IMPACT: International Journal of Research in Business Management (IMPACT: IJRBM)
ISSN(P): 2347-4572; ISSN(E): 2321-886X
Vol. 5, Issue 1, Jan 2017, 41-54

AN EVALUATION OF OCCUPATIONAL HEALTH AND SAFETY (OHS) AND EMPLOYEE WELL-BEING IN THE PUBLIC SECTOR IN ZIMBABWE: A CASE STUDY OF THE SALARY SERVICE BUREAU

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ABSTRACT

Human resources management (HRM) practices enhance employee well-being through promoting safe and hazard-free work environments. Empirical evidence on Occupational Health and Safety (OHS) has highlighted consequences of non-compliance on employee well-being, loyalty, commitment as well as organisational productivity, profitability and image. Drawing on data collected from forty-six (46) public sector employees in Zimbabwe, this paper found evidence on non-compliance with OHS legislation by the government, which is the custodian of the pertinent laws and regulations. The key recommendations are that at the minimum the government should comply with statutory occupational health and safety regulations within the public sector. More importantly, public sector workers are susceptible to various types of work-related hazards and diseases within government buildings and office settings. The key recommendation is that public and private organisations should comply with health and safety regulations and enhance employee well-being, productivity and attainment of human resource management and organisational strategies.

KEYWORDS: Employee Wellbeing; Occupational Health and Safety; Occupational Hazards, Occupational Health and Safety Framework

INTRODUCTION

Worldwide occupational diseases continue to cause work-related deaths with estimates of 2.34 million occupation fatalities every year and 321 000 fatalities arising from work-related accidents (ILO, 2010). An estimated 2.02 million deaths arise from various types of work-related diseases, which correspond to a daily average of more than 5,500 deaths (ILO, 2010). The most common cause of health hazard within office settings is prolonged physical inactivity (Harrison, 2002). Murray et al., (2011) reiterates that prolonged physical inactivity leads to a number of health problems such as cardiovascular diseases. They further point out that prolonged sitting and inactivity among office workers is hazardous and exacerbated by exposure to dust in poorly ventilated offices, long hours of computer use and related ergonomic hazards caused by working conditions that strain human bodies (Murray et al., 2011). For Harrison (2002) long hours of computer use are harmful to human health and can result in soreness and fatigue or numbness in arms and shoulders. Further stating that sedentary employees who spend most of the working time seated experience adverse health effects such as reduced heart and lung efficiency and digestive problems. Physical inactivity is associated with cardiovascular diseases, diabetes and obesity (Katsuro, 2010). While Kazem et al., (2012) point out those dusty workplaces

make people cough and wheeze or choke which can lead to breathing and lung problems. Campbell (2002:107) states that dusty workplaces may lead to impaired pulmonary functions and non-cancerous respiratory diseases.

Similarly, Donoghue (2004) notes that while the use of computers can be rewarding or even fun this can be hazardous if used consistently for long hours as people may develop painful and disabling injuries. Brauer (2006) supports the view that bright light and bad glare or flickering images on the computer can strain eyes. Katsuro et al (2010) point out that a growing number of people get injuries in work places and others disabled for the rest of their lives due to occupational hazards and diseases. Jambwa & Chitongo (2013) point out that an estimated one million people die or are injured during their working lives in the Southern African Development Community (SADC) region. Despite the discernible increase of the phenomenon, governments and private companies are not doing enough to arrest the problem (NSSA, 2014). Inadequate prevention of occupational diseases has negative effects not only on workers and their families but also on society at large due to the tremendous costs involved particularly in terms of loss of productivity and burdening social security systems given that prevention of accidents is less costly than treatment and rehabilitation. Implementation of Occupational Health and Safety Management Systems provides an effective framework for preventing and/or minimizing accidents and ill health in the world of work. Knott et al, (2014) point out that employers have an obligation and moral duty to anticipate, assess and control a wide range of hazards that potentially harm the health and safety of their workers. Beer et al (2004) highlight that effective health and safety measures promote business efficiency and reduce costs for the organisation. Brown (2001) states that implementation of occupational health and safety programmes is significant for ethical and moral reasons as it reduces personal losses from accidents and ill health at work. Knott et al, (2014) highlight that occupational health and safety programmes enlighten and educate workers on the benefits of practicing proper health and safety in the work place. Jambwa & Chitongo (2013) summarise the benefits of occupational health and safety in terms of efficiency, improved staff morale, employee commitment to business, staff retention and positive engagement with stakeholders. Notwithstanding these observations, injuries, disabilities and fatalities at workplaces continue to be a cause for concern across the globe.

The Government of Zimbabwe states that national safety and health performance declined from 2010 to 2014 evidenced by injuries to more than 200 000 workers while more than 400 died from work-related hazards during same period (Government of Zimbabwe, 2014). Banda (2014) pointed out that magnitude of occupational hazards, accidents and injuries are excessive for an economy of Zimbabwe's size, which had an industrial production capacity utilization of 39.6 percent where approximately nine (9) percent of the population are in the formal sector. This study explores occupational health and safety programmes and implications for employee wellbeing within the Salary Service Bureau, a department of the Public Service Commission Secretariat. The department's mandate is to make payments and adjustments to salaries, allowances and related benefits for the Public Service in terms of Section 203(4) of the Constitution of Zimbabwe (Amendment no. 20). In turn, the study draws insights and recommendations for policy makers and key stakeholders with respect to management of OHS in the public sector.

LITERATURE REVIEW

Occupational Hazards: An Overview

The ILO (2010) defines an occupational hazard as a condition with the potential to cause an accident, leading to injury, damage or even both. Occupational hazards negatively affect employees' health, resulting in deterioration of

organizational productivity, efficiency, and affect the image and overall standing of the organisation (Smallwood, 1995). Hazards potentially cause harm to people within the work environment (NSSA, 2012). Injuries, disabilities and fatalities at workplaces continue to be an area of concern across the globe (Walker & Collins, 2006). Arnold et al (2007) segmented occupational hazards in terms of health hazards and safety hazards. Health hazards are hazards, which result in the development of illness, or diseases, where the development of illness or disease may take hours, days or years to be detected (Vosburgh, 2007). While safety hazards cause accidents at the workplace that may result in physical harm to workers or equipment and machinery usually causing injuries (Smallwood, 1995). The rating of hazards is based on the severity of the harm they cause and the major hazards potentially cause death. Thus, management should take a leading role in educating and informing workers on the importance of health and safety in the world of work (Kerrin & Oliver, 2002).

Occupational Health and Safety

The World Health Organisation (2001) defines occupational health and safety as 'the promotion and maintenance of the highest degree of physical, mental and social wellbeing of workers in all occupations by preventing departure from health, controlling risk and the adaption of work to people and people to their jobs' (p.43). Budd (2004) points out that occupational health and safety frameworks delineate guidelines, regulations and procedures intended to prevent accidents or injury in workplaces or public environments. In addition, Kay (1999) notes that occupational health and safety is a discipline concerned with protecting the health and safety of all stakeholders in the workplace from exposure to hazards and risks emanating from work activities. Armstrong et al (2014) point out that occupational health and safety should be concerned with the health, safety and welfare of people engaged in employment while focusing on fostering a safe working environment.

Thus, occupational health and safety regulations seek to protect workers, co- workers, employers and others within the workplace environment. In many ways, occupational health and safety programmes require the engagement of employees and management in the promotion and maintenance of their physical, mental and social well-being. The promotion and maintenance of the safety of the employees is a process achieved through agreement and consent between employers and employees at worksites (Ndirangu and Namusonge, 2013).

Occupational health and safety regulations should focus on improving employees' ability to adapt to the physical and psychological challenges within the work environment (Vosburgh, 2007). In turn, the absence of safety at work sites exposes employees to occupational hazards, which affect morale and production (Armstrong et al., 2014). Thus, employers should provide safe workplaces for employees, which in turn increase efficiency and productivity (Nzuve and Lawrence, 2012). Okeola (2009) points out those employers should provide adequate safety and protect themselves from possible accusations of negligence arising from hazards that potentially harm employees in the workplace. Othman (2012) emphasises that employee safety should be a major priority in organisations and that management must maintain high standards of workplace safety.

Katsuro et al (2010) investigated the impact of occupational health and safety (OHS) on productivity in the commercial food industry in Zimbabwe. They reported that OHS-related problems negatively affected workers' productive capacity resulting in low productivity. Ofoegbu, et al., (2013) reported that constant exposure to hazardous substances negatively affected employee productivity and organisational profitability in the manufacturing sector in Nigeria.

They reported that training employees on accident prevention positively affected productivity. Muthuviknesh et al., (2014) examined the effects of occupational safety and health management on the work environment within manufacturing companies in Dehli, India. They reported some direct relationship between productivity, adherence, enforcement of industrial safety and safe working environments. In addition, the study showed that most of the employees were satisfied with the training and equipment provided by employers. While Ajala et al (2012) explored the influence of the workplace environment on workers' welfare and productivity in government departments of on do State in Nigeria. The key findings showed that safe workplace practices and good communication networks directly influence the employees' health, morale, efficiency and productivity.

A study by Makori et al (2012) reported that ineffective OHS programmes in the manufacturing firms in the Western Province in Kenya negatively affected organisational performance in terms of sales, profitability, production, order delivery, reputation, target achievement, product quality and production costs. Funmilayo (2014) examined the influence of the availability of information on occupational health and safety and its utilisation on job performance in public university libraries in South-West, Nigeria. The key findings showed that information availability on OHS is significant for predicting job performance among personnel in public university libraries in South-West, Nigeria. While Dwomoh, Owusu and Addo (2013) examined the impact of health and safety policies on employees' performance in the timber industry in Ghana. The key findings highlighted the need for organisations to pay attention to health and safety issues the motivational effects of safe workplaces on employee performance. Amponsah-Tawiah (2013) examined the state of occupational health and safety in the road construction sector in Ghana and the role it plays in the sustainable development agenda of the country. The key findings highlighted the benefits of tangible and intangible elements of OHS ranging from improved safety in work environments, social performance, high employee job satisfaction and commitment.

Employee Wellbeing

Bailey (2013:143) points out that employee wellbeing emanate from work and are influenced by workplace interventions. Wiley (1997) posits that the concept of employee wellbeing is a state in which an individual realizes his or her own potential while coping with the normal stress of life in making contributions to his or her community. While Butterworth (2013) points out that employee wellbeing includes tangible benefits that are supportive to a safety culture and recognizes that people have lives outside work. Armstrong & Baron (2002) highlight that employee wellbeing is a multi–dimensional state, which considers physical, material, social, emotional development and activity dimensions. Thus, the need to understand employee views regarding wellbeing in terms of perceptions emanating from different elements (Katsuro et al, 2010). This notion is emphasized by Okeola (2009) who highlight that employee wellness can be enhanced by effective health practices, personal resources and safe work environments.

Bevan (2010) points out that a growing number of employers are adopting measures that promote employee wellbeing improve productivity, commitment and work attendance. In many ways, addressing employee concerns on health, social life and environmental circumstances affecting them and their families is motivational (Armstrong & Baron, 2002).

Regulatory Frameworks: Occupational Health and Safety

At the international level, occupational health and safety regulations are modelled around the ILO Convention 155

(Jambwa&Chitongo, 2013) and provide guidance on the promotion of occupational health and safety in a systematic manner (Taderera, 2012). In turn, the ILO guidelines facilitate the formation, implementation and evaluation of OHS interventions and regulations at sectoral, organisational and national levels in all member countries (ILO, 2001). The ILO-OHS Framework (2001) outlines the legislation and standards, which apply to organisations, and prescribes the procedures for hazard prevention and risk assessment. In addition, the ILO system outlines how OHS interventions can be measured and assessed the process of reporting accidents and incidents, the internal and external audits that should be put in place (Taderera, 2012). However, the ILO-OHS Framework (2001) is not legally binding and as it does not replace national laws, regulations and accepted standards.

Windapo (2013) explored the relationship between organisational compliance with regulations, the cost of compliance, savings on health and safety requirements and the degree or level of risk in the construction industry in the Western Cape Province, South Africa. The key findings showed that the perceived cost savings predisposed by the probability of accident occurrence influence decisions made by companies with respect to compliance with health and safety regulatory requirements. In turn, Umeokar et al, (2014) examined the enforcement of occupational health and safety regulations in the Construction industry in Nigeria. The key findings highlighted the collective role of political influence, bribery, corruption, insecurity, lack of government commitment and inadequate legislation in hampering the enforcement of safety regulations in Nigeria.

Nzuve and Lawrence (2012) explored the extent of the implementation of occupational health and safety regulations and the measures instituted by organisations to comply with safety regulations at workplaces in Nairobi, Kenya. The study findings showed that most companies were aware of the existence of occupational health and safety regulations. In addition, the findings showed that despite inadequate numbers of OHS inspectors', enforcement of safety regulations, administration and OHS regulations was adequate. Relatedly, Windapo and Oladapo (2013) investigated the extent of compliance with statutory health and safety regulations in the construction industry in the Western Cape Province of South Africa. They reported the prevalence of non-compliance with OHS regulations in the Construction industry aslargely due to lack of knowledge of relevant statutory regulations.

Zimbabwe the context of this paper is a signatory to the ILO Convention has enacted occupational health and safety laws applicable to all employees across the industry sectors (Jambwa & Chitongo, 2013). This is enshrined in the Labour Relations Act: Chapter 28:01 and prescribed in the National Social Security Authority's Accidents Prevention Workers Compensation Scheme Notice No.68 of 1990. The Labour Relations Chapter 28:01 (Amended) states that no employer shall make an employee work under conditions below those prescribed by law thereby ensuring the protection of employees' health and safety (Katsuro et al 2010). On paper, the legal framework confers upon workers the right to refuse working under conditions, which compromise their safety. As part of the monitoring and implementation of the regulations, the government inspects compliance with occupational health and safety standards across all sectors and duly deploys labour inspectors. In turn, the National Social Security Authority's (NSSA) Accidents Prevention Workers Compensation Scheme Notice No.68 of 1990 focuses on compensation issues for workers injured at work (NSSA, 2009). In addition, the legal instrument requires every employer and employee to pay subscriptions from payroll and salaries respectively towards the NSSA Accidents Prevention Workers Compensation Scheme. This provides a pool of funds for use in the event of accidents to compensate workers for injuries, diseases contracted at work and in the event of death

insurance payable to the next of kin.

At the organisational level, the Government of Zimbabwe through the Ministry of Labour and Social Welfare and prescribed as per the NSSA mandate has promulgated several regulations which categorize workplace hazardous factors ranging from chemical, physical (noise radiation and vibration) psychosocial and biological hazards (Taderera, 2012). The laws and conventions may not be applicable to some sectors or industry due to the nature of hazards within respective industrial sectors.

Factors Affecting the Implementation of OHS Programmes

The major barriers to implementation of programmes for prevention of workplace violence in the United States include lack of action despite reporting, varying perceptions of violence, bullying, profit-driven management models and lack of management accountability (Blando et al, 2015). Hon, Chan and Yam (2012) investigated the challenges in implementing safety practices for people doing Repair, Maintenance, minor Alterations and Additional work (RMAA) in the construction industry in Hong Kong. They reported limited health and safety resources among small and medium enterprises, difficulties in changing the mind-set of workers and lack of structures for implementing safety provisions.

Ametepeh et al (2013) examined hazards and risks faced in the informal sector in Sekondi-Takarodi Metropolitan area in Ghana. Their key findings showed the exposure of workers to physical, chemical, psychosocial and ergonomic hazards, which cause diseases. They further reported that most of the respondents were not on the register of the National Health Insurance Scheme (NHIS), which could have cushioned them when settling medical bills for injuries suffered at work. Bleck et al (2013) explored the nature, approaches and strategies for alleviating occupational risk for workers at a compositing site in Lome, Togo. The key findings showed that workers were at risk of injuries caused by contaminated items and dust from fumes. The study recommended the use of mechanised equipment and separation of toxic and non-toxic substance at the household level.

Masia et al (2011) investigated the relationship between work stress, job insecurity, satisfaction and commitment at a mine in South Africa. The key findings highlighted that work stress and job insecurity negatively affected safety compliance and that job satisfaction is a significant predictor of safety. Agumba et al (2009) examined the Health and Safety culture and its communication across SMEs in South Africa. The key findings showed that commitment towards Health and Safety and creation of structures and processes that promote Health and Safety should be integral to the operations of small and medium enterprises (SMEs). Boniface et al (2013) assessed factors associated with injuries and fatalities among mineworkers between 2009 and 2012 in Mererani, Tanzania. The key findings showed that most of the injuries were due to falling rocks, explosions and suffocations.

Jerie (2012) assessed the exposure and perceived risk of occupational, lifestyle and physiological factors of workers in the wood processing industry in Mutare, Zimbabwe. The results show the exposure of workers in the wood processing industry arising from the lack of implementation of national safety and health standards and those organisations were not doing enough to avert risks associated with wood processing operations. In turn, Jambwa and Chitongo (2013) explored the occupational health and safety of workers in the Department of Works in Marondera Municipality, Zimbabwe. The findings show that workers were exposed to fungal, airborne and waterborne diseases, exacerbated byinad equate protective clothing, poor labour inspections and employees' negligence with respect to compliance to health and

safety rules. Mayer et al (2011) proposes the development programmes for management focusing on ensuring mental and physical safety within the work environment to improve the promotion of health and safety practices promotion in multinational organisations in South Africa.

Taking cognisance of the preceding theoretical literature and empirical evidence the main aim of this study is to assess the nature of occupational health and safety and implications for employee wellbeing within the Salary Service Bureau. The study explores internal stakeholders' perceptions on OHS and the factors influencing the administration of occupational health and safety and implications for the wellbeing of the employees. Further, the study draws insights and recommendations for policy makers and key stakeholders with respect to management of OHS in the public sector.

METHODOLOGY

The study adopted an exploratory qualitative design. Yin (2013) points out that the boundaries between the phenomenon and the context within which it is studied are not evident within a case study. In addition, case study strategy generates empirical data and information, which is imperative for understanding the research context (Eisenhardt et al, 2007). This approach is important in gaining rich understanding of the research context and the process being enacted (Morris and Wood 1991). The population of the study comprised all employees based at the Salary Service Bureau at Mukwati Building in Harare.

Forty-six (28 males and 18 females) employees participated in this study. The ages ranged from below 30 years to over 50 years. The qualifications profiles showed that 26% held High School certificates, 35% had high national diplomas and equivalents, 28% had undergraduate degrees and 11% held post-graduate degrees. Participants' work experience varied from 1-5 years (33%); 6-10 years (37%); 11-15 years (17%) and 16 years and above (13%). The researchers believed that the purposive sample (Saunders et al, 2011) was well suited to provide insights on the nature of occupational health and safety programmes and the implications on employee wellbeing within the work environment.

Data collection used aself-administered questionnaire. The questionnaire comprised both closed and open-ended items. Questionnaires are widely used in collecting survey information (Saunders et al. 2011; Bryman and Bell, 2007; Erikson and Kovalainen, 2008; Creswell, 2009). The questionnaires were pilot-tested to check the relevance and usability of the items. All the questions were clear to participants. While semi-structured interviews were conducted with management staff. The researchers conducted observations of the work settings to gain understanding of the office work set-up, furniture, equipment and processes that potentially affect employees' health and safety. Secondary data sources were examined (Welman et al, 2012) official statistics on accident occurrences, frequency and types of diseases suffered by employees. Further documentary sources examined include workplace manuals, standard operating procedures and policies in place that seek to minimise workplace hazards. Secondary data sources provided vital data since they have a pre-established degree of validity and reliability, which need not be re-examined by the one in use of such data (Fling et al 2004). The internet was a source for information about occupational hazards associated within office settings and the occurrence of accidents and illnesses.

Senior management granted permission to carry out the study. Participation in the study was voluntary and to ensure anonymity, participants were instructed not to write their names on the questionnaire. Further, all participants were assured that their responses were confidential and were to be used only for this study.

Data analysis uses descriptive statistics and content analysis. Presentation of data uses frequencies, percentages and narrative accounts.

RESULTS

Demographic Characteristics

There were 28 males (61%) and 18 females (39%) and the age profiles shows that respondents 33% (15) were between 41-50 years, 28% (13) between 30-40 years, 24% (11) below 30 years and 15% (7) above 51 years. The education qualification profile shows that 35% (16) had diplomas, 28% (13) undergraduate degrees, 26% (12) high school certificates and 11% (5) had post-graduate degrees. While occupational categories show that managerial level 22% (10) and non-managerial 78% (36). In turn, length of work experience at SSB shows that 37% (17) had 6-10 years, 33% (15) had five years and below, 17% (8) had 11-15 years and 13% (6) had 16 years and above.

Table 1: Evaluation of OHS Programmes in SSB (n=46)

Factor	Yes	No	Not Sure
Does the SSB have OHS programmes	11 (24%)	22 (48%)	13 (28%)
Does the SSB offer OHS training courses	7 (15%)	36 (78%)	3 (7%)
Does the SSB have formal procedures for reporting accidents & injuries	6 (12%)	36 (78%)	5 (10%)

Table 1 shows that 48% of the respondents were of the view that OHS programmes were non-existent within the organisation. However, documentary analysis established that the organisation had an OHS policy. Evidence from interviews showed that the organisation did not have a Health and Safety Committee. Further evidence from observations showed that employees were exposed to occupational hazards emanating from dust, long hours of computer use and long hours of physical inactive. Observations in situ showed that employees worked in congested working environments with as many as twelve (12) employees' sharing offices, which often doubled as storerooms with stacks of office equipment such as desks, chairs, printers, files and computers.

Most of the respondents (78%) reported that the organisation did not offer OHS training programmes. The reasons echoed by management staff during interviews was that training on OHS is not a priority and the reasons proffered by one of the managers as follows:

''…due to the challenges facing the public sector in Zimbabwe, funds were not being allocated for training employees on OHS and other OHS provisions''.

Evidence gathered from interviews revealed that financial constraints affected funding for training while the recruitment freeze imposed by the Public Service Commission has affected the employment of skilled personnel. Review of documentary sources established that the last OHS training was conducted by external consultants on 2 May 2009.

Most of the respondents (78%) cited the absence of formal procedures for reporting accidents and injuries. Documentary analysis of the Human Resources Accident Records file established that the last recorded accident was in 2013 which resulted naked electricity cables, which supply power to various workstations in the office. Respondents highlighted that after the last recorded accident in 2013 there have been over ten (10) non-recorded injuries arising from accidents and exposure hazardous substances. In addition, respondents stated they no longer report accidents and injuries mainly because they felt this made no difference, as management did not seem to take notice. This was despite the availability of an OHS Policy document that spelt out steps that were supposed to be carried out and outlined on paper as

follows: (a) Worker must seek first aid treatment; (b) Ensure that all injuries and treatments are recorded in the accident register book and (c) Report the accident to the supervisor immediately. Employees highlighted the ambivalent attitude by management on OHS issues which resulted in non-reporting of work-related accidents and injuries.

Table 2: Evaluation of the Significance of OHS Programmes in SSB (n=46)

Factor	Yes	No	Not Sure
Do you think SSB has a safe working environment?	6 (12%)	31(68%)	9 (20%)
Does SSB provide protection against hazards at work?	5 (10%)	29 (62%)	13 (28%)
Do you experience negative effects to your health within the work environment?	31 (68%)	15 (32%)	0(0%)
Do you undergo Safety Medical check-ups at work?	6 (12%)	31 (68%)	9 (20%)
Does SSB have Health Safety Officers?	3 (6%)	32 (70%)	11 (24%)
Are you provided with personal protective equipment?	14 (30%)	32 (70%)	0 (0%)

Table 2 above shows that most of the respondents (68%) were of the view that the working environment was not safe while 62% reported lack of protection from work hazards. In turn, 68% reported that they experienced negative effects to their health within the work environment and most respondents (68%) cited lack of funding for medical check-ups. While 70% cited the absence of Health Safety Officers and inadequate provision of appropriate protective clothing. Evidence gathered from interviews indicated that the organisation had made efforts to protect employees from dust through provision of dust masks especially for those who work with files and use heavy-duty printers that emit carbon dust. However, most respondents reported that the gloves were not always available for protection from physical contact with dust. While managements attributed the erratic supply of protective clothing to financial constraints. Documentary evidence corroborated these findings as management returned purchase invoices citing lack of funds. On aspects of decongesting the overcrowded offices, managers stated that this was mainly due to lack of space stating that the situation will remain unchanged until additional space becomes available.

DISCUSSIONS

The study findings show that despite the existence of an OHS Policy document the organisation has not implemented the programmes. Nzuve and Lawrence (2012) highlight the significance of occupational health and safety programmes and the importance of enforcement by qualified Health and Safety officers. To all intends and purposes, the non-compliance with OHS regulations by the organisation violates the legal provisions as promulgated by the Health and Safety laws of the country. The Labour Relations Act (Chapter 28:01) and the National Social Security Authority's Accidents Prevention Workers Compensation Scheme Notice No.68 of 1990 that legislates the provisions for Health and Safety programmes in all work places. Further, the study findings show the absence of training courses on OHS and related matters which management attribute to financial constraints and lack of skilled labour in the Public sector due to the government imposed job freeze. In turn, the documentary evidence showed that external consultants conducted the last OHS training on 2 May 2009. Ofoegbu, et al., (2013) highlights the impact of training on employee wellbeing and organisational performance, highlights the importance of regular OHS training programmes. The study findings revealed that despite the existence of procedures for reporting accidents and injuries the actual process was non-existent. These findings support observations by Windapo and Oladapo (2013) that significant numbers of accidents and hazards in organisations in Africa go unreported and that some of the employees are not even aware of the reporting procedures. This echoes observations by Blando et al (2015) on major barriers to implementation of health and safety programmes.

The prevalence of unsafe working environments highlighted by the study support observations by ILO (2010) that public sector institutions are not protecting employees against harm at work leading to work-related deaths from occupational diseases. The risks inherent in office-based work environments highlight observations by Harrison (2002) that sedentary employees who spend most of the working time seated experience adverse health effects such as reduced heart and lung efficiency and digestive problems. Further, the study findings on the lack of access to medical check-ups support Nzuve and Lawrence (2012) who emphasise the need for organisations to take a leading role in ensuring employees access medical to check-up facilities. Similarly, Ametepeh et al, (2013) highlight inherent dangers to workers and the lack of medical check-ups as well as low numbers of employees registered with medical aid societies and National Health Insurance Schemes (NHIS). The study findings on the absence of Health Safety Officers attributed to financial constraints and government imposed recruitment freezes are reinforce observations by Knott et al., (2014) on the need for public sector institutions to have specialised safety personnel who manage the security, health and safety and welfare of employees within the work environment. Similarly, the study findings showed general lack of protective clothing and respective equipment thereby echoing the recommendations by Jambwa and Chitongo (2013);Bleck et al (2013) and Jerie (2012), Brauer, (2006) on the importance of adherence to national safety and health standards and requisite legal frameworks.

Overall, the study findings on the inadequacy and non-compliance with provisions of safe work environments resonates highlight the effects on employee wellbeing (Wiley, 1997); lack of a safety culture (Butterworth, 2013); need to address the multi-dimensional aspects of employee wellbeing (Armstrong & Baron, 2002; Katsuro et al., 2010) and employee wellness, which arise from health practices, personal resources and the environment (Okeola 2009). Knott et al., (2014) highlights that employers have an obligation and moral duty to anticipate, assess and control a wide range of hazards that negatively affect the health and safety of their workers.

CONCLUSIONS AND RECOMMENDATIONS

Compliance with the statutory occupational health and safety regulations should be a priority for private and public organisations. The consequences of non-compliance have far-reaching implications for organisations as workers' health and safety pose grave risks when measured in human and financial terms. It is imperative; therefore for public and private sector employer's to adhere to the legislation on OHS while continuously improving the working conditions and within changing work environments. Globally, employee well-being enhances loyalty, commitment engagement and performance. There is need therefore, for employers to adopt robust OHS systems and measures that protect and promote employee wellbeing and implement preventative programmes.

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