the intensification of appropriate recruitment and selection practices since it had positive effect on Health and Safety. GHS must redesign its

operations on induction and orientation practices to cover all facets of Health and Safety. Ghana Health Service must ensure that staff are involved when designing and implementing Health and Safety programmes.

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INTRODUCTION

1.0 Background of the Study

"Safety and health at work is not only a sound economic policy - it is a basic human right" (Kofi Annan, Former UN Secretary General). Health and safety in the work place is a fundamental human right which is guaranteed by the 1992 Constitution of the fourth Republic of Ghana in Article 24(1) which states that "every person has the right to work under satisfactory, safe and healthy conditions …" Health and safety in the work place takes us into the realm of occupational health and safety.

Occupational health is defined as "*the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations by preventing departures from health controlling risks and the adaption of work to people and people to their jobs*" (ILO/WHO, 1950), whilst occupational safety is defined as "*accidents prevention through work systems which are aimed at minimising risk of injury*". Schuler (1995) also defines occupational safety and health as the physical and psychological conditions of organisation's work force that result from the work environment provided by the organization. An analysis of these definitions show that occupational health and occupational safety seek to ensure the protection of workers from contracting work related diseases, accidents and the prevention of injuries at work place thus promoting congenial work environment.

Health and safety is one of the functional areas within any human resources management system and its operation cuts across various aspects of human resource management practices like recruitment and selection, induction and orientation, training and development, job design, wellness initiative, attendance management, compensation and reward and performance management. This important function is most times relegated to the background by human resource management practitioners. Some human resource practitioners are said to shudder at the mention of health and safety. This assertion is supported by such statement as made by the Chairman of the Association of Oil and Gas companies in Ghana, who opined that "regrettably, health and safety are sometimes seen as a bit of joke, yet there are many examples of disasters which demonstrate the dreadful consequence of getting it wrong"(Daily Graphic, 2013, p.43). Asiedu-Appiah *et al*., (2013) also hold with this assertion and opined that there are no clear-cut responsibilities for the coordination and planning of health and safety activities in organisations, whilst the adherence to laws on health and safety as generally poor.

Human resource managers and practitioners need to be seen as champions of health and safety. This position is espoused by Kilian (2012) that human resource professionals have important role to play in the operation of health and safety by administering, communicating, facilitating and championing the process. Similarly, the Canadian Centre for Occupational and Health Safety asserts that human resource professionals are a vital link in any health and safety programmes as they understand the work processes and demands as their training placed them in the position to balance both the interest of the organisation and the employees.

In the health sector much attention is placed on quality assurance to the detriment of health and safety. Quality assurance programmes have most often focussed on clients as they seek to address issues like long waiting time, quality of service among other parameters. However the thrust of any health and safety programme must ensure the participation of employees. One of the major challenges that health services all over the world have had to grapple with is the neglect of health and safety which tends to invariably have negative impact on health care delivery and also on staff. Violence, illness and diseases have been identified as one of the main reasons for health workers worldwide to exit the health service (World Health Report, 2006), the report also calls on health authorities to initiate actions that would ensure health and safety of health workers.

A study conducted on workplace injuries in three major sectors - construction, agricultural and health - in the United States of America showed steady drops in injuries in the construction and the agricultural sectors from about 16 to 12 per 100 full time workers respectively. Conversely, that of the health sector shot up by a third from 10 per 100 workers (BLS, 2002). A human resource benchmarking exercise undertaken by Quality Health Partners in conjunction with Ghana Health Service (2007) showed that health and safety programme was virtually non-existent in all the institutions that were benchmarked. Seven regional health directorates and selected hospitals in the country participated in the survey. An outcome of the survey was a recommendation for human resource managers to see health and safety as a key human resource function and therefore institute health and safety programmes. This lapse could be attributed to the absence of a health and safety policy at that time to offer the needed direction and framework. The operation of any health and safety programme hinges on the availability of a policy which provides leadership direction.

The expected role of human resource in the operation of health and safety in any establishment can be derived from the existing health and safety policy.

In the main, human resource departments have some roles to play in the implementation of health and safety programmes in organisations. The department is expected to be responsible for the maintenance of health and safety records as required by law, coordinating various trainings on health and safety for new and existing employees, helping in the investigation of causes of accidents, working on compensation payment arrangements for injured employees and further developing safety communication programme and informational materials. The legal basis for the operation of health and safety in Ghana flows from Article 24(1) of the 1992 Constitution. The principal laws on health and safety include the Labour Act 2003, Act 651, especially Part XV sections 118-121, the Factories, Offices and Shop Act 1970, Act 328, the Workmen's Compensation Law, 1987Act 137, as amended and Mining regulation 1970, LI 139.

1.1 Statement of the Problem

A number of studies have been conducted on health and safety in the health sector however these researches tended to examine the subject from the medical perspective which have tended to overlook the roles of other key players such as unit heads and human resource managers in the operation of health and safety programmes as the human resource would have to formulate appropriate policies on health and safety and also create the needed congenial atmosphere for safety work environment. Human resource management practices in the scheme of things plays important role in the

operation of health and safety programmes at workplaces. The researcher believes that with the increasing calls from stake holders on health and safety, this research work would not be shelved by the Ghana Health Service but would rather bring to the fore their operations and its quest of providing quality health care to all. There is also the dearth of literature on the effects on human resource practices on health and safety within the health sector as revealed in the human resource benchmarking exercise conducted in 2007. The study revealed that health and safety programmes in the regional health directorates and other health institutions surveyed were non-existent, and therefore recommended that health and safety should be seen as a major human resource function. Subsequently, some programmes on health and safety were instituted but with the development of a Ministry of Health and Ghana Health Service, Health and Safety policy much more will now be required from the human resource management units in the implementation of the policy.

Clark (2003) had noted the need for human resource policies to incorporate strong component of occupational health and safety as a measure to bring to the fore health and safety. Furthermore, Sikap (2011) proposed in his study which assessed the operation of occupational health and safety in a district hospital in Ghana for the need to conduct further research into other human resources management practices that impact on health and safety. It is against this background that this study was conducted to assess the effects of the human resource practices on health and safety with the view of learning what current practices are been used, to improve upon and other practices that need to be introduced to strengthen the operation of health and safety in Ghana Health Service.

1.2 Objectives of the Study

The objectives of the study have been divided into two. These are the general and specific objectives.

1.2.1 General Objective

To explore the effects of human resource practices on the operation of health and safety at the Ghana Health Service

1.2.2 Specific Objectives

a. To determine the human resource practices that impact on health and safety at Ghana Health Service
b. To assess staff knowledge of health and safety programmes in place at Ghana Health Service.
c. To establish the effect of Health and Safety on employee commitment to work

1.3 Research Questions

These questions listed below served as the research questions for the study.

a. What are the human resource practices that impact on health and safety at Ghana Health Service?
b. What is the staff knowledge of health and safety programmes in place at Ghana Health Service?
c. What is the effect of Health and Safety on employee commitment to work?

1.4 Significance of the Study

This study which assessed the effects of human resource practices on health and safety would add to existing knowledge and also serve as a body of knowledge which would serve as a reference material to fill in the dearth of literature on the human resource practices on health and safety in general.

The Ministry of Health and Ghana Health Service would also find the study useful and beneficial as the recommendations of this study could be used to strengthen its human resource practices on health and safety. It would again be used to improve upon health and safety operations within her institutions. Lastly, the study would provide the basis for further research on human resource practice on health and safety.

1.5 Methodology

Quantitative tool was used in the study employing both primary and secondary sources of data. Primary source in the form of questionnaire was used to gather data. Secondary sources were used for reviewing of literature on the study such as articles, journals and past researches. Primary data was obtained by using a structured questionnaire to solicit information from two hundred (200) respondents out of which one hundred and seventy (170) respondents duly submitted the answered questionnaire. Statistical Package for Social Scientist (SPSS) Software was used to analyse the data through the use of descriptive statistics and linear regression models. Respondents included Human Resource Practitioners, Nurses and Medical Officers. Purposive and simple random sampling techniques were used in selecting respondents.

1.6 Scope of the Study

This research was limited to the Ghana Health Service, Ashanti specifically the Kumasi Metropolis. The study explored the effect of human resource practices that had influence on health and safety. Respondents included Human Resource Practitioners, Medical Officers and Nurses.

1.7 Limitation of the Study

The study was constrained by a number of factors. The first was the time frame within which the research was scheduled to be completed. In a research work like this, time is very essential; the study was conducted alongside other academic activities at the same time. The next limitation was the unwillingness of some respondents to participate in the study. This was further compounded by the reluctance of some staff to answer questions frankly for fear of been victimised. A third limitation was financial constraints. The study operated on limited budget hence it affected the follow up visits to some respondents. Lastly, due to the fact that the period for the research is short, it did not allow for adequate data collection on the subject, this could affect the outcome of the work.

1.8 Organisation of the Study

The study was organised into five chapters. Chapter one provides a general overview of the study which comprised of the introduction to the study by highlighting the

background, leading to the stating the problem statement, detailing out the research objectives and research questions. The other sections in this chapter include the significance of the study, brief methodology, scope of study and limitation of study.

Chapter two reviewed literature on the human resource practices bearing on occupational health and Safety, and also examined the operation of health and safety within the health sector as well as some human resource practices.

Third chapter of the study detailed out the research methodology, study design, population, sampling techniques and the sample size for the study. It also highlighted the data collection techniques and tools used in the study.

The fourth chapter covers the findings of the study showing the results of data analysed and coupled with a discussion of the results of the study. Lastly the fifth chapter was devoted to the major findings of the study, conclusions and recommendations.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The study borders on human resource practices on health and safety as pertains in the Ghana Health Service. This chapter reviews some of the relevant literature which is related to Health and Safety and Human Resource Management practices which are relevant to the study.

2.1 Definition of Health and Safety

Health and safety is defined jointly by the World Health Organisation and International Labour Organisation as "*Occupational health should aim at the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations; the prevention amongst workers of departures from health caused by their working conditions; the protection of workers in their employment from risks resulting from factors adverse to health; the placing and maintenance of the worker in an occupational environment adapted to his physiological and psychological capabilities and; to summarize: the adaptation of work to man and of each man to his job*" (WHO,1995, p.3). Health and safety is also defined as *the physical and psychological conditions of organisation's work force that result from the work environment provided by the organisation (*Schuler 1995).

The core of every business is man whose output is partially dependent on his state of health, an appreciation of the concept of occupational health and safety becomes imperative to the success of any organization (Amponsah-Tawiah and Dartey-Baah, 2011). It can therefore be inferred from these two definitions that the primary objective of health and safety is to ensure the protection of workers from contracting work related diseases, accidents and also to prevent injuries at work places thus promoting congenial work environment.

2.2 Burden of Health and Safety

Worldwide statistics on health and safety shows a revealing state. Takala (2002) using International Labour Organisation data indicates that roughly two million deaths, out of 2.7 billion workers, occur each year attributable to occupational diseases and illness. It also estimated that 20 million working days are lost each year due to work associated illness and injuries (Armstrong, 2009). Poor health and safety practices ultimately lead to injuries and illness which have its attendant cost to the society, individuals and organizations as a whole. In the estimation of ILO four (4) per cent of Gross Domestic Product (GDP) worldwide is lost as a result of work related ill health and injuries (Takala 2002). In the Latin America Region, workplace illness and injuries were approximated to be about two (2) to four (4) per cent of GDP (Guiffrida, et al. 2002). The European Agency for Occupational Safety and Health at Work (1998) also stated that workplace injuries and deaths accounted for about zero point four (0.4) per cent to four (4) per cent of GDP of Europe.

In Sub-Saharan Africa about 54,000 fatal occupational accidents occur yearly whilst about forty-two (42) million work-related accidents took place which resulted in at least 3 days absence from work (Ha"ma "la "inen, *et al*., 2006).

Mikheev (1997) also, based on International Labour Organisation estimation, indicated that worldwide 125 million injuries per year results in about three or more days absence from work, including 10 million cases of serious injuries with more than one month absence from work, the majority of which lead to a reduction in working capacity or permanent disability. In a newspaper publication (Daily Graphic 2013) the Chief Executive Officer of Association of Oil Marketing Companies, Mr. Kwaku Agyemang-Duah also added his voice to the fact that regrettably, health and safety is sometimes seen as a bit of a joke, yet there are many examples of disasters which demonstrate that dreadful consequences of getting it wrong.

2.3 Work Place Injuries in Health Setting

Wiskow (2003) intimates that health workers face the risk of infection by the virtue of being in the health profession. Health workers acquired various illness and injuries through such mode as inappropriate waste disposal, through needles pricks and the handling of blood pathogen (World Health Report 2006). WHO (2006) again estimates that 3 million health workers are infected through blood borne pathogen with five (5) per cent of these infections occurring in the developing countries. In 2003, for example, during the outbreak of SARS disease in China out of the total 969 reported cases about 18 per cent of the cases were health professionals (Wiskow, 2003). An outcome of a risk analysis exercise in year 2000 established that

"contaminated sharps such as needles syringes, broken scalpels and broken glass" were responsible for the spread of diseases like Hepatitis B and Hepatitis C among health workers. It further observed that 40% of all cases of Hepatitis B and Hepatitis C contracted by health care workers were through injuries from sharps. The unsafe disposal of sharps and biomedical waste is another risk avenue (WHO 2002). The Ghana Health Service in an attempt to addressing the problem of biomedical waste disposal has begun piloting the use of dormfort incinerators for the disposal of medical waste.

Health workers particularly nurses as part of their duties have to move and lift patients irrespective of the patients' weight. The lifting and moving put much strain on the back of staff and this could result in musculoskeletal disorders. This assertion was corroborated by a study in Ghana which established that nurses had 21.5 times more of having low back pains than teachers (Dolvo, 2005). However, it must be noted that most cases of workplace injuries in health setting in Ghana are most often unreported. One prominent case of workplace injury in Ghana which involved health personnel was that of Dr. Mary Okai, a medical officer at Korle-Bu Teaching Hospital who contracted illness which eventually led to her death.

2.4 Legal Framework for Health and Safety in Ghana

There are a number of laws that regulate the practices of health and safety in Ghana. These laws include the 1992 Constitution, Labour Act 2003, Act 651, Factories, Offices and Shops Act 1970, Act 328, the Workmen's Compensation Law 1987. However, Clarke (2005) opines that the two principal statutes that regulate the

operation of health and safety in the country are the Factories, Offices and Shops Act 1970, Act 328. Highlights on key areas concerning these various statutes are discussed in the immediate subsections below.

2.4.1 The 1992 Constitution

The issue of health and safety is guaranteed by the 1992 Ghana Constitution and falls under the economic rights as amplified in Article 24. Article 24 Clause 1 specifically guarantees the right of every person to "work under satisfactory, safe and healthy conditions. The essence of this clause is to have congenial environment at workplaces under which work could be performed. This article further guarantees the right to receive equal pay for equal work without distinction of any kind. Article 24(2) then assures workers of rest, leisure and reasonable limitation of working hours and periods of holidays with pay, as well as remuneration for public holidays. Lastly, Article 24 (3) of the 1992 Constitution provides the right of workers to form or join trade union of their choice for the promotion and protection of their economic and social interests. This section however abhors forced labour and therefore prohibits forced labour.

2.4.2 Labour Act 2003, Act 651

The Labour Act 2003, Act 651 is the principal law that regulates industrial relations in Ghana, and Part XV of the Act deals with the issue of health and safety. The enactment of this Act took cognisance of the various Conventions and Recommendations on health and safety by International Labour Organisation that the government of Ghana had ratified and then consolidated the various laws passed on

industrial relations with the exception of the Factories, Office, Shops and Act, Act 328 and the Workman's Compensation, PNDCL 187.

2.4.2.1 Scope of Labour 2003, Act 651

The Labour Act covers all workers in the country with the exception of the security services like the armed forces, police service, prison service and other security and intelligence agencies as spelt out in the Intelligence Act.

2.4.2.2 Health and Safety responsibilities under Labour Act 2003, Act 651

The Labour Act 2003, Act 651 divides the responsibilities towards health and safety into two: the employers and the employees.

2.4.2.3 Employers Responsibilities

An employer plays an important role within an establishment as he/she has the ultimate responsibility for ensuring health and safety practices in his/her establishment. The responsibilities of an employer are set out in sections 9(c) and 118 of the Labour Act respectively. Under section 9c of the Labour Act, an employer is required to take all necessary measures to ensure that workers are free from either any personal risk of injuries or damages to a worker whilst that worker remains in the employment of the employer and further lawfully remains on the employers' premises. The Labour Act further amplifies the employers' responsibilities under section 118 of Act 651. It requires the employer to ensure the overall safety environment of the work place as requested under sections 118(2)a and 118(2)b. This infers that employers and indeed management have the task to ensure that their work

places are safe and have congenial working atmosphere and environment that will prevent or reduce possible risks and hazards at the place. The employer is also under obligation by section 118(e) to provide safety appliances, firefighting equipment, personal protective clothing for the use of workers and furthermore provide the needed training as regards the use of the appliances and equipment. The employer is under section 118(f) expected to provide sufficient sanitary and washing facilities and making available changing or cloak room for workers, whilst he/she should provide clean drinking water under section 118(g). Furthermore, the employer under the Labour Act section 118(2) requires that an employer takes the necessary step to prevent the contamination of the working environment by poisons, gases and dust among others.

2.4.2.4 Employee Responsibilities

The employees also have their role to play in the operation of health and safety. The Labour Act, Act 651 section 10(a) indicates that the employee has the right to work under satisfactory health and safety environment and then has a duty to ensure that he/she takes reasonable care to protect the health and safety of colleague workers in the establishment as required by section 11(f). The employee is under compulsion to use any protective clothing and safety appliances that the employers provide at all times. The employee is also obligated under section 119(3) to report any risk or hazards to their supervisors for the necessary remedial action and cannot be penalised for refusing to work under imminent dangers. The employee is furthermore expected to report any missed accidents and accidents to the appropriate authorities.

2.4.3 Factories, Offices and Shops Act (1970) Act 328

The Factories, Office and Shops Act, Act 328 of 1970 was enacted in an attempt to improve upon health and safety practice thereby reducing injuries and illness.

The Act provides various sections that seek to protect the health and safety of the workers. These include the provision of potable drinking water (section 20), the provision of segregated toilet facilities by gender (section 19), the provision of personal protective clothing and appliances (section 25), provision of adequate lighting system (section 17) respectively. The Law further prohibits the lifting of excessive weights (section 27), provision of first aid (section 28) and the need to ensure clean environment at all times (section 13). The law also requires the provision of cloak room for keeping clothing not worn during the working hours to be kept (section 21).

2.4.4 Workmen's Compensation Law 1987 (PNDC 187)

The Workmen's Compensation Law was enacted in August 1987 to provide the legal framework for the payment of compensation to workers in both public and private employment with the exception of the armed forces. The Law defines the various levels of compensations to be paid depending on the nature of injuries and also provides three schedules for the calculation of percentage of compensations. The employer is however exempted from paying any compensation for injuries under the following conditions: thereof under the influence of drugs or alcohol or in respect of any incapacity or death resulting from a deliberate self-injury.

2.5 Health and Safety Policy

Armstrong (2009) holds that the effective operation of a health and safety programme in an organisation hinges on the availability of a written policy which is an attestation of senior management commitment to ensuring the protection of their employees from hazards and illness. A health and safety policy of an organisation again sets out for management the scene from the top regarding the board's beliefs, intentions, priorities and requirements from managers and workforce (Waring, 1996, p. 53).

Any health and safety policy should contain these elements: declaration of intent, showing the intent and lastly a statement of guidelines which outline the role of all workers needed to be followed (Armstrong, 2009). Additionally, he holds that any health and safety policy should bear these three elements: General policy Statement, the description of the organisation for health and safety and details of arrangements for implementing the policy. These elements on health and safety policy are elaborated below.

2.5.1 General Policy Statement

This section indicates the broad intentions of the employer in safeguarding the health and safety of his/her employees. The general policy statement should at all-time incorporate these fundamental points: that the safety of employees and the public is of paramount importance; that safety takes precedence over expediency; that every effort will be made to involve all managers, team leaders and employees in the development and implementation of health and safety procedures and the compliance of health and safety legislation within the spirit as well as the letter of the law. To Akpan (2011), the costs and occurrence of health and safety hazards can be reduced when there is the

maintenance of effective health and safety management system and policy in an organization.

2.5.2 Details of arrangements for implementing General Health and Safety Policy

This section should spell out the roles and responsibilities for the operation of health and safety. It should show who has final authority for the management of health and safety in an organization, which ultimately is the charge of top management and the other roles of management team. In addition, the expected roles of safety representatives, safety committees and others with specialised assignments like safety advisers and medical officers need to be known.

2.6 Health Sector Health and Safety Policy

The Ministry of Health and Ghana Health Service jointly developed the Occupational Health and Safety Policy and Guidelines for the Health Sector in 2010. It broadly provides the framework for the operation of health and safety in the health sector of Ghana and operates on these general principles:

First of all, joint participation of employers and employees in the development of programmes for the improvement of the working environment, secondly, professional advice on planning and organization of work including the design of workplaces, the selection and maintenance of machinery and other equipment and substances used in health care work and its allied services and lastly, periodic reviews of occupational health and safety policy and guidelines based on new knowledge and research findings. Such periodic reviews will seek to identify major problems with the policy

as a whole or in respect of particular areas, and evolve effective methods for dealing with the problems. The initial review should take place after the first 2 to 3 years' of implementation of this policy.

2.6.1 Objective and scope of the Ghana Health Service Health and Safety Policy

The policy has these broad objectives:

Firstly, the objective of GHS health and safety policy is to achieve and maintain the overall well-being, quality of life and work performance of health sector staff in order to minimize the impact of work on their physical and mental health.

Secondly, it is to promote a safe and healthy work environment, work practices and procedures for all staff of the health sector in order to minimize work-related injuries and illnesses.

Again, it is to promote a culture of safe and healthy attitudes and practices.

In addition, the policy is to provide safe work environment, work practices and procedures for all health sector workers in order to minimise work-related injuries and illnesses.

Furthermore, it is to ensure that health and safety management in the workplace constitutes a core management function of health sector institutions that is on-going and promotes a culture of co-operation between the major stakeholders (government, employers and their employees) in the spirit of tripartitism.

Also, the policy must put in place and continually review structures and remedies that totally remove or mitigate risks posed by workplace hazards.

Promote the incorporation of Occupational Health & Safety (OHS) educational programmes aimed at reducing workplace hazards and risks into the work plans of health facilities.

Besides, it is to facilitate compliance to OHS policy and legislation by contractors and suppliers to all health facilities.

Moreover the policy is to educate contractors, suppliers and the general public about health and safety programmes and protocols of the health sector and how they can comply with them.

And lastly, the policy should institute measures aimed at ensuring adequate financing of occupational health services.

The policy applies and covers all workers working within the health sector irrespective of the ownership of the facilities and health institutions including students that will undertake their practical attachment in these institutions. It further covers prospective employees, visitors and clients to the health facilities. These policies are as follow;

a. Preventive activities aimed at preventing the occurrence of injury and disease. Key elements of this include identification, evaluation and control of hazards.
b. Promotional activities including provision of information and education to employees to enhance their safety behaviours and adoption of habits that favour healthy lifestyles.
c. Curative activities that offer treatment and advice regarding injuries and diseases.
d. Rehabilitation activities in the event of disability following an injury or disease, essential to help the affected persons regain their skills or acquire new ones that will enable them return to work.

e. Research activities which entail investigations and studies on the work environment, and into diseases and injuries as they relate to work and conditions of work.

2.7 Role of Human Resource Management

The thrust of any health and safety programme in an organisation is to seek the physical, mental and social well-being of workers and the effective operations of any health and safety programmes hinge on human resource management practices (De Cieri and Kramar, 2003). Tan and Nasurdin (2011) accedes that Human Resource Practices recount to precise practices, philosophies and policies which are planned to motivate, attract, develop and retain employees to ensure the effective operational and survival of any firm.

In effect health and safety policy is intended to improve and maintain health and safety and also to prevent and reduce potential health and safety hazards and risks in the workplace.

Human resource management practices impact on the operation of health and safety and these well documented (Appiah et al, 2013).

2.7.1 Training and Development

Training is one of the functional areas of Human Resource Management (HRM) and its influence on the operation of health and safety is documented (Lauver, 2007; Copper, 1995). Lauver (2007) espouses that training is commonly used as a means to improving employee safety by improving upon the skills and abilities of employees. Training is again seen as making an essential contribution to the operation of health

and safety. Copper (1995, p.26) further adduces five (5) reasons why training impact greatly on the operation of health and safety and stated these reasons as safety culture, changes in behaviour, health and safety by law, competence and control risks.

Firstly, Copper (1995) holds that training is a necessary tool as it develops employees to cultivate safety culture. The training in health and safety brings about a progressive change through a systemic and planned manner approach to health. The association between education and employee development is very significant. An outcome of study by Husiled (1995) established a significant relation on personal productivity and long and short terms indicator of output by organisation.

Armstrong (2009) believes that safety training should start as part of induction course for employees and again when there is a job rotation or change of working methods. This assertion is supported by a study conducted by Mwawasi (2012).

His study which examined factors that influenced occupational health and safety practices in three private hospitals in Mombasa in Kenya revealed that majority of the staff had no training in health and safety and therefore recommended that training must be made compulsory at recruitment and risk change. He again suggested various training methods such as seminars, workshops, on the job training and even during meetings. Nuñez and Villanueva (2011) also advocate for a mandatory training scheme for all workers which should be supplemented with job-specific information where necessary as this would go a long way to increase the worker's skills to behave safely in the workplace. Byars and Rue (2011 p. 325) have asserted the need to establish a safety training program and have outlined the following steps as a guiding principle:

a. There should be an examination and assessment of accident and injury records by departmental heads on what is currently been done and how corrective measures can be put in place.
b. Written tests, employee interviews and general observations must be used to assess employees' knowledge about their job.
c. There should also be a designed program like teaching methods of which employees must be involved to help curb situations.
d. Line managers must be involved in embracing health and safety philosophy about safety problems throughout the organization.
e. An evaluation of the program's effectiveness must institute to ensure that a positive impact has been achieved.
f. The safety process must be fine-tuned periodically and adjustments made to incorporate new safety standards to cater for changes in the organizations.

2.7.2 Recruitment and Selection

Chidi *et al*., (2012 p.119) defines recruitment as the process of announcing job vacancies with the view to attracting a pool of qualified applicants to fill up vacancies in an organisation.

A study by Huselid (1995) on human resource practices as prevailing in high performing companies revealed that the recruitment and selection of the right calibre of staff had bearings on organisation as it boosted performance, reduced turnover and contributed to increased workers' productivity. Lauver (2007) points out that organization can develop safety outcomes through two primary selection processes by ascertaining and preventing individuals unsuitable to certain types of jobs based on their skills and by hiring for positions that require highly skilled people to prevent

accidents from happening. This when well catered for will help in the improvement of the firms overall performance. Through the selection process, candidates can be posed with questions relating to health and safety to know their level of knowledge in their area to be able to select the best person for the job based on quality in productivity as well as ensuring their safety.

Zacharatos et al. (2005, p.79) commented that organization committed to occupational safety will attend closely to how they hire new personnel and will incorporate the value of occupational safety into their employee-selection processes to achieve a better fit.

2.7.3 Information and Communication

The provision of information and communication is an essential element in the operation of health and safety. Indeed the sharing of information promotes transparency within organisation which thereby reduces turnover (Ahmad and Schroeder, 2003). Zacharatos *et al*., (2005) supports that, to be able to work safely, full information about all aspects of jobs should be shared concerning occupational safety. This, when equally agreed to by Management through the Human Resource is required to give information through notices, hand outs and direction for the operation of machinery. The provision of health and safety educational materials helps to reduce the incidence of injuries and accidents. However, in as much as there is the need for share of information and communication what has been observed is that information and communication do not seem to be a well spread Human Resource practice as expected (Appiah *et al*., 2013).

2.7.4 Performance Management

Osmani and Maliqi (Ramolli) (2012, p.435) in a conference paper defines performance as a process where employees with their engagement of knowledge and skills perform the work through the realization of their objectives effectively. Aguinis (2005) defines performance management as a continuous process identifying, measuring and developing the performance of individuals and teams and aligning performance with strategic goals of the organization. Armstrong (2009) asserts that performance management has three (3) constituents which are performance agreement, managing performance continuously and reviewing and assessing performance. Much literature abounds on the influence of health and safety within an organisation setting. This assertion is corroborated by such study conducted by Carroll and Schneier (1982). Their study examined the influence of the two variables safety and feedback on health and safety. The questions were whether the inclusion of performance measure on safety and also the provision of feedback on safety performance impacted on adherence on health and safety. The results of the study revealed that the inclusion of safety as performance measure and further the provision of feedback send a positive signal to the employees that management committed to issues of health and safety.

2.7.4.1 Performance Appraisal

Performance appraisal is increasingly considered one of the most important human resource practices. Bohlander and Snell (2007) defines performance appraisal as a process, typically performed/delivered by a supervisor to a subordinate, designed to help employees understand their roles, objectives, expectations and performance success. To Bloisi (2007, p.259) performance appraisal can be a useful tool for

employee development and if handled correctly can be a positive experience. He further agrees that, for performance appraisal to be effective, performance appraisal systems should be job related that is a rationale for performance and managers must discuss required improvements with employees.

2.7.4.2 Job Evaluation

The tenacity of job evaluation is to create a strong ranking of jobs on which a balanced and suitable pay structure can be developed. Armstrong (2009, p.740) defines job evaluation as a systematic process for defining the relative worth or size of jobs within an organization in order to establish internal relativities and provide the basis for designing an equitable grade structure, grading jobs in the structure and managing roles. A job description and specification would therefore be good tools for evaluating jobs. Job description according to Byars and Rue (2011) concentrates on describing the job as it is currently being performed which borders on a written form, the name of the job, its requirement and what should be done and how it must be done.

2.8 Role of Management in Health and Safety

Management play a key role in the operation of health and safety in an organisation. They play such an essential role in the setting up of health and safety policy. Health and safety concerns everyone in an establishment, although the main responsibility lies with the management in general and individual managers in particular, Armstrong (2009, pg. 971-972). He further defined how roles of health and safety should be

organized through managers, employees and health advisers, medical advisers and health and safety committees. Akpan (2011, p.162 - 168) elaborated several ways of building an effective health and safety management system. These includes management leadership and organizational commitment, roles and responsibilities, management commitment, employee participation, hazard identification and assessment process, determination of controls, hazard controls, enforcement of controls and emergency response plan. Whilst the management commitment is acknowledged as very instrumental, Fuller (1999) in his study brought out those managers had limited understanding of both their legal and corporate responsibilities for both health and safety.

In developing economies management policies are yet to accurately tackle the issue of employee health and safety and has in a way brought about high cost in operating of firms in general for example we can talk of increase in hospital bill, incentives for hospitalised workers and occupational hazards as well. Management of organizations such as the health sector can build a health and safety management system which can serve as a guide to enable health and safety to be operated and well monitored as well. For firms to be successful, management of human resources must play a key role in coordination and management of work organizations (Uyar and Deniz 2012). However, Curtice (2005) is of the opinion that management at any point in time must do well to insure the legal compliance and also to generate a congenial atmosphere which is safe, respectful and dignified. This to her would ensure that employees can be their most productive ends.

2.9 Motivation

Motivation refers to the agreed internal forces that initiate, direct and tolerate thoughtful behaviour, Martin and Fellenz (2010). Curtice (2005 p.205) believes that a safe environment typically results in increased motivation and productivity; people are at their most productive when they are not distracted with concerns for their safety or well-being.

2.9.1 Maslow's Hierarchy of Needs Theory

Mullins (2010) in his book "management and organizational behavior" postulates Maslow's hierarchy of needs which brings out the fact that people are motivated by unmet needs and further agrees that people are 'wanting beings' who would always want more and these quest for more is determined by what they already have. When an individual's need is not met, there is the determination to meet such a need. Maslow argued that, human needs are arranged in series of levels. The hierarchy of five needs ranges from the most basic physiological needs to the highest needs of self-actualization. As soon as needs on a lower level is fulfilled, needs for the next level emerges naturally including the demand for satisfaction. He further outlines safety needs which is at the second level of Maslow's theory of needs to include safety and security, protection of danger or deprivation, choice from discomfort or risk of physical attack as well as the need for certainty and regularity. Again, he agrees to the statement that safety as an organizational factor on Maslow's hierarchy of needs embraces safe working conditions.

Alderfer's modified need hierarchy model also agrees on the issue of safety needs by Maslow. Alderfer noted safety needs under existence needs of which it is concerned with the satisfying of human existence and survival and cover physiological and safety needs of a material nature, Mullins (2010). It is therefore necessary for organization to take its safety or better still health and safety needs into consideration for the reason that, whether employees will be committed to an organization or not, it is necessary for their health and safety needs to be of top most priority.

2.10 Risk Assessment of Health and Safety

Waterman (1995, p.23) suggest that the risk assessment process is discussing what staff do, how they do it, what the risks are under normal circumstances and what sorts of emergencies could arise. Fuller (1999) also added that health and safety auditing are comprised of three parts which are employee understanding of health and safety, site inspection and accidental frequency rate. These could be used as a guide for officers and it would be included in their job description.

According to Armstrong (2009) risk assessments identify specific hazards and quantify the risks attached to them. Health and safety audits provide for a much more comprehensive review of all aspects of health and safety policies, procedures and practices programmes. Waring (1996) agrees that, periodic reviews are an iterative process which must continue through the lifetime of an organization although he believes there is no hard and fast rule about how often this should be done. Aziz (1993) outlined three (3) major steps that can be used in health and safety auditing. First of all talk about determining of safety goals, quantified objectives and priorities,

and a programme of work designed to achieve objectives. Secondly, ensuring that hazards are identified, risks assessed, and control measures determined and implemented. Thirdly, establishing whether the steps taken are used and work in practice. Armstrong (2009) adds that audit in health and safety should be action oriented and that conducting the auditing, there should be the assessment of priorities through an action drawn programme.

2.10.1 Appointing of Officers to be in Charge

It should be recognised that appointing officers to be in charge of health and safety is necessary to improve an organisation's arrangements for preventive health and safety in its operations. Regional health and safety representatives offer a potentially cost effective contribution to such improvement, Walters (1998). Nielsen (2013) equally agrees that the existence of health and safety committee when placed in a vital point in an organizational safety effort could lead to safety culture change.

This method can be adopted by the health sector where Ghana Health Service is a major stakeholder. Lin and Mills (2001) commented that safety committee should be made up of representatives of the employer and employees and this would go a long way to encourage interaction between the parties involved which would bring about trust and the expertise of the stakeholders could be put to use. Cole (2002) also agrees to the important need for health and safety committees to be established to perform needed functions. These he elaborated to include the following:

a. Studying trends in accidents with the view of making suggestions for corrective actions.
b. Examining safety reports and making proposals for avoiding accidents.

c. Examining and discussing reports from safety representatives.

d. Making proposals for new or revised safety procedures.

e. Acting as a link between the organization and the enforcement agency (that is health and safety inspectorate).

f. Monitoring and evaluating the organization's safety policies and making proposals for changes when necessary.

2.11 Reward and Compensation

According to Price (2011), reward management most often than not covers both the strategy and the practice of pay systems which helps in the attainment of organizational objectives. Armstrong (2009) equally agrees that reward management is based on the formulation and implementation of strategies and policies in a manner to reward people fairly, equitably and consistently in an agreement with the values of organization. Price defines compensation to encompass everything received by an employed individual in return for work. The compensation people receive in exchange of their contribution to an organization includes both monetary and non-monetary components.

A compensation system should be able to attract, retain and motivate people to render them effective in order to produce required results of any organization. Odunlade (2012) points out that, compensation as it were is divided into two parts and these are cash compensation which is the direct pay provided by employer for work performed by the employee and fringe compensation which refers to employee benefit programs.

CHAPTER THREE

METHODOLOGY AND ORGANIZATIONAL PROFILE

3.0 Introduction

This chapter is basically involved with the methods, procedures and techniques adopted in the research work. Most research work is predominantly based on the quality and accuracy of the analysis and information it provides at the end of the study. It was therefore necessary that the researcher gave much importance to this chapter the reason been that the information gathered, depends on how data was collected during the research. The methodology would consist of the techniques for research design, data collection, the population, sampling techniques and sources of data, sample size, data collection instrument and data analysis plan.

3.1 Research Design

According to Bryman and Bell (2007), there are mainly two approaches when performing a research study; qualitative and quantitative methods. The study employed quantitative tool in analyzing the data which was gathered through a questionnaire. In the quantitative method, the researcher uses statistics, surveys and randomised trials to study given objects, with the aim to generalize the findings to a greater extent (Shiu *et al.,* 2009). The research is descriptive in nature. The descriptive purpose tries to provide a picture of varied characteristics of a phenomenon and can sometimes be an extension of an exploratory research

(Saunders, Lewis and Thornhill, 2003). The researcher chose the descriptive research because it helps to describe the state of Human Resource Management practices on Health and Safety at the Ghana Health Service.

3.2 Target Population and Sampling Technique

The target population for the collection of data for the research is staff in the units of the Ghana Health Service. Human Resource Practitioners which includes Executive Officers, Senior and Principal Executive Officers, Nurses which also includes Principal Nursing Officers, Senior Nursing Officers, Nursing Officers, Senior Staff Nurses, Staff Nurses, Community Health Nurses and Enrolled Nurses, Medical Officers and Physician Assistants (Medical) formed the frame work of the study. The researcher utilized purposive and simple random sampling techniques. The researcher targeted Human Resource practitioners and Medical Officer because they cannot be left out of the study. The Nursing categories were selected using simple random sampling technique. A sample size of two hundred (200) respondents was used in the study. Out of this sample size, one hundred and seventy (170) respondents answered the question and gave feedback. Thirty questionnaires were not retrieved from respondents. With the random sampling techniques mentioned above, each member of the population had an equal chance of being selected.

3.3 Sources of Data

3.3.1 Primary Sources

A sample of health staff in the Ghana Health Service, Kumasi Metropolis was the primary sources of data. The data collected could be said to be original in nature in that, it was the first time a data of such nature was been collected taking into consideration the study area. A questionnaire was used to solicit responses from respondents. The questionnaire was given to respondents by the researcher to aid in personal interaction with respondents in their response rate.

3.3.2 Secondary Sources

Secondary data were also gathered for other reasons, other than the research in question. Some of the secondary data sources are textbooks, magazines, articles, journals, newspaper and internet. Secondary data is easier and cheap to obtain. However, its short comings may be the fact that it is likely to make adjustments. This research basically employed secondary data such as journals, articles and textbooks. Other sources of data used were the annual performance review reports of GHS, Ashanti, Ashanti Regional Health Directorate database, Labour Act 2003, Act 651, Ghana and Occupational Health and Safety Policy and Guidelines for the Health Sector.

3.4 Instrument for Data Collection

The main tool for data collection for this study was questionnaire.

3.4.1 Questionnaire

This was made up of a list of questions which were given to respondents to answer with the sole aim of getting data on the topic been researched on. The questionnaire was administered by the researcher and not through the postal procedure. The reason was in a way to encourage the respondents throw more light on what was not clear to them and also show appreciation after answering. The questionnaire method of data collection was to assist in reducing cost and save time as well. The questions in the questionnaire were close ended questions. The close ended questions presented alternative answers which the respondents were expected to choose the option that closely represented their view on what was been asked. Permission was sought from authorities before the administration of questionnaires.

3.4.2 Pilot Testing of Questionnaire

The researcher carried out a pretesting of the draft questionnaire with few potential respondents in an informal manner before scaling up a full administration of the questionnaire. The pilot testing was done to help identify gaps that needed to be addressed before giving it out to respondents. This helped in ensuring that objectives of the research were materialized

3.5 Measurement of Internal Consistency Reliability

Measurement of reliability of the survey's responses is purposely done to ascertain whether the data gathered is reliable to output good and accurate results. The reliability measurement is obtained by testing for consistency and stability. The

purpose of reliability analysis is to give convenient and assist analysts to check whether the collected survey data are trustworthy. Cronbach's Alpha is a reliability coefficient that generally shows how well, or otherwise, the item or construct in a set is positively correlated to each other. According to the rule of thumb, a Cronbach's Alpha coefficient of 0.80 plus to 0.95 is considered very good reliability; 0.70 to 0.80 gives a good reliability; 0.60 to 0.70 provides a fair reliability; and a coefficient less than 0.6 is considered poor reliability. The closer the reliability coefficient gets to the mark of 1 the better.

Table 3.1: Reliability Statistics of Variables

	Number of Constructs	Cronbach's Alpha
Knowledge on health and safety	6	0.722
Health and safety practices	11	0.747
Recruitment and selection	3	0.706
Training and development	4	0.803
Performance management	5	0.717
Information and communication	6	0.878
Induction and orientation	3	0.909
Compensation and reward	5	0.814
Commitment	16	0.748

Source: Field Survey, 2014

Results from Table 4.14 indicate very good reliability measurement within set of constructs for variables such as Training and Development, Information and Communication, Induction and Orientation, and Compensation and Reward. From the table, all the remaining measured variables showed Cronbach's Alpha around a threshold of 0.70, signifying a good reliability measurement of the constructs within

the variables. These findings depict that the set of responses given on each variable is consistent (or reliable) and could be used for further analysis.

This means, over 70.0% of the questions or constructs which measure the set of independent variables of the research are holistically reliable.

3.6 Data Analysis

The analysis of the data collected was executed at the end of the data collection. The responses were categorized and summarized based on the information provided by respondents. Quantitative tool was used in the analysis. SPSS Software which uses tables, percentages and linear regression models were used for the data analysis. This was linked to the objectives and research questions of the research.

3.7 Organizational Profile

3.7.1 Brief History of the Organization

The area of study was the Ghana Health Service, Ashanti, specifically the Kumasi Metropolis. The Ghana Health Service (GHS) is a Public Service body established under Act 525 of 1996 as required by the 1992 Constitution. It is an autonomous Executive Agency responsible for implementation of national policies under the control of the Minister for Health through its governing Council - the Ghana Health Service Council. The GHS continue to receive public funds and thus remain within the public sector. However, its employees will no longer be part of the civil service,

and GHS managers will no longer be required to follow all civil service rules and procedures. The independence of the GHS is designed primarily to ensure that staffs have a greater degree of managerial flexibility to carry out their responsibilities, than would be possible if they remained wholly within the civil service. Ghana Health Service does not include Teaching Hospitals, Private and Mission Hospitals. The Ghana Health Service has various offices who take up their responsibilities at the Regional level. At the regional level, has the Regional Director of Health Service as its head. It is made up of four (4) main divisions which are supervised by the Regional Director of Health Service. These are the Public Health, Regional Support Service, the Office of the Regional Director and the Clinical Care Unit.

3.7.2 Mandate of Ghana Health Service

To provide and prudently manage comprehensive and accessible health service with special emphasis on primary health care at regional, district and sub-district levels in accordance with approved national policies.

3.7.3 Objectives of Ghana Health Service

The objectives of the Service are to:

a. Implement approved national policies for health delivery in the country.

b. Increase access to good quality health services, and

c. Manage prudently resources available for the provision of the health services.

3.7.4 Core Values of Ghana Health Service

The core values of the Ghana Health Service are People Centeredness, Professionalism, Team work, Discipline, Innovation and Excellence and Integrity.

3.7.5 Mission of Ghana Health Service

To work in collaboration with all partners in the health sector to ensure that every individual, household and community is adequately informed about health; and has equitable access to high quality health and related interventions

3.7.6 Vision of Ghana Health Service

The Vision of GHS is of a society in which preventable diseases and avoidable deaths are kept to the barest minimum and every citizen has access to a quality-driven, result-oriented, close-to-client focused and affordable health service by a well-motivated workforce.

3.7.7 Main activities carried out by the organization

For the purposes of achieving its objectives the GHS will perform the following functions amongst others:

Provide comprehensive health services at all levels directly and by contracting out to other agencies. As part of this function, the GHS will:

a. Develop appropriate strategies and set technical guidelines to achieve national policy goals/objectives.

b. Undertake management and administration of the overall health resources within the service.

c. Promote healthy mode of living and good health habits by people.

d. Establish effective mechanism for disease surveillance, prevention and control.

e. Determine charges for health services with the approval of the Minister of Health.

f. Provide in-service training and continuing education.

g. Perform any other functions relevant to the promotion, protection and restoration of health.

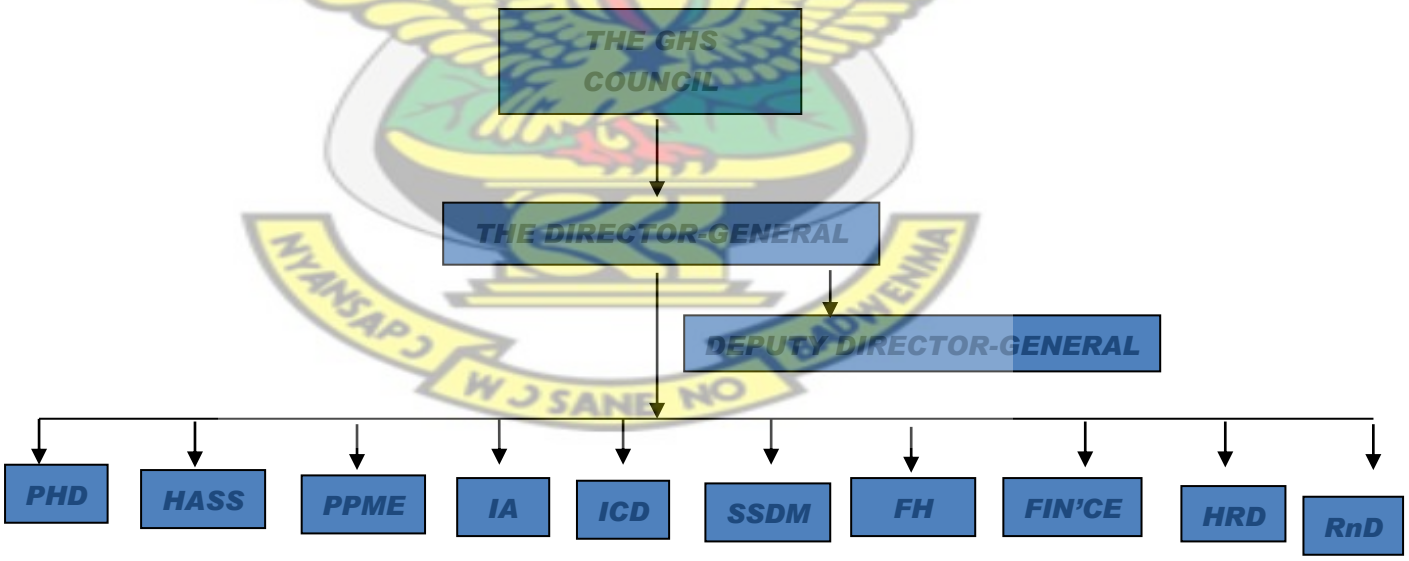

Figure 1: Organizational Structure of the Ghana Health Service

Source: Orientation Programme Manual, GHS – Ashanti, 2013

Key

PHD – Public Health Directorate

RnD – Research and Development

HASS – Health Administration and Support Service

FH – Family Health

PPME – Policy Planning Monitoring and Evaluation

IA – Internal Audit

HRD – Human Resource Development Division

ICD – Institutional Care Division

SSDM – Suppliers Stores Drug Management

FIN'CE – Finance

3.7.8 Profile of Ashanti Region

The Region is located in the middle belt of Ghana and occupies a total land area of 24,290 sq km representing 10.2% of the total land area of Ghana. It is the third largest region after Northern and Brong Ahafo Regions. Trading and farming are the two (2) major economic activities of the people. It shares borders with to the east by Eastern Region, south by Central Region, north by Brong Ahafo Region and on the South West by Western Region. The Region has thirty (30) administrative Districts, twenty-five (25) hospitals, one hundred and five (105) health centres. The Region has a population of 4,725,046 (2010 population census).

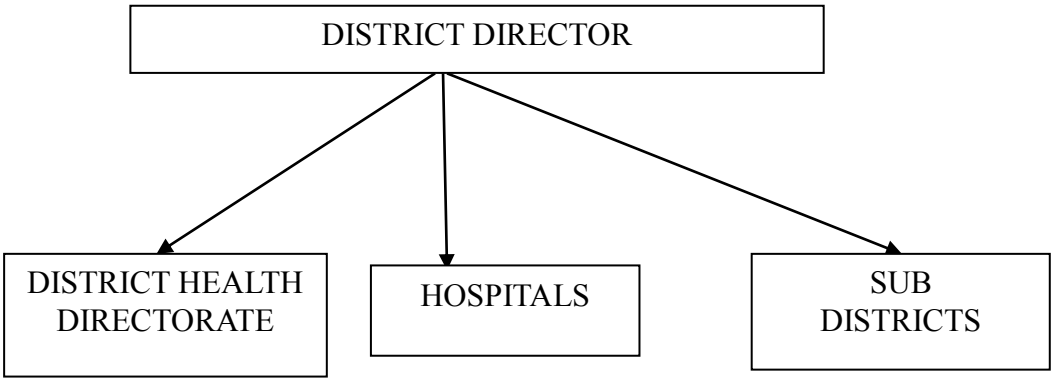

Figure 2: Structure at the District Level

Source: Orientation Programme Manual, GHS – Ashanti, 2013

3.7.9 Profile of Kumasi Metropolitan

King Osei Tutu I founded Kumasi in the 1680's to serve as the capital of the Asante State. In terms of population, it is the largest of the 30 districts in the Ashanti Region. It has an estimated population of 2,204,395 with a growth rate of 2.7%.

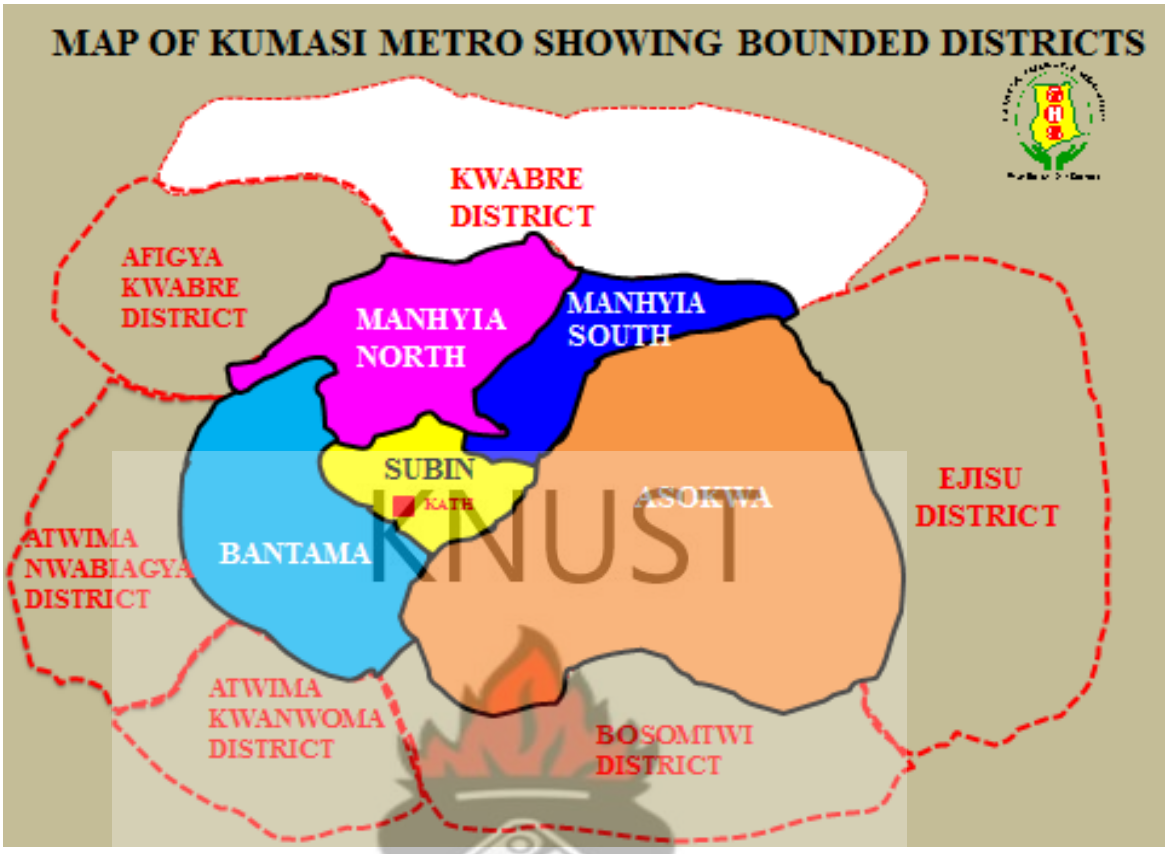

Figure 3. Map of Kumasi Metropolitan Area

Source: Annual Performamce Review Report of GHS – Ashanti Region, 2013

3.7.10 Staffing Situation

The Ghana Health Service, Kumasi Metropolis has staff strength of about one thousand five hundred and fifty (1550) as at December 2013. Source: Database of the Regional Health Directorate, Kumasi.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND DISCUSSION OF RESULTS

4.0 Introduction

This chapter mostly presents detailed results and thorough analysis based on views gathered from participants of the study. In general, the presentation and analysis of the study's results are being captioned under four main headings: demographic and economic profile of respondents; central tendencies measurement of construct; measurement of internal consistency reliability; and inferential analysis. Moreover, elaborate discussions and analysis are given under each of these four captions.

4.1 Demographic and Economic Profile of Respondents

In this section, we analyze respondents' demographic and economic information by using simple percentages with their associated counts and charts. The considered demographic profile of respondents included age, gender status and educational attainment. The only economic variables considered were service duration at respondents' working department or unit, and current position or grade being held at work.

4.1.1 Descriptive Analysis of Respondents' Age

The percentage and count of respondents' age distribution are entirely shown in Table 4.1. The table wholly shows the counts of GHS employees or staffs as distributed over specific age groupings. The associated proportions or percentages resulting from the counts are respectively reported across these age groupings.

Table 4.1: Descriptive Statistics of Respondents' Age

	Count (N)	Percentage (%)
18-25	25	14.7
26-35	91	53.5
36-45	40	23.5
46-55	9	5.3
55 +	5	2.9
Total	170	100

Source: Field Survey, 2014

Table 4.1 shows the age cohort of participants or respondents in the survey conducted. The result shows that the largest age cohort of respondents is in the age bracket of twenty-six (26) to thirty-five (35) years. This constitutes 53.5% of the entire 170 respondents that participated in the survey. The next largest age group of respondents is those found within ages of thirty-six (36) and forty-five (45) years, which constitute

23.5% of the survey's participants. This is followed by those within age brackets of 18–25 (14.7%), 46–55 (5.3%) and 55 plus (2.9%), in descending order.

4.1.2 Descriptive Analysis of Respondents' Gender Status

Results from Table 4.2 presents simple descriptive statistics of respondents' gender status. It gives the counts and associated percentages of male and female GHS employees who were selected randomly to be participants in the study's survey.

Table 4.2: Descriptive Statistics of Respondents' Gender

	Count (N)	Percentage (%)
male	48	28.2
female	122	71.8
Total	170	100

Source: Field Survey, 2014

Out of the 170 respondents who participated in the survey, it is evident from Table 4.2 that, 122 representing 71.8% were female, whiles the remaining 48 which constitute 28.2% were males. This study reveals dominance of female workers on their male counterparts in the health service sector at the Ashanti Region, Kumasi Metropolis.

4.1.3 Descriptive Analysis of Respondents' Educational Attainment

To ascertain the educational attainment levels of GHS employees, we employed the use of basic statistics to easily report such levels. From the below, others comprises of Diploma and Certificate as their educational attainment.

Table 4.3: Descriptive Statistics of Respondents' Educational Attainment

	Count (N)	Percentage (%)
HND	18	10.6
Bachelor	75	44.1
Masters	7	4.1
PhD	0	0.0
Others	70	41.2
Total	170	100

Source: Field Survey, 2014

Results from Table 4.3 present basic descriptive statistics of GHS employees' educational attainment as recorded across the survey's respondents. From the table, the largest educational attainment of GHS employees was documented among employees who hold various forms of Bachelor degrees. This latter group constitutes 44.1% of the entire 170 GHS respondents who participated in the survey. The next largest group which constitute 41.2% of the entire survey's respondents comprises GHS employees who mainly hold Diploma and Certificate qualifications, or its

equivalent qualifications. This is respectively followed by HND (10.6%) and Masters (4.1%) holders.

4.1.4 Descriptive Analysis of Respondents' Grade Status at Work

For easy reference, respondents were grouped into two that is Senior and Junior Staff. The Senior Staff comprises of staff who have acquired diploma certificate, degrees, masters and above whilst Junior Staff are staff with certificate and below. The Senior Staff are made up of grades such as Staff Nurses, Nursing Officers, Human Resource Practitioners, Medical and Physician Assistants, Medical Officers and Midwives. The Junior Staff are equally made up of grades like Principal Community Health Nurses, Community Health Nurses and Enrolled Nurses. For the purpose of the study, the Senor Staff represent 93.1% of the total respondents whilst 6.5% represent Junior Staff.

4.1.5 Descriptive Analysis of Respondents' Service Duration

It is normally argued that several successful sectors of work derived their back-bone from experienced and energetic labour force. Such experiences are mostly derived from long work services rendered by employees. In line with this assertion, we examined the service duration of GHS employees. The descriptive results of employees work duration at GHS are displayed in Table 4.4.

Table 4.4: Descriptive Statistics of Respondents' Service Duration

	Count (N)	Percentage (%)
1 – 3	40	23.5
4 – 6	46	27.1
7 – 9	40	23.5
10 +	44	25.9
Total	170	100

Source: Field Survey, 2014

From Table 4.4 it could be observed that the largest Service duration group is made up of employees who have served Ghana Health Service from 4-6years this is followed by employees who have served Ghana Health Service for either 10 years or more. The minority group comprises of Ghana Health Service employees who have remained at post for less 4years. Per long service experience, we could make a general deduction that, employees of Ghana Health Service are overly experienced. Even those who have served below 4 years and forms minority of the survey's participants are deemed to be also amassing some levels of experience.

4.2 Central Tendencies Measurement of Construct

Under this caption, measurement of a central tendency, precisely the mean of the various constructs in the survey's questionnaire are presented and thoroughly

analyzed. Generally, the survey questionnaire adopted two forms of Likert Scale to solicit relevant information from participants. The first form of the Likert Scale used consists of a five interval scale: ranging from strongly agrees (SA) to strongly disagree (SD). The second form comprises a four interval scale which ranges from always (A) to never (N). In all cases, the mean values of the interval scale constructs were taken and thoroughly analyzed.

4.2.1 Knowledge on Health and Safety

Respondents' view on their knowledge on health and safety at their respective work departments or units within Ghana Health Service were gathered throughout the survey, using a Likert Scale of strongly agree to strongly disagree to measure the level of exposure on health and safety practices.

Table 4.5: Statistics on Knowledge of Health and Safety

	SA (%)	A (%)	N (%)	D (%)	SD (%)	Mean (N)	Rk (N)
*I have a good understanding on health and safety as stipulated in labour act 2003	12.9	62.4	17.1	4.7	2.9	2.22	**3**
*Employees are provided with relevant and general updates regarding knowledge on health & safety	3.5	40.6	37.1	14.7	4.1	2.75	**1**
*Safety work procedures contains warning about the potential consequences of deviation	17.6	61.2	14.7	3.5	2.9	2.13	**5**
*I have the right to refuse to work in an unsafe working environment	30.0	29.4	34.1	4.1	2.4	2.19	**4**
*There are measures in place for fire fighting in my facility	31.2	48.8	13.5	1.8	4.7	2.00	**6**
*Demonford Incinerator is used at my place of work for the proper disposal of medical waste	23.5	40.6	9.4	15.3	11.2	2.00	**2**

Source: Field Survey, 2014

Table 4.5 gives respondents' stakes of the six constructs used in ascertaining the knowledge of Ghana Health Service workers on appropriate health and safety practices. From the table, the construct or statement with the highest mean score (2.75) is, "Employees are provided with relevant and general updates regarding knowledge on health & safety". Majority of the respondents strongly agree (3.5%) or agree (40.6%) on this statement, with a handful of respondents either strongly disagree (4.1%) or disagree (14.7%) to the statement.

The statement with the next highest mean score value (2.50) is, "Demonford Incinerator is used at my place of work for the proper disposal of medical waste". For this statement, 23.5% of respondents strongly agree and 40.6% simply agree to this statement. Continually, Table 4.5 clearly shows the rankings of the other statements based on the average values of each. Moreover, the statement with the least average score of 2.00 which ranked last among the six statements or construct is, "There are measures in place for firefighting in my facility". From this statement, it was realized that, 31.2% strongly agree; 48.8% agree; 13.5 remains neutral; 1.8% disagree; whiles 4.7% vehemently or strongly disagree. From the foregoing, one could easily conclude that, the workers who participated in the survey have an appreciable knowledge on health and safety. This is affirmed by the Labour Act, Act 651 that it is the duty of the employee to make sure that, they work under congenial environment for the prevention of accidents and injuries. With this, if employees' does not have knowledge in Health and Safety, it will not be possible for them to work under safe and congenial environment.

4.2.2 Appropriate Health and Safety Practices

Throughout the survey, respondents view on appropriate health and safety practices at their various work departments or units within the Ghana Health Service were gathered, using a Likert Scale of strongly agree to strongly disagree to measure the exhibition of appropriate health and safety practices.

Table 4.6: Statistics on Health and Safety Practices

	SA (%)	A (%)	N (%)	D (%)	SD (%)	Mean (N)	Rank (N)
*It is obligatory for employees to wear personal protective clothing at all times at the work place	34.1	52.9	5.3	4.1	3.5	1.90	**10**
*Its the responsibility of management to provide protective clothing security appliances & fire fighting gear	44.7	46.5	3.5	1.8	3.5	1.73	**11**
*Safety checklists have been developed which corresponds to possible workplace hazardous conditions	5.9	47.6	24.7	16.5	5.3	2.68	**6**
*Posters on health and safety are found in the work place and are given in different formats such as leaflets and different languages	12.9	40.0	27.6	12.4	7.1	2.61	**7**
*Authorities supervise the use of personal protective equipment at all levels	5.9	51.2	10.6	26.5	5.9	2.75	**3**
*There is existence of functional health and safety committee in my facility	7.6	44.7	25.3	15.3	7.1	2.69	**4**
*The work place setting is such that causes of accidents are high	3.5	12.9	10.0	40.6	32.9	3.86	**1**
*Protective clothing, security or safety appliances and fire fighting equipment are supplied	8.2	67.1	11.2	8.2	4.7	2.34	**8**
*I believe there is lack of adequacy in training on health and safety	8.2	44.7	21.8	20.6	4.7	2.69	**4**
*There exist a source of portable drinking water, suitable washing facilities & good lighting system at work place	23.5	62.9	8.8	2.4	2.4	1.97	**9**
*Computer screen filters provided at offices	3.5	25.3	27.6	30.6	12.9	3.24	**2**

Source: Field Survey, 2014

Table 4.6 gives respondents stakes of eleven (11) constructs used to ascertain whether appropriate health and safety practices are exhibited at the various work departments or units within the Ghana Health Service. The statement with the highest mean score

of 3.86 from the table is “the workplace setting is such that causes of accidents are high”. Majority of the respondents either strongly disagree (32.9%) or disagree (40.6%) on this statement with a fewer of the respondents either strongly agree (3.5%) or agree (12.5%) to the statement. The statement with the second highest mean score value (3.24) is “computer screen filters provide at offices”. For this statement, about 3.5% of respondents strongly agree while 25.3% simply agree to the statement. The statement with the third highest mean score value (2.75) “Authorities supervise the use of personal protective equipment at all levels”. Most of the respondents either very much agree (12.9%) or simply agree (40%) to this statement whilst only about (12.4%) of them disagree or strongly disagree (7.1%) to this statement.

From Table 4.6, it is clearly shown that the other statements have been ranked based on the mean values of each. The statement “It’s the responsibility of management to provide protective clothing, security appliances and firefighting gear “recorded the least mean score (1.73). Vast majority of the respondents either strongly agree (44.7%) or simply agree (46.5%) to the statement. Only a few of them representing about (5.3%) either disagree (1.8%) or strongly disagree (3.5%) to the statement. Just about (3.5%) of the total respondents remain neutral on this statement. The trend of response from the table 4.6 by the respondents shows that appropriate health and safety practices are exhibited at the various work units within the Ghana Health Service. This finding was however, opposite of what pertained at the University of Cape Coast as indicated by Obese (2010). She concluded that occupational health and safety practices at the University of Cape Coast is not in conformity with what has been described as “best practices”. And this can be explained, possibly due to the nature of services both institutions offer to the society

4.2.3 Recruitment and Selection

During recruitment of staff into the Ghana Health Service, applicants are interviewed before they are selected for employment. Throughout this survey, respondents view were sought to find out whether during this interview process, the respondents were screened based on health and safety, whether their knowledge on health and safety are tested and if any background checks are made on them regarding health and safety. A Likert Scale of always to never is used to measure the level of exposure on health and safety practices during the recruitment and selection process.

Table 4.7: Statistics on Recruitment and Selection

	A (%)	M (%)	S (%)	N (%)	Mean (N)	Rank (N)
*Job applicants undergo vigorous screening on health & safety during the interview process	4.1	14.1	52.9	28.8	3.06	**2**
*Knowledge on health and safety form part of selection criteria for new employees	10.6	17.6	49.4	22.4	2.84	**3**
*Background checks are thoroughly made on applicants with regard to health and safety	2.4	10.0	28.2	59.4	3.45	**1**

A : "Always" M : "Most times" S : "Sometimes" N : "Never"

Table 4.7 gives respondents states of the three statements used in ascertaining the level of exposure on health and safety during the recruitment and selection process into the Ghana Health Service. The statement with the highest mean (3.45) from the table is “Background checks are thoroughly made on applicants with regards to health and safety”. With this statement, majority of the respondents (59.4%) categorically

stated that no background checks were made on them with regard to health and safety before they were employed into the Ghana Health Service. About (28.2%) of the respondents stated that sometimes there are background checks on applicants with regard to health and safety before are recruited into the Ghana Health Service. Just a few of the respondents (2.4%) stated that applicants' backgrounds are always checked regarding health and safety.

The statement with the second highest mean (3.06) is "job applicants undergo vigorous screening on health and safety during the interview process". For this statement, only a handful of the respondents (4.1%) stated they are always screened vigorously on health and safety during the interview process. 14.1% of the respondents also stated there are most times screened vigorously during the interview process while majority of the respondents (52.9%) stating that they are sometimes screened vigorously on health and safety during the interview process. 28.8% of the total respondents stated they were never screened vigorously on health and safety during the interview process.

The statement with the least mean is "knowledge on health and safety form part of selection criteria for new employees" 10.6% of the respondents stated that knowledge on health and safety always form part of the selection criteria for new employees. The number of respondents who stated that knowledge on health and safety most times form part of the selection criteria for new employees constituted about 17.6% of the total respondents. Majority of the respondents (49.4%) stated that knowledge on health and safety sometimes form part of the selection criteria for new employees while about (22.4%) of the total respondents stated that knowledge on health and safety never form part of the selection criteria for new employees. From the outcomes

of the table, 4.7, one could easily conclude that the workers who participated in the survey sometimes have some level of exposure on health and safety before they are recruited into the Ghana Health Service. This finding is in agreement with Mwawasi's recommendation (2012) that training in Health and Safety should be made compulsory both at the time of recruitment and whenever there are changes. Lauver (2013) supports this assertion that, when recruiting, a selection processes must be done and firms must ascertain and prevent individuals unsuitable to certain types of jobs based on their skill.

4.2.4 Training and Development

The survey also sought to find out from respondents whether staff of Ghana Health Service are given any training on health and safety practices or whether they are given the opportunity to develop themselves in that regard. Again, using a Likert Scale of always to never, training and development needs on health and safety was measured.

Table 4.8: Statistics on Training and Development

	A (%)	M (%)	S (%)	N (%)	Mean (N)	Rank (N)
*Staff are offered training on health & safety throughout the year	7.6	35.3	40.0	17.1	2.66	**2**
*Training needs assessment are conducted to identify training gap in health and safety	7.1	17.1	63.5	12.4	2.81	**1**
*Employee safety training incorporates elements of hazard recognition & avoidance	9.4	54.1	24.1	12.4	2.39	**3**
*My work place attach importance of training on health and safety of workers	10.6	60.6	13.5	15.3	2.34	**4**

A : "Always" M : "Most times" S : "Sometimes" N : "Never"

Respondents' stake of four statements used in determining whether staff of Ghana Health Service are trained on health and safety, or whether they are given opportunity

to develop themselves in that regard are displayed in table 4.8. The statement with the highest mean (2.81) is "Training needs assessment are conducted to identify training gap in health and safety". On this statement the highest number of the respondents contributing about (63.5%) of the total respondents stated that sometimes training needs assessment are conducted to identify training gap in health and safety while only a few of them (7.1%) stating that training needs assessment are always conducted to identify training gap in health and safety. 12.4% of the respondents stated that training needs assessment are never conducted to identify training gap in health and safety. The number of respondents who stated that training needs assessment are most times conducted to identify training gap in health and safety constituted only (17.1%) of the total respondents.

The statement with the least mean score (2.39) is "Employee safety training incorporates elements of hazard recognition and avoidance". Majority of the respondents who constitutes about (54.1%) of the total respondents stated that most times, employee safety training incorporates elements of hazard recognition and avoidance (12.4%) of respondents stated that Employee safety training never incorporates elements of hazard recognition and avoidance. A few of the respondents (9.4%) stated that Employee safety training always, incorporate element of hazard recognition and avoidance at the workplace. From the foregoing discussion, one could easily conclude that, the workers who participated in the survey are sometimes given training on health and safety at their various units or workplaces within the Ghana Health Service. This finding was quite the opposite of available literature Sikap (2011), Obese (2010), Ametepeh (2011) and Agbola (2012). Sikap (2011) which assessed Health and Safety practices at the Tetteh Quarshie Hospital in the Eastern Region revealed as much as 89.6% of respondents indicated that there was no definite

calendar on safety training. In Obese's study (2010), which assessed Health and Safety practices at the University of Cape Coast established that 54.2% of respondents did not hold with the assertion that the University did not train her staff as protection against hazards. Ametepeh (2011) further reported the non-existent of training programmes on Health and Safety for the informal sector within the Sekondi-Takoradi Metropolitan area whilst Agbola's (2012) study on Health and Safety within a harbor setting also found that as much as 23% of the study respondents reported that they had not been trained in Health and Safety. This finding therefore highlights the importance of training in Health and Safety and the need for such training to be taken seriously. It is acknowledged that training is an important component since it helps in reducing injuries and accidents.

4.2.5 Performance Management

The survey also sought to find out if staff of the Ghana Health Service who have knowledge and conform to health and safety practices at their workplace are accordingly assessed based on their performance at work. A Likert Scale which ranges from always to never were used to measure the level of performance on health and safety practices by staffs of Ghana Health Service.

Table 4.9: Statistics on Performance Management

	A (%)	M (%)	S (%)	N (%)	Mean (N)	Rank (N)
*Health and safety performances are essential component of Staff Performance Appraisal	12.4	22.9	48.3	18.8	2.71	**5**
*Safety targets are set for individual employee	7.6	12.4	60.0	20.0	2.92	**3**
*Staff are rewarded for meeting safety targets	0.0	10.6	23.5	65.9	3.55	**1**
*Staff who violate rules on health and safety are punished	2.4	16.5	30.6	50.6	3.29	**2**
*Performance of employees are discussed in relation to health and safety and corrective measures are taken accordingly	4.1	26.5	45.9	22.9	2.88	**4**

A : "Always" M : "Most times" S : "Sometimes" N : "Never"

From the Table 4.9, respondents' stakes of the five constructs used to find out the performance appraisal for the staff of Ghana Health Service is displayed. The statement with the highest mean value (3.55) is "Staff are rewarded for meeting safety targets" For this statement, majority of the respondents, (65.9%) stated that no staff is rewarded for meeting safety targets. 10.6% of the respondents stated that staff are most times rewarded for meeting safety targets whilst (23.5%) of the respondents stated that staff are sometimes rewarded for meeting safety targets. No one responded that staff are always rewarded for meeting safety targets.

The statement with the next highest mean score (3.29) is "Staff who violate rules on health and safety are punished". 50.6% of the total respondents stated that, for this statement staffs that violate rules on health and safety are never punished. A few of the respondents (2.4%) stated that staffs that violate rules on health and safety are always punished. Almost half of the respondents stated that staffs that violate rules on health and safety are most times (16.5%) or sometimes (30.6%) punished.

Continually, Table 4.9 clearly shows the rankings of the other statements based on the average values of each. Moreover, the statement with the least average score of 2.71 which is lastly ranked among the five statements is "Health and safety performances

are essential component of Staff Performance Appraisal". It is realised from this statement that, 48.3% of the respondents stated that, sometimes health and safety performance are essential component of Staff Performance Appraisal. 18.8% of the respondents also stated that health and safety performances are not essential component of Staff Performance Appraisal. About 35.3% of the respondents also stated that health and safety performances are always (12.4%) essential component of Staff Performance Appraisal or are most times (22.4%) essential component of Staff Performance Appraisal. Considering the information displayed on table 4.9, it can be determined that health and safety performances are sometimes essential component of Staff Performance Appraisal and Staff of Ghana Health Services are not rewarded accordingly for meeting safety targets. Based on this finding from GHS, it can be said that staff can be given incentives based on their performance appraisal which is equally agreed to by Agbola (2012), of which in his conclusions and recommendations, recommends a form of safety awards which could be given monthly or quarterly as an incentive for supervisors and employees of units where no accident occur. The Ghana Health Service can emulate this type of reward as well.

4.2.6 Information and Communication

To discover whether Staff of Ghana Health Service have enough information on health and safety practices at their respective work places and also whether new health and safety practices are communicated to them, respondents view were sought in this regard. A Likert Scale ranging from always to never were used to measure the level of information flow and how often new health and safety practices are communicated to staff of Ghana Health Service at their workplaces.

Table 4.10: Statistics on Information and Communication

	A (%)	M (%)	S (%)	N (%)	Mean (N)	Rank (N)
*During staff programmes issues on health and safety are deliberated upon	12.4	64.7	12.9	10.0	2.21	**5**
*Findings of investigation into incidence of health and safety are circulated to the workforce	8.2	30.0	42.4	19.4	2.73	**1**
*Importance of health and safety is highlighted through posters and notices	15.3	48.8	17.1	18.2	2.38	**3**
*Employees suggestions on areas of improvement on health and safety are taken seriously	12.9	40.6	31.2	14.7	2.48	**2**
*Employees are made aware of possible hazards within the establishment	17.6	57.1	12.4	12.4	2.20	**6**
*Workers are informed of any change in the health and safety	10.0	54.7	25.3	10.0	2.35	**5**

A : "Always" M : "Most times" S : "Sometimes" N : "Never"

Table 4.10, gives respondents stakes of the six statements used in ascertaining the information flow of health and safety practices to the workers of Ghana Health Service and how often new modes on health and safety are communicated to them. The statement with highest mean score (2.73) is "Findings of investigation into incidence of health and safety are circulated to the workforce" on this statement, few of the workers (8.2%) responded that findings of investigation into incidence of health and safety are always circulated to the workforce. 30.0% of the respondents also stated that findings of investigation into the incidence of health and safety are most times circulated to the workforce. The number of respondents who stated that findings of investigations into incidence of health and safety are sometimes circulated to the workforce constituted about (42.4%) of the total respondents. Some of the respondents also stated that findings of investigations into the incidence of health and

safety are never circulated to the workforce and they constituted about (19.4%) of the total respondents.

The statement with second highest mean score (2.48) is "Employees suggestion on areas of improvement on health and safety are taken seriously". For this statement, while (14.7%) of the respondents stated that employees suggestions of areas of improvement on health and safety are always taken seriously. Majority of the respondents (71.8%) however stated that employees suggestions on areas of improvement on health and safety are most times (40.6%) and sometimes (31.2%) taken seriously. The third highest mean score (2.38) is from the statement "Importance of health and safety is highlighted through posters and notices". Majority of the respondents who form about (48.8%) of the total respondents stated that importance of health and safety is most times highlighted through posters and notices. 17.1% of the respondents stated that, sometimes, importance of health and safety is highlighted through posters and notices. It was however, observed that, whereas (15.3%) of the respondents stated that importance of health and safety is always highlighted through posters and notices, other respondents (18.2%) agrees that importance of health and safety is never highlighted through posters and notices.

Table 4.10 continues to show all the other statements based on the mean score of each. However, the statement with the least mean score (2.20) is "Employees are made aware of possible hazards within the establishment". Most times, employees are made aware of possible hazards within the establishment and that is because from table 4.10, majority of the respondents constituting (57.1%) of the total respondents stated that. 17.6% of the respondents stated that employees are always made aware of possible hazards within the establishment, (12.4%) of the respondents also stated that

employees are sometimes made aware of possible hazards within the establishment while (12.4%) of the respondents also stated employees are never made aware of possible hazards within the establishment. From the proceeding analogy and the results displayed on table 4.10 one could easily deduce that there is frequent flow of information on health and safety practices at the workplaces within the Ghana Health Service. This finding was equally agreed by Asiedu-Appiah *et al.* (2013), in their study and confirms that there was very good communication link between the employees and management of their various companies. This has the capability of promoting good working relationships among workers.

4.2.7 Induction and Orientation

The survey sought to find out if orientation and induction on health and safety practices are conducted for staff at the various workplaces within the Ghana Health Service and therefore respondents' view were sought.

Table 4.11: Statistics on Induction and Orientation

	A (%)	M (%)	S (%)	N (%)	Mean (N)	Rank (N)
*Orientation programmes includes practical sessions on health and safety	27.6	45.3	11.8	15.3	2.15	**3**
*Importance of health and safety are strongly stressed during orientation	25.3	37.6	20.6	16.5	2.28	**2**
*Orientation sessions emphasize on all facets of health and safety	20.0	29.4	34.7	15.9	2.46	**1**

A : "Always" M : "Most times" S : "Sometimes" N : "Never"

A Likert Scale of Always to never is used to measure the importance of orientation on health and safety practices for newly recruited staff of the Ghana Health Service. In Table 4.11 there are three statements that are used to determine the importance of induction and orientation on health and safety practices for newly recruited staff of

the Ghana Health Service as given by the respondents. The statement with the highest mean score (2.46) is "orientation sessions emphasize on all facets of health and safety". On this statement 20% of the respondents stated that orientation sessions always emphasize on all facets of health and safety, (29.4%) of the respondents stated that orientation sessions most times emphasize on all facets of health and safety. 34.7% however stated that orientation sessions sometimes emphasize on all facets of health and safety with about (15.9%) saying that orientation sessions never emphasize on all facets of health and safety. The statement with the second highest mean score value of 2.28 is "Importance of health and safety are strongly stressed during orientation". For this statement, (25.3%) of the respondents stated that importance of health and safety are always strongly stressed during orientation. Few of the respondents constituting about (16.5%) of the total respondents stated that importance of health and safety are never stressed during orientation. Again, 37.6% of the respondents stated that most times during orientation importance of health and safety are stressed while 20.6% stated during orientation, importance of health and safety are sometimes stressed.

The statement with the least mean score (2.15) is "Orientation programmes includes practical sessions on health and safety". Majority of the respondents, constituting about (45.3%) of the total respondents stated that orientation programmes most times includes practical sessions on health and safety whilst (27.6%) of them stated orientation programmes always includes practical sessions on health and safety. The number of the respondents who stated that orientation programmes sometimes includes practical sessions on health and safety constituted about (11.8%) of the respondents. Also while (27.6%) of the respondents stated that orientation programmes always included practical sessions on health and safety, (15.3%) of the

respondents stated that no practical sessions are included during orientation programmes on health and safety. One can therefore conclude from the foregoing that, staffs of Ghana Health Service are given appreciable level of orientation and induction when they are employed into the Service.

Whereas the finding of this study showed that Ghana Health Service provided appreciable level of orientation on Health and Safety, the study by Obese (2010) rather showed contrary results. In her assessment of health and safety practices at the University of Cape Coast it revealed that a little over a fifth (23.3%) of the respondents were unsure whether the University did provide adequate orientation on health and safety.

4.2.8 Compensation and Reward

The survey also sought to find out if staff in the Service are rewarded and compensated accordingly for complying with health and safety practices and therefore sought for their various views in this regard. A Likert Scale of always to never was used to measure how appropriately the staff of Ghana Health Service are rewarded for complying with health and safety practices at their various workplaces.

Table 4.12: Statistics on Compensation and Reward

	A (%)	M (%)	S (%)	N (%)	Mean (N)	Rank (N)
*Incentive package are provided for complying with health and safety activities	1.2	10.6	29.4	57.6	3.45	**1**
*Supervisors ensure information on compensation packages are readily known	1.2	14.1	27.1	55.9	3.40	**3**
*Employees find it easy to assess compensation and rewards in relation to health & safety	0.6	9.4	34.7	55.3	3.45	**1**
*Employees are aware of the workmen's compensation law PNDC Law 187	7.1	16.5	54.1	21.8	2.91	**4**
*The workplace has a fair system of making sure that staff who are injured are well catered for in the event of injuries or related accidents	12.4	37.6	36.5	12.9	2.50	**5**

A : "Always" M : "Most times" S : "Sometimes" N : "Never"

Table 4.12 gives respondents' stakes of five statements ascertaining how appropriately the staffs of Ghana Health Service are rewarded for complying with health and safety practices. The two statements with the highest mean score from the table 4.10 are "Incentives package are provided for complying with health and safety activities and Employees find it easy to assess compensation and rewards in relation to health and safety. The mean score for this statement is (3.45). For these two statements very few of the respondents (1.2%) stated that incentive packages are always provided for complying with health and safety activities and very few of them (0.6%) stated that employees always find it easy to assess compensation and rewards in rewards in relation to health and safety. Majority of the respondents constituting about (57.6) of the total respondents stated that incentive packages are never provided for complying with health and safety activities and another majority also constituting about (55.3%) of the total respondents stated that employees never find it easy to assess compensation and rewards in relation to health and safety. 10.6% of the respondents stated that incentive packages are most times provided for complying

with health and safety activities and another 9.4% of the respondents stated that employees most times find it easy to assess compensation and rewards in relation to health and safety. Sometimes incentives packages are provided for complying with health and safety activities and this was stated by (29.4%) of the total respondents. 34.7% of the respondents also stated that employees sometimes find it easy to assess compensation and rewards in relation to health and safety.

The statement with the second highest mean score (3.4) is "Supervisors ensure information on compensation packages are readily known". For this statement, majority of the respondents (55.9%) stated that supervisors never ensure information on compensation packages are readily known. Only a few of them (1.2%) stated that supervisors always ensure information readily known. Also about (14.1%) of the total respondents stated that supervisors most times ensure information on compensation packages are readily known with (27.1%) stating that supervisors sometimes ensure information on compensation packages are readily known. Continually, table 4.12 clearly shows the rankings of other statements back on the average values of each. Moreover, the statement with the least average score of (2.50) which ranked last among the five statements is "the workplace has a fair system of making sure the staff who are injured are well catered for in the event of injuries or related accidents". It was realised from this statement that (12.4%) of the respondents stated that, the workplace has a fair system of always making sure the staff who are injured are well catered for in the event of injuries or related accidents. 37.4% of the respondents from the survey stated that the workplace has a fair system of making sure that staff who are injured are most times well catered for in the event of injuries or related accidents.

The number of respondents who stated that workplace has a fair system of making sure the staff who are injured are sometimes well catered for in the event of injuries or related accidents considered of (36.5%) of the total respondents. 12.9% of the total respondents however stated that workplace never has a fair system of making sure staff who are injured are well catered for in the event of injuries or related accidents. One can therefore conclude from the above analysis on Table 4.12 that, staff of the Ghana Health Service at the various workplaces are not appropriately rewarded and compensated for complying with health and safety activities. The workplace however has a fair system of making sure that staff who are injured are well catered for in the event of injuries or related accidents. This is agreed to by Sezer (2011), who posted as one of his conclusions in a study on the effect of the reward and reward system on changes in safety that monetary rewards did not necessarily inspire workers to be committed to safety practice.

4.2.9 Statistical Measurement of Employees' Work Commitment

Respondents' view on health and safety and their commitment to work within Ghana Health Service were gathered throughout the survey, using a Likert Scale ranging from strongly agree to strongly disagree to measure the level of exposure on health and safety practices.

Table 4.13: Health and Safety Statistics on Employee Work Commitment

	SA (%)	A (%)	N (%)	D (%)	SD (%)	Mean (N)	Rank (N)
*I would be very happy to spend the rest of my career with this organization.	1.80	25.3	56.5	11.8	3.50	2.90	**6**
*I enjoy discussing about my organization with people people outside it	4.70	70.0	13.5	10.0	0.60	2.31	**15**
*I really feel this organization's problems are my own	11.20	60.0	17.1	6.50	4.10	2.32	**14**
*I think that I could easily become as attached to another organization as I am to this one	7.60	69.4	14.1	5.90	2.90	2.27	**16**
*I do not feel like 'part of the family' at my organization	2.40	41.2	11.2	36.5	8.80	3.08	**4**
*I do not feel 'emotionally attached' to this organization	5.90	26.5	20.6	39.4	7.60	3.16	**3**
*This organization has a great deal of personal meaning for me	6.50	41.8	35.3	10.6	5.90	2.68	**8**
*I do not feel a 'strong' sense of belonging to my organization	1.80	24.7	24.7	37.6	11.2	3.32	**2**
*I am not afraid of what might happen if I quit my job without having another one lined up	5.90	12.9	30.0	40.6	10.6	3.37	**1**
*It would be very hard for me to leave my organization right now, even if I wanted to	7.10	51.2	22.4	14.1	5.30	2.59	**13**
*Too much in my life would be disrupted if I decided to leave my organization now	6.50	45.9	22.9	21.8	2.90	2.69	**7**
* It wouldn't be too costly for me to leave my organization now	7.60	23.5	31.8	30.0	7.10	3.05	**5**
*Right now, staying with my organization is a matter of necessity as much as desire	6.50	42.9	36.5	11.8	2.40	2.61	**12**
*I feel that I have very few options to consider leaving this organization	2.40	55.3	22.9	11.8	7.60	2.67	**10**
*One of the few serious consequences of leaving this organization would be scarcity of available alternatives	11.8	47.6	16.5	14.7	9.4	2.62	**11**
*One of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrifice-another organization may not much the overall benefits I have here	2.40	58.2	13.5	21.2	4.70	2.68	**9**

In Table 4.13 there are sixteen statements that are used to determine health and safety practices on employee commitment to work for staff of the Ghana Health Service as given by the respondents. The statement with the highest mean score (3.37) is "I am not afraid of what might happen if I quit my job without having another one lined up".

On this statement 40.6% of the respondents disagreed with the statement which means that it would be difficult for majority of staff to leave their jobs when they do not have replacement of jobs. The statement with the least mean score (2.27) is "I think that I could easily become as attached to another organization as I am to this one". Majority of the respondents, constituting about (69.4%) of the total respondents stated that they could easily become attached to other organizations the same way they are attached to the current one. One can therefore deduced from the preceding argument that, staff of Ghana Health Service will not easily leave their current job when they do not have another one lined up for them.

4.3 Inferential Analysis of Respondents' Views

In this section, we present two main statistical inferential techniques, used for analysing data gathered from various views expressed by participants in the survey. These techniques were used to determine two key issues of the survey: An analysis of variance (ANOVA) technique, and a specified linear multiple regression model were first used to quantify the effect size of human resource management practices on health and safety, as perceived by employees of Ghana Health Service (GHS). Secondly, the perceived effects of health and safety on employee's commitment to work were also ascertained using a simple linear regression and another analysis of variance technique (ANOVA). Collinearity and adequacy checks of the fitted models were embarked to validate inferences thoroughly made on the survey's issues at stake.

4.3.1 Analysis from the Specified Multiple Linear Regression

In this study, the effect size and the significant contribution of each predictor or independent variable on the outcome or dependent variable is generally presented through a fitted linear multiple regression model, as shown in Table 4.16. Over here, the independent variables considered were the six human resource management practices namely recruitment and selection, training and development, performance management, information and communication, induction and orientation and compensation and reward. These identified independent variables were collectively regressed on health and safety which was the dependent variable. The standardized and unstandardized estimated coefficients for each variable, the standard error for the associated coefficients, a test statistic value (t-statistic), significance of each predictor variable on the outcome, and a Collinearity statistic (VIF) are together presented in Table 4.14.

Table 4.14: Parameter Estimates of the Linear Regression

Dependent Variable: Health and Safety	Unstandardized Coefficient		Standardized Coefficient	t-Statistic		
	Estimate	S.E	Estimate		Sig.	VIF
Constant	1.937	0.438	*****	4.420	0.000	****
Recruitment & Selection	0.676	0.124	0.463	5.441	0.000	1.912
Training and Development	0.143	0.122	0.092	1.171	0.243	1.643
Performance Management	0.062	0.128	0.037	0.484	0.629	1.574
Information & Communication	-0.056	0.095	-0.043	-0.591	0.555	1.407
Induction and Orientation	-0.432	0.081	-0.375	-5.325	0.000	1.309
Compensation & Reward	0.055	0.142	0.036	0.392	0.696	2.240

Source: Field Survey, 2014

Based on the results from Table 4.15, two out of the six human resource practices, namely recruitment and selection, and induction and orientation were the only significant predictor or independent variables that significantly have varied effects on health and safety. Recruitment and selection practice had positive effect on health and safety, whiles induction and orientation showed negative effect on health and safety. From the table, a unit increase in appropriate recruitment and selection practices leads to 0.676 increase in health and safety operations at work. In sharp contrast, a unit increase in induction and orientation practices turns to bring a decrease of 0.432 in health and safety. Other predictor variables such as training and development, performance management, information and communication, and compensation and reward were seen to have had some level of varied effects but their effects were not statistically significant. It is not surprising that respondent held that Ghana Health Service did not either appropriately reward or compensate for adherence to Health and Safety practices. Literature on the use of compensation and reward to enforce Health and Safety practices are varied.

4.3.2 Analysis of Variance (ANOVA)

The amount of variability in the dependent or outcome variable as explained collectively by the set of predictor or independent variables were ascertained using the analysis of variance (ANOVA) technique. The results from the ANOVA technique are shown in Table 4.15.

Table 4.15: Analysis of Variance

	Sum of Squares	Degrees of freedom	Mean Square	F-Statistic	Sig.
Regression	82.527	6	13.755	17.124	0.00
Residual	129.324	161	0.803		
Total	211.851	167			

Source: Field Survey, 2014

From the ANOVA results in Table 4.16, the six human resource practices which were considered as predictor variables in the study: Recruitment and selection, Training and development, Performance management, Information and communication, Induction and orientation, Compensation and Reward, collectively explained 82,527 of the total 211,851 variability in the outcome or dependent variable (health and safety), representing 38.96% of the entire variability. The remaining 129,324 (61.04%) variability in the outcome variable are deemed to be unexplained by the chosen set of predictor variables. Notwithstanding this hitch, the f-statistic or the p-value of 0.000 shown in Table 4.15 affirms that the six specified human resource practices collectively have significant influence on health and safety (dependent variable). However, these results suggest that there exist more predictor variables which might have explained the chunk variability in the outcome that were not included in the regressions.

4.3.2.1 Collinearity Analysis and Goodness-of-fit

The principle of multicollinearity demands that no two or more predictor or independent variables or their estimated coefficients should have the same effect size on an outcome or a dependent variable. In order words, such predictor variables should not exert the same magnitude of effect on the outcome variable. This statistical principle could be likened to the human resource principle of declaring redundancy. In the net effect, it means two or more predictor variables or their estimated coefficients should not perform the same task on the outcome variable, else we declare Collinearity in that sense. The rule of thumb for detecting Collinearity among predictors could be specified using the Variance Inflation factor (VIF). For the absence of Collinearity, the VIF of the estimated predictor variables should trail below a value of 5, else the presence of Collinearity. From Table 4.16, it is evident that none of the six predictor variables showed VIF values of 5 or more; meaning, the Collinearity principle is absent among the six predictor variables. This primarily suggests that each predictor variable exert unique effect on the outcome variable.

Table 4.16: Adequacy Check Statistics

Goodness-of-fit Statistics				
R	R-Square	Adjusted R-Square	S.E of Estimate	Durbin-Watson
0.624	0.390	0.367	0.896	1.819

Source: Field Survey, 2014

Moreover, to embark on any meaningful inferences and valid conclusions from a fitted model, it is incumbent on the analyst to check and pass the fit for adequacies. Inferences made on inadequate fitted models might be misleading and could mostly

remain unreliable. In line with this principle, the fit from the linear multiple regression was checked for adequacies. The R value displayed in Table 4.16 gives the correlation coefficient between the predictor or the independent variables and the dependent variable taken together.

From the table, the value of correlation coefficient (R value) is 0.624. This depicts a positive and a moderately high correlation between dependent variable (health and safety) and the set of independent variables. The adjusted R Square indicates the amount of proportion or quantifies the extent to which the set of independent variables can explain the variations in the dependent variable. For this current study, it is evident from Table 4.16 that the set of independent variables can explain about 37% of the variations in the dependent variable, remaining 67% of the variability in the dependent variable unexplained by the specified independent variables. In simple words, there are other additional variables that are closely important in explaining the dependent variable that were not considered in the survey questionnaire. With fairly considerate standard error (0.896) for the estimated coefficients and a Durbin-Watson test statistic of 1.819 which lies between the admissible thresholds of 1.50 to 2.50, one could pass the fit for adequacies.

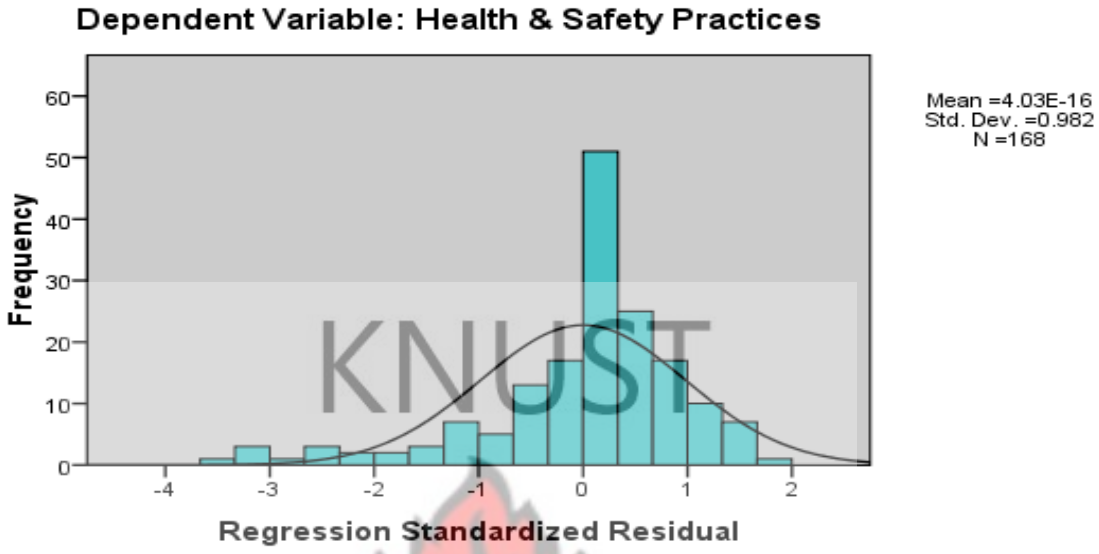

Figure 4: Residual plot for the fitted linear multiple regression model

Source: Field Survey, 2014

In checking how well or otherwise the residuals of the fitted model behave, we again plotted the standardized residuals using a histogram chart. If well-behaved and normally distributed, the residuals are expected to show a bell-shape object from the plot. From Figure 4.5, it could be observed that the residual plot is skewed a little to the right, but fairly trails the bell-shape with some outliers. We could then conclude that the residuals behave quite reasonably well.

4.3.3 Perceived Employees' Work Commitment

To examine the perceived effects of health and safety on employees of GHS commitment to work, we employed the use of a simple linear regression, and also analysed the amount of variability in employees' commitment level which could be

explained by adherence to health and safety operations. Table 4.17 shows collective results from the fits of the simple linear regression and that of the analysis of variance (ANOVA). It also presents goodness-of-fit statistics for the fitted regression. Based on values recorded for the VIF, Durbin-Watson and the standard error of the estimates, there is minimal concerns for inadequacies. Overhear, the only predictor or independent variable incorporated in the regression models is health and safety. Employees' commitment level to respective assigned works or duties was then used as the outcome or dependent variable.

Table 4.17: Estimated Coefficients on Employees Commitment to Work

	Unstandardized Coefficient Estimate	S.E	Standardized Coefficient Estimate	t-Statistic	Sig	VIF
Constant	3.069	0.285	*****	10.779	0.000	****
Health & Safety	0.078	0.071	0.085	1.102	0.272	1.000

	Sum of Squares	Degrees of freedom	Mean Square	F-Statistic	Sig.
Regression	1.289	1	1.289	1.214	0.272
Residual	178.364	168	1.062		
Total	179.653	169			

Goodness-of-fit Statistics

R	R-Square	Adjusted R-Square	S.E of Estimate	Durbin-Watson
0.105	0.019	0.021	1.030	1.779

Source: Field Survey, 2014

From the results shown in Table 4.17, health and safety had positive effect size (0.078) on employees' commitment level. However, the magnitude of effect is seen to be very much minimal, hence, it is clear to have had statistically insignificant influence on commitment levels. It was also evident from the analysis of variance results that, the fitted regression (health and safety) could only explain 1.289 (0.72%) of the total 179.653 variability in the outcome or dependent variable (commitment

level to work). This reasonably suggests that, health and safety has little influence in determining GHS employees' commitment to work. Form the finding of this study, there was no literature to back this statement and that this can be helpful to other researchers for further studies to be carried out as a new finding.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This last Chapter of the study primarily introduces readers to salient findings from the elaborate study's results, and analyses presented in the immediate previous Chapter. Relevant recommendations based on these key findings are presented under this Chapter. A recap of the issues considered in the survey and key responses that collectively form the basis of findings from the study are provided in the conclusion remark of this Chapter. And again, it offers guidelines for further research to be carried out by Ghana Health Service as well as interested parties around the globe.

5.1 Summary of Findings

The main focus of this study was to explore the effects of human resource practices on operations of health and safety at Ghana Health Service (GHS), located in parts of Ashanti region; preferably, the administrative zone of Kumasi Metropolitan Area. The study also set objectives to assess staff knowledge on health and safety programmes and to determine human resource management practices that impact on health and safety at the GHS. Another objective was to establish the effect of health and safety on employee commitment to work. To achieve these set targets, staffs of selected GHS posts in the Kumasi Metropolis were randomly chosen to be participants of the survey. The study then selected six of the GHS posts at the Metropolis as its base for

conducting the survey. Carefully constructed survey questionnaires were administered to the randomly selected participants. Responses from the participants were collectively gathered to form a complete data for the analysis.

5.1.1 Economic and Demographic Profile

Under the descriptive analyses, it was obviously realized that, there is a gender imbalance among staff of Ghana Health Service (GHS). Female staffs were seen to be overwhelmingly dominant over their colleague male counterparts. The age distribution of staff at GHS was largely centred in the youth bracket of eighteen (18) to thirty-five (35) years. About 8% of staffs recorded ages above 46 years. This also signifies the dominance of young and energetic staff strength at GHS. For the educational attainment of staffs, the study recorded holders of various forms of Bachelor degrees, Diploma and Certificate as the majority staff attainment level and few of the staffs were holders of Master's degree. To the service duration of staffs, we recorded a high proportion for staffs who had served GHS from ten (10) years and above. The second largest group of staff was those who had also served GHS from seven (7) to nine (9) years. Staffs of GHS who have served below four (4) years constituted the minority group in the survey conducted. This latter finding gives indication of a composition of a more experienced (by service duration) staff at GHS.

5.1.2 Staff knowledge in Health and Safety

In assessing the knowledge of GHS staffs in health and safety operations, it found that about 75% of the staffs who participated in the survey agreed to have had a good understanding on health and safety operations, as ascribed in the labour act made in 2003. They also agreed to have been fairly involved in health and safety operations,

through the provision of relevant and general updates regarding knowledge on health and safety. These attest to their knowledge in health and safety operations at work.

5.1.3 Effects of Human Resource Management Practices on Health and Safety

In exploring the effects of human resource management practices on operations of health and safety at GHS, the study adopted the use of the analysis of variance (ANOVA) technique and the linear multiple regression, to further analyse the data gathered. In all, six (6) human resource practices: recruitment and selection, training and development, performance management, information and communication, induction and orientation, and compensation and reward, were used as predictor or independent variables to explain the variability in the outcome or dependent variable (health and safety). Based on the analysis of variance results, it was revealed that the six human resource practices collectively had statistically significant influence on health and safety. However, these six human resource management practices which were used in the ANOVA's regression could explain not much of the total variability in the dependent variable (health and safety). This reveals that, there may be other human resource management practices or work factors which might have explain chunk of the variability in the dependent variable, but were not considered under this study.

Furthermore, the linear multiple regression was used in addition to the ANOVA technique to examine the effect size and significant contribution of each of the six independent variables on the dependent variable (health and safety). From the results of the linear multiple regression, it was clearly indicative that recruitment and selection, and induction and orientation were the only human resource management practices which had varied effects on health and safety. Recruitment and selection

recorded positive effect size on health and safety, whiles the opposite was the case for induction and orientation. Perhaps, this was due to the inability of management to effectively organised orientation and induction sessions that generally emphasizes on all facets of health and safety. Moreover, the remaining four human resource management practices had some positive level of effect sizes on health and safety, but they were not adjudged statistically significant in this study.

5.1.4 Health and Safety on Employee Commitment to Work

To examine the effect of health and safety on employees' commitment to work, it was collectively found from Table 4.13 that, employees or GHS staffs remains somehow loyal to their respective units or work departments since they feel some sense of involvement in health and safety operations. However, based on the simple linear regression and its associated analysis of variance results shown in Table 4.18, it came clear that health and safety had very minimal influence on employees' work commitment level. Though statistically insignificant, health and safety showed positive effect size on the commitment levels exhibited by employees of the Ghana Health Service.

5.2 Conclusion

This study was primarily aimed at examining the effects of human resource practices on operations of health and safety at Ghana Health Service (GHS). It also seek to ascertain among others, staff knowledge in health and safety programmes. Generally, it was found that recruitment and selection, and induction and orientation were the

only statistically significant human resource practices that impacted or had varied form of effects on health and safety at GHS work places. It was further noticed that, whiles recruitment and selection had positive effect on health and safety, induction and orientation recorded negative effect size. Moreover, it was again evident that, staffs of GHS have a good understanding of health and safety practices, as stipulated in the labour act, and massively agreed to being provided with updates regarding knowledge on health and safety. Result from the study again shows that, staffs at GHS are fairly involved in health and safety operations. The research again realized that GHS staff remain somehow committed to their work divisions since they feels a sense of safety at their respective work divisions. However, it was further ascertained that their commitment level is insignificantly determined by health and safety. Generally, it was concluded that, the study's objectives have been fully achieved, and are consonance with literature.

5.3 Recommendations for Human Resource Division

From the analysis and findings of the study, it is strongly recommended that Human Resource Division of the Ghana Health Service could consider the following measures outlined in the subsections below.

5.3.1 Intensifying Recruitment and Selection Practices

From the finding, recruitment and selection had positive impact on Health and Safety. With this, Human Resource Practitioners are to fully intensify appropriate recruitment

and selection practices, since it was evident in this study to have had positive effect on health and safety.

5.3.2 Redesigning Operations on Induction and Orientation Practices

To maintain proper health and safety at work, it is recommended that Ghana Health Service (GHS) to redesign its operations on induction and orientation practices to generally cover all facets of health and safety. This might help the Service's induction and orientation practices to record positive effects on health and safety, rather than the inverse effects recorded in this current study.

5.3.3 Adopting Staff-Centred Health and Safety Approach

The study recommends Human Resource Practitioners of Ghana Health Service to overly centre employees or staffs when designing and implementing health and safety programmes. This might somehow raise employees' commitment level to work; since it is evident from the study's result that, adherence to health and safety has a little positive effect size or influence on employee's work commitment.

5.4 Recommendations for Future Studies

Based on literature and the empirical findings from this current study, the research recommends scholars or researchers to carry further studies on key areas of the issue at hand.

5.4.1 Exploring Effects of Several HR Practices on Health and Safety

Aside the human resource practices specified under this study, scholars or researchers are encouraged to fully explore effects of several human resource practices on health and safety at different work sectors.

5.4.2 Examining Effects of General Work Practices on Health and Safety

Other than using human resource practices, we again encourage researchers to explore effects of different factors or variables on the operations of health and safety.

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APPENDIX

QUESTIONNAIRE

Dear Sir/ Madam,

This research is being undertaken as part of the requirements for the award of MBA in Human Resource Management. The study seeks to find out **"The effect of Human Resource Management practices on Health and Safety. A case study of the Ghana Health Service, Ashanti", Kumasi Metropolis".**

The research is strictly for academic purposes. Information provided would be treated with utmost confidentiality.

Instruction: Please select the appropriate answer by ticking where applicable. You may also be required to complete open ended questions in the spaces provided. Thank you.

PART A: Respondent's Background

1. Gender: Male [ ] Female [ ]

2. What is your highest level of education: SSCE/WASCE [ ] HND [ ] Bachelor [ ] Masters Degree [ ] PhD [ ] Other (Specify) _____

3. Grade/Position: ……...…….

4. What is your age? 18-25 [ ] 26-35 [ ] 36-45 [ ] 46-55 [ ] 56+ [ ]

5. How long have you worked in this organisation?

1-3 year [ ] 4-6 year [ ] 7-10 year [ ] 10+ years [ ]

PART B

Using the scale below, please tick your level of agreement or disagreement with the following questions:

1 –Strongly Agree **2 - Agree** **3 - Neither Agree nor Disagree**

4 – Disagree **5 - Strongly Disagree**

Knowledge					
I have a good understanding on Health and safety as stipulated in the Labour Act 2003, Act 651	1	2	3	4	5
Employees are provided with relevant and general updates regarding knowledge on health and safety	1	2	3	4	5
Safe work procedures contains warning about the potential consequences of deviation	1	2	3	4	5
I have the right to refuse to work in an unsafe working environment	1	2	3	4	5
There are measures in place for firefighting in my facility	1	2	3	4	5
Demonford Incinerator is used at my place of work for the proper disposal of medical waste	1	2	3	4	5
Health and Safety					
It is obligatory for employees to wear personal protective clothing at all times at the work place	1	2	3	4	5
It is the responsibility of management to provide protective clothing security appliances and firefighting equipment	1	2	3	4	5
Safety checklists have been developed which corresponds to possible workplace hazardous conditions	1	2	3	4	5
Posters on health and safety are found in the work place and are given in different formats such as leaflets and different languages	1	2	3	4	5
Authorities supervise the use of personal protective equipment at all levels	1	2	3	4	5
There is existence of functional health and safety committee in my facility	1	2	3	4	5
The work place setting is such that causes of accidents are high	1	2	3	4	5
Protective clothing, security or safety appliances and firefighting equipment are supplied	1	2	3	4	5
I believe there is lack of adequacy in training on health and safety	1	2	3	4	5

There exist a source of portable drinking water, suitable washing facilities and good lighting system at my work place	1	2	3	4	5
Computer screen filters provided at offices	1	2	3	4	5

Part C

Instructions: Please respond to the following statements on Human Resource Practices by using the scale of "always" to "never". Each item should have only one response considered the "best answer".

1 – Always	2 – Most times	3 – Sometimes	4 – Never			
Human Resource Practices						
Recruitment and Selection						
Job applicants undergo vigorous screening on health and safety during the interview process			1	2	3	4
Knowledge on health and safety form part of selection criteria for new employees			1	2	3	4
Background checks are thoroughly made on applicants with regard to health and safety			1	2	3	4
Training and Development						
Staff are offered training on health and safety throughout the year			1	2	3	4
Training needs assessment are conducted to identify training gap in health and safety			1	2	3	4
Employee safety training incorporates elements of hazard recognition and avoidance			1	2	3	4
My work place attach importance of training on health and safety of workers			1	2	3	4
Performance Management						
Health and safety performances are essential component of Staff Performance Appraisal			1	2	3	4
Safety targets are set for individual employee			1	2	3	4
Staff are rewarded for meeting safety targets			1	2	3	4
Staff who violate rules on health and safety are punished			1	2	3	4
Performance of employees are discussed in relation to health and safety and corrective measures are taken accordingly			1	2	3	4
Information and Communication						
During staff programmes issues on health and safety are deliberated upon			1	2	3	4
Findings of investigation into incidence of health and safety are circulated to the workforce			1	2	3	4
Importance of health and safety is highlighted through posters and notices			1	2	3	4

Employees suggestions on areas of improvement on health and safety are taken seriously	1	2	3	4
Employees are made aware of possible hazards within the establishment	1	2	3	4
Workers are informed of any change in the health and safety	1	2	3	4
Induction and Orientation				
Orientation programmes includes practical sessions on health and safety	1	2	3	4
Importance of health and safety are strongly stressed during orientation	1	2	3	4
Orientation sessions emphasize on all facets of health and safety	1	2	3	4
Compensation and Reward				
Incentive package are provided for complying with health and safety activities	1	2	3	4
Supervisors ensure information on compensation packages are readily known	1	2	3	4
Employees find it easy to assess compensation and rewards in relation to health and safety	1	2	3	4
Employees are aware of the workmen's compensation law PNDC Law 187	1	2	3	4
The workplace has a fair system of making sure that staff who are injured are well catered for in the event of injuries or related accidents	1	2	3	4

Commitment	1	2	3	4	5
I would be very happy to spend the rest of my career with this organization.	1	2	3	4	5
I enjoy discussing about my organization with people outside it.	1	2	3	4	5
I really feel as if this organization's problems are my own.	1	2	3	4	5
I think that I could easily become as attached to another organization as I am to this one.	1	2	3	4	5
I do not feel like 'part of the family' at my organization.	1	2	3	4	5
I do not feel 'emotionally attached' to this organization.	1	2	3	4	5
This organization has a great deal of personal meaning for me.	1	2	3	4	5
I do not feel a 'strong' sense of belonging to my organization.	1	2	3	4	5
I am not afraid of what might happen if I quit my job without having another one lined up.	1	2	3	4	5
It would be very hard for me to leave my organization right now, even if I wanted to.	1	2	3	4	5
Too much in my life would be disrupted if I decided to leave my organization now.	1	2	3	4	5
It wouldn't be too costly for me to leave my organization now.	1	2	3	4	5
Right now, staying with my organization is a matter of necessity as much as desire.	1	2	3	4	5

I feel that I have very few options to consider leaving this organization.	1	2	3	4	5
One of the few serious consequences of leaving this organization would be the scarcity of available alternatives.	1	2	3	4	5
One of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrifice—another organization may not match the overall benefits I have here.	1	2	3	4	5

Using the scale below, please tick your level of agreement or disagreement with the following questions:

1 –Strongly Agree **2 - Agree** **3 - Neither Agree nor Disagree**

4 – Disagree **5 - Strongly Disagree**

Thank you for participating