

UNIVERSITY OF EDUCATION, WINNEBA
COLLEGE OF TECHNOLOGY EDUCATION, KUMASI

EXAMINING HEALTH AND SAFETY BEHAVIOUR OF SOME HOTEL
STAFF IN THE SAGNARIGU MUNICIPALITY



JULIET ATIKA ACHINA

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School of Graduate Studies, University of Education, Winneba in partial fulfillment of
the requirement for the award of the Master of Technology Education (Catering and
Hospitality Education) degree.

MAY, 2021

DECLARATION

STUDENT'S DECLARATION

I, JULIET ACHINA ATIKA, declare that this Dissertation with the exception of quotations and references contained in published works which have all been identified and duly acknowledged, is entirely my own original work, and it has not been submitted, either in part or whole, for another degree elsewhere.

SIGNATURE:

DATE:

SUPERVISOR'S DECLARATION

I hereby declare that the preparation and presentation of this work was supervised in accordance with the guidance for supervision of Dissertation as laid down by the University of Education, Winneba.

NAME OF SUPERVISOR: DOREEN DEDO ADI (PhD)

SIGNATURE:

DATE:

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DEDICATION

I dedicate this work to my mom Tommy Achina and my dear husband Isaiah Yahaya Moses and lovely children Louisa, Bernice and Angela. They provided me the support and encouragement to make this project successful. Without their expertise knowledge, this project wouldn't have been a success. God richly bless and strengthen them.



TABLE OF CONTENT

Content	Page
DECLARATION	ii
ACKNOWLEDGEMENT	iii
DEDICATION	iv
TABLE OF CONTENT	v
LIST OF TABLES	viii
LIST OF FIGURES.....	ix
ABSTRACT	x
CHAPTER ONE	1
INTRODUCTION.....	1
1.1 Background to the Study	1
1.2 Statement of the Problem	3
1.3 Purpose of the Study.....	4
1.4 Objectives of the Study.....	4
1.5 Research Questions.....	5
1.6 Significance of the Study.....	5
1.7 Scope of the study.....	6
1.8 Organization of the study	6
CHAPTER TWO.....	7
LITERATURE REVIEW.....	7
2.1 Theoretical Framework.....	7
2.1.1 Reinforcement Theory.....	7
2.2 Overview of Hotel Industry in Ghana	11
2.3 Health and Safety Hazards in Hotel Industry	14
2.4 Causes for Health and Safety Hazards in Hotel Industry	16

2.5	Behaviour of Hotel staff on Health and safety	17
2.6	Factors that influence safety behaviour of hotel staff.....	20
2.6.1	Management Commitment	21
2.6.2	Organisational Commitment	22
2.6.3	Safety Communication	23
2.6.4	Safety Leadership	24
2.6.5	Effective Safety Training	24
2.6.6	Safety Motivation.....	25
2.6.7	Safety Management System	25
2.6.8	Safety Guidelines and Regulation	26
2.6.9	Safety and Health Officer.....	27
2.6.10	Personal Protective Equipment (PPE).....	27
2.7	Legislative Provisions on Occupational Health and Safety in Ghana	28
2.8	Preventive measures for health and safety hazards in hotel industry	30
2.9	Conceptual Framework.....	32
CHAPTER THREE.....		34
METHODOLOGY		34
3.1	Study Area	34
3.2	Research Design	35
3.3	Population.....	36
3.4	Sample size and sampling techniques	36
3.5	Data Collection Instrument.....	38
3.6	Pilot Study	38
3.7	Validity and Reliability of the instrument	39
3.8	Data collection procedures	39
3.9	Procedure for Data Analysis.....	40
3.10	Ethical Considerations	41

CHAPTER FOUR.....	42
RESULTS AND DISCUSSION	42
4.1 Demographic Characteristics of Respondents	42
4.1.1 Gender of Hotel Staff	42
4.1.2 Age group of Hotel staff.....	43
4.1.3 Highest level of education of Hotel staff	43
4.3.2 Working years in the current hotel	44
4.2 Health and safety behaviour of hotel staffs in the Sagnarigu Municipality	45
4.3 Factors that influence behaviour of staffs associated with health and safety ..	50
4.4 Relationship between health and safety behaviour and safety outcomes	55
4.4.1 Safety outcome at the hotels.....	55
4.4.2 Regression Analysis	58
CHAPTER FIVE.....	61
SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS	61
5.1 Summary of Findings	61
5.1.1 Health and safety behaviour of hotel staffs in Sagnarigu Municipality ..	61
5.1.2 Factors that influence behaviour of staffs with health and safety	61
5.1.3 Relationship between health and safety behaviour and safety outcomes.	62
5.2 Conclusion	62
5.3 Recommendations	63
5.4 Suggestions for further research	63
REFERENCES.....	65
APPENDIX	75

LIST OF TABLES

Table	Page
Table 4. 1: Gender of respondents	42
Table 4. 2: Age distribution of respondents	43
Table 4. 3: Highest level of education of respondents	44
Table 4. 4: Working years in the current hotel of respondents	44
Table 4. 5: Responses on health and safety behaviour.....	45
Table 4. 6: Responses on the factors that influence behaviour of staffs	50
Table 4. 7: Responses on safety outcomes at hotels	55
Table 4. 8: Model Summary.....	59
Table 4. 9: ANOVA ^a	59



LIST OF FIGURES

Figure	Page
Figure 2. 1: A conceptual framework for Health and Safety	32



ABSTRACT

Hotel staffs are often exposed to a variety of safety and health hazards due to the tasks they need to perform in the kitchen or other specific tasks that they are asked to perform. Most hotel industries in Ghana had not given adequate consideration to safety and health hazard protection as a business success factor. The study aimed at examining health and safety behaviour of hotel staff in the Sagnarigu Municipality. The study employed descriptive survey design. The target population of this study comprised of all the staff of 26 licensed hotels in Sagnarigu Municipality in the Northern Region of Ghana. From the target population, a sample of 160 hotel staffs, comprising 20 staff from each 8 hotel that were selected for the study using simple random sampling method. Questionnaire was used for this study. The study found that health and safety plans are available at workplace, working environment are always kept free from all objects that can cause harm or injury to the workers, and safety issues are communicated promptly and adequately to all concerned. The findings revealed lack of safety rules and guidelines, lack of management commitment, lack of personal protection equipment, and lack of proper safety education and training are the key factors that influence health and safety behaviour of hotel staff. The study found a positive and significant relationship between health and safety behaviour and safety outcome at the hotel ($F=2.151, p=0.016 < 0.05$). It was concluded that the magnitude of the relationship between health and safety behaviour and safety outcome is 25.3%, while the remaining 74.7% (100% – 25.3%) is influenced by variables. The study recommended that hotel management should strengthen behavioural safety management systems that will continuously improve the attitudes of hotel staff towards health and safety. Also, proper communications and interpersonal skills, which are necessary at every level should be ensured that the correct influences on behaviour are consistently reinforced.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

The hotel industry is seen as one of the utmost competitive industries in the world especially in this 21st century with many producers and consumers that spread around the world (Allegro, 2011). The hotel industry is an important industry which forms a significant part of the economy. This industry provides employment for a large number of people; both direct full-time employees as well as part-time and contract staff (Allegro, 2011). In providing a high standard of service to customers, the pace of work can be fast and the working hours long. Providing a safe and healthy working environment contributes to the wellbeing, morale and productivity of employees. The hotel industry employs a variety of staff that could be exposed to a variety of safety and health hazards at work depending on the specific tasks they perform (Alazab, 2013). Hotel industry is associated with various types of health and safety hazards and it has a major impact on profit. The hotel staffs may be exposed to the risk of musculoskeletal disorders and injuries and to health hazards such as chemicals, noise and thermal stress. There is also the risk of accidents from slips, trips, knocks and falls, cuts, burns and scalds, electrocution and even fire and explosion.

The health and safety behaviour to work is a very important aspect of workers and staff of any institution and in particular labour-intensive ones. It is worth noting that 4,500 of the 100,000-plus people nationwide who died from preventable injuries in 2003 were on the job when the accidents occurred, (Clift, 2015). Health and safety are mainly compromised by the operational conflict that exists between the need for safety and the inclination to defer it based on cost-benefit considerations. This should however be

carefully considered since sound economic reasons for implementing safety exist. In many developing countries, occupational health is provided as part of the general medical care for the workforce. Preventive occupational health functions are often organized as a separate safety department, which increasingly includes environmental aspects (Harrington, Harker, Matheson & Rass, 2018).

Behaviour of workers hotel staff should be regarded when reducing or eliminating risk to injury at the hotel. However, behavioural safety management is an effective means of controlling the risks of injury or ill health, then employees must ensure effective use of Personal Protective Equipment (PPE). Safety behaviour describes the behaviour that support safety practices and activities such as providing safety training and safety compliance explains the core activities that need to be carried by employees according to occupational, safety and health requirements to prevent workplace accidents (Mahmood, 2010). Health and safety behaviour are the key reducing the injuries at the workplace and indirectly influencing the outcomes of the event before the injuries or accidents occurred (Johnson, 2013). As per Lingard and Rowlinson (2017), the supervisors at hotel has to supervise employee from time to time to ensure they will always follow the rules to wear safety clothing's to keep their safety is always a priority when performing jobs at the hotel.

Harris and McCaffer (2018) emphasized that employer must provide protective personal equipment to the workers to reduce the accidents or injuries of the worker if they wear personal protective equipment. However, Takala (2000) mentioned that all accidents can be prevented if the hotel industries devised proper guidelines for its employees and also provide them the needed guidance on the identification of work hazards and how to prevent them. It is mandatory that employers should work in collaboration with the employees to avoid these accidents and to establish a safe and

healthy working environment (Takala, 2000). According to Senya (2017), inability of hotel industry to conform to the safety rules governing its operation poses a great threat to its very existence. Hotel operators and employees must know about general hazards in the workplace and safety regulations related to the proper handling of equipment, tools and chemical materials.

Ghana, like many emerging economies, have a very fledgling hotel industry characterized by poor workers safety management practices that are widely adopted by more advanced economies coupled with some negative cultural factors. This stimulates the need for appropriate measures to be put in place for improving behavioural safety management to ensure safety of workers and reduced fatalities.

1.2 Statement of the Problem

Hotel staffs are often exposed to a variety of safety and health hazards due to the tasks they need to perform in the kitchen or other specific tasks that they are asked to perform. Hotel staffs are exposed to severe risk like fire and explosion, burns, cuts, scalds, electrocution, falls, knocks, slips and many others due to unsafe behaviour. Such risks are called occupational accidents and diseases which can result in absenteeism on employee's part, suffering, sickness, loss in productivity, disability or can lead to deaths of the employees as well (ILO, 2005).

Unsafe behavior of hotel staff are eminent at workplace due to inadequate safety education, instruction, housekeeping and wilful transgression. In addition, improper equipment and working platform, wrong safety attitude, lack of monitoring and supervision, lack of proper procedure and guideline and time constraints cause accidents at hotels (Mill & Linn, 2001). Most hotel industries in Ghana had not given adequate consideration to safety and health hazard protection as a business success factor.

Observation at various hotels at Sagnarigu Municipality revealed a unsafe behavior, poor health and safety management. The working environment at their backyard were not tidy and safe for movement by workers. Some of the workers were not wearing any protective equipment to prevent accidents. Therefore, hotel industries in Ghana need occupational health and safety management systems that help them to prevent and mitigate health and safety issues by identifying and selecting the most critical hazards and managing them while adopting preventive measures. There is an imperative need to identify the ways of improving hotel staff attitudes and behaviour toward health and safety at workplace in the local context in order to pursue better health and safety performance. Therefore, obviously there is a need for a health and safety hazards mitigate programs in hotel industry in the Sagnarigu Municipality.

1.3 Purpose of the Study

The aim of the study is to examine health and safety behaviour of hotel staff in the Sagnarigu Municipality in the Northern Region of Ghana.

1.4 Objectives of the Study

The specific objectives were as follows:

1. to assess unafe behaviour of hotel staffs in the Sagnarigu Municipality;
2. to determine the key factors that influence behaviour of staffs associated with health and safety in hotels in the Sagnarigu Municipality.
3. to find out the relationship between health and safety behaviour and safety outcomes at hotels in the Sagnarigu Municipality.

1.5 Research Questions

The following research questions were formulated guide the study:

1. What are the health and safety behaviour of hotel staffs in the Sagnarigu Municipality?
2. What the key factors that influence health and safety behaviour of hotel staffs in the Sagnarigu Municipality.
3. How does hotel staff behaviour influence safety outcomes at hotels in the Sagnarigu Municipality?

1.6 Significance of the Study

The outcome of the study will give hotel managers an insight on the attitudes of workers on health and safety at workplace. In addition, it is believed that the study will expose factors that influence behaviour of workers associated with health and safety in hotels. The study is expected to bring out the facts and suggest ways of improving the health and safety of hotel workers through behavioural safety management at workplace.

The finding of the study will help policy makers in shaping policies in health and safety management issues in the hospitality industry and further help managers in the hospitality industry to save cost and time wastage with regards to health and safety issue. The study will add knowledge to the existing body of literature on health and safety of hotel workers. The study also suggests further research areas to tease out research interests into future studies within the academia and serve a source of reference for future researchers in this area.

1.7 Scope of the study

This research examines health and safety behaviour of hotel staff in the Sagnarigu Municipality in the Northern region of Ghana. It was limited to a relatively small sample of hotel staff to allow for a more comprehensive study and analysis of the subject matter. The study cover only hotels in Sagnarigu Municipality where large numbers of hotels can be found with workers from various backgrounds. This forms a heterogeneous sample that allows for health and safety behaviour of hotel staffs, factors that influence behaviour of staffs associated with health and safety in hotels, and the relationship between unsafe behaviour and safety outcomes at hotels in the Sagnarigu Municipality.

1.8 Organization of the study

This work was organized into five chapters. Chapter one takes care of background of the study, which is directly followed by the problem statement. This is followed by objectives of the study. Chapter one further deals with the research questions, significance of the study, scope of the study, and the chapter concludes with organization of the study.

Chapter two of the work deal with the literature review. It presents theoretical and empirical perspectives of health and safety of hotel workers. Chapter three focus on the research methodology, and describes the study organisations, study population and sampling, as well as the data collection and analysis. Chapter Four present the results and discussion of the study. Chapter five highlights the summary of the major findings, conclusion and recommendations.

CHAPTER TWO

LITERATURE REVIEW

2.1 Theoretical Framework

Theoretical framework is the structure that can hold or support a theory of a research study. The theoretical framework introduces and describes the theory that explains why the research problem under study exists (Swanson, 2013). The theoretical explanation of this study is anchored on reinforcement theory.

2.1.1 Reinforcement Theory

Reinforcement theory of motivation was proposed by Skinner (1969). It states that individual's behaviour is a function of its consequences. It is based on "law of effect", i.e, individual's behaviour with positive consequences tends to be repeated, but individual's behaviour with negative consequences tends not to be repeated. Reinforcement theory of motivation overlooks the internal state of individual, i.e., the inner feelings and drives of individuals are ignored by Skinner. This theory focuses totally on what happens to an individual when he takes some action. Thus, according to Skinner, the external environment of the organization must be designed effectively and positively so as to motivate the employee. The theory is a strong tool for analyzing, controlling mechanism for individual's behaviour. However, it does not focus on the causes of individual's behaviour. Reinforcement theory states simply that reinforced behaviour will be repeated, and behaviour that is not reinforced is less likely to be repeated (Montana & Charnov, 2000). For example, if hotel staff is rewarded for wearing his or her personal protection equipment consistently, then the individual is likely to continue to behave in the same manner if that individual wants more reward.

Alternatively, a negative consequence of failure to wear personal protection equipment may teach an individual not to repeat it.

Skinner's behavioural reinforcement or operant conditioning model has "merged into the field of management through behaviour and organizational behaviour modification theory" (Montana & Charnov, 2000, p. 248). Based on the theory Weiss (1990, cited in Ai Lin Teo et al., 2005) proposes four intervention strategies that can be used by managers to either encourage or discourage certain behaviours of workers (i.e. Positive reinforcement, negative reinforcement, punishment and extinction).

2.1.1.1 Positive reinforcement

Positive reinforcement provides the worker with reward consequence for performing the desired behaviour. According to this theory, to motivate workers to perform their jobs in a safe manner, contractors should offer incentives, praise, monetary rewards, and promotions on the job (Ai Lin Teo et al., 2005). Positive reinforcement is the most powerful technique for direction or motivation of the actions of other people (Walker, 1975). Many companies employ positive reinforcement to increase productivity, decrease absenteeism and workplace accidents. Mazur (1986) gives an example of hotel which offered incentives such as buffet at end of each month if workers maintained accident-free record. And indeed, the accident-free record was maintained for a number of months. When positive reinforcements are used, the desired outcome is that behaviour is reinforced. Workers understand that the behaviour is desirable and will normally repeat it for reward.

2.1.1.2 Negative reinforcement

Negative or avoidance reinforcement encourages workers to perform the desired behaviour in order to avoid a negative consequence. Therefore, to motivate workers to perform their jobs in a safe manner, contractors may use criticism or threat of losing job and once the workers work in a safe manner, they stop receiving the undesired outcome (Ai Lin Teo et al., 2005). Jones and George (2003) contend that negative reinforcements create unpleasant work environment and may lead to resentment of workers towards their managers.

2.1.1.3 Punishment

Punishment reinforcement gives the worker a negative consequence so that the worker can stop performing an undesirable behaviour. With regard to safety at hotel, punishments may include pay cuts, temporary suspensions, demotions, and firing. Jones and George (2003) argue that punishments should be used sparingly because they may lead to resentment, loss of self-respect, a desire for retaliation. Hamner (1990) advocates that where punishment becomes necessary, it must be done in private in order not to hurt the worker's self-respect, or lower his or before co-workers and make other co-workers uncomfortable. For punishment to be effective, McGregor (cited by Pinder, 1984) proffers that it must be immediate, contingent upon behaviour, intense (not too severe but not without pain), consistent, impersonal and informational (i.e. workers must infer immediately the cause of their suffering). And finally, an alternative to the punished behaviour must be available. Ivancevich (1980) (cited by Pinder, 1984) confirms most of McGregor's criteria for effective punishment and adds that punishment is most effective when:

- the punishing agent has a relatively close and friendly relation with the punished worker;
- the punishing agent explains the reason for the punishment to the worker;
- the worker understands what contingencies for the punishment will be in the future; and
- alternatives to the punished behaviour are positively reinforced;

2.1.1.4 Extinction

Extinction is similar to punishment in that its purpose is to reduce unwanted behaviour. The process of extinction begins when a valued behavioural consequence is withheld in order to decrease the probability that a learned behaviour will continue. Over time, this is likely to result in the ceasing of that behaviour. Extinction may alternately serve to reduce a wanted behaviour, such as when a positive reinforcer is no longer offered when a desirable behaviour occurs (Jones & George, 2003). For example, if hotel staff is continually praised for the promptness in which he completes his work for several months, but receives no praise in subsequent months for such behaviour, his desirable behaviours may diminish. Thus, to avoid unwanted extinction, managers may have to continue to offer positive behavioural consequences. Extinction reinforcement withholds positive consequences to get the worker to stop performing the undesirable behaviour. At the hotel premises, a worker who constantly flouts safety regulations may have his or her appointment terminated to curtail the unsafe practice (Hamner, 1990).

2.2 Overview of Hotel Industry in Ghana

The hotel industry in Ghana includes hotels, lodges, resorts, inns, motels, guest houses and hostels. Grading of these accommodation units is done by the Ghana Tourist Board according to a classification system of hotels based on a rating system of budget. The highest star rating is 5- star and the lowest is 1-star. A hotel has ten (10) or more rooms whereas a Guest House has between four and nine rooms. A hotel is star rated (meets international standards) depending on the facilities and services offered. A budget or unrated hotel does not meet international standards. Rating of hotels has nothing to do with the size of the hotel (in terms of number of rooms). Thus we can have a star rated hotel or Guest House which may be big or small depending on the number of rooms (Mensah, 2009).

The hotel industry has a widely recognized association known as Ghana Hotels Association (GHA), which has over 1000 members in the country. Membership of the Ghana Hotels Association is made up of hotels, motels and guesthouses that have been certified and licensed by the Ghana Tourist Board to offer accommodation, catering and other tourism services in Ghana. Their membership categories are: Budget (acceptance level below One Star) and One Star to Five Star International standards. According to the GHA, hotels that qualify within their membership categories in total are 817 across the country. According to the Ministry of Tourism (2013) the total number of licensed hotels (1 to 5 star hotels, budget hotel, guest houses) in Ghana was 1751. These are hotels scattered across the country with Greater Accra having a total of 660, Ashanti region-397, Western region-183, Eastern region-129, Central region-126, Brong Ahafo-87, Volta region-87, Northern region-85, Upper East region-54 and Upper West region- 30. In the context of this study, we are considering only hotels in Upper West Region (Wa Municipal) which includes; Blue Hill Hotel, Nuoyong Empire Hotel, Sem-B lodge,

Upland Hotel and Queens Valley hotel thus 4 in number. According to the GTA report (2009) the number of hotels in Ghana increased from 1,345 with 18,752 rooms in 2005 to 1,775 with 26,047 rooms in 2009. The Ministry of Tourism's 2013 report stated the establishment of accommodation facilities in the country stood at 1800 in 2011 however it was expected to hit 2000 by the end of 2017. A study by Narteh et al. (2013) concerning the luxury hotel industry of Ghana revealed that largest concentration of hotels was found in Accra.

The hotel sector in Ghana has seen tremendous growth over the years. The number of hotels grew from 509 in 1992 to 992 by year 2000. This period marked a slow growth rate, increasing by just 483 hotels in nine years. By 2013, the number of hotels had increased to 2,228. The growth at this stage was relatively rapid, growing by 1,236 hotels in 13 years. The number of hotels and lodges in the country are growing, as at May 2017, there were 2723 hotels and lodges in Ghana. The service sector is one of the major and critical sectors of the Ghanaian economy. The sector has significantly contributed to the national Gross Domestic Product (GDP). For instance, in 2009, the services sector contributed 49.2% to GDP, as against a contribution to GDP of 19% and 31.8% for the industry and agricultural sectors respectively. The services sector contributed 51.1% in 2010; 49.1% in 2011; 50% in 2012; and 50.6% in 2013 to GDP. The hotel and restaurant sub-sector is a major driving force in the service sector. The hotel sector made significant contribution to Ghana's GDP over the years. In 2003 for instance, the sector contributed about 2.12% to GDP. Contribution to GDP grew since then to about 2.89% in 2009.

Hotels are gradually seen as a key community tool enhancing development (Fennell, 2003). At community levels, hotels offer opportunities for direct, indirect, and induced employment and income, spurring regional and local economic development (Aref, 2010; Coccossis, 2004). Hotel jobs are often seasonal; causing under-employment

or unemployment during some times. Labour may be imported, rather than hired locally, especially if particular skills or expertise is required, or if local labour is unavailable. Some hotel businesses are volatile and high-risk ventures that are unsustainable. Providing hotel services create a lot of waste. In the second half of the twentieth century the service sector like hotels, lodges, and rest houses emerged in the world as a major source of employment whilst the industry dwindled (Cole, 2006). This drove to the world evolution of service companies and sectors, including railways, shipping, airlines and banking (Blake et al., 2008). For the hotel industry, published research illustrates development, ranging from 43 A.D to the early 21st century (Kim, 2005). This is particularly the case in developed countries, where hotel industries have become an important economic sector with a great number of indicators showing the signs of economic growth as predicted by the International Monetary Fund. This growth will be distributed unevenly in developing countries (6.4 and 2.2 %) in advanced nations by 2020 (Ateljevic et al., 2008). Hotels are one of the sources of economic growth.

In Ghana the Hospitality Industry has been facing mushrooming modern hotels/lodges in tourist attractions circuits; to cope with this tremendous development some businessmen have managed to organize themselves and use hotels as a tool for addressing poverty issues. The maiden African Hospitality Show 2013 which took place at the Accra International Conference Centre from September 12th -14th 2013 gave Ghana some prominence in the African hospitality. The event was organised by Litina Travel, in collaboration with Ministry of Tourism, Ghana Tourism Authority, Ghana Hotels Association, and Association of Ghana Industries, among others. According to The Minister for Tourism, Culture, and Creative Arts, Mrs. Elizabeth Ofosu-Agyare, the continued development of the hospitality industry was boosting the overall economic growth of the country. According to her, players in the hospitality industry employ

various segments of the Ghanaian economy, as well as contribute greatly to the socio-economic development of the West African country. She added that more people are employed in the hospitality industry, making a significant contribution to our economy. There are huge opportunities and social benefits still to be gained by continuing to make progress.

2.3 Health and Safety Hazards in Hotel Industry

Occupational safety and health is a discipline with a broad scope involving many specialised fields (International Labour Organisation (ILO), 2009). In its broadest sense, it should aim at the promotion and maintenance of the highest degree of physical, mental and social well-being of works in all occupants, the prevention among workers of adverse effects on health caused by their working conditions, the protection of workers in their employment from risks resulting from factors adverse to health the placing and maintenance of works in an occupational environment adapted to physical and mental needs and the adaption of work to humans. In other words, occupational health and safety encompass the social, mental and physical well-being of workers that is the ‘whole person’.

Hazard is a condition of changing a set of circumstances that presents a potential for injury, illness or property damage (Jekayinfa *et al.*, 2009). It is a source of potential harm to human health, property or environment, and under certain conditions hazards may lead to accidents which typically occur suddenly and unexpectedly causing immediate injuries and losses (Lind *et al.*, 2008). Further, many health and safety problems also can be slowly developed due to the exposure to these hazards (Lind *et al.*, 2008). If there is a safety and health problem in an organisation it will lead to sickness absence, high staff turnover, re-training of the staff, loss of production and subsequently

it will increase the compensation (Phil & Ferret, 2008). In addition it will create poor working condition within the organisation. This means that worker, their families, other people in the community, and the physical environment around the work place, can all be at risk from exposure to health and safety hazards.

According to Hassanain (2009), a hotel is a facility that provides paid accommodation on a short-term basis. The International Code Council (2003) defined a hotel as any building consisting of six or more guest rooms intended or designed to be used or that are used rented or hired out to be occupied for sleeping purposes by guests. Health and safety of the hotel employment, staff, guest and other personal health and safety is concerned with protecting the safety, health and welfare of people engaged in work or employment. There are various health and safety hazards associated with hotel industry.

According to the Calvin and Joseph (2006), physical, chemical and mechanical are the main types of health and safety hazards happened in the hotel industry. Physical hazards include noise, vibration, heat and colds stress, dangerous machinery, electricity and fire safety and lighting. Chemical hazards include acids, bases, heavy metals, solvents, fumes and highly reactive chemicals. According to the Mill and Lin (2001), hazards resulting in physical hazards and fatalities in hotel industry can be broadly categorised into the basic groups as falling from heights, struck by falling objects, accident by operation of machinery/tools, electrocution, fire/explosion, failure of temporary structures and others (e.g. slipping on the same level, oxygen deficiency in confined spaces, lightning strike, etc.). As Hassanain (2009) mentioned, fire hazard is a main hazard type with regard to hotel industry. Further, as Lind *et al.* (2008) stated, main hazard types are poor ergonomics in operations and physical hazards. However, European Agency for Safety and Health at Work Organisation (2008) argued that, types

of health and safety hazards are in terms of occupational accidents, slips, trips and falls, as well as cuts and burns represent the largest share

2.4 Causes for Health and Safety Hazards in Hotel Industry

According to Mill and Linn (2001), major causes of occupational health and safety failures are inadequate safety education, instruction, housekeeping and wilful transgression. In addition, improper equipment and working platform, wrong safety attitude, lack of monitoring and supervision, lack of proper procedure and guideline and time constraints are the causes of fall accidents (Wong *et al.*, 2007). According to Cooper (1998), some jobs require, for instance, a large degree of manual dexterity (e.g. electronic assembly work). Others require problem solving skills (e.g. a process control operator in a chemical factory). Some people are good at these tasks, others are not and therefore, inadequate training is also a factor that lead to cause health and safety hazards.

Hassanain (2009) revealed that the main causes of hotel fires are arson, open flames or smoking and cooking equipment. Further, according to this research hotels can be considered as a high risk type of facility regarding fire hazard due to several number of factors. These factors are high occupancy load present at the building, especially in banquet halls and conference centres, the high-fuel load present in hotel facilities, unfamiliarity with the building results in experiencing difficulty in finding the way out of the building in case of fire emergencies and the existence of high fire risk areas. Study by Hassanain (2009) identified the sources of health and safety hazards arise in hotel building are as guest rooms, hotel kitchen, laundry and etc. Potential fire hazards in guest rooms include smoking, candles, covered lamps, ash trays, coffee machines, irons, defective television sets, defective radios, and defective refrigerators, overheated

hairdryers, electric blankets, fixed and portable space heaters, overloaded circuits and short circuits.

As Lind *et al.* (2008) viewed, there are two causes for ergonomics hazards. First, the workers may be unaware of proper working postures and methods and they may also be unwilling to give up unsafe routines, especially under pressure of time. Second, on the design of machine and process or work environment is poor from the perspective of maintenance. Further, poor working postures head, neck, shoulders, upper and lower limbs, back and missing or misleading operational safety bulletins are also ergonomics related causes. In physical hazards, most typical injury risks are slipping, tripping and a person falling from height. Not using any Personal Protective Equipment (PPE) is also result in arising of physical hazards. Other risks of falling were related to occasional climbing to a high place. However, as Wlters (1998) argued, reasons for poor health and safety performance have been attributed to a variety of factors such as limited resources, limited knowledge of regulatory requirements, poor awareness of the economic advantages of health and safety, poor knowledge and understanding of safe working practices and absence of preventive services.

2.5 Behaviour of Hotel staff on Health and safety

Health and safety behaviors are one of the major concerns of most organizations globally. Safety behaviors are classified into two main categories: safety compliant behavior and safety participation behavior (Neal, Griffin & Hart, 2000). Safety compliant behaviors may be described as the core safety activities that employees need to carry out to ensure workplace safety, whereas safety participation behaviors can be considered as behaviors that may not directly contribute to workplace safety, but help to develop a working environment that supports safety (Neal et al., 2000). However, there may be

variation with regards to the influence of safety knowledge and safety communication, training, safety system, and physical work environment on safety compliance and safety participation.

As a labor-intensive industry, the hospitality industry is always full of quantity employees and employee issues. The human resource management in hospitality industry should focus more on employees themselves (Mill & Lin, 2001). But depending on many recently cases, the existing circumstance or current status is that those practitioners in hospitality industry are suffering a low level protection and ignorance by human resource management. Their legal right cannot be protected timely in many working places of hospitality industry. Many hotel and restaurants deliberately flout occupational health and safety rules which are resulting in increased staff turnover, fines and costly pay-outs to employees (Lye, 2009). The circumstances of low level protection and ignorance by human resource management mainly caused by the circumstance caused by the environment of working place and the circumstance caused by employee's individual problem. Recently, many researchers are trying to find the solutions for those problems in human resource management method. Employee's health and safety is the key to management the employees well. There is no reason to ignore employee's health and safety protection in working place. The human resource management in each hotel and restaurant should lead employees from the influences by no matter the environmental problem or their individual problem.

According to Hassanain (2009), hotel staff fails to comply with a wide range of standards including, receiving hazardous communication training and using appropriate personal protective equipment (PPE) to keep them safe while working. Hotels staff always ignore the protection of themselves in the work places. This is the most significant issue of those employee health and safety issues. Injuring in working places caused

employee's health and safety without protection. Employees in many hotels did not have enough protection by the hotel operators and investors. In no matter the budget hotels or luxury hotels, many F&B facilities and staff only places can be the potential unsafe factors. Although many hotels have a magnificent lobby and a lot of shining dining rooms, the back of the house always too horrible to look at. According to Calvin and Joseph (2006), an incorrect training or misleading direction is also fatal for employees especially those employees who work on the first line of a restaurant or F&B dept. in a hotel. Without correct and appropriate training, the employees can easily get hurt by the equipment. Scald, incised wound, fire burn, these common injuries happen in the kitchen almost every day.

According to OSHA (2016) report 14 other-than-serious and 12 serious safety violations during an inspection at the Marriott Wardman Park Hotel in Washington, D.C., resulting in over \$76,000 in fines. The popular hotel failed to report an employee's hospitalization during the required 24 hour period and did not properly maintain its OSHA 300 log. Certain workers were not provided adequate PPE while using harsh chemical substances and cleaned with compressed air exceeding 30 pounds per inch. The hotel also exposed its employees to electrical and fall hazards (OSHA, 2016).

The hotel industry faces some unique challenges in improving the health and safety of its employees. Over the past ten to fifteen years, hotels have continued to shift towards more luxurious, heavier bedding and other amenities that can increase the risk of employee injury. Housekeeping employees face the highest risk of injury as their workload can lead to strain, sprain and tears. Slips, trips and falls also contribute to employee injuries in the hotel industry (Senya, 2017). Senya further indicated that housekeeping employees does not conform to the safety rules governing its operation which poses a great threat to its very existence. Hotel operators and employees does not

know about general hazards in the workplace and safety regulations related to the proper handling of equipment, tools and chemical materials (Senya, 2017).

Lind, Nenonen and Rahnasto (2008) indicated workers may be unaware of proper working postures and methods and they may also be unwilling to give up unsafe routines, especially under pressure of time. Hotel employees do not use any Personal Protective Equipment (PPE) is also result in arising of physical hazards. A study by Mignanelli (2000) indicated that hotel staffs do not engage in positive safety behaviors. The employers failed to ensure that their employees' health and safety by providing a safe working environment with the appropriate systems and procedures, training and supervision, and equipment necessary for them to carry out their tasks.

2.6 Factors that influence safety behaviour of hotel staff

Accident at workplace is commonly known as an unwanted event that is never scheduled or planned. Abdelhamid and Everett (2000) asserted that accidents at hotel industry occur due to three main causes; 1) failing to identify an unsafe condition that existed before an activity was started or that developed after an activity was started; 2) deciding to proceed with a work activity after the worker identifies an existing unsafe condition; and 3) deciding to act unsafely regardless of initial conditions of the work environment. Factors that influence safety behaviour of workers can be broadly grouped under two main categories, namely, 'personal' and 'organizational. The personal factors included; age, marital status, number of dependants, educational level, knowledge on safety, experience, gender, drinking habit, work related pressure, and work-mates, safety behaviour,

Under the category of organizational factors, a total of eight factors were identified as 'Management commitment, provision of personal protective equipment

(PPE), tidy environment, safety training and awareness, environment layout, OSH monitoring and feedback systems, OSH incentives, and employment type.

Bronkhorst (2015) also affirmed that workers who experience high job demands are more inclined to show unsafe behaviours. Similarly, Nadesan (2013) found a significantly negative relationship between work pressure and employee safety behaviour in Malaysia. According to Harsini and Ghofranipour (2016), this is even higher when employees perceive that management is not living up to their safety commitments and promises. According to them, employees who feel their safety is being short-changed for profits (Mearns et al., 2001) or for higher productivity (Lee & Harrison, 2000), tend to engage in unsafe behaviours as a way of registering their dissatisfaction with management, especially when they are forced to work under pressure. Therefore, to ensure appropriate safety behaviours, management needs to apply policies and rules that create a culture of safe employee work behaviour.

Studies (Mignanelli, 2000; Perera, 2010; Fernando et al., 2008) indicated that there are several factors that contribute to encourage employees' safety compliance to occupational, safety and health improvement in the hotel industry. The major factors that give positive impetus towards improving safety behaviour in the hotel industry include:

2.6.1 Management Commitment

Management commitment is agreed as the main significant factors. Top management should actively lead the organization and employees towards achievement of organization safety goals by showing that organization is serious about safety. This statement is supported by Jaselski et al., (1996) who reported that commitment and support by top management would significantly drive up the performance of safety. Together

with, employer should demonstrate their commitment through strongly realization of safety compliance to safety requirements and ensure that everyone in the organization is certain about their safety and health responsibilities (Fernando et al., 2008). He summarized that manager commitment factors towards realization of safety compliance such as; properly constituted joint safety and health committees and departmental level, accountability of managers to the joint safety and health committee, engagement of safety and health representatives with the health and safety practitioners, dialogue among local area and line managers within the establishment of safety and health representatives, the provision time of facility to have the safety and health representative functions such as joint safety and health inspection, investigations of employees complaint, making representations to managers and so on, involvement of safety and health representatives in reporting and monitoring on OSH, access of safety and health representatives to employees and access to have training for safety and health representatives (Walters & Nicholas, 2006). Hence, management commitment towards safety and health at the workplace can change behaviour of their employees (Thye, 2006).

2.6.2 Organisational Commitment

Most definitions of organizational commitment describe construct in terms of the extent to which an employee identity with and involved in an organisation (Curry, Wakefield, Price & Mueller, 2006). Organisation commitment has been identified as a critical factor in understanding and explaining the work related behaviour of employees in organizations (Bakshi et al., 2009). Hofmann and Mergeson (1999) in a study between manufacturing employees producing commercial heating and air-conditioning systems found organization support and commitment on employee safety and quality of exchange

relationships between supervisors and subordinates safety behaviour and reduced accidents.

2.6.3 Safety Communication

Many hotel accidents are found mainly caused by symptoms of safety non-compliance to safety requirements. Effective communications is an essential consideration to safe and efficient workplace. Leaders convey vision and values through interaction and communication (Ismail, 2007) and effective communication leads to commonly understood goals and mean to achieve them at all level. Zohar (2002) in a study between line workers and supervisors working in maintenance of heavy duty equipment found improved communication channel resulted decreased in micro accidents and increased in using Personal Protective Equipment (PPE). Communication can be achieved in three ways:

- Through visible behaviour, employer can communicates the importance of safety and health. Employees soon recognize what employer regard as important and will adopt their own behaviour accordingly. Thus, through negative behaviour employer can undermines the safety and health culture of the organization.
- Written communication of Health and safety policy statements, statements concerning health and safety roles and responsibilities, performance standards and findings from risk assessments.
- Face to face discussions between employer and employee enable employees to make a personal contribution and helps employees feel involved in the safety and health of the organization. Ideally, employees should be able to talk to employer during safety inspection.

2.6.4 Safety Leadership

Senior management leadership demonstrating to management level play a primary role in shaping management behaviours that in turn influenced employee behaviour (Cooper, 2010). Achievement of the other safety management objectives are largely dependent on the quality and consistency of leadership demonstrates by management and is a role model for safety exercise (Ismail, 2007). Leadership enables the employer to energies the employee to take OSH to the next level which leadership is all to do with people not a thing. Leadership is the quality that transforms good intentions into positive action, in turns a group of individuals into a team (Warmick, 2006). Michael, Guo, Wiedenbeck and Ray (2006) in a study between blue collar employees in wood product manufacturing facilities found that positive leadership improved safety behaviour of the employees.

2.6.5 Effective Safety Training

Effective safety training is important to educate employees on potential of accidents, how to prevent accidents and potential hazards involved in their jobs. Hence, training and education programs play a significant role in enhancement of safety in hotel and more importantly to increase safety awareness(Ghani et al., 2010) and change behaviour of employees (Wong et al., 2007). According to study conducted by McDonald (2003) safety training is carried out without systematic schedule which primarily to “cover themselves” and protect company if something goes wrong with little expectation that it would influence the knowledge and behaviour of employees. Thus, it seems very clear that majority of employees have to gain knowledge of risks of their work through their experience of work itself. Insufficient safety training between the employees are general root cause of accidents in hotel because they did not have the knowledge,

education and skills to recognized potential hazards (Toole, 2002). Komaki, Heinzman, and Wyld (1980) study between vehicles maintenance employees found that safety training has strong linkage to employees' safety behaviour improvement. According to Hopton (1969), trainings aimed at workers and operator would not only reduce accidents, but may also reduce costs and save lives.

2.6.6 Safety Motivation

Employer or top management involvement such as relationship with employees, talk on safety and advice on safety matter is related to improve safety motivation and will encourage employees' safety behaviour (Che Hassan, 2007). According to Evelyn (2005), there is two types of motivation which is positive reinforcement where gives employees outcomes such as monetary rewards, bonuses and job promotion whereas the other is negative reinforcement where employers may criticize, punished and threaten the employees to motivate them to perform their jobs in safe manners. However, reinforcement on positive motivation is more encourage by many safety practitioner to maintain, improve employees' good safety behaviour. Safety improvement also will only be achieved if incentives schemes are carried out to motivate employees to change their behaviours (Vrenderburgh, 2002). The organization that creates and maintain good quality employer and employee relationships will benefit from higher levels of the employee motivation, commitment and job satisfaction, which in turn impacted positively on the intention to stay and employee performance (Leung et al., 2004).

2.6.7 Safety Management System

Management must show that they have taken active steps to implement sound OSH management system, including proper risk assessments, reporting systems, safety

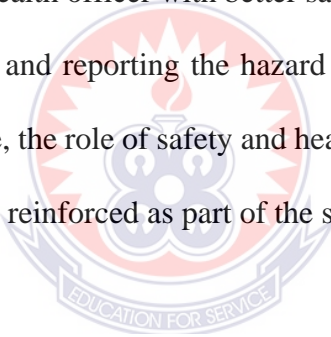
plan, clear delegation of responsibilities, provide adequate resources and ensure that full information is disseminated to worker and other person exposed to risks (Muhammad, 2006). The documentation of risk assessments plays significant role in ongoing management activities and their function appeared solely to meet legislative requirements relevant to activities at the workplace. Different section has a different nature of task and function of safety management system such as safety plan must specific to potential hazard perceived to be occurred in hotel industry. It is recommended for management level to undertake special training course especially on behavioural aspect which perceived to give them basis on managing uncertainty of human behaviour and training course in safety and health management system to ensure it can be effectively deliver to supervise employees towards behavioural safety compliance.

2.6.8 Safety Guidelines and Regulation

The occupational, safety and health act (OSHA) 1994 is an example of safety guidelines and regulation which provides legislative framework to promote and encourage high standards of safety and health at work thus the primary aim of the act is to promote safety and health awareness and to instill safety culture among all Malaysian workforces (Ismail, 2010). Besides, employee's poor perception on employer compliance to safety requirements could lead to negative behaviour and correlate with poor safety performance which carries enormous negative consequences to the individual and the organisation where they work (Jamal-Khan, 2003). According to study conducted by McDonald (2003) level of safety compliance to safety requirements was quite variable and the was much could be improved in most hotel industries.

2.6.9 Safety and Health Officer

The requirement of safety and health officer is clearly stated in the occupational, safety and health (safety and health officer) regulation 1997 where the employer of the following class or description of industries shall employ a suitable, knowledge, experience and skills safety and health officer for the specific performance of the specific work. It is agreed that safety and health officer is highly empowered to change or improve the company's safety performance. A study by McDonald (2003) recommend that all hotels should have the safety and health offices which demonstrate potentially strong role of safety and health officer can influence both behaviour and compliance of employees with safety requirements. He added, the strongest relationship with safety compliance is the presence of safety and health officer with better safety management performance for example response to audits and reporting the hazard to ensure it leads to better safety compliance in future. Hence, the role of safety and health officer should be strengthened and their function should be reinforced as part of the safety management system.



2.6.10 Personal Protective Equipment (PPE)

The employer also has to supervise employee from time to time to ensure they will always follow the rules to wear safety tools to keep their safety is always a priority when perform jobs at hotel. Harris and McCaffer (2018), employer must provide protective personal equipment to the workers, especially for those that work in hotel to reduce the death of the worker if they wear personal protective equipment. Duff et al. (1999) study in the United Kingdom found percentages of non-compliance with specific categories in six hotel ranging from 22-38% of noncompliance in housekeeping, and from 21-65% of non-compliance in using PPE. Robertson et al., (1999) in the study at United Kingdom found that non-compliance was around 19% for housekeeping, and 21%

for PPE. Lingard et al., (1997) reported from Hong Kong percentage ranging from 30-49% for housekeeping, from 30-66% for bamboo scaffolding, from 50-74% for access to heights and 49-69% of non-compliance for PPE. Among others, the factor of Personal Protective Equipment (PPE) shows high percentage of non-compliance percentage.

2.7 Legislative Provisions on Occupational Health and Safety in Ghana

The government of Ghana has introduced Acts (e.g., Labour Act, 2003, Act 651 and Factories, Shops and Offices Act 1970, Act 328) and many other subsumed policies to protect the health, safety and welfare of all workers. The Labour Act, for example, makes it obligatory for the employer to “ensure that every worker employed in Ghana works under satisfactory, safe and healthy conditions (Labour Act, 2003 Act 651, Article 118:1). This provision is in consonance with the 1992 constitution of Ghana which states that “every person has the right to work under safe and healthy conditions” (section 24: 1). It is required that employees use the safety appliances, fire-fighting equipment and personal protective equipment provided by the employer in compliance with the employer’s instructions (Labour Act, 2003 Act 651, Article 118:3). The employers’ obligation under the Labour Act includes setting standards to safeguard the wellbeing of their employees, providing personal protection equipment, and providing necessary information, supervision and training consistent with the level of literacy of the employees. Furthermore, the Act requires employers to report the occurrence of occupational accidents to appropriate government agencies. Employees are obligated to exercise their actions with reasonable care as they go about their normal jobs at their workplaces to ensure their safety and the safety of others. The Act leaves the provision of standards opened to the discretion of every employer. This invariably has led to a disjointed and fragmented health and safety policy bodies as different industries

(employers) have different oversight on health and safety issues in Ghana. The fragmentation is even clearer as Ghana has different agencies under different jurisdictions which monitor different industries for workplace and employee safety. For instance, there is a Road Safety Commission but with little standards, guidelines and impact on the transport industry and road users. The Minerals Commission has the Mining Regulations 1970, which contains some guidelines in Occupational Safety and Health but just for the Mining Industry.

According to Froko, Asumeng and Nyarko (2015), numerous injuries, illnesses, property damages and process losses take place at different workplaces but due to under reporting or misclassification due to lack of thorough standards, or unfamiliarity with the existing guidelines, people are not normally in the know of such events as well as their actual or potential consequences. Per the Labour Act 2003, Act 651, Part XV, sections 118 to 120 apparently directs employers and employees in their roles and responsibilities in managing Occupational Health, Safety and Environment in the nation. The Act, however, is not specific on how to implement safety provisions at the organizational level and about whom to report accidents and occupational illnesses to. It is not even clear or does not specify what to consider as Occupational Illness. It does not specify who to be responsible for ensuring the industries in Ghana implement corrective actions as per recommendations. There is no national body, policy nor processes that govern occupational health and safety management in Ghana. Given the wide range of potential and/or actual undesired events associated with the myriad of work groups in Ghana from different work settings, there seem to be a missing link between legislative or policy provisions and application of contents of the various legislative acts and instruments by employers.

The various Legislative Acts in Ghana task the employer and the employee to fulfil their part of ensuring health and safety at the work setting. The Acts solely directs employers/employees alike to ensure safety provisions but largely fails to address the ‘how’ in implementing the contents. While Ghanaians await a comprehensive provision for occupational safety and health standards and practice in the nation, there is the need to have a strategy or ‘how-to-manual’ to serve as a guide to employers, employees and regulatory bodies. geared toward improving on the practice, management and monitoring of health and safety at the workplace in Ghana (Amponsah et al., 2013; Froko, Asumeng & Nyarko, 2014, 2015; Pupulampu & Quartey, 2012).

2.8 Preventive measures for health and safety hazards in hotel industry

A study by Wright (1998) shows that non-controlling of health and safety hazards is often perceived as an area of operational management where costs exceed benefits. Further, poor health and safety performance has been reported to significant impact of organisations’ profits (Davies & Teasdale, 1994). As Cooper and Phillips (2004) pointed out, safety behaviour will result in dramatic improvements in safety performance in terms of reductions in accidents, workers compensation costs, and insurance premiums. According to Ranasinghe (2009), health and safety hazards preventive methods are important for any industry as they would result in reduced risks and losses, reduced cost, reliable operations, systematic and efficient approach to health and safety at work, low turnover of people, positive company image, reputation and compliance to rates, legislation, company standards and practices.

According to Mill and Linn (2001), controlling health and safety hazards by practicing of health and safety management systems is one of the main foundations that lead to the success of a business. Hence, industries need occupational health and safety management systems that help them to prevent and mitigate accidents by identifying and

selecting the most critical hazards and managing them while adopting preventive measures. The International Labour Organisation (2009) adopted a new convention on the prevention of major industrial hazards. This provides a framework for the establishment of a national major hazard system for the prevention of industrial hazards and to mitigate the consequences of such hazards. It requires the formulation, implementation and periodic review of a coherent national policy concerning the protection of employees, the community and environment, against risk from major hazards.

According to the literature findings, using Personnel Protective Equipments (PPEs) (Lin, 2001), applying fire protection methods (Hassanain, 2009), conducting health and safety programmes (Mill & Linn, 2001), risk assessment (Lind *et al.*, 2008; Adebisi *et al.*, 2007) and risk management (Cooper, 1998), forming a safety committee (Mill & Lin, 2001), adopting a health and safety management system (Lind *et al.*, (2008), practising good housekeeping (OSHA, 2000), maintaining equipment on schedule (OSHA, 2000), evaluation of health and safety hazards (OSHA, 2000) hazard identification (Mignanelli, 2000) and emergency procedures (Navon *et al.*, 2007) are the major health and safety preventive measures used in hotel industry.

Literature reveals that hotel industry health and safety is very broad and critical concept that should be taken in to consideration. Even though a few researches (Munasinghe, 2011; Jayanthika, 2010; Perera, 2010; Ranasinghe, 2009) have been conducted on health and safety issues in food manufacturing industry, construction industry and apparel industry in Sri Lanka, to date there is no research which addresses the health and safety hazards, their causes and the preventive actions that can be taken to minimise the health and safety hazard in hotel industry of Sri Lanka.

2.9 Conceptual Framework

Workplaces require workers in order to achieve their goals, and there is a strong business and success case to be made for ensuring that workers are mentally and physically healthy through health protection and promotion. Occupational health and safety is important not only to individual workers and their families, but also to the productivity, competitiveness and sustainability of hotel industry, and thus to the national economy of countries and ultimately to the global economy at large. In line with the literature reviewed, a conceptual framework was constructed to explain the needed measures that can be combined to improve health and safety for workers in the hotel industry and their expected outcomes. The conceptual framework in Figure 2.1 presents the measures and possible outcomes of health interventions.

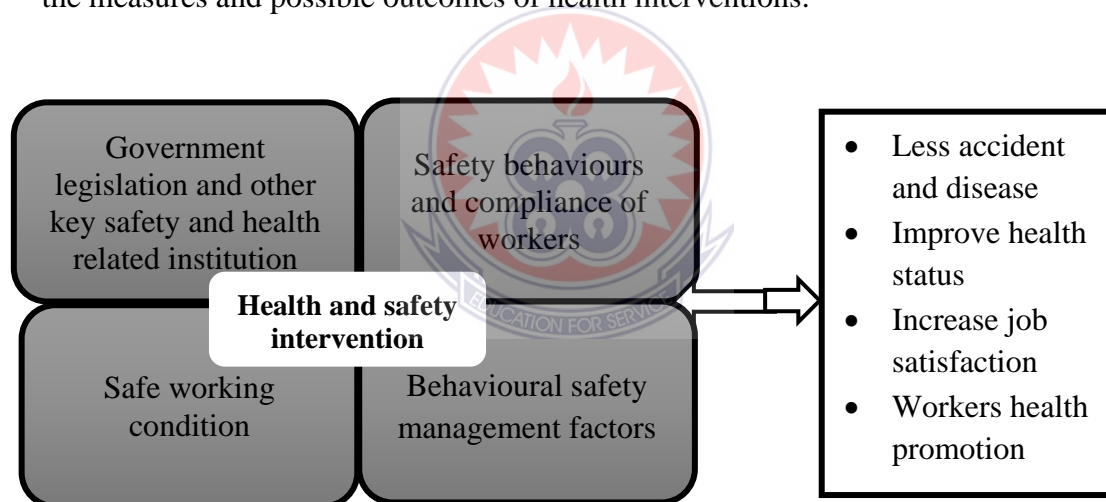


Figure 2. 1: A conceptual framework for Health and Safety

Source: Adapted from Ametepeh (2011)

Improving the health and safety of hotel workers is a challenge, which should be faced with an integrated approach and therefore, has to be part of a strategy to improve the basic living conditions of the workers. This integrated approach aimed at achieving safe working conditions and safety behaviours and compliance of workers should comprise of inputs from government legislation and other key health and safety related institutions. Interventions aimed at raising the health and safety of workers in the informal sector should be developed through the promotion of health and safety at work

and the establishment of self-sustainable health insurance schemes (Forastieri, 1999). While protective approaches cannot significantly change the social situation, they can dramatically reduce its harmful effects on informal sector workers allowing them to perform safer tasks under healthy and protected conditions.

As depicted in Figure 2.1, interventions ultimately ensure the utmost health and safety of workers. This reduces health risks to individuals and the resulting effects on their families and the society at large. This is the underlying philosophy of the domino theory. A central belief in most of the occupational health promotion literature is that people perform better when they are physically and emotionally able to work and want to work, which in turn leads to higher productivity (Joubert, 2002).



CHAPTER THREE

METHODOLOGY

3.1 Study Area

The study was undertaken in Sagnarigu Municipality. The Sagnarigu Municipal is one of the 260 Metropolitan, Municipal and District Assemblies (MMDAs) in Ghana, and forms part of the 16 MMDAs in the Northern Region. Sagnarigu Municipal was carved from Tamale and inaugurated at their various locations simultaneously on the 28th June, 2012 by Legislative Instrument (LI) 2066. The Municipality lies between latitudes 9°16' and 9° 34' North and longitudes 0° 36' and 0° 57' West with its Administrative capital Sagnerigu and covers a total land size of 200.4km² (Ghana Statistical Service, 2010).

Sagnarigu Municipality shares boundaries with the Savelugu Municipal to the north, Tamale Metropolis to the south and east, Tolon District to the west and Kumbungu District to the north-west. The population of the Municipality according to 2010 population and housing census stands at 148,099 with 74,886 males and 73,213 females. The Sagnarigu District is ethnically diverse (Ghana Statistical Service, 2010). The Dagomba, however, is the main ethnic group in the district. Other ethnic groups are Gonja, Mamprusi, Akan, Dagaaba from the Northern Region and other parts of Ghana. In addition, there are other ethnic groups from countries in the West African Region such as Burkina Faso, Niger and Mali among others (Ghana Statistical Service, 2010).

Agriculture is the main economic activity of majority of the citizens of the district, largely engaged in both crop and animal farming. The main crops cultivated by farmers in the district are yam, millet, maize, cassava, groundnuts, cowpea, and soya beans among others. Livestock farming is also an important agricultural activity in the district and animals such as goats, sheep and cattle are some of the main animals reared

in the district. The service and manufacturing sectors also employ some proportion of the population of the district. There is an increase in the presence of hospitality industries in parts of the district. More hotels, guest houses and restaurants are springing up. Some of the most prominent hotels and restaurants in the district are the Mariam Hotel, Gariba Lodge, Modern City Hotel and Discovery Hotel among others.

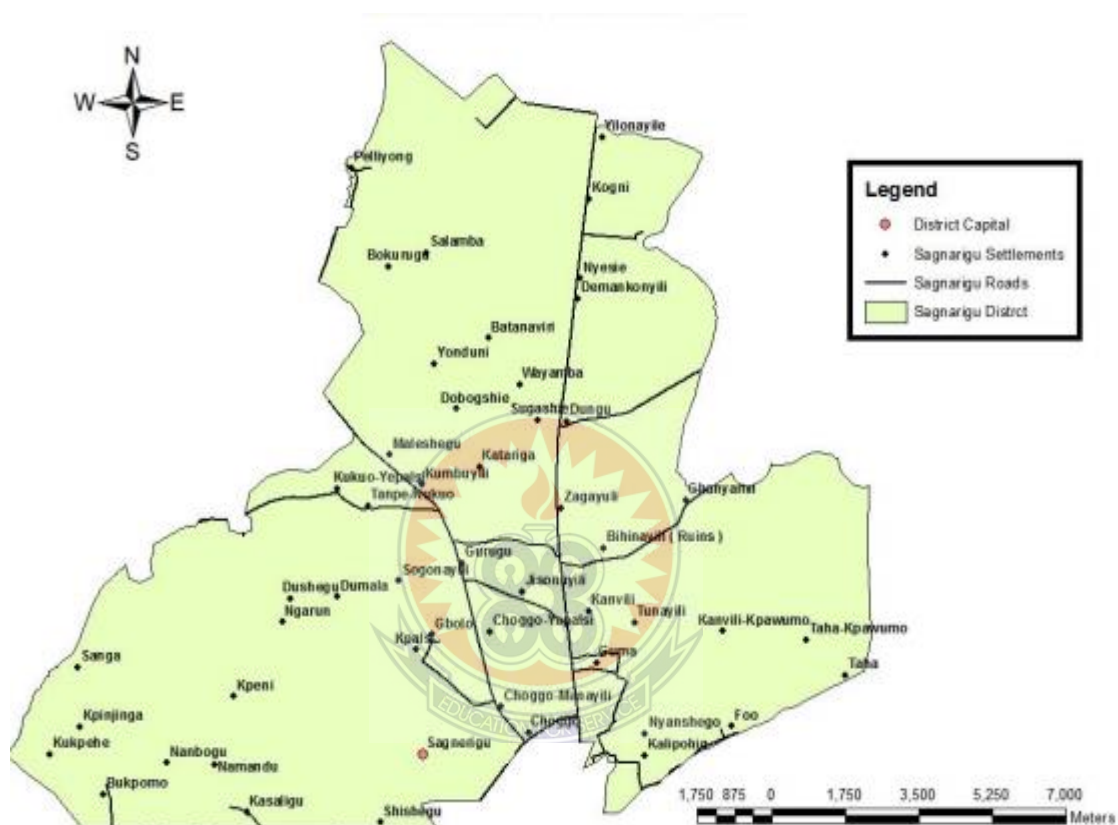


Figure 2.1: Sagnarigu Municipality Map
Source: Ghana Statistical Service, 2010

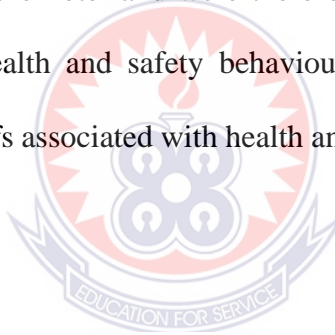
3.2 Research Design

This study employed descriptive survey design in determining the health and safety behaviour of hotel staff in Sagnarigu Municipality. Orodho (2009) notes that a descriptive survey design is an appropriate way of evaluating educational programmes as educational activities operate in a social context. According to Krishnaswami (2001), this design is a fact finding study which involves collecting data directly from a population thereof at a particular time. This design is ideal for this study because the study was conducted in a setting that requires direct responses from the respondents while

investigating existing phenomenon without manipulating the variables. The design also allows the participants to describe and provide their opinions regarding the variables being studied in detail.

3.3 Population

Population is the entire set of relevant units of analysis or data (Nachmias & Nachmias, 2009). The target population of this study comprised of all the staff of 26 licensed hotels in Sagnarigu Municipality in the Northern Region of Ghana (Sagnarigu District Assembly, 2019). There are about 416 hotel staffs in the Municipality and the study targeted all of them. The behavior of hotel staffs on the other hand, reduce or eliminate risk to injury at the hotel and were therefore in the best position to provide reliable information on health and safety behaviour of hotel staff, key factors that influence behaviour of staffs associated with health and safety in hotels in the Sagnarigu Municipality.



3.4 Sample size and sampling techniques

Sampling refers to selecting a given number of subjects from a target population so as to represent that population (Kombo & Tromp, 2005). In this study, multi stage sampling technique was used to select the sample. These include cluster sampling, purposive sampling and simple random sampling. Multistage sampling technique was used because it is an appropriate technique for drawing sample from large population with limited time and cost. According to this technique, sampling is done in two or more stages and it is effective in primary data collection from geographically dispersed population when face to face contact is required (Moser & Kalton, 2009).

Stratified sampling technique was used to select the eight (8) hotels. The researcher first divided the population into sub population (strata). The strata included hotels in the North and South District. Fraenkel and Wallan (2006) defined stratified random samplings as the process in which certain subgroup or strata are selected for the sample in the same proportion as they exist in the population. Stratified random sampling technique was employed because it increases the likelihood of representativeness, especially if the sample is not very large (Fraenkel & Wallan, 2006). Stratified sampling method also ensures that the key characteristics of individuals in the population are included in the sample.

After grouping the hotels into North and South District, the researcher conducted a simple random sampling to select 4 hotels from each strata i.e. North and South. In all, 8 hotels were selected (i.e. Mariam Hotel, Gariba Lodge, Modern City Hotel, Discovery Hotel, B.Sheini Hotel, Picorna Hotel, and Gbanzab Hotel, and Nim Avenue Hotel). The reason for choosing simple random sampling for this study is to ensure that all the hotels in the Municipality were equally represented and also to give every hotel an equal chance of being selected for the study in order to reduce biases (Kombo & Tromp, 2005).

From the target population, a sample of 160 hotel staffs, comprising 20 staff from each 8 hotel that were selected for the study using simple random sampling method. Simple random sampling gave every member of the population an equal chance of being selected to be included in the final sample (Cohen & Manion, 2003; Mugenda & Mugenda, 2003). In the sampling the hotel staff, a number was assigned to every staff at each hotel selected. By picking any number at random, the required numbers of respondents for each category at each hotel selected were included in the final sample.

3.5 Data Collection Instrument

Questionnaire was used for this study. Questionnaire was used to gather information from the staff of the selected hotels. Mugenda and Mugenda (2003) observe that the use of questionnaires is a popular method of data collection in education because of the relative ease of cost effectiveness with which they are constructed and administered to the large samples. The questionnaire was self- developed for hotel staffs which consisted of four (4) sections. Section A consisted of personal background information of the hotel staffs, section B comprised the health and safety behaviour of hotel staffs, section C was made of the key factors that influence behaviour of staffs associated with health and safety in hotels, while Section D comprised the safety outcomes at hotels in the Sagnarigu Municipality. The questionnaire was a 5-point Likert scale (5: Strongly Agree, 4: Agree, 3: Neutral, 2: Disagree, and 1: Strongly Disagree).

3.6 Pilot Study

Prior to the major survey, a pilot study was carried out. The pilot study is a trial run that can help the researcher to modify the survey instrument to ensure that the respondents in the main survey did not have many problems in completing the questionnaire (Kothari, 2004). The importance of the pilot study was to test the wording of the questionnaire, identify ambiguous questions, test the intended technique for data collection and measure the usefulness of the potential responses. The research instruments were pilot tested at Mafara hotel using a sample size of 7 randomly selected hotels staff. The pilot questionnaires were administered to the staffs and collected by hand in order to help increase the response rate. Covering letters explaining the purpose of the pilot study were attached to the questionnaires.

3.7 Validity and Reliability of the instrument

Validity has to do with how accurately the data obtained in the study represent the variables of the study (Mugenda & Mugenda, 2003). Construct validity is the degree to which a test measures what it claims to measure, that is giving a legitimate operationalization in a study in relation to the theoretical constructs. To ensure validity, expert judgment was sought where the researcher availed the instruments to experts to analyze. The advice given was used to improve the instruments. Based on the analysis of the piloting, modification and removal of ambiguous or unclear items such as inaccurate responses or indicated weaknesses was done to attract appropriate responses from the respondents. However, necessary corrections and modifications were made based on the advice of experts.

On the other hand, reliability concerns the degree to which a particular procedure gives similar results over a number of repeated trials (Orodho, 2009). The instruments in this category were the same for piloting and actual study. Test retest was conducted in the piloting hotel in a span of two weeks apart, a correlation coefficient between the first and second results were computed using the Pearson product correlation coefficient which was generated using the statistical package for social scientist (SPSS) software to determine reliability. According to Nachmias and Nachmias (2009) positive coefficient of over 0.7 is considered to be reliable, and the higher the coefficient the more reliable the instruments. The computation showed the correlation coefficient (r) of 0.87 for the hotel staff questionnaire.

3.8 Data collection procedures

A letter of introduction was collected from the Department of hospitality and tourism education to enable the researcher seek for the approval and permission to visit

hotels under their jurisdictions. After the letter was delivered to the respective hotel managers, they provided all necessary assistance required by the researcher. The questionnaires were distributed personally and collected by the researcher. A total of 160 questionnaires were administered to the staff of the selected hotel.

The researcher explained questionnaire items to respondents in the language they understood better and given some time to reflect on the responses before giving their options. However, most of the respondents completed and delivered their questionnaire on the spot with concern that it might be misplaced due to their busy schedules.

3.9 Procedure for Data Analysis

The data obtained from the study was analysed using descriptive statistics. This was done using a Statistical Package for Social Sciences (SPSS-23.0). The following research methods were used in the study:

- *Frequencies, percentages, Mean and standard deviation:* This was used to summarize the data.
- *Correlation analysis.* According to the presumption of the proposed link between relationship between unsafe behaviour and safety outcomes at hotels in the Sagnarigu Municipality, the test of measuring the association of variable was Pearson correlation.
- *Regression analysis.* Regression analysis was used in order to analyze the relationship between a dependent variable (unsafe behaviour) and independent or predictor variable (safety outcomes).

3.10 Ethical Considerations

According to Mugenda (2011), ethics in research focus on the application of ethical standards in the planning of the study, data analysis, dissemination and use of the results. This means that the study addresses logistical, ethical and human relations issues to ensure successful completion of a research project (Orodho, 2009). The researcher ensured that all ethical concerns were addressed. In this study, the confidentiality of the research participants was ensured. This was done by ensuring that the principles governing research participants were followed. Great care was taken to assure respondents that all information was treated with a lot of confidentiality. The hotel staffs were informed that no information was shared to third party. Also, their information was not identified and was used for research purposes only.

The hotel staffs were assured that his or her individual identity would not be revealed whatsoever. Besides, no identity information about the individual respondents or the institution would be revealed in written form. To ensure that there is informed consent and voluntary participation of the respondents who participated in the study, permission to conduct the research from respondents was sought from the managers of the selected hotels. Each respondent was served with a copy of the introduction letter informing them about the nature, purpose and importance of the research and the procedures involved during the data collection so that they could participate willingly.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Demographic Characteristics of Respondents

This section addresses the demographic characteristics of the hotel staff. The information considered under this section include; the gender, age, highest level of education, and number of years the hotel staff have been working in the current hotel.

4.1.1 Gender of Hotel Staff

One item of the questionnaire gathered data on the hotel staff gender which is presented in Table 4.1

Table 4. 1: Gender of respondents

Gender	Frequency	Percentage
Male	30	28.8
Female	74	71.2
Total	104	100.0

Source: Field work, 2021

Table 4.1 presents the gender of participants who responded to the questionnaire items. From the Table, 30(28.8%) were male while 74(71.2%) were females. The implication is that female hotel staff dominated in the sampled hotels in Sagnarigu Municipality. This concurs with Elsler (2018) who says the sector employs a high proportion of female workers. Also, women represented the largest part of the labour force in Horeca (54.0%) and it was found that female employment increased more rapidly than male employment between 2010 and 2013 (5.9% compared with 5.2%), (Eurostat, 2014). On the contrary, the labour force report showed that the rate is higher among males (75.1%) than among females (69.2%) (Ghana Statistical Service, 2016).

4.1.2 Age group of Hotel staff

Table 4.2 presents the age group of hotel staff who responded to the questionnaire items.

Table 4. 2: Age distribution of respondents

Age group	Frequency (N)	Percentage (%)
20-30years	67	64.4
31-40years	29	27.9
41-50years	6	5.8
51-60years	2	1.9
Total	104	100.0

Source: Field work, 2021

As depicted in Table 4.2, More than half the respondents were from the age bracket of 20-30 years which comprised 64.4%, followed by the 31-40years bracket which comprised 27.9%. Very few of the hotel staff were above 41-50years with only 1.9% being 51-604years (Table 4.2). This implies that the workforce is comprised of young staff in their 20s and 30s as stated by Eurostat (2014), who say that people under 35yrs account for 48 % of total employment in the hotels and restaurants sector, while people of 55 years and older represent less than 10 % of total employment (EU-25, statistics for 2014, Eurostat, 2014). According to the Ghana Statistical Service (2015), among the age groups, labour force participation rate is highest within the age group 35-39 years (93.8%) and lowest within the age group 15-19 years (24.7%).

4.1.3 Highest level of education of Hotel staff

Table 4.3 presents the age group of hotel staff who responded to the questionnaire items.

Table 4. 3: Highest level of education of respondents

Education	Frequency (N)	Percentage (%)
No formal education	5	4.8
Basic education	7	6.7
Secondary education	31	29.8
Diploma/HND	41	39.4
First degree	20	19.2
Total	104	100.0

Source: Field work, 2021

From Table 4.3, 5(4.8%) of the respondents had No formal education, and 7(6.7%) of them had basic education. However, 31(29.8%) of the hotel staff had attained secondary education. In addition, it is worth noting that most hotel staff (39.4%) had received Diploma/HND and 19.2% of the respondents had attained first degree. A deduction from the above is that majority of the hotel staff have some educational background. However, since most catering and hospitality courses provided are certificate and diploma, majority of staff in the hotels are from this tertiary institutions.

4.3.2 Working years in the current hotel

This section addresses the working years of hotel staff. Table 4.4 presents the results emanated from the study.

Table 4. 4: Working years in the current hotel of respondents

Education	Frequency (N)	Percentage (%)
Less than 1year	58	55.8
1-3years	38	36.5
4-6years	7	6.7
7-9years	1	1.0
Total	104	100.0

Source: Field work, 2021

As displayed in the current hotel, most of the hotel staff had been in their current employment for less than three years which represent 55.8%. also, 38(36.5% of the respondents had worked in their current hotel for 1-3years. However, 7(6.7%) of the respondents had been working for 4-6years, whereas 1(1.0%) of the respondents had been in their current employment for 7-9years. This confirms the issue that the hospitality industry has frequent staff turnover which can be attributed to the varying services provided by different hotels so that staff are willing to try something different when the chance arises.

4.2 Health and safety behaviour of hotel staffs in the Sagnarigu Municipality

In addressing reseach question one, the hotel staff were presented with statement to find out health and safety behaviour of the staff at the workplace. Their responses are presented as shown in Table 4.9. It should be noted that strongly agree and agree responses were combined in the write-up to mean ‘agreed’ while that of disagree and strongly disagree were also combined to mean “disagreed”.

Table 4. 5: Responses on health and safety behaviour

Health and safety behaviours	Responses					Mean	Decision
	1=SD	2=D	3=N	4=A	5=SA		
Health and safety plans are available at the workplace	8 (7.7)	14 (13.5)	1 (1.0)	61 (58.7)	20 (19.2)	3.68	Agreed
Intake of harmful drugs (cocaine, marijuana) rarely occurs at workplace	9 (8.7)	12 (11.5)	3 (2.9)	60 (57.7)	20 (19.2)	3.67	Agreed
Working environment are always kept free from all objects that can cause harm or injury to the workers	6 (5.8)	18 (17.3)	6 (5.8)	55 (52.9)	19 (18.3)	3.61	Agreed
Safety issues are communicated prompt and adequately to all concerned	9 (8.7)	22 (21.2)	2 (1.9)	55 (52.9)	16 (15.4)	3.45	Agreed
Equipments are handled with utmost care	11 (10.6)	19 (18.3)	6 (5.8)	49 (47.1)	19 (18.3)	3.44	Agreed
Intake of alcohol rarely happens on at workplace	14 (13.5)	19 (18.3)	6 (5.8)	57 (54.8)	8 (7.7)	3.25	Agreed

Safety rules and guidelines at workplace are comply with	14 (13.5)	24 (23.1)	4 (3.8)	48 (46.2)	14 (13.5)	3.23	Agreed
Staff are allowed to rest to avoid any fatigue, burnout or drowsiness	22 (21.2)	34 (32.7)	8 (7.7)	30 (28.8)	10 (9.6)	2.73	Disagreed
Safe shortcuts are taken to get the work done	19 (18.3)	41 (39.4)	8 (7.7)	27 (26.0)	9 (8.7)	2.67	Disagreed
Workers effectively use personal protective equipment (PPE) during working hours	24 (23.1)	38 (36.5)	5 (4.8)	23 (22.1)	14 (13.5)	2.66	Disagreed
Staff are always warned of danger	18 (17.3)	49 (47.1)	5 (4.8)	20 (19.2)	12 (11.5)	2.61	Disagreed
Proper posture for tasks are adhered to	30 (28.8)	39 (37.5)	5 (4.8)	24 (23.1)	6 (5.8)	2.39	Disagreed
Inspections of electrical gadgets are undertaken before work starts.	60 (57.7)	36 (34.6)	6 (5.8)	2 (1.9)	---	1.52	Disagreed

Key: SD=Strongly disagree, D=Disagree, N=Neutral, A=Agree, SA = Strongly agree

Source: Researchers Field Work, 2021

Mean ≥ 3.0 =Agreed

As can be observed from the Table 4.5, 77.9% of respondents agreed to the fact that health and safety plans are available at the workplace, whereas 21.2% of the respondents disagreed to the statement. On the other hand, 1.0% of the respondents were uncertain to the statement that health and safety plans are available at the workplace. The level of agreement has a mean score of 3.68 indicating hotel staff agreed that health and safety plans are available at the workplace. The finding agrees with the study by McDonald (2003) who recommended that all hotels should have the safety and health plan which can influence both behaviour and compliance of employees with safety requirements. McDonald indicated that health and safety plans leads to better safety compliance in future.

On the issue of intake of harmful drugs (cocaine, marijuana) rarely occurs at workplace, 76.9% of the respondents agreed to this assertion. A total of 20.2% of the respondents disagreed to that effect, whereas 2.9% of the respondents were uncertain to the statement. The mean score for this assertion is 3.67 which mean that overall hotel staff indicated that the workers hardly take harmful drugs (cocaine, marijuana) at the worplace. On whether working environment are always kept free from all objects that

can cause harm or injury to the workers, 71.2% of the respondents agreed to the assertion, whilst 23.1% of the respondents disagreed to the statement. However, 5.8% of the respondents were uncertain as to whether working environment are always kept free from all objects that can cause harm or injury to the workers. The mean score was however, 3.61 indicating that hotel staff endorse this assertion that the hotel environment are always kept free from all objects that can cause harm or injury to the workers. The finding agrees with Takala (2000) that hotel premises should be tidy to avoid any accidents and it is mandatory that employers should work in collaboration with the employees to avoid the accidents by establishing a safe and healthy working environment.

On the question of whether safety issues are communicated prompt and adequately to all concerned, 68.3% of the respondents were positive, thus very agreed to the assertion, whereas, 29.9% of the respondents disagreed to the statement. However, those who were uncertain were in the minority with 1.9% of total respondents. The mean value recorded was 3.45 which indicates that majority of respondents believe that safety issues are communicated prompt and adequately to all concerned. The finding concurs with Zohar (2002) study between line workers and supervisors working. The study found improved communication resulted decreased in micro accidents and increased in using Personal Protective Equipment (PPE). Through visible behaviour, employer can communicates the importance of safety and health.

Moreover, on the issue of equipments are handled with utmost care, 65.4% of the respondents asserted to the claim, while 28.9% of the respondents disagreed. However, 5.8% of the respondents were uncertain to the statement that equipments are handled with utmost care. An overall mean of 3.44 was recorded indicating that most hotel staff believe that equipments are handled with utmost care at the hotel. In addition, the 62.5%

of respondents indicated that intake of alcohol rarely happens on at workplace. Conversely, 13.5% of the respondents disagreed and 5.8% of them were uncertain to the statement that intake of alcohol rarely happens on at workplace. The mean score was 3.23 which imply that generally most of the hotel staff thinks that intake of alcohol rarely happens at workplace.

Concerning whether safety rules and guidelines at workplace are comply with, 59.7% of the respondents agreed to the claim, whiles 36.6% of the respondents disagreed to that effect. On the other hand, 3.8% of the respondents were uncertain to the statement. An overall mean of 3.23 was recorded indicating that most of the hotel staff believe strongly that safety rules and guidelines at workplace are comply with. The finding concurs with Senya (2017) assertion that inability of hotel industry to conform to the safety rules governing its operation poses a great threat to its very existence. Hotel operators and employees must know and comply with safety rules and guidelines in the workplace and safety regulations related to the proper handling of equipment, tools and chemical materials.

On the contrary, the respondents disagreed that staff are allowed to rest to avoid any fatigue, burnout or drowsiness (mean=2.73), safe shortcuts are taken to get the work done (mean=2.67), workers effectively use personal protective equipment (PPE) during working hours (mean=2.66), staff are always warned of danger (mean=2.61), proper posture for tasks are adhered to (mean=2.39), and inspections of electrical gadgets are undertaken before work starts (mean=1.52). all these statement failed to meet the predetermined cut-off point of 3.0. This shows that there are unsafe behaviour that occurs at the hotel premises. A study by Lind *et al.* (2008) viewed, there are unsafe behaviours that occurs at workplaces. Workers may be unaware of proper working postures and methods and they may also be unwilling to give up unsafe routines,

especially under pressure of time. Lind *et al.* (2008) further indicated that hotel employees do not use any Personal Protective Equipment (PPE) is also result in arising of physical hazards. A study by Mignanelli (2000) indicated that hotel staffs do not engage in positive safety behaviors. The employers failed to ensure that their employees' health and safety by providing a safe working environment with the appropriate systems and procedures, training and supervision, and equipment necessary for them to carry out their tasks.

The finding shows that health and safety behaviour of the hotel staffs includes; availability of health and safety plans at workplace, working environment are always kept free from all objects that can cause harm or injury to the workers, safety issues are communicated prompt and adequately to all concerned, and equipments are handled with utmost care. Furthermore, it appears intake of harmful drugs (cocaine, marijuana), alcohol rarely occurs at workplace, and safety rules and guidelines at workplace are comply with. As indicated by Neal *et al.* (2000), health and safety behaviors are one of the major concerns of most hotels globally that employees need to carry out to ensure workplace safety, whereas safety participation behaviors can be considered as behaviors that may not directly contribute to workplace safety, but help to develop a working environment that supports safety. According to Hassanain (2009), in ensurng health and safety practices, hotel staff should comply with a wide range of standards including, receiving hazardous communication training and using appropriate personal protective equipment to keep them safe while working. Senya (2017) on the other hand reported that housekeeping employees should conform to the safety rules governing its operation which poses a great threat to its very existence. Hotel operators and employees should know about general hazards in the workplace and safety regulations related to the proper handling of equipment, tools and chemical materials.

4.3 Factors that influence behaviour of staffs associated with health and safety

This section presents data on the factors that influence behaviour of staffs associated with health and safety in hotels in the Sagnarigu Municipality. It should be noted that strongly agree and agree responses were combined in the write-up to mean ‘agreed’ while that of disagree and strongly disagree were also combined to mean “disagreed”. Table 4.6 presents the results gathered.

Table 4. 6: Responses on the factors that influence behaviour of staffs

Factors	Responses					Mean	Decision
	1=SD	2=D	3=N	4=A	5=SA		
Lack of safety rules and guidelines e.g. safety posters and signs	11 (10.6)	16 (15.4)	---	52 (50.0)	25 (25.0)	3.62	Agreed
Lack of management commitment	7 (6.7)	18 (17.3)	1 (1.0)	63 (60.5)	15 (14.4)	3.59	Agreed
Lack of personal protection equipment	5 (4.8)	27 (26.0)	3 (2.9)	51 (49.0)	18 (17.3)	3.48	Agreed
Lack of proper safety education and training	14 (13.5)	15 (14.4)	2 (1.9)	56 (53.8)	17 (16.3)	3.45	Agreed
Poor safety supervision by supervisor or hotel manager	8 (7.7)	26 (25.0)	1 (1.0)	56 (53.8)	13 (12.5)	3.38	Agreed
Poor safety climate and culture	12 (11.5)	26 (25.0)	1 (1.0)	48 (46.2)	17 (16.3)	3.31	Agreed
Poor communication at workplace	11 (10.6)	29 (27.9)	1 (1.0)	47 (45.2)	16 (15.4)	3.27	Agreed
Too much workload	10 (9.6)	32 (30.8)	---	48 (46.2)	14 (13.5)	3.23	Agreed
Time pressures	14 (13.5)	34 (32.7)	2 (1.9)	43 (41.3)	11 (10.6)	3.03	Agreed
Non-enforcement of safety rules and regulations	19 (18.3)	37 (35.6)	2 (1.9)	39 (37.5)	7 (6.7)	2.79	Disagreed
Poor risk perception	22 (21.2)	37 (35.6)	3 (2.9)	30 (28.8)	12 (11.5)	2.74	Disagreed
Overconfidence in taking risk	28 (26.9)	44 (42.3)	3 (2.9)	20 (19.2)	9 (8.7)	2.40	Disagreed
Complicated safety rules and guidelines	21 (20.2)	56 (53.)	3 (2.9)	19 (18.3)	5 (4.8)	2.34	Disagreed
Stress due to family pressure and economic conditions	33 (31.7)	53 (51.0)	1 (1.0)	13 (12.5)	4 (3.8)	2.06	Disagreed
Absence of safety regulatory framework in the hotel	43 (41.3)	40 (38.5)	5 (4.8)	12 (11.5)	4 (3.8)	1.98	Disagreed
Resentful behaviours of co-workers	36 (34.6)	55 (52.9)	---	6 (5.8)	7 (6.7)	1.85	Disagreed

Key: SD=Strongly disagree, D=Disagree, N=Neutral, A=Agree, SA = Strongly agree

Source: Researchers Field Work, 2021

Mean ≥ 3.0 =Agreed

As depicted in Table 4.6, the data indicates that lack of safety rules and guidelines e.g. safety posters and signs influence safety and health behaviour of the staffs. As many as 75.0% of the respondents agreed, while 26.0% of the respondents disagreed to the statement. An overall mean of 3.62 was recorded indicating that most hotel staff believe that lack of safety rules and guidelines e.g. safety posters and signs influence safety and health behaviour of the staffs. The result of the study agrees with Jamal-Khan (2003) who indicated that poor safety guidelines could lead to negative behaviour and correlate with poor safety performance which carries enormous negative consequences to the individual and the organisation where they work. According to study conducted by McDonald (2003) level of safety compliance to safety requirements was quite variable and the was much could be improved in most hotel industries.

Concerning lack of management commitment as a factor that influence safety and health behaviour, 74.9% of the respondents agreed to the statement. A total of 24.0% of the respondents disagreed to that effect, whereas 1.0% of the respondents were uncertain to the statement. The mean score for this assertion is 3.59 which mean that overall hotel staff indicated that lack of management commitment as a factor that influence safety and health behaviour. The finding agrees with Fernando et al. (2008) who indicated that management commitment is agreed as the main significant factor that influence employees health and safety behaviour. Top management should actively lead the organization and employees towards achievement of organization safety goals by showing that organization is serious about safety. This statement support by Jaselski et al., (1996) who reported that commitment and support by top management would significantly drive up the performance of safety.

On whether lack of personal protection equipment influence safety and health behaviour of hotel staff, 66.3% of the respondents agreed, whilst 30.8% of the

respondents disagreed to the statement. However, 2.9% of the respondents were uncertain as to that effect. The mean score was 3.48 indicating that hotel staff endorse the assertion lack of personal protection equipment influence safety and health behaviour of hotel staff. The result concurs with the study by Duff et al. (1999) in the United Kingdom who indicated that lack of PPE influence health and safety behaviour of workers. The study found percentages of non-compliance with specific categories in six hotel ranging from 22-38% of noncompliance in housekeeping, and from 21-65% of non-compliance in using PPE. Robertson et al., (1999) in the study at United Kingdom found that non-compliance was around 19% for housekeeping, and 21% for PPE.

On the statement that lack of proper safety education and training influence health and safety behaviour of hotel staff, 70.1% of the respondents were positive, thus very agreed to the assertion, whereas, 27.9% of the respondents disagreed to the statement. However, those who were uncertain were in the minority with 1.9% of total respondents. The mean value recorded was 3.45 which indicates that majority of respondents believe that lack of proper safety education and training influence health and safety behaviour of hotel staff. Effective safety training is important to educate employees on potential of accidents, how to prevent accidents and potential hazards involved in their jobs. Hence, training and education programs play a significant role in enhancement of safety in hotel and more importantly to increase safety awareness(Ghani et al., 2010) and change behaviour of employees (Wong et al., 2007). According to study conducted by McDonald (2003), lack of safety training and education has an influence the behaviour of employees.

Moreover, on the issue of poor safety supervision by supervisor or hotel manager influence health and safety behaviour of hotel staff, 66.3% of the respondents agreed to the statement, while 32.7% of the respondents disagreed. However, 1.0% of the

respondents were uncertain to the statement. An overall mean of 3.38 was recorded indicating that most hotel staff believe that poor safety supervision by supervisor or hotel manager influence health and safety behaviour of hotel staff. A total of 62.5% of respondents agreed to the assertion that poor safety climate and culture influence health and safety behaviour of the workplace at the hotel, while 36.5% disagreed to this claim. However, 1.0% of the respondents were uncertain to the statement. The mean score was 3.31 which indicate that respondents highly believe that poor safety climate and culture influence health and safety behaviour of the workplace at the hotel.

Moreover, a total 60.6% respondents agreed to the fact that poor communication at workplace influence health and safety behaviour of hotel staff, while 38.5% of the respondents disagreed to the statement. However, 1.0% of the respondents were uncertain to the statement that poor communication influence the behaviour of hotel staff. The mean value was 3.27 indicating that the majority of respondents believed that poor communication at workplace influence health and safety behaviour of hotel staff. Effective communications is an essential consideration to safe and efficient workplace. The study concurs with Ismail (2007) who mentioned that lack of leaders to convey vision and values through interaction and communication influence employees health and safety behaviour.

On the issue that too much workload influence health and safety behaviour of hotel staff, 59.7% of respondents agreed to the statement. Meanwhile, 40.4% of thought otherwise thus they disagreed that too much workload influence health and safety behaviour at the workplace. However, the mean score was 3.23 indicating a very strong endorsement to the statement that too much workload influence health and safety behaviour of hotel staff. The finding agrees with Lee and Harrison (2000) who indicated that employees tend to engage in unsafe behaviours as a way of registering their

dissatisfaction with management, especially when they are loaded with works and are forced to work under pressure. Therefore, to ensure appropriate safety behaviours, management needs to apply policies and rules that create a culture of safe employee work behaviour.

On the statement of whether time pressures influence health and safety behaviour of hotel staff, 51.9% of the respondents agreed, whereas, 46.2% of the respondents disagreed to the statement. However, those who were uncertain were in the minority with 1.9% of total respondents. The mean value recorded was 3.03 which indicates that majority of respondents believe that time pressures influence health and safety behaviour of hotel staff. The finding aligns with the work of Bronkhorst (2015) who affirmed that time pressure leads to unsafe behaviours at workplace.

In indication from Table 4.6 shows that the hotel staff disagreed that non-enforcement of safety rules and regulations (mean=2.79), poor risk perception (mean=2.74), overconfidence in taking risk (mean=2.40), and complicated safety rules and guidelines (mean=2.34) influence the health and safety behaviour of staffs at Sagnarigu Municipality. Also, the staff disagreed that stress due to family pressure and economic conditions (mean=2.06), absence of safety regulatory framework in the hotel (mean=1.98), and resentful behaviours of co-workers (mean=1.85) influence health and safety behaviour of staffs at Sagnarigu Municipality.

From the above analysis, it is very clear that the hotel staff strongly agree to the fact that, lack of safety rules and guidelines, lack of management commitment, lack of personal protection equipment, and lack of proper safety education and training influence the health and safety behaviour of staffs in hotels at the Sagnarigu Municipality. Furthermore, the finding shows that poor safety supervision by supervisor or hotel manager, poor safety climate and culture, poor communication at workplace,

too much workload, and time pressures influence the health and safety behaviour of staffs in hotels at the Sagnarigu Municipality. Abdelhamid and Everett (2000) who mentioned that work related pressure, work-mates, safety behaviour, management commitment, provision of personal protective equipment (PPE), tidy environment, safety training and awareness, and environment layout influence health and safety behaviour of employees at workplace.

4.4 Relationship between health and safety behaviour and safety outcomes

In order to evaluate the relationship between health and safety behaviour and safety outcomes at hotels in the Sagnarigu Municipality, the variables for safety outcome were performed.

4.4.1 Safety outcome at the hotels

The main issue considered under this section related to the safety outcome at the hotels. It should be noted that strongly agree and agree responses were combined in the write-up to mean ‘agreed’ while that of disagree and strongly disagree were also combined to mean “disagreed”. The responses gathered are presented in Table 4.7.

Table 4. 7: Responses on safety outcomes at hotels

Safety outcome	Resonses					Mean	Decision
	1=SD	2=D	3=N	4=A	5=SA		
Comply with safety policies and procedures at the workplace	8 (7.7)	11 (10.6)	3 (2.9)	50 (48.1)	32 (30.8)	3.84	Agreed
Workers put much effort to maintain and improve personal safety	8 (7.7)	20 (19.2)	1 (1.0)	50 (48.1)	25 (24.0)	3.62	Agreed
There is a good communication between workers and senior management	8 (7.7)	18 (17.3)	4 (3.8)	62 (59.6)	12 (11.5)	3.50	Agreed
Correct safety procedures for carrying out job is used	12 (11.5)	19 (18.3)	2 (1.9)	48 (46.2)	23 (22.1)	3.49	Agreed
Safety equipment is used to carry out job	10 (9.6)	18 (17.3)	3 (2.9)	61 (58.7)	12 (11.5)	3.45	Agreed

Risk of accidents and incidents in the workplace are reduced	10 (9.6)	27 (26.0)	2 (1.9)	41 (39.4)	24 (23.1)	3.40	Agreed
Carry out tasks or activities voluntarily that help improve workplace safety	7 (6.7)	27 (26.0)	4 (3.8)	53 (51.0)	13 (12.5)	3.37	Agreed
Safety within the organisation is promoted	16 (15.4)	26 (25.0)	3 (2.9)	55 (52.9)	4 (3.8)	3.05	Agreed
Safety is given a high priority by hotel manager	16 (15.4)	33 (31.7)	---	49 (47.1)	6 (5.8)	2.96	Disagreed
Pay attention to safety training and apply the knowledge gained	22 (21.2)	34 (32.7)	2 (1.9)	34 (32.7)	12 (11.5)	2.81	Disagreed
Hotel manager places a strong emphasis on workplace health and safety	27 (26.0)	32 (30.8)	2 (1.9)	37 (35.6)	6 (5.8)	2.64	Disagreed
The highest levels of safety is ensured when carrying out job	33 (31.7)	42 (40.4)	5 (4.8)	23 (22.1)	1 (1.0)	2.20	Disagreed
Extra effort put to improve the safety of the workplace	35 (33.7)	42 (40.4)	4 (3.8)	19 (18.3)	4 (3.8)	2.18	Disagreed
Safety is maintained at all times	36 (34.6)	40 (38.5)	5 (4.8)	22 (21.2)	1 (1.0)	2.15	Disagreed

Key: SD=Strongly disagree, D=Disagree, N=Neutral, A=Agree, SA = Strongly agree
Source: Researchers Field Work, 2021 Mean \geq 3.0=Agreed

From the Table, it emerges that hotel staff comply with safety policies and procedures at the workplace, 78.9% of the respondents agreed to the statement. On the other hand, 18.3% of them disagreed to the statement, whereas 2.9% of the respondents were uncertain to the statement with a mean score of 3.84. The total mean score shows that the hotel staff believed that they comply with safety policies and procedures at the workplace.

Concerning the issue that Workers put much effort to maintain and improve personal safety, 72.1% of the respondents agreed to the statement, 26.9% of the respondents disagreed to that effect. Meanwhile 1.0% of the respondents were uncertain to the statement with a mean score of 3.62. Moreover, the respondents agreed that There is a good communication between workers and senior management. This statement had a mean of 3.50. As many as 51.1% of the respondents agreed to the statement. On the other hand, 25.0% of the respondents disagreed to that effect. However, 3.8% answered "Uncertain" to the statement that there is a good communication between workers and

senior management.

As to whether, correct safety procedures for carrying out job is used, 69.3% of the respondents agreed to the statement, while 29.8% of the respondents disagreed to that effect. On the other hand, 1.9% of the respondents were uncertain to the statement with a mean score of 3.49. The total mean shows that correct safety procedures for carrying out job are used by the hotel staff. Furthermore, on the issue that safety equipment is used to carry out job, 63.9% of the respondents agreed to the statement, while 34.2% of the respondents disagreed to that effect. However, 2.9% remained uncertain to that effect. The findings had a mean score of 3.28. This implies that the hotel staff use safety equipment to carry out job. The statement that risk of accidents and incidents in the workplace are reduced had a mean score of 3.40. As many as 70.2% of the respondents agreed, while 26.9% of the respondents disagreed to that effect. However, 1.9% of the respondents were uncertain to the statement. This indicates a relatively high level of agreement that risk of accidents and incidents at the hotel premises are reduced.

Moreover, a total of 63.5% of the respondents agreed to the fact that hotel staff carry out tasks or activities voluntarily that help improve workplace safety, while 32.7% of the respondents disagreed to the statement. However, 3.8% of the respondents were uncertain to the statement. The mean value was 3.37 indicating that the majority of hotel staff agreed that tasks or activities are carried out voluntarily that help improve workplace safety. Concerning whether safety within the hotel is promoted, 56.7% of the respondents agreed to the statement, while 40.4% of the respondents disagreed. However, 2.9% of the respondents were uncertain to the statement. An overall mean of 3.05 was recorded indicating that most hotel staff believe that safety within the hotel is promoted.

On the contrary, the respondents disagreed that safety is given a high priority by hotel manager (mean=2.96), pay attention to safety training and apply the knowledge

gained (mean=2.81), and the hotel manager places a strong emphasis on workplace health and safety (mean=2.64). In addition, the respondents disagreed that the highest levels of safety is ensured when carrying out job (mean=2.20), extra effort put to improve the safety of the workplace (mean=2.18), and safety is maintained at all times (mean=2.15). all these statements failed to meet the predetermined cut-off point of 3.0.

The analysis shows that hotel staff comply with safety policies and procedures at the workplace, put much effort to maintain and improve personal safety, carry out tasks or activities voluntarily that help improve workplace and correct safety procedures for carrying out job is used. Also, there is a good communication between workers and senior management, safety equipment is used to carry out job, risk of accidents and incidents in the workplace are reduced, and safety within the organisation is promoted. The findings of the study is in line with Lingard and Yesilyurt (2003) whose work indicated that safety outcome involves adhering to safety procedures and carrying out work in a safe manner. Mohamed (2002) on the other hand viewed that safety participation involves helping co-workers, promoting the safety program within the workplace, demonstrating initiative and putting effort into improving safety in the workplace. This implies that safety outcomes in the hotel industry are of great importance. For this reason, hotels should attempt to influence the safety culture and practices to achieve improved safety outcomes.

4.4.2 Regression Analysis

In dressing the last research question, regression analysis was conducted to find out the relationship between health and safety behaviour and safety outcomes at hotels in the Sagnarigu Municipality.

4.4.2.1 Linear Regression Model Summary

The study analysed the variations of safety outcome at the hotels due to health and safety behaviour of the staff. Table 4.8 shows the model summary output.

Table 4. 8: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.503 ^a	.253	.135	1.078

a. Predictors: (Constant), Safety outcomes at workplace

From Table 4.8, the number of column R (correlation coefficient), is the relationship between health and safety behaviour of hotel staff and safety outcome is 0.503 which means there is a strong and direct or positive relationship between health and safety behaviour and safety outcome. R square (coefficient of determination) states the magnitude of the influence of health and safety behaviour on safety outcome is 0.253. This means the magnitude of the relationship between health and safety behaviour and safety outcome is 25.3%, while the remaining 74.7% (100% – 25.3%) is influenced by variables – other variables not examined in this study. Analysis of variance was also carried out and the findings are presented in Table 4.9.

Table 4. 9: ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	35.024	14	2.502	2.151	.016 ^b
	Residual	103.505	89	1.163		
	Total	138.529	103			

a. Dependent Variable: Health and safety behaviour

b. Predictors: (Constant), safety outcomes at workpalce

As depicted in Table 4.9, a positive and significant relationship was found between health and safety behaviour and safety outcome at the hotel since the reported p- value (p=0.016) was less than the critical value. This means that the safet outcome at the hotel was significant at 95% confidence level which confirms with the previous

findings from correlation analysis on the model summary, which reported that there was a significant correlation among the variables ($r = 0.503$). This implies that there is a significant relationship between health and safety behaviour of hotel staff and safety outcome at the hotel ($F=2.151, p=0.016 < 0.05$). Staff health and safety behaviour is one of the foremost components of ensuring safety outcome at the hotel in Sagnarigu Municipality. Several studies (Clarke, 2006; Nielsen *et al.*, 2008; Tharaldsen *et al.*, 2008) have examined the relationship between health and safety behaviour of employees and safety outcome across various industries such as mining, petroleum and gas, manufacturing, hotel industry etc. The findings confirm with Hofmann *et al.* (2011) who claims that safety behaviour has been found to be positively correlated with safety outcome indicating that when employees' behaviour towards safety is positive they are less likely to be involved in workplace accidents. The results of the study buttress with Okolie and Okoye (2013) who confirmed that there is a positive correlation between workers' safe behaviour and safety outcome within workplace environment. They further indicated that workers' safety outcomes are influenced by proper communication (risk perceptions, risk management, safety rules, procedures and cultural background).

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Summary of Findings

The study was carried out to examine health and safety behaviour of hotel staff in the Sagnarigu Municipality in the Northern Region of Ghana. Much emphasis was laid on the hotel staff behaviour towards health and safety in hotel premises, key factors that influence behaviour of the staff associated with health and safety, and relationship between health and safety behaviour and safety outcome at the hotel. They are summarized as below;

5.1.1 Health and safety behaviour of hotel staffs in the Sagnarigu Municipality

The study found that the following are the dominant staff behaviour towards health and safety at hotel in the Sagnarigu Municipality in the Northern Region:

- health and safety plans are available at workplace,
- working environment are always kept free from all objects that can cause harm or injury to the workers,
- safety issues are communicated prompt and adequately to all concerned,
- equipments are handled with utmost care.
- intake of harmful drugs (cocaine, marijuana), alcohol rarely occurs at workplace, and
- safety rules and guidelines at workplace are comply with

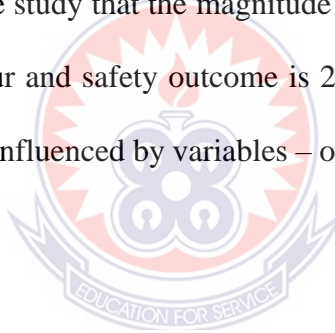
5.1.2 Factors that influence behaviour of staffs associated with health and safety

The findings revealed the following are the key factors that influence health and safety behaviour of hotel staff:

- lack of safety rules and guidelines,
- lack of management commitment,
- lack of personal protection equipment,
- lack of proper safety education and training
- poor safety supervision by supervisor or hotel manager,
- too much workload,

5.1.3 Relationship between health and safety behaviour and safety outcomes

- The study found a positive and significant relationship between health and safety behaviour and safety outcome at the hotel ($F=2.151, p=0.016 < 0.05$).
- It appeared from the study that the magnitude of the relationship between health and safety behaviour and safety outcome is 25.3%, while the remaining 74.7% ($100\% - 25.3\%$) is influenced by variables – other variables not examined in this study.



5.2 Conclusion

Health and safety behaviour of hotel staff in the Sagnarigu Municipality is positive. According to the study, there are available health and safety plans at the workplace, always the working environment are kept free from all objects, safety issues are promptly communicated to all concerned, and equipments are handled with utmost care are at hotels in the Sagnarigu Municipality in the Northern Region.

The study concludes that lack of safety rules and guidelines, lack of management commitment, lack of personal protection equipment, and lack of proper safety education and training influence the health and safety behaviour of staffs in hotels at the Sagnarigu

Municipality. From all indications, the study found that health and safety behaviour of hotel staff influences the safety outcomes at hotels in Sagnarigu Municipality.

5.3 Recommendations

Based on the findings of this work, the researcher suggested a few recommendations to improve health and safety performance;

- Hotel management should strengthen behavioural safety management systems that will continuously improve the attitudes of hotel staff towards health and safety.
- Proper communications and interpersonal skills, which are necessary at every level should be ensured that the correct influences on behaviour are consistently reinforced.
- Management of hotels should make the workers aware of the importance of a safe and healthy working environment and the legal requirements regarding safety and health.
- Hotel staff should be given basic knowledge in safety and health at the workplace. Training methods must be adopted to take into account the educational and cultural background of the workers. Training modules must be simple and easy to understand and must be done by a qualified trainer.

5.4 Suggestions for further research

A replication of this study would be helpful in re-examining the validity of its findings for which the researcher was not able to investigate. Further empirical studies using larger sample sizes from different and greater geographical diversity would be helpful in validating the health and safety behaviour of hotel staff. Also, more structured

interviews should be conducted in different hotel industries in Ghana, in order to continuously improve health and safety performance of hotel staff.



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APPENDIX

UNIVERSITY OF EDUCATION, WINNEBA

COLLEGE OF TECHNOLOGY EDUCATION, KUMASI

QUESTIONNAIRE FOR HOTEL STAFF

The researcher, a student of University of Education, Kumasi Campus is seeking information relating to the topic “**health and safety behaviour of some hotel staff in the Sagnarigu Municipality**”. Please you have been selected to participate in the research. Kindly provide answers by ticking [] or completing the blank space. Your responses will be kept confidential.

Section A: Background Information

1. What is your gender?
Male () Female ()
2. What is your age bracket
Less than 20 years () 20 – 30 years () 31 – 40years ()
41-50years () 51-60years () Older than 60years ()
3. What is your highest level of education?
No formal education () Basic () Secondary () Diploma ()
Degree () Masters () PhD ()
4. How long have you been working in this hotel?
Less than 1year () 1-3years () 4-6years ()
7-9years () 10years and above ()
5. What is the title of your job?
Receptionist () Chef/cook () Waiter/waitress ()
Supervisor () Security officer () Cleaner ()
Other (Please specify):.....

Section B: Health and safety behaviour of hotel staffs

6. Are there any outlined safety regulations in your work areas that you are aware of?

Yes () No ()

If yes, outline them:.....

7. Is there a health and safety policy statement in your workplace?

Yes () No ()

8. Who is responsible for the implementation of safe working conditions at the hotel?

Employer () Supervisor () Self ()

9. To what extent do you agree or disagree with the following safety measures taken in the workplace. Please rate your responses using a scale of 1 to 5: Strongly disagree (1), Disagree (2), Neutral (3), Agree (4), and Strongly agree (5). **Please tick the box [√] which best reflect your view and state briefly where necessary**

s/n	safety measures	Score				
		1	2	3	4	5
1.	Instructions on use of equipment					
2.	Warning in areas of danger					
3	Provision of protective gear					
4	Provision of an equipped first aid kit					
5	Easily accessible fire exit					
6	Any other:					

10. How do you get information on use of equipment,
Written () Verbally () Self discovery ()

11. Outline what the hotel has done to prepare you for an emergency?

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

12. To what extent do you agree or disagree with the following health and safety behaviour of hotel workers during working hours. Please rate your responses using a scale of 1 to 5: Strongly disagree (1), Disagree (2), Neutral (3), Agree (4), and Strongly agree (5). **Please tick the box [√] which best reflect your view and state briefly where necessary**

s/n	Health and safety behaviours of hotel employees	Score				
		1	2	3	4	5
1.	Health and safety plans are available at the workplace					
2.	Inspections of electrical gadgets are undertaken before work starts.					
3.	Safety issues are communicated prompt and adequately to all concerned					
4.	Workers effectively use personal protective equipment (PPE) during working hours					
5.	Working environment are always kept free from all objects that can cause harm or injury to the workers.					
6.	Proper posture for tasks are adhered to					
7.	Safe shortcuts are taken to get the work done					
8.	Equipments are handled with utmost care					
9.	Safety rules and guidelines at workplace are comply with					
10.	Staff are allowed to rest to avoid any fatigue, burnout or drowsiness					
11.	Staff are always warned of danger					
12.	Intake of alcohol rarely happens on at workplace					
13.	Intake of harmful drugs (cocaine, marijuana) rarely occurs at workplace					

13. How would you rate your working conditions in terms of safety?

Very Good () Good () Average () Poor () Very poor()

Section C: Factors influencing behaviour of staffs associated with health and safety

14. To what extent do you agree or disagree with the following factors that influence behaviour of staffs associated with health and safety in the hotels.. Please rate your responses using a scale of 1 to 5: Strongly disagree (1), Disagree (2), Neutral (3), Agree (4), and Strongly agree (5). **Please tick the box [√] which best reflect your view and state briefly where necessary**

S/N	Factors influencing Unsafe Behaviours	Score				
		1	2	3	4	5
1	Non-enforcement of safety rules and regulations					
2	Overconfidence in taking risk/ not being risk averse					
3	Poor risk perception					
4	Lack of safety rules and guidelines e.g. safety posters and signs					
5	Complicated safety rules and guidelines					
6	Lack of proper safety education and training					
7	Absence of safety regulatory framework in the hotel					
8	Lack of personal protection equipment					
9	Lack of management commitment					
10	Poor safety supervision by supervisors					
11	Stress due to family pressure and economic conditions					
12	Too much workload					
13	Poor safety climate and culture					
14	Resentful behaviours of co-workers					
15	Time pressures					
16	Poor communication at workplace					

15. Have you or any of your colleagues been involved in an accident while working?
Yes () No ()

If yes, What type of accident was it? Tick the type of accident.

Fall/Slip () Burn () Cut () Any other:.....

16. What do you think contributed to the above named accident?

Carelessness () Ignorance in use of equipment () Any other:.....

17. Does the hotel undertake medical examinations for staff?

Yes () No ()

18. To what extent do you agree or disagree with the following safety outcomes at the hotel? Please rate your responses using a scale of 1 to 5: Strongly disagree (1), Disagree (2), Neutral (3), Agree (4), and strongly agree (5). **Please tick the box which best reflect your view and state briefly where necessary.**

S/N	Safety outcome	Score				
		1	2	3	4	5
1	Hotel manager places a strong emphasis on workplace health and safety					
2	Safety is given a high priority by hotel manager					
3	Workers put much effort to maintain and improve personal safety					
4	Safety is maintained at all times					
5	Risk of accidents and incidents in the workplace are reduced					
6	Safety equipment is used to carry out job					
7	Correct safety procedures for carrying out job is used					
8	The highest levels of safety is ensured when carrying out job					
9	Safety within the organisation is promoted					
10	Extra effort put to improve the safety of the workplace					
11	Carry out tasks or activities voluntarily that help improve workplace safety					
12	There is a good communication between workers					
13	Pay attention to safety training and apply the knowledge gained					
14	Comply with safety policies and procedures at the workplace					