

**INFLUENCE OF ORGANIZATIONAL FACTORS ON
IMPLEMENTATION OF OCCUPATIONAL SAFETY AND
HEALTH PROGRAMMES IN PUBLIC SERVICE
INSTITUTIONS: A CASE OF HUDUMA
CITIZEN SERVICE CENTRES,
NAIROBI COUNTY, KENYA**

KENNEDY ODERO JUNIOR

**A Research Project Report Submitted in Partial Fulfilment of the Requirements for the
Award of the Degree of Master of Arts in Project Planning and Management of the
University of Nairobi.**

2019

DECLARATION

This research project report is my original work and has not been presented for an award in any learning institution.

Signature: _____

Date: _____

KENNEDY ODERO JUNIOR

L50/75959/2014

This research project report is submitted for examination with my approval as the University supervisor.

Signature: _____

Date: _____

PROF. RAPHAEL ONDEKO NYONJE
ASSOCIATE PROFESSOR,
SCHOOL OF OPEN AND DISTANCE LEARNING,
UNIVERSITY OF NAIROBI.

DEDICATION

I dedicate this research project report to my parent Magdalina Odero, my wife Zeba Nyikal, my daughters Zoya and Malika who accorded me the much needed moral support.

ACKNOWLEDGEMENT

I would like to express my gratitude to everyone at the board of postgraduate studies of the University of Nairobi and the entire management for enabling me pursue my postgraduate degree at the institution. I wish to genuinely express my thankfulness to my supervisor Prof. Raphael Nyonje, without whose support this project would not be complete. All the lecturers who taught me through the entire course did a good job to ensure that I acquired the valuable knowledge and skills. I would like to thank the senior management and staff of the Huduma Kenya Secretariat for granting me the permission to conduct my study in the organization.

TABLE OF CONTENT

Page

DECLARATION.....	ii
DEDICATION.....	iii
ACKNOWLEDGEMENT.....	iv
LIST OF TABLES.....	x
LIST OF FIGURES.....	xii
LIST OF ABBREVIATIONS AND ACRONYMS.....	xiii
ABSTRACT.....	xiv
CHAPTER ONE: INTRODUCTION.....	1
1.1 Background of the Study.....	1
1.2 Statement of the Problem.....	3
1.3 Purpose of the Study.....	5
1.4 Objectives of the Study.....	5
1.5 Research Questions.....	5
1.6 Research Hypotheses.....	6
1.7 Significance of the Study.....	6
1.8 Basic assumptions of the study.....	7
1.9 Limitations of the Study.....	7
1.10 Delimitations of the Study.....	7
1.11 Definition of significant terms used in the study.....	8
1.12 Organization of the Study.....	9
CHAPTER TWO: LITERATURE REVIEW.....	10
2.1 Introduction.....	10
2.2 Implementation of Occupational Safety and Health Programmes.....	10

2.3	Organizational Policy and implementation of OSHP	11
2.4	Organizational culture and implementation of OSHP.....	12
2.5	Organizational training and implementation of OSHP	13
2.6	Organizational leadership and implementation of OSHP	15
2.7	Theoretical framework	16
2.7.1	Maslow’s theory of motivation	16
2.7.2	Swiss Cheese Model.....	17
2.7.3	Internal Responsibility System.....	17
2.8	Conceptual framework	17
2.9	Knowledge Gap.....	19
2.10	Summary of Literature Review	20
CHAPTER THREE: RESEARCH METHODOLOGY		21
3.1	Introduction	21
3.2	Research Design.....	21
3.3	Target Population	21
3.4	Sample Size and Sampling Procedure.....	22
3.4.1	Sample Size	22
3.4.2	Sampling Procedure	23
3.5	Research Instruments	24
3.5.1	Piloting the Instruments	24
3.5.2	Validity of Research Instruments.....	25
3.5.3	Reliability of Research Instruments	25
3.6	Data Collection Procedure	25
3.7	Data Analysis Technique	25
3.7.1	Analytical Model.....	26

3.8	Operational definition of variables.....	28
3.9	Ethical Considerations.....	29
CHAPTER FOUR: DATA ANALYSIS, PRESENTATION AND INTERPRETATION ...		30
4.1	Introduction	30
4.2	Questionnaire Return Rate	30
4.3	Participants Description	30
4.3.1	Participants Distribution by Gender.....	30
4.3.2	Participants Distribution by Age	31
4.3.3	Participants Distribution by Level of Schooling.....	32
4.3.4	Participants Distribution by Experience at Huduma Citizen Service Centres	32
4.3.5	Distribution of Participants by Roles	33
4.3.6	Distribution of Participants by Job Station	34
4.4	Organizational Policy and Implementation of OSHP	35
4.4.1	Frequencies, Mean and Standard Deviation of Organizational Policy	35
4.4.2	Simple Regression Results for Organizational Policy on OSHP Implementation.....	39
4.4.2.1	ANOVA Results for Organizational Policy on OSHP Implementation	39
4.4.2.2	Regression Coefficients	40
4.4.2.3	Test of Hypothesis One.....	40
4.5	Organizational Culture and Implementation of OSHP	41
4.5.1	Frequencies, Mean and Standard Deviation of Organizational Culture.....	41
4.5.2	Simple Regression Results for Organizational Culture on OSHP Implementation.....	43
4.5.2.1	ANOVA Results for Organizational Culture on OSHP Implementation	44
4.5.2.2	Regression Coefficients	44
4.5.2.3	Test of Hypothesis Two	45
4.6	Organizational Training and Implementation of OSHP.....	45

4.6.1	Frequencies, Mean and Standard Deviation of Organizational Training.....	45
4.6.2	Simple Regression Results for Organizational Training on OSHP Implementation	48
4.6.2.1	ANOVA Results for Organizational Training on OSHP Implementation.....	48
4.6.2.2	Regression Coefficients	49
4.6.2.3	Test of Hypothesis Three	50
4.7	Organizational Leadership and Implementation of OSHP.....	50
4.7.1	Frequencies, Mean and Standard Deviation of Organizational Leadership.....	50
4.7.2	Simple Regression Results for Organizational Leadership on OSHP Implementation .	53
4.7.2.1	ANOVA Results for Organizational Leadership on OSHP Implementation.....	54
4.7.2.2	Regression Coefficients	54
4.7.2.3	Test of Hypothesis Four.....	55
4.8	Combined Organizational Factors and Implementation of OSHP	55
4.8.1	Frequencies, Mean and Standard Deviation on Implementation of OSHP	56
4.8.2	Multiple Regression Results for Combined Organizational Factors on Implementation of OSHP	58
4.8.2.1	ANOVA Results for Combined Organizational Factors on OSHP Implementation.....	59
4.8.2.2	Regression Coefficients	59
4.8.2.3	Test of Hypothesis Five	60
CHAPTER FIVE: SUMMARY OF FINDINGS, DISCUSSION, CONCLUSION AND RECOMMENDATIONS.....		62
5.1	Introduction	62
5.2	Summary of the Findings	62
5.2.1	Organizational Policy and Implementation of OSHP	62
5.2.2	Organizational Culture and Implementation of OSH Programmes	63
5.2.3	Organizational Training and Implementation of OSHP.....	64

5.2.4	Organizational Leadership and Implementation of OSHP.....	65
5.2.5	Combined Organizational Factors and Implementation of OSHP.....	65
5.3	Discussion of the Key Findings	66
5.3.1	Organizational Policy and Implementation of OSHP	66
5.3.2	Organizational Culture and Implementation of OSHP	66
5.3.3	Organizational Training and Implementation of OSHP.....	67
5.3.4	Organizational Leadership and Implementation of OSHP.....	67
5.4	Conclusion of the Study	68
5.5	Recommendations of the Study.....	68
5.6	Suggestions for Further Research	69
REFERENCES.....		70
APPENDICES.....		79
Appendix i: Questionnaire for Huduma Kenya Secretariat staff.....		79
Appendix ii: Questionnaire for Huduma Citizen Service Centre staff		83
Appendix iii: Letter from the University		87
Appendix iv: Letter from Huduma Kenya Secretariat.....		88
Appendix v: Research Permit from NACOSTI		89

LIST OF TABLES

Table 2.1: Summary of Knowledge Gaps.....	19
Table 3.1: Target Population of Staff from Huduma Citizen Service Centres and Secretariat	22
Table 3.2: Sample Size	23
Table 3.3: Operationalization of variables.....	28
Table 4.1: Participants Distribution by Gender	31
Table 4.2: Participants Distribution by Age	31
Table 4.3: Level of education of study respondents	32
Table 4.4: Working experience at Huduma Citizen Service Centre.....	33
Table 4.5: Position of staff at Huduma Citizen Service Centre.....	34
Table 4.6: Work station of staff at Huduma Citizen Service Centre	35
Table 4.7: Organizational Policy and OSHP Implementation	36
Table 4.8: Regression Model Fitness for Organizational Policy on OSHP Implementation.....	39
Table 4.9: ANOVA - Organizational Policy on OSHP Implementation	39
Table 4.10: Regression Coefficients - Organizational Policy on OSHP Implementation	40
Table 4.11: Organizational Culture and OSHP Implementation	41
Table 4.12: Regression Model Fitness for Organizational Culture on OSHP Implementation....	44
Table 4.13: ANOVA - Organizational Culture on OSHP Implementation	44
Table 4.14: Regression Coefficients - Organizational Culture on OSHP Implementation	45
Table 4.15: Organizational Training and OSHP Implementation	46
Table 4.16: Regression Model Fitness for Organizational Training on OSHP Implementation ..	48
Table 4.17: ANOVA - Organizational Training on OSHP Implementation	49
Table 4.18: Regression Coefficients - Organizational Training on OSHP Implementation.....	49
Table 4.19: Organizational Leadership and OSHP Implementation	51
Table 4.20: Regression Model Fitness for Organizational Leadership on OSHP Implementation	54
Table 4.21: ANOVA - Organizational Leadership on OSHP Implementation	54
Table 4.22: Regression Coefficients - Organizational Leadership on OSHP Implementation.....	55
Table 4.23: Implementation of OSHP	56
Table 4.24: Regression Model Fitness for Combined Organizational Factors on OSHP Implementation	59

Table 4.25: ANOVA - Combined Organizational Factors on OSHP Implementation.....	59
Table 4.26: Regression Coefficients - Combined Organizational Factors on OSHP Implementation	60

LIST OF FIGURES

Figure 1: Conceptual framework on organizational factors and OSHP implementation 18

LIST OF ABBREVIATIONS AND ACRONYMS

CSC	Citizen Service Centres.
DOSHS	Directorate of Occupational Safety and Health Services.
FKE	Federation of Kenya Employers.
GPO	General Post Office, Nairobi.
ICT	Information and Communication Technology.
ILO	International Labour Organization.
IRS	Internal Responsibility System.
ISO	International Organization for Standardization.
NCC	Nairobi City County.
NGO	Non-Governmental Organization.
OHSAS	Occupational Health and Safety Assessment Series.
OSH	Occupation Safety and Health.
OSHA	Occupational Safety and Health Act No. 15 of 2007.
OSHP	Occupation Safety and Health Programmes.
PPE	Personal Protective Equipment.
SME	Small and medium-sized enterprises.
SPSS	Statistical Package for Social Sciences
WHO	World Health Organization.
WIBA	Work Injury Benefits Act No. 13 of 2007 Kenya.
WSH	Workplace Safety and Health.

ABSTRACT

This study sought to determine the influence of organizational factors on the implementation of Occupational Safety and Health Programmes in Huduma Citizen Service Centres in Nairobi City County. Specifically, the study sought to determine the influence of organizational policy, examine the influence of organizational culture, establish the influence of organizational training and to assess the influence of organizational leadership in implementation of Occupational Safety and Health Programmes in Huduma Citizen Service Centres. The target population comprised 397 employees in Huduma Citizen Service Centres and Huduma Kenya Secretariat in Nairobi City County, from which a sample of 195 respondents was drawn. The sampling procedure used was stratified random sampling. Primary data was collected using a questionnaire. The questionnaire was pre-tested on respondents from Machakos Huduma Citizen Service Centre to ensure that the study's objectives would be achieved. Quantitative data was analyzed using descriptive statistics incorporating tools of analysis such as frequency, mean and standard deviation. The relationship between Organizational Factors and Implementation of OSHP was determined by use of inferential statistics through regression analysis. The influence of Organizational Culture was found to be the most significant followed by Organizational Policy and then Organizational Training and Organizational Leadership. A strong positive relationship, R , of 0.965 was established to exist between combined organizational factors comprising of Organizational Policy, Organizational Culture, Organizational Training and Organizational Leadership and Implementation of OSH Programmes at Huduma Citizen Service Centres. It was established that 93.1% of the Implementation of OSH Programmes at Huduma Citizen Service Centres was explained by combined factors such as Organizational Policy, Organizational Culture, Organizational Training and Organizational Leadership. The study recommends the following; top leadership of Huduma Kenya Programme should conduct regular training needs analysis that includes safety provisions that is incorporated in the annual training plans of employees. Management should put in place measures to mitigate on emerging threats of terrorism, adequate emergency exits for any eventuality and adequate ventilation system to ensure that there is good circulation of air at the Huduma Citizen Service Centres. The management should conduct regular audits of electrical appliances and devices. The top management of Huduma Kenya Programme should design workstations that minimize lumbar ache injuries and provide adequate lighting to reduce computer eye syndrome. The management should show commitment and provide leadership by ensuring that work procedures incorporate safety issues.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Friend and Kohn (2014) indicate that concerns for workplace health and safety were observed over 2000 years ago. The code of Hammurabi in an attempt to recompense victims addressed work-related injuries and losses by prescribing penalties for offenders. According to Abrams (2001), the United Kingdom (UK) is indicated as the first country to pass legislation on employee safety and health with the enactment of the Health and Morals of Apprentices Act in 1802. Currently, the Health and Safety Executive (HSE) has been established to enforce health and safety regulations (Health and Safety Commission, 2004).

Every year over 2.78 million die from work-related accidents or diseases (ILO, 2018b). Additionally, statistics from ILO (2018b) indicate that there are some 374 million non-fatal work-related injuries and illnesses each year, many of these resulting in absenteeism from work. The high numbers of unpleasant health outcomes impact significantly on world's economy. The adverse health effects reduce work productivity of employees and has a negative impact on social-economic well-being of their dependents. In addition, Reese (2016) argued that workplace health and safety issues cut across all industries. Thus even institutions that primarily deal with white-collar office functions need to implement Occupational Safety and Health Programmes to safeguard their employees.

Several countries have put in place regulations to manage OSH. Singapore created the workplace safety and health (WSH) framework that guides the government, industry players, employers as well as employees (Ministry of Manpower, 2014). In Vietnam, the Ministry of Labour is responsible for promulgation of OSH regulations and safety standards in workplaces in collaboration with the Ministry of Health (Matsuda, 1996). In Malaysia, the main legislative framework for occupational safety is the Occupational Safety and Health Act (OSHA). The OSH master plan 2015 provides a framework that guides and directs combined efforts to minimize work-related injuries (Ministry of Human Resources, 2015). South Africa's supreme law provides everyone with the right to an injury-free environment (Tshoose, 2014).

Kenya enacted the Factories Act in 1950 which was later expanded to the Factories and Other Places of Work Act in 1990. In 2007, Occupational Safety and Health Act No. 15 (OSHA) as well as Work Injury Benefits Act No. 13 (WIBA) were enacted to provide regulations on OSH and to recompense employees entitled to benefits due to work-related illnesses and injuries respectively. The Directorate of Occupational Safety and Health Services (DOSHS) is responsible for the compliance of the regulations of OSHA and promotion of safety climate for employees (ILO, 2013). OSHA imposes a regulation that ensures a high degree of physical, mental and social wellbeing of employees and protection of physical assets in the workplace. Countries are required to prepare national policies on workplace health and safety to minimize work-related accidents and injuries (WHO, 1994; ILO, 2006; Balkin, Cardy and Mejia, 2007; Friend and Kohn, 2014).

According to World Bank (2011), citizens from low-income economies have difficulties in accessing government services because they are often required to visit several offices. Lack of information and poor service delivery standards has eroded citizen confidence and undermined the trust between citizens and governments. Citizen Service Centers (CSC) provide an open platform that enables governments to provide open, transparent, efficient and effective public services to citizens. The CSCs are based on the philosophy that group several services in one location to facilitate easy access to citizenry. CSCs can provide services through a variety of channels including stationary citizen service centres, kiosks, mobile citizen service centres, contact centre, online web and mobile application (World Bank, 2017a).

World Bank (2017b) indicate that the Government of Kenya has more recently focussed on citizen-centric approaches to service delivery that led to the establishment of Huduma Centers as specified in the second medium term plan. In the second medium term plan, the Government prioritized provision of quality services to the citizenry through Huduma Kenya Programme. The aim is to simplify transactional processes through provision of integrated service delivery platforms (Republic of Kenya, 2013). The main objective of the programme is to enhance access to quality services by citizenry by minimizing opportunities for corruption and promoting transparency (Kobia and Oliech, 2016).

The Huduma Citizen Service Centers bring the government closer to the people by gathering front-line service providers from various state departments under one roof. As of February 2017, the

Huduma Kenya Programme was running 45 centers, five of which were located in NCC. The goal is to establish a minimum of one center per county (World Bank, 2017b). Further, the World Bank (2017b) report indicates that a majority of Huduma Centers are set up in government post office buildings. On an average day, busy centers conduct up to 5,000 transactions per day, while centers in sparsely populated areas might process around 50 transactions. Nationwide, an average of 30,000 transactions are conducted every day. During periods of the year when many citizens are requesting services, such as voter registration, filing tax returns and issuance of business permits this number can go up to 42,000.

According to a stock-take conducted in 2016 by the World Bank, at least 77 countries have implemented a physical or digital CSCs. In Canada, the CSC enables citizens to access several government services on a single web portal. In India, computerized Nemmadi centres in rural Karnataka have increased efficiency of service access. In Africa, Tunisia has implemented online portal as well as physical one stop shop municipal centres. Other African countries that have implemented digital and or physical citizen service centres include Kenya, Angola, Mozambique, Morocco, Rwanda, Lesotho, Cabo Verde, Ghana, Burundi and Egypt (World Bank, 2017a).

1.2 Statement of the Problem

There are numerous challenges faced by authorities in putting in place measure to mitigate injuries and diseases at places of work in Kenya. Work-related accidents have continued to rise due to low level of awareness on OSH issues, lack of safety culture and inadequate financial and human resource capacity (Republic of Kenya, 2012). Many work-places do not adhere to the regulations prescribed by OSHA. Accidents at work-places that could have been avoided continue to occur due to negligence and failure to implement Occupational Safety and Health Programmes. Safety audits that could identify risks and hazards at most work-places are rarely carried out as prescribed by OSHA. This is because the DOSHS has indicated that they do not have adequate health and safety enforcements officers required to inspect all workplaces effectively (ILO, 2013).

Statistics from Hughes and Ferrett (2015) indicate that 37% of lumbar backache, 16% of hearing impairment, 13% of chronic bronchitis, 11% of occupational asthma and 8% of injuries are related to workplace activities. The non-fatal work-related injuries are the major reason of employee absenteeism and loss of productivity. This in effect impacts negatively on socio-economic well-

being of employees and their dependents. Reese (2016) argued that the consequences of work-related accidents have resulted in harm to employees, damage to assets, absenteeism at workplace, general liability to the organization and negative effect on economic development. In Kenya work-related injuries and deaths remains a big challenge. Report from Office of Auditor General (2018) indicate that there have been increasing trends of work-related accidents between the years of review from 2011/2012 to 2014/2015.

According to World Bank (2017b) the Huduma Kenya Programme was running 45 Huduma Citizen Service Centres across the country, five of which were located in Nairobi City County with busy centers serving up to 5000 people per day. The busy Centres could be targets to emerging threats of terrorism and extremist behaviours; thus, Management should put in place measures to mitigate on emerging threats of terrorism that is now targeting work-places (Reese, 2016). Majority of the Huduma Centres are setup in Government Post Office Buildings that were not originally designed to handle several services across multiple Ministries, Departments and Agencies. The overcrowding in busy Huduma Citizen Service Centres may increase vulnerability to airborne infections including Tuberculosis. This is because a variety of respiratory diseases like tuberculosis spread easily from person-to-person in close quarters with poor indoor air quality (Asante-Duah, 2017). In addition, Non-fatal injuries caused by falls due to slippery surfaces and repetitive strain injury due to sedentary occupation are a major concern to many institutions (Friis, 2015). The floor surfaces in Huduma Citizen Service Centres may cause danger of slipping due to spillage of liquids on the surface. This is a major occupational safety risk due to high traffic of people seeking services in Huduma Citizen Service Centres. Chang, Leclercq, Lockhart and Haslam (2016) indicated that 40 to 50% of falling injuries at the work-place is attributed to slipping caused by poor traction of the shoe and the interface of the floor. The staff at Huduma Citizen service Centres predominantly use computers while sitting in the same positions for long periods of time to provide services to citizens. This could pre-dispose them to computer-eye-syndrome and repetitive strain injury. Computer-eye syndrome is caused by a combination of bright lighting used at the centres and the lights from computer monitors. This could lead to general fatigue, eye pain, blurred vision, headaches and neck pain which have an adverse effect on staff productivity.

Whereas there are several regulations on implementation of OSH programmes, many studies and enforcement have concentrated on the traditional high-risk industries such as chemicals,

construction, manufacturing factories with little research being conducted on low-risk service institutions especially in many developing countries (Subhani, 2010). Therefore, in consideration of the foregoing analysis there is need to conduct studies in low-risk industries such as the Huduma Citizen Service Centre to identify the hazards unique to its operating environment and the mitigation measures required to prevent accidents and diseases.

1.3 Purpose of the Study

The purpose of this study was to examine the influence of organizational factors on implementation of Occupational Safety and Health Programmes in public service institutions with a special reference to Huduma Citizen Service Centres in Nairobi City County, Kenya.

1.4 Objectives of the Study

The study was guided by the following objectives:

- i. To determine the extent to which Organizational Policy influence Occupational Safety and Health Programmes implementation in Huduma Citizen Service Centres.
- ii. To examine how Organizational Culture influence Occupational Safety and Health Programmes implementation in Huduma Citizen Service Centres.
- iii. To establish the level at which Organizational Training influence Occupational Safety and Health Programmes implementation in Huduma Citizen Service Centres.
- iv. To assess how Organizational Leadership influence Occupational Safety and Health Programmes implementation in Huduma Citizen Service Centres.
- v. To determine the extent to which Combined Organizational Factors influence Occupational Safety and Health Programmes implementation in Huduma Citizen Service Centres.

1.5 Research Questions

The study sought to answer the following research questions:

- i. To what extent does Organizational Policy influence Occupational Safety and Health Programmes implementation in Huduma Citizen Service Centres?
- ii. How does Organizational Culture influence Occupational Safety and Health Programmes implementation in Huduma Citizen Service Centres?

- iii. To what level does Organizational Training influence Occupational Safety and Health Programmes implementation in Huduma Citizen Service Centres?
- iv. How does Organizational Leadership influence Occupational Safety and Health Programmes implementation in Huduma Citizen Service Centres?
- v. To what extent does Combined Organizational Factors influence Occupational Safety and Health Programmes implementation in Huduma Citizen Service Centres?

1.6 Research Hypotheses

The study sought to test the following hypotheses:

1. H_0 : There is no significant relationship between Organizational policy and implementation of Occupational Safety and Health Programmes.
2. H_0 : There is no significant relationship between Organizational culture and implementation of Occupational Safety and Health Programmes.
3. H_0 : There is no significant relationship between Organizational training and implementation of Occupational Safety and Health Programmes.
4. H_0 : There is no significant relationship between Organizational leadership and implementation of Occupational Safety and Health Programmes.
5. H_0 : There is no significant relationship between Combined organizational factors and implementation of Occupational Safety and Health Programmes.

1.7 Significance of the Study

Huduma Kenya Programme could adopt the recommendations of this study as a basis for an enterprise level policy framework that could influence the implementation of OSH programmes. By so doing, the management could implement OSH programmes to ensure high organization productivity. Decision makers could find this study advantageous as they will be able to understand the enablers that drive safety at places of work. The study could provide information that act as a basis for resource allocation in implementation of workplace health and safety programmes. NGOS, Corporate Organizations and private sector could find this study significant as it could help them overcome the challenges encountered in workplace health and safety. The government could find this study meaningful in understanding determinants that influence implementation of workplace health and safety in low-risk industries.

1.8 Basic assumptions of the study

Most Huduma Centres are located in Government Post Office Buildings that were not designed to handle multiple, integrated services from various state departments, thus the research project was undertaken at Huduma Citizen Service Centres within Nairobi City County with the assumption that Huduma Citizen Service Centres attract different demographics and is a good representation of capturing the different risks and hazards that may be experienced in a public sector setting. Nairobi City County being the capital of Kenya has the highest population of citizens of all the 47 counties and therefore represents several dynamics of different risks and hazards that may be exposed to a public service setting.

1.9 Limitations of the Study

Staff drawn from Huduma Citizen Service Centres were the main participants of the research project; due to the busy schedule of staff at Huduma Citizen Service Centres, some were not able to fill the questionnaire. This challenge was mitigated by allowing anonymous or confidential responses rather than identifiable responses to increase participants' willingness to respond to the survey and disclose information. Advance letters to respondents prior to administering the survey also ensured good return on the questionnaires. Approval from Management of Huduma Kenya Secretariat and taking leave facilitated data to be collected within 2 weeks. The study was limited to inability to include other Huduma Citizen Service Centers located in the remaining 46 counties in the country. This limitation was managed by the fact that Nairobi City County has good representation of the Kenyan population and represents a good case of the different hazards that may be encountered.

1.10 Delimitations of the Study

The research project focussed on workplace health and safety programmes in Huduma Citizen Service Centres within Nairobi City County. Nairobi City County represents the different demographics that is suitable for this study as it has different dynamics as well as the highest concentration of Huduma Citizen Service Centres among all the other counties. Majority of the Huduma Citizen Service Centres are located in Government Post-Office buildings which were not originally designed to handle several integrated services from various state departments under one roof. It has been reported that busy Huduma Citizen Service Centres serve up to 5000 people daily

raising serious occupational safety and health risks that need to be addressed. This is because airborne communicable diseases like tuberculosis spread easily from person-to-person in close quarters especially in overcrowded places with poor fresh air circulation. In addition, there is a high probability of safety risks from falls, trips and slips due to the nature of the floor surface and the high traffic of citizens seeking services.

1.11 Definition of significant terms used in the study

Hazard means an incident that is likely to cause work-related accident or illness to staff or damage to property or environment.

Occupational Safety and Health Programmes (OSHP) means activities that promote health and safety at the workplace with the aim of reducing work-related injuries and diseases.

Organizational factors mean organizational policies, organizational culture, organizational training and organizational leadership that exist within institutions that creates an enabling environment for successful implementation of programmes.

Organizational policy refers to organization's rules and principles that guide actions, set roles and responsibilities and directs how the organization operates.

Organizational culture refers to employee attitudes and commitment in the work-place. It includes learning from colleagues and lessons that employers and employees inculcate to solve problems.

Organizational training refers to activities aimed at empowering and equipping employees with the necessary information to improve their skills and knowledge required to perform their duties.

Organizational leadership refers to influence of top management in inspiring and motivating staff to perform duties to the best of their abilities. It includes provision of a conducive environment aimed at improving productivity at the workplace.

Risk means the probability of an undesirable incident occurring at the work-place.

1.12 Organization of the Study

This research project consists of 5 chapters. Chapter one is predicated on the historical information on foundation of OSH, the challenges experienced in enforcement of OSH regulations and the consequences of non-compliance to OSH. The chapter also provides introduction to research questions. Chapter two is based on the concepts of OSH, the accident and injury causation theories and related writing with respect to implementation of OSH programmes. In addition, the chapter presents the conceptual framework underlying the study. Chapter three is an outline of the methods and techniques used in collecting and analyzing the variables presented in the research questions. Chapter four is an overview presentation and analysis of collected data in tables and figures to provide a basis for statistical interpretation. Chapter five gives recommendations for implementation of OSH programmes and suggestion for new areas to be explored for successful implementation of OSH.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter surveys previous study on workplace health and safety programmes, the theories underpinning accident-prevention and the framework guiding the relationships between the variables under study.

2.2 Implementation of Occupational Safety and Health Programmes

Occupational Safety and Health Programmes (OSHP) aim at controlling work-related injuries and diseases that could have a negative effect on social and economic well-being of employees. Workplace safety and health affect all industries. Each place of work is exposed to hazards unique to its operating environment (Reese, 2016). Accidents can be prevented by employers creating a working environment that embraces safety climate, safety practices and encourages safety performance. Organizational factors including management's policies and practices have been shown to affect implementation of employee safety programmes (Garcia, Boix, and Canosa, 2004). Safety performance entails a set of cross-cutting activities that lower risk of accidents or illnesses by promoting general health and happiness of occupants in an organization (Smith-Crowe, Burke, and Landis, 2003). Protection of employees from work-related injuries and illnesses is the responsibility of the employer. This requires adoption of safety practices as part of mundane tasks at the workplace. Safety practices include the written rules, methods and workflow activities that occupants of an establishment prescribe to act safely (Hajmohammad and Vachon, 2014).

Safety climate has been described in many ways. One description identified the perceived attitudes and beliefs of employees which can be influenced by others when dealing with safety and health issues in an institution (Bentley and Tappin, 2010). A concise definition is difficult to reach. However, the most salient characteristics of a safety climate include actions, opinions, values and attitudes shared among individuals within an institution when implementing OSH programmes (Zohar and Tenne-Gazit, 2008). Several studies indicate that the principles of safety climate across high-risk industry sectors, such as chemicals and construction are also applicable in low-risk

industries such as services (Hofmann and Stetzer, 1996; McDiarmid and Condon, 2005; Brown and Holmes, 1986; Zohar, 2000, 2002; Barling, Loughlin, and Kelloway, 2002).

Further, studies by Jilcha and Kitaw (2016) indicate that enforcing workplace safety and health programmes does not receive enough attention in most developing countries because of social, economic, and political challenges.

2.3 Organizational Policy and implementation of OSHP

Policy is the course of action derived from management goals to deal with day-to-day operations of organizations. Policies define desired behaviour of internal structures, systems and procedures (Mason, Leavitt, and Chaffee, 2014). Safety policy have been found to be a key driver influencing implementation of workplace health and safety programmes. Every employer should put in place a safety policy that outline how health and safety risks may be effectively controlled (Hughes and Ferrett, 2015). International standards such as ISO 45001 have been established to guide the improvement of safety practices, reduction of work-related injuries and enhancement of a safety climate by providing standards that organizations can adopt in implementation of OSH programmes (ISO, 2018; Lakhe and Dharkar, 2018). This position implies that institutions should put in place organizational policies that provide guidance on the general well-being of staff in the work-place. Similarly, Management should put in place measures to mitigate on emerging threats of terrorism that is now targeting work-places (Reese, 2016).

In Kenya, the 2010 constitution provides the basis for OSH programmes by advocating for a healthy and clean environment to citizenry. To complement this, OSHA, WIBA and the national OSH policy have been developed to minimize work-related injuries and diseases (Republic of Kenya, 2012; ILO, 2013). Following the enactment of OSHA, many institutions have implemented measures aimed at ensuring existence of a safety climate that guarantees health and personal-wellbeing of occupiers at work-places. The Act requires employers to develop written safety policy statements, conduct safety audits and provides for participation of all employees in safety committees (Republic of Kenya, 2007). Safety committees ensure that top management, supervisors and worker representatives cooperate in management of hazards and accidents within the workplace (Coghlan and Brydon-Miller, 2014). Annual safety inspections are necessary to

unearth emerging health and safety risks at work-places. As Angle (2015), suggests, safety audits help in identifying risks and mitigation measures required to prevent work-place injuries.

Armstrong (2009) indicated that health and safety policy statement influences and guides actions that promote effective safety climate. A structured and well-organized safety policy statement is essential for the maintenance of high health and safety standards within work-places. A study by Makhamara and Simiyu (2016), found that safety and health policy statement greatly influenced implementation of OSH programmes as it addresses safety procedures for reporting work-related accidents, type of hazards, safety issues and health risks. Report from Office of Auditor General (2018), indicates that approximately 0.1% of the 1,700,000 work-places had carried out annual occupational safety and health audit as required by regulation. This was mainly due to inadequate enforcement officers from DOSHS. This indicates that OSH compliance is very low across several industries in Kenya.

2.4 Organizational culture and implementation of OSHP

Organizational culture is outlined as shared beliefs, identities, values and behavioural norms that individuals acquire from common experiences to solve problems which is later taught to new members of the organization (Schein, 2017). Misnan and Mohammed (2014) stated that culture is developed from experiences that a group shares and which they perform without knowing. Gunningham and Sinclair (2014) similarly agree that safety culture is about how a group learns to work together to solve challenges imposed by hazards at the work-place. Misnan and Mohammed (2014), argued that safety culture is formed from group beliefs and learned behavior shared by a majority of the people in the organization. Safety culture affect employee's beliefs, attitudes and behavior and consequently determine how they participate in implementation of workplace health and safety programmes.

According to Hajmohammad and Vachon (2014), the existence of company-wide safety culture ensures that top-management provide resources required for implementation of workplace health and safety programmes. Similalry, Reese (2016) agrees that safety culture drives leaders to committ more efforts in implementation of OSH programmes from the highest level of the organization to the lowest level. Leaders ensure that all employees are involved in setting of safety and health goals. Leaders in organizations that have a vibrant safety climate ensure that steps are

taken for minimizing work-related injuries. Involvement of senior management increases promotion of a positive attitude towards implementation of OSH programmes and encourages the capacity to learn from incidents and accidents (Pidgeon, 1991).

A study by Misnan and Mohammed (2014) on safety practices in construction of roads pointed that organizations with positive safety cultures had employees with positive attitudes embrace implementation of workplace health and safety programmes. Several other studies have found that safety culture positively influences reduction of work-related injuries. Safety culture is critical for the sustenance of a vibrant safety climate (Tengilimoglu, Celik, & Guzel, 2016; Agwu, 2012; Glendon and Litherland, 2001; Clarke and Ward, 2006; Probst and Brubaker, 2001; Probst, 2004; Zacharatos, Barling, and Iverson, 2005). Tengilimoglu et al. (2016), in their study on the effect of safety culture on safety performance revealed that safety culture has a positive effect on safety performance. Tengilimoglu et al. further indicated that in order for safety performance to reach the desired levels, administration has to spend energy towards increasing organization's safety culture and job satisfaction levels. On the other hand, Turner, Pidgeon, Blockley and Toft (as cited in Institution of Occupational Safety and Health, 2015) indicated that poor safety culture resulted in low productivity, substandard product quality and poor financial control. Positive safety culture in organizations is driven by involvement and participation of employees. Reese (2016) indicates that employees are proactive when dealing with emergencies and incidents due to positive safety culture. Thus it can be seen that failure to ensure the participation of key stakeholders such as employees can lead to downfall of workplace health and safety programmes implemented by any organization. Promoting safety culture ensures that awareness of hazards exists in the workplace. It enables employees to be proactive in implementation of workplace health and safety programmes.

2.5 Organizational training and implementation of OSHP

Training is the progressive development designed to make all staff acquire skills, attitudes and knowledge required to improve the well-being of staff and the organization (Halawi and Haydar, 2018). Training programmes help staff to acquire knowledge necessary for increasing productivity at the work-place. These training outcomes eventually have an effect on safety behaviour within the work-place that ultimately reduces work-related injuries and diseases. According to ILO (2004), the promotion of safety culture is fundamental for implementation of OSH programmes in

the long term. The global awareness campaign and the establishment of world day for safety aim at increasing and promoting implementation of OSH programmes. On the world day for safety, DOSHS publishes promotional information on OSH (ILO, 2013). ILO and WHO in their joint sitting in 2003 noted that there was inadequate information available to employees on education and training on OSH issues. It was suggested that the ILO and WHO should work together to raise worker awareness of OSH (ILO, 2003b). The joint committee further concluded that there should be more emphasis on safety campaigns. It proposed that employees who had suffered from work-related accidents or diseases could act as safety evangelists to publicize the injuries they received and speak about how it might have been mitigated. Such campaigns could be important in promotion of safety culture.

Report from Office of Auditor General (2018) indicate that approximately 0.3% of the workforce in Kenya had undergone training on safety and health administered by DOSHS. The audit revealed that many occupiers are oblivious of hazards in their places of work. The report concludes that the low level of awareness could be a major cause of work-related accidents and deaths. Employers are required to comply with OSHA by providing information, instruction, training and supervision that promotes safety climate at workplaces (ILO, 2013). The Federation of Kenya Employers (FKE) conducts training to members of OSH committees regularly (ILO, 2013). Similarly, international standards such as ISO 45001 have been developed to enable organizations to improve implementation of OSH programmes by enhancing awareness of hazards and risks. Adoption of these standards in organizations have been found to greatly influence effective safety management systems that help in reduction of work-related injuries by allowing consultation and participation of all stakeholders (Lakhe and Dharkar, 2018). Participation by employees is enhanced when they are equipped with proper information on safety and health. According to Friend and Kohn (2014), hazard identification and performance of work safely is amplified when employees are sensitized on health and safety. Similarly, Smith-Crowe, Burke and Landis (2003) posit that training on safety and health is an essential prerequisite for implementation of OSH programmes.

A study by Johnston, Cattelledge, and Collins, (1994) to evaluate the effectiveness of training on controlling work-related injuries found that safety awareness reduced accident-related injuries. Ismail, Doostdar, and Harun, (2012) agree that safety awareness is a prominent factor in determining hazards and undertaking of OSH programmes. They indicated that management need

to create more awareness among their employees. They further pointed that awareness on the right use of PPE could reduce work-related injuries. Studies by Franke, Felfe and Pundt (2014) indicate that the value of safety and health should be associated with both behavior and awareness. Safety and health awareness includes the employers' ability to properly evaluate employees' stress levels. Several other studies also revealed that safety training has significant impact on improvement of behavior of employees in OSH matters. Bahari (2013) stated that employees who received appropriate sensitization showed remarkable improvement in safety behaviour. Similarly, Bluff (2017), recognized the critical role of capacity building on safety and health on improvement of self-control and action on safety practices. This means that staff can acquire skills and relevant information with health and safety coaching, leading to economical performance, task expertise, as well as reducing workplace accidents and errors (Makhamara & Simiyu, 2016).

2.6 Organizational leadership and implementation of OSHP

Hersey and Blanchard (1988) argued that leaders motivate individuals to act towards achieving group activities, goals and objectives. Leaders play an integral role in driving programmes in organizations. Leaders deal with difficult situations that are complicated and constantly changing (House, Hanges, Javidan, Dorfman, and Gupta, 2004). Similarly, Armstrong (2009), agrees that leadership enables top management to motivate employees to perform duties to the best of their abilities and produce outcomes. Leaders can motivate employees by supporting their career growth and assigning added responsibility through delegation of duties. In his view, Reece (2016) maintains that managers need to encourage open communication for a positive safety culture to thrive in an organization. Reese further emphasises that effective leadership is necessary in the structuring of a motivational environment that encourages employees to discuss issues freely with their supervisors and their colleagues. Managers and supervisors achieve results when they create an environment that supports ownership and cooperation in the organization. Good cooperation between employees and employers is considered to greatly influence implementation of OSH programmes by organizations. Raes, et al. (2013) showed that leaders who mentor colleagues and help to address team challenges eventually impact group standards of behaviour, invigorate team communication and enhance group learning.

There is a strong evidence to support the idea that employee safety behaviour can be improved by the way leaders act because committed leaders ensure compliance with OSH regulations. Franke

et. al, (2014) echoes these sentiments and also indicate that the way leaders feel and act about OSH provides important foundations for followers to deal with safety measures. Enforcement of workplace health and safety programmes is greatly influenced by committed leaders who incorporate safety issues in Organizations goals and objectives. Reese (2017) argues that when implementing OSH programmes an organization needs to work holistically and promote visibility to encourage participation and collaboration by all employees. For an effective safety management system to be developed in organizations, there needs to be openness, loyalty and mutual trust between employees and employers.

In Gaceri's (2015) study it was found that senior managers should lead by example and inspire employees to participate in implementation of safety and health programmes. This evidence of leadership influence on work-place health and safety programmes was also shown by Garnica and Barriga (2018) in their study of metallurgical industry in Brazil. The study revealed that some of the barriers encountered by small companies during setup of OSH programmes included inadequate support of top-management and communication failures. Prasad and Chalapathi, (2015) echoe these sentiments and also found that leadership has a positive influence in enforcement of OSH regulations. Several other studies by Sokas, Jorgensen, Nickels, Gao, and Gittleman (2009), Ismail et. al, (2012) show that commitment from senior management is critical in establishment of a safety climate. In further support of these findings, Reese (2016) argues that written health policy statement signed by the top management provides guidelines on setting safety goals and objectives and enforcement of OSH regulations within the organization. O'Brien (2016) agrees that commitment by top-management provides a good example to employees in implementation of OSH programmes.

2.7 Theoretical framework

Adom, Hussein and Agyem (2018) state that the theoretical framework provides the structure that guides the project. This research project is predicated upon Maslow's theory of motivation, Swiss cheese model and Internal Responsibility System.

2.7.1 Maslow's theory of motivation

Maslow's theory of motivation as proposed by Maslow (1954) identified five needs that run from the basic need to the highly intellectual needs. They are physiological, safety, social, esteem and

self-actualization. Safety needs include requirement for security. Motivation for individuals is internal and thus self-perpetuating. The rational worker would desire safety and respect at their place of work. According to Kreitner (2007), feeling safe at work has a positive influence on job satisfaction. Several organizations integrate safety-practices into workplace procedures in order to minimize work-related injuries and diseases. This theory is relevant to the current study because it explains the motives that make individuals to be motivated to work-safely. Safety behavior in organizations is underpinned by individual motivation. Employees in a work-place require proper guidance, direction and inspiration to accomplish goals and plans.

2.7.2 Swiss Cheese Model

The Swiss cheese model developed by Reason (1990) postulates that work-related accidents occur through a series of inter-connected weaknesses, rather than one. These weaknesses such as poor staffing, training, policy, managerial decisions, communication patterns or hierarchical relationships can be a cause of hazards and accidents in the organization. This theory is relevant to the study because it explains how several inter-connected systemic weaknesses within the organization rather than individual errors lead to failures. It shows that accidents are a result of failure to mitigate hazards and risks that are present in the organization long before the actual occurrence.

2.7.3 Internal Responsibility System

In the Internal Responsibility System (IRS) theory, Strahlendorf (2013) suggests that different elements can cause work-related accidents. This can however be mitigated by positive safety culture of the organization. Strahlendorf states further that it is everyone's responsibility to be involved in implementation of OSH programmes. IRS advocates for safety committees in enforcement of OSH regulations. This theory is relevant because it explains the cooperation of everyone in the organization in putting measures to ensure that the work-place is safe for everyone.

2.8 Conceptual framework

According to Adom et. al (2018), the relationships between variables are described in the conceptual framework. The independent variables are the determinants that influence implementation of OSH programmes including: organizational policy, organizational culture, organizational training and organizational leadership.

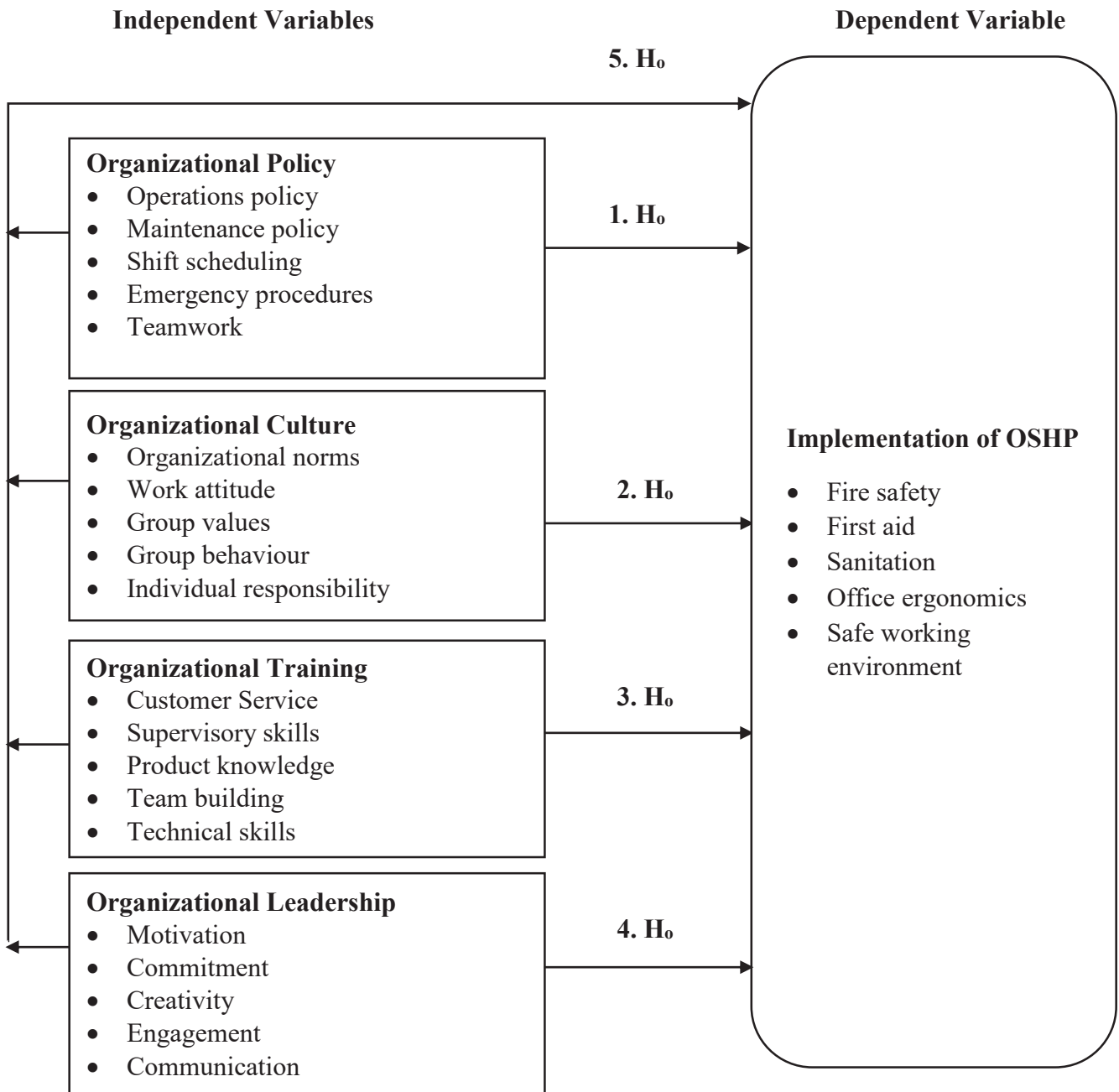


Figure 1: Conceptual framework on organizational factors and OSHP implementation

2.9 Knowledge Gap

Table 2.1: Summary of Knowledge Gaps

Variables	Author	Title of study	Findings of the study	Knowledge gaps
Organizational Policy	Makhamara and Simiyu (2016)	Influence of occupational health and safety on organizational performance in the manufacturing sector in Kenya: A case study of Kapa Oil Refineries Limited.	The study found that written regulations have a positive influence in implementation of workplace health and safety programmes.	The project was limited to the high-risk manufacturing industry with high hazard. Further studies are recommended for other sectors such as low risk service industries.
Organizational Culture	Tengilimoglu et al. (2016)	The effect of safety culture on safety performance: Intermediary role of job satisfaction.	The study established that development of safety culture at work environments is important for minimizing work-related accidents and diseases.	The study suggested further studies on different dimensions of safety culture and investigating the intermediary role of job satisfaction for employees from different sectors in the future studies.
Organizational Training	Ismail et al. (2012)	Factors influencing the implementation of a safety management system for construction sites.	The study established that safety awareness was a prominent factor in determining the success of a safety management system.	The study focused on high-risk construction sites. Similar studies need to be conducted for other low risk sectors.
Organizational Leadership	Prasad and Chalapathi (2015)	Factors influencing implementation of OHSAS 18001 in Indian construction organizations: Interpretive structural modeling approach.	The study found that management commitment has a positive influence on safety performance. Committed leaders drive implementation of safety programmes through signed Safety policy statements.	The study was limited to construction industry. Similar studies recommended for industries with moderate levels of safety and environmental risks.

2.10 Summary of Literature Review

There are several theories that have been used to explain the rationale for establishing a safety climate. IRS advocates for involvement of everyone in the implementation of OSH programmes whereas Swiss cheese model indicate that failure of a combination of system components can cause work-related accidents.

Several studies indicate positive relationship between organizational policy, organizational culture, organizational training, organizational leadership and implementation of workplace health and safety programmes. It has been shown that top management involvement and commitment as well as participation of all workers in organizational policy formulation, hazard identification, planning and communication of OSH programmes is necessary to lay the foundation for an effective implementation of OSH programmes.

Studies have found that organizational culture positively influences reduction of work-related injuries. Employees are proactive when dealing with emergencies and incidents at the work-place due to positive organizational culture. On the other hand, studies indicate that poor safety culture resulted in low productivity, substandard product quality and poor financial control in institutions.

Several studies revealed that organizational training has a significant impact on improvement of behavior of employees in OSH programmes. Awareness on the right use of PPE could reduce work-related injuries. Hazard identification and performance of work safely is amplified when employees are sensitized on health and safety.

Several studies have found that found that organizational leadership has a positive influence on workplace health and safety programmes implementation. Effective leadership is necessary in the structuring of a motivational environment. Managers and supervisors succeed in workplace health and safety programmes when they create an environment that supports ownership and cooperation by employees.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the research design, the target population, data collection methods and method of data analysis.

3.2 Research Design

The project adopted descriptive survey design to establish association between implementation of OSH programmes in public service institutions in Nairobi City County and the dependent variables: organizational policy, organizational culture, organizational training and organizational leadership. Descriptive survey involves gathering data that describe subjects within the study (Wambugu, Kyalo, Mbii and Nyonje, 2015). The data was then organized into figures and tables to summarize the findings in a manner that is easy to comprehend to readers. The descriptive survey was thus suitable as it is quick in data collection as well as economically viable. Creswell (2014) indicated that survey provides a quick way to collect large amount of data using questionnaires or structured interviews to a sample or entire population.

3.3 Target Population

A total of 397 staff from Huduma Citizen Service Centres and Huduma Kenya Secretariat constituted the population in this research project. The staff included senior managers, middle level managers and assistant staff in Huduma Kenya Secretariat as well as Huduma Centre managers and Huduma Centre assistant staff from GPO, City square, Makadara, Eastleigh and Kibra Huduma Citizen Service Centres. Table 3.1 shows the different categories of the Target Population.

Table 3.1: Target Population of Staff from Huduma Citizen Service Centres and Secretariat

Distribution	Frequency
Senior managers	13
Middle level managers	38
Huduma Centre managers	5
Huduma Secretariat assistant staff	19
GPO Huduma Centre assistant staff	84
City Square Huduma Centre assistant staff	63
Makadara Huduma Centre assistant staff	64
Eastleigh Huduma Centre assistant staff	56
Kibra Huduma Centre assistant staff	55
Total	397

Source: Huduma Kenya Staff Establishment (October 2019)

3.4 Sample Size and Sampling Procedure

The process of classification of participants into separate groups and selection of a random sample from each group based upon the strength of the group in the population is expounded herein.

3.4.1 Sample Size

Fink (2003) described choosing a number of people from a larger group as a sample. On the other hand, Malhotra (2009) described sample size as the the number of subjects comprising a sample. This study was based on a stratified random sample of 195 employees drawn from a total of 397 employees that work in the Huduma Citizen Service Centres and Huduma Kenya Secretariat in NCC. The sample size was calculated based on a formula presented in Krejcie and Morgan (1970).

$$n = \frac{X^2MP(1-Q)}{k^2(M-1)+X^2Q(1-Q)}$$

Where:

n is number of sample from population required; X^2 is $(1.96)^2 = 3.841$; The total population is M ; The population proportion is Q and the accuracy level is k

$$\text{Therefore, } n = \frac{3.841 \times 397 \times 0.5(1-0.5)}{0.05^2(397-1)+3.841 \times 0.5(1-0.5)} = 195.47$$

The sample was rounded off to 195. Samples were selected from the various strata based on their proportional numerical strength.

Table 3.2: Sample Size

Distribution	Target population	Proportion	Sample size
Senior managers	13	0.03	6
Middle level managers	38	0.10	20
Huduma Centre managers	5	0.01	2
Huduma Secretariat assistant staff	19	0.05	10
GPO Huduma Centre assistant staff	84	0.21	41
City Square Huduma Centre assistant staff	63	0.16	31
Makadara Huduma Centre assistant staff	64	0.16	31
Eastleigh Huduma Centre assistant staff	56	0.14	27
Kibra Huduma Centre assistant staff	55	0.14	27
Total	397		195

Source: Huduma Kenya Secretariat Staff Establishment (October 2019)

3.4.2 Sampling Procedure

This research project adopted stratified random sampling with staff drawn from all the Huduma Citizen Service Centres and Secretariat in NCC. Consecutive numbers were first assigned to all employees of each stratum. Then using the RAND () function in Microsoft Excel random numbers were generated. The employees to whom the random numbers generated referred to became members of the sample for that stratum. The process was repeated for each stratum. The total selected members from each stratum constituted the study sample that was applied for the employee survey.

3.5 Research Instruments

Questionnaire containing 50 items in a Likert scale was administered inviting participants to indicate how strongly they felt about each statement. In the organizational policy section, the ten item scale required respondents to indicate to what extent organizational policy issues were adhered to in Huduma Citizen Service Centres. In the organizational culture section, the ten item scale required respondents to indicate to what extent organizational culture exist within the Huduma Citizen Service Centres. Respondents were required to indicate whether employees in Huduma Citizen Service Centres adhered to procedures regularly. In the organizational training section, the ten item scale required respondents to indicate to what level organizational training exist within the Huduma Citizen Service Centres. In the leadership section, Respondents were asked to answer ten-items about organizational leadership, including statements such as the extent to which employees are involved in formulating goals and the level at which employees receive feedback. A questionnaire can collect large amount of information on participant characteristics, values, beliefs and attitudes with respect to the project (Bulmer, 2004).

3.5.1 Piloting the Instruments

A small-scale study of 20 staff from Machakos Huduma Citizen Service Centre was undertaken. Mugenda and Mugenda (2003) posit that ten percent of a number from the sample is sufficient for the pilot. The subjects of the study were selected from Machakos Huduma Citizen Service Centre staff lists obtained from Huduma Kenya Secretariat. Consecutive numbers were assigned to staff of Machakos Huduma Citizen Service Centre. Then using the RAND () function in Microsoft Excel random numbers were generated. The employees to whom the random numbers generated referred to became subjects of the pilot. The questionnaire was completed by 20 staff of Machakos Huduma Citizen Service Centre who were not part of the main study. The comments from the small-scale study conducted in Machakos Huduma Citizen Service Centre were incorporated in the questionnaire. Pilot studies can help establish validity of scores on an instrument and provide experiential understanding that improve questions, format and scales (Kezar, 2000; Creswell, 2014).

3.5.2 Validity of Research Instruments

Questionnaire items were reviewed by an employee relationship practitioner and the project supervisor to help establish its content validity. Additionally, this was enhanced through a field-test of 20 staff from Machakos Huduma Citizen Service Centre. The field-test provided valuable insights on how well to improve the questions. According to Creswell (2014), validity is the ability of tools to produce values that are accurate and meaningful.

3.5.3 Reliability of Research Instruments

First, respondents filled questionnaire at Huduma Citizen Service Centres, then a number of days later the questionnaire was presented once more through test-retest method to check on result stability. This followed a pre-test of the questionnaire with 20 randomly selected respondents from Machakos Huduma Citizen Service Centre. The results were similar to the final sample used in the study. The ability of an instrument to produce stable results on the same object over and over again after a number of applications determines its reliability (Creswell, 2014). Tavakol and Dennick (2011) indicate that Cronbach's alpha provides a measure of between 0 and 1 to determine the internal consistency of a test or scale. Cronbach's alpha of 0.954 from the pilot study of Machakos Huduma Citizen Service Centre indicated a fairly reliable questionnaire.

3.6 Data Collection Procedure

A well implemented method for gathering and measuring information is critical in the production of accurate report (Peersman, 2014). The University provided a letter of introduction which was used to get prior written consent from Huduma Kenya Secretariat. Approval from Huduma Kenya Secretariat and internal communication to staff of Huduma Citizen Service Centres facilitated data to be collected within 2 weeks. Survey was used to request respondents to answer Likert items based on a 5-1 scale. Survey was the preferred because of the low cost of the design, the ability to identify attributes of a population from a sample and the convenience in data collection (Reese, 2016).

3.7 Data Analysis Technique

Data was analyzed using descriptive statistics and inferential statistics. Further in descriptive statistics information was presented in the form of Standard Deviation, Frequencies and Mean.

3.7.1 Analytical Model

For inferential statistics, data was analyzed using the following models:

Model 1:

$$\tilde{A} = K_0 + K_1B_1 + \varepsilon$$

Where \tilde{A} is the criterion variable, OSHP Implementation in Huduma Citizen Service Centres; B_1 is the independent variable Organizational Policy; K_1 is the regression coefficient and ε is the error term.

Model 2:

$$\tilde{A} = K_0 + K_2B_2 + \varepsilon$$

Where \tilde{A} is the criterion variable, OSHP Implementation in Huduma Citizen Service Centres; B_2 is the independent variable Organizational Culture; K_2 is the regression coefficient and ε is the error term.

Model 3:

$$\tilde{A} = K_0 + K_3B_3 + \varepsilon$$

Where \tilde{A} is the criterion variable, OSHP Implementation in Huduma Citizen Service Centres; B_3 is the independent variable Organizational Training; K_3 is the regression coefficient and ε is the error term.

Model 4:

$$\tilde{A} = K_0 + K_4B_4 + \varepsilon$$

Where \tilde{A} is the criterion variable, OSHP Implementation in Huduma Citizen Service Centres; B_4 is the independent variable Organizational Leadership; K_4 is the regression coefficient and ε is the error term.

Model 5:

$$\tilde{A} = K_0 + K_1B_1 + K_2B_2 + K_3B_3 + K_4B_4 + \varepsilon$$

In this equation, \tilde{A} is the criterion variable, OSHP Implementation in Huduma Citizen Service Centres. ε is the error term. Predictor variables include B_1, B_2, B_3 and B_4 . K_0, K_1, K_2, K_3 and K_4 are regression coefficients.

\tilde{A} = Implementation of OSHP in Huduma Citizen Service Centres.

B_1 =Organizational policy; B_2 =Organizational culture;

B_3 =Organizational training; and B_4 =Organizational leadership.

3.8 Operational definition of variables

Table 3.3: Operationalization of variables

Objectives	Variables	Indicators	Measurement	Measurement Scale	Research Approach	Data Analysis Techniques	Tool of Data Analysis
To determine the extent to which Organizational Policy influence OSHP implementation in Huduma Citizen Service Centres.	Independent Organizational Policy	<ul style="list-style-type: none"> • Operations policy • Maintenance policy • Shift scheduling • Emergency procedures • Teamwork 	<ul style="list-style-type: none"> • No. of operating procedures • No. staff collaborations • No. rotating shifts 	Interval Nominal	Quantitative	Descriptive statistic Inferential statistic	Frequency, mean, standard deviation, regression analysis
To examine how Organizational Culture influence OSHP implementation in Huduma Citizen Service Centres.	Independent Organizational Culture	<ul style="list-style-type: none"> • Organizational norms • Work attitude • Group values • Group behaviour • Individual responsibility 	<ul style="list-style-type: none"> • No. of staff following procedures • No. of actions taken to ensure compliance. 	Interval Nominal	Quantitative	Descriptive statistic Inferential statistic	Frequency, mean, standard deviation, regression analysis
To establish the level at which Organizational Training influence OSHP implementation in Huduma Citizen Service Centres.	Independent Organizational Training	<ul style="list-style-type: none"> • Customer Service • Supervisory skills • Product knowledge • Team building • Technical skills 	<ul style="list-style-type: none"> • No. of sensitization sessions • No. of staff trained 	Interval Nominal	Quantitative	Descriptive statistic Inferential statistic	Frequency, mean, standard deviation, regression analysis
To assess how Organizational Leadership influence OSHP implementation in Huduma Citizen Service Centres.	Independent Organizational Leadership	<ul style="list-style-type: none"> • Motivation • Commitment • Creativity • Engagement • Communication 	<ul style="list-style-type: none"> • No. of innovations. • No. feedback channels 	Interval Nominal	Quantitative	Descriptive statistic Inferential statistic	Frequency, mean, standard deviation, regression analysis
	Dependent Implementation of OSH programmes in public service institutions	<ul style="list-style-type: none"> • Fire safety • First aid • Sanitation • Office ergonomics • Safe working environment 	<ul style="list-style-type: none"> • No. of safety practices established • No. of work-related accidents or illnesses 	Interval Nominal	Quantitative	Descriptive statistic Inferential statistic	Frequency, mean, standard deviation, regression analysis

3.9 Ethical Considerations

The major issues to be considered include informed consent, respect for privacy and protection of participants from harm (Creswell, 2014). Prior to conducting the study, relevant approvals were obtained for data collection from participants. To respect confidentiality, participants were not required to reveal their identity. In addition, participation was on voluntarily basis without coercion. This study avoided disclosing information that would harm participants. The final report was not falsified to meet an audience's needs.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

The presentation of findings, interpretation and analysis of Organizational Factors and OSH Programmes in Huduma Citizen Service Centres is discussed herein.

4.2 Questionnaire Return Rate

A total of 195 staff from Huduma Kenya Secretariat and Huduma Citizen Service Centres were presented with questionnaires to fill. The staff are involved in day-to-day activities in Huduma Citizen Service Centres and are familiar with the safety programmes that exist within the organization. 180 questionnaires out of the 195 distributed, were filled and returned representing 92.3% response rate. This is above the 70% that Mugenda and Mugenda (2003) described as excellent as it gives a true representation.

4.3 Participants Description

Participants role, work experience at Huduma Citizen Service Centres, schooling level, gender identity were analyzed herein.

4.3.1 Participants Distribution by Gender

Participants recorded their gender identity because men are perceived to be more prone to causing accidents whereas women are perceived to be more cautious at the work-place. ILO (2003a) estimates that 80% of work-related fatalities are suffered by men. On the other hand, women are exposed to different risks at work from those of men. Musculoskeletal disorders, osteoarthritis and osteoporosis are diagnosed more frequently in women than in men (ILO, 2019).

Table 4.1: Participants Distribution by Gender

Gender	Frequencies	Cumulative Frequency	Percentage
Male	87	87	48.3
Female	93	180	51.7
Total	180		100

87 (48.3%) of the respondents were male whereas 93 (51.7%) were female. This implies that men and women are fairly represented in Huduma Citizen Service Centres.

4.3.2 Participants Distribution by Age

Participants indicated age-bracket because studies have suggested that older people do not have the same ability to survive and recover from injuries as compared to younger people (Knudsen, 1975).

Table 4.2: Participants Distribution by Age

Age in Years	Number of Participants	Cumulative Frequency	Percentage
18-23	5	5	2.8
24-28	58	63	32.2
29-33	39	102	21.7
34-38	32	134	17.8
39-43	25	159	13.9
Above 44	21	180	11.6
Total	180		100

From the findings, there were 5 (2.8%) respondents between 18-23 years, 58 (32.2%) respondents between 24-28 years, 39 (21.7%) respondents between 29-33 years, 32 (17.8%) respondents between 34-38 years, 25 (13.9%) respondents between 39-43 years and 21 (11.6%) respondents above 44 years. 74.5% of the participants were 38 years and below with majority being 24-28 years old representing the most active group in need of OSH sensitization to act safely in the work-place. Discoveries show more youthful employees between age 18-24 years are more prone to

non-fatal work-related injuries than their older colleagues, while staff beyond 55 years old are more prone to fatal work-related injuries and diseases than others. Older employees are more prone to slips, trips and falls at the work-place (ILO, 2019; ILO, 2018a). Moreover, the ILO (2018a) findings show that lower frequency of work-related illnesses among youthful employees is because work-related illnesses normally happen after a long time.

4.3.3 Participants Distribution by Level of Schooling

Participants recorded their schooling level. The level of education is a social determinant for safe-acts by employees.

Table 4.3: Participants Level of Schooling

Schooling Level	Number of Participants	Cumulative Frequency	Percentage
High school or less	6	6	3.3
Certificate	8	14	4.4
Diploma	50	64	27.8
Bachelors degree or more	116	180	64.5
Total	180		100

From the findings received 6 (3.3%) had attained high school or lower, 8 (4.4%) had attained certificate, 50 (27.8%) had attained diploma and 116 (64.5%) had attained bachelors degree or more. Given that 174 (96.7%) possess adequate schooling level, it is expected that implementation of OSH Programmes would be successful if they received appropriate sensitization on OSH as noted Smith-Crowe, Burke and Landis (2003). Training employees on OSH is a highly effective method of building OSH awareness, knowledge and skills among staff, particularly young employees (ILO, 2019).

4.3.4 Participants Distribution by Experience at Huduma Citizen Service Centres

Participants recorded years of service at Huduma Citizen Service Centre. This is significant because studies show that young employees with relatively lower levels of work-experience lack bargaining power of their more experienced colleagues and are more likely to accept hazardous

working conditions. Furthermore, young workers are often unaware of their OSH rights and are less likely to report health hazards at the work-place (ILO, 2019).

Table 4.4: Working experience at Huduma Citizen Service Centre

Years of experience	Frequency	Cumulative Frequency	Percentage
1 year and below	37	37	20.5
2-3 years	48	85	26.7
3-4 years	63	148	35
5 years and above	32	180	17.8
Total	180		100

From Table 4.4, 37 (20.5%) had been at the Huduma Citizen Service Centre for 1 year or less, 48 (26.7%) had been at Huduma Citizen Service Centre for 2-3 years, 63 (35%) had been at the Huduma Citizen Service Centre for 3-4 years and 32 (17.8%) had been at Huduma Citizen Service Centre for 5 years and above. Majority of the respondents (79.5%) had been at Huduma Citizen Service Centre for 2 years or more hence were more likely to be aware of the issues addressed on OSH programmes.

4.3.5 Distribution of Participants by Roles

Participants were asked to record their positions at Huduma Citizen Service Centre.

Table 4.5: Position of staff at Huduma Citizen Service Centre

Position	Frequency	Cumulative Frequency	Percentage
Director	2	2	1.1
Programme Officer	3	5	1.6
Programme Assistant	10	15	5.5
ICT Assistant	9	24	5
Office Administrator	1	25	0.6
Centre Manager	2	27	1.1
Office Assistant	5	32	2.8
Secretary	1	33	0.6
Front Office Desk	99	132	55
Information Desk	30	162	16.7
ICT Support	14	176	7.8
Support Staff	3	179	1.6
Driver	1	180	0.6
Total	180		100

From Table 4.5, senior managers comprising of 2(1.1%) Directors and 3(1.6%) Programme Officers took part in the study. Middle level managers comprising of 10(5.5%) Programme Assistants, 9(5%) ICT Assistants and 1(0.6%) Office Administrator took part in the study. 2(1.1%) Centre Managers also took part in the study. Other job designations comprising of Huduma Secretariat assistant staff and Huduma Centre assistant staff included Office Assistant 5 (2.8%), Secretary 1 (0.6%), Front Office Desk 99 (55%), Information Desk 30 (16.7%), ICT Support 14 (7.8%), Support Staff 3 (1.6%) and Driver 1 (0.6%). This portrays that the research findings incorporated views from different cadres in Huduma Citizen Service Centres thus eliminating bias and duplication of information.

4.3.6 Distribution of Participants by Job Station

Participants were asked to record their job stations at Huduma Citizen Service Centre.

Table 4.6: Work station of staff at Huduma Citizen Service Centre

Work station	Frequency	Cumulative Frequency	Percentage
City square	29	29	16.1
Eastleigh	21	50	11.7
GPO	40	90	22.2
Huduma Secretariat	35	125	19.4
Kibra	27	152	15
Makadara	28	180	15.6
Total	180		100

From Table 4.6, 29 (16.1%) of respondents are based at City Square Huduma Citizen Service Centre, 21 (11.7%) of respondents are based at Eastleigh Huduma Citizen Service Centre, 40 (22.2%) of respondents are based at GPO Huduma Citizen Service Centre, 35 (19.4%) of respondents are based at Huduma Kenya Secretariat, 27 (15%) of respondents are based at Kibra Huduma Citizen Service Centre and 28 (15.6%) of respondents are based at Makadara Huduma Citizen Service Centre. This portrays that the research findings incorporated views from all the Huduma Citizen Service Centres within Nairobi city county thus eliminating bias and duplication of information.

4.4 Organizational Policy and Implementation of OSHP

This section is related to objective one which examined Organizational Policy and OSHP Implementation. Data was analyzed using descriptive statistics and inferential statistics and presented in the form of descriptive and regression analysis.

4.4.1 Frequencies, Mean and Standard Deviation of Organizational Policy

This section presents analysis on the 10 items related to Organizational Policy. Table 4.7 shows Mean, Standard Deviation and Frequencies on the same.

Table 4.7: Organizational Policy and OSHP Implementation

No		SA	A	N	D	SD	Mean	Std (±)
7a	There is a customer service standards manual at Huduma CSC	118 (65.5%)	43 (23.9%)	15 (8.3%)	3 (1.7%)	1 (0.6%)	4.522	0.766
7b	Huduma customer service standards manual drives the philosophy of service excellence.	98 (54.4%)	60 (33.3%)	17 (9.5%)	4 (2.2%)	1 (0.6%)	4.389	0.794
7c	Electric wires, cables and sockets are insulated in a tidy enclosure.	46 (25.6%)	63 (35%)	53 (29.4%)	15 (8.3%)	3 (1.7%)	3.744	0.987
7d	Electrical appliances in the work-area are inspected regularly.	33 (18.3%)	49 (27.2%)	60 (33.3%)	23 (12.8%)	15 (8.4%)	3.344	1.164
7e	Rotating shift working arrangement is practiced at Huduma CSC.	76 (42.2%)	54 (30%)	32 (17.8%)	11 (6.1%)	7 (3.9%)	4.006	1.096
7f	Rotating shift working arrangement increases staff productivity at Huduma CSC.	93 (51.7%)	51 (28.3%)	27 (15%)	6 (3.3%)	3 (1.7%)	4.25	0.945
7g	Huduma CSC have procedures for handling unattended luggage.	39 (21.7%)	51 (28.3%)	50 (27.8%)	27 (15%)	13 (7.2%)	3.422	1.191
7h	There is an emergency plan to address all probable emergencies at Huduma CSC.	37 (20.6%)	52 (28.8%)	46 (25.6%)	31 (17.2%)	14 (7.8%)	3.372	1.210
7i	Centre manager holds regular staff meetings at Huduma CSC.	85 (47.2%)	55 (30.5%)	29 (16.1%)	10 (5.6%)	1 (0.6%)	4.183	0.936
7j	Meetings held at Huduma Citizen Service Centre are effective.	77 (42.8%)	65 (36.1%)	29 (16.1%)	6 (3.3%)	3 (1.7%)	4.15	0.924
Composite mean and standard deviation							3.938	1.001

On Statement 7a: There is a customer service standards manual at Huduma CSC; 89.4% of the respondents acknowledged the existence of a policy guiding customer service standards, 2.3% disputed this opinion while 8.3% were impartial with 4.522 M and 0.766 SD. Customer service standards guides critical operations of Huduma Citizen Service Centres. On Statement 7b: Huduma customer service standards manual drives the philosophy of service excellence; 87.7% of participants concurred Huduma Customer Service Standard Manual drives the philosophy of service excellence. This is in agreement with Mason, Leavitt, and Chaffee (2014) who postulated

that policies define desired behaviour of internal structures, systems and procedures. However, 2.8% of the respondents disagreed with this statement while 9.5% were impartial.

On Statement 7c: Electric wires, cables and sockets are insulated in a tidy enclosure, 60.6% of the participants concurred that policy on maintenance of electrical cables was enforced, 10 % disagreed to this opinion while 29.4% were impartial with 3.744 M 0.987 SD. On Statement 7d: Electrical appliances in the work-area are inspected regularly, 45.5 % of the respondents acknowledged that electrical appliances are inspected regularly, 33.3% were impartial while 21.2% disagreed with 3.344 M and 1.164 SD. This implies that many employees are not aware on regular audits. This is a departure from the requirements of OSHA that prescribes regular audits and participation of employees (Republic of Kenya, 2007). Audits are critical as they help to mitigate risks and prevent problems occurring in organizations. This is supported by Angle (2015), who suggested that safety audits help in identifying risks and mitigation measures required to prevent work-place injuries.

On Statement 7e: Rotating shift working arrangement is practiced at Huduma CSC; 72.2% of the respondents concurred that rotating shift working arrangement is practiced in Huduma Citizen Service Centres. 10% disputed this opinion while 17.8% were impartial with 4.006 M and 1.096 SD. Rotating shift working arrangement has boosted productivity as can be seen from the responses. On Statement 7f: Rotating shift working arrangement increases staff productivity at Huduma CSC; 80% of respondents acknowledged the importance of rotating shift working arrangement in improvement of overall staff productivity, 5% disputed this opinion while 15% were impartial with 4.25 M and 0.945 SD. The rotating shift working arrangement has boosted employee performance. This is in concordance with the views Mason, Leavitt, and Chaffee (2014) who indicated that policies set structures that guide desired behaviour of staff.

On Statement 7g: Huduma CSC have procedures for handling unattended luggage; 50% of the respondents acknowledged the existence of procedures for handling unattended luggage, 22.2% disputed this opinion while 27.8% were impartial with 3.422 M and 1.191 SD. Half of respondents were either impartial or did not agree with the statement that Huduma Citizen Service Centres have procedures for handling unattended luggage. This is a concern as busy Centres could be targets to emerging threats of terrorism and extremist behaviours. Management should put in place measures

to mitigate on emerging threats of terrorism that is now targeting work-places (Reese, 2016). On Statement 7h: There is an emergency plan to address all probable emergencies at Huduma CSC; 49.4% of respondents acknowledged the existence of an emergency plan for probable emergencies, 25% disputed this opinion while 25.6% were impartial with 3.372 M and 1.210 SD. There is no clear indication that Huduma Citizen Service Centres have an emergency plan to address all probable emergencies. This is a concern because as Reese (2016) indicates, employers need to mitigate on emerging threats of terrorism.

On Statement 7i: Centre manager holds regular staff meetings at Huduma CSC; 77.7% of respondents acknowledged that centre managers hold regular meetings, 6.2% disputed this opinion while 16.1% were impartial with 4.183 M and 0.936 SD. Team meetings are important as they address communication patterns weaknesses addressed by Reason's (1990) Swiss Cheese Model. Poor communication can be a cause of hazards and accidents in the organization. This was supported by Statement 7j: Meetings held at Huduma Citizen Service Centre are effective; 78.9% of respondents acknowledged that meetings held at Huduma Citizen Service Centres are effective, 5% disputed this opinion while 16.1% were impartial with 4.15 M and 0.924 SD. Meetings are important as they provide avenues for communicating and development of a safe work-place (Reese, 2016).

From the study, Organizational Policies are critical in driving successful implementation of programmes in Organizations. This is in concurrence with Mason, Leavitt, and Chaffee (2014), who indicated that policies define desired behaviour of internal structures, systems and procedures within organizations. Institutions should put in place organizational policies that provide guidance on the general well-being of staff in the work-place. This is in agreement with a study by Makhamara and Simiyu (2016), which found that implementing organizational safety policy will result in adoption of safety procedures for reporting work-related accidents, type of hazards, safety issues and health risks. This is further supported by the Swiss cheese model developed by Reason (1990) which postulated that work-related accidents occur through a series of inter-connected weaknesses. Hence existence of policies that define and guide the major operations of an institution can provide basis for work-place health and safety programmes.

4.4.2 Simple Regression Results for Organizational Policy on OSHP Implementation

This section sought to establish the relationship between Organizational Policy and Implementation of OSHP at Huduma Citizen Service Centres. Simple regression was performed using data from the study tested at significant level of alpha = .05 (95%). This section also tested hypothesis one derived as H_0 : There is no significant relationship between Organizational policy and implementation of Occupational Safety and Health Programmes.

Table 4.8: Regression Model Fitness for Organizational Policy on OSHP Implementation

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.919	.844	.843	.25125

Findings from Table 4.8 indicate a strong correlation coefficient, R, of 0.919 and a coefficient of determination, R^2 , of 0.844. This implies that Organizational policy predicts about 84.4% of implementation of OSHP at Huduma Citizen Service Centres.

4.4.2.1 ANOVA Results for Organizational Policy on OSHP Implementation

Examination of suitability of model 1 as compared to differences in means of organizational policy and implementation of OSHP in public service institutions is shown in Table 4.9. Analysis of Variance indicate a high significance at $F(1,178) = 961.506$ $p < 0.05$. At 95% confidence level, model 1 provides a better fit to predict Organizational Policy and OSHP Implementation at Huduma Citizen Service Centres.

Table 4.9: ANOVA - Organizational Policy on OSHP Implementation

Model		Sum of Squares	df	Mean Square	F	Sig
1	Regression	60.699	1	60.699	961.506	.000
	Residual	11.237	178	0.063		
	Total	71.936	179			

- Dependent Variable: OSHP Implementation at Huduma Citizen Service Centres.
- Predictors: Organizational Policy

4.4.2.2 Regression Coefficients

This section presents model 1 which is derived as:

$$\tilde{A} = K_0 + K_1B_1 + \varepsilon$$

Where \tilde{A} = OSHP Implementation in Huduma Citizen Service Centres; B_1 is the independent variable Organizational Policy; K_1 is the regression coefficient and ε is the error term.

The study examined how organizational policy predict Implementation of OSHP at Huduma Citizen Service Centre. Therefore, from Table 4.10, $\tilde{A} = 0.216 + 0.991B_1$.

Table 4.10: Regression Coefficients - Organizational Policy on OSHP Implementation

Model	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
1 (Constant)	0.216	0.127		1.697	0.091
Organizational Policy	0.991	0.032	0.919	31.088	0.000

a. Dependent Variable: OSHP Implementation at Huduma Citizen Service Centres.

From the foregoing findings it can be concluded that organizational policy positively predicts implementation of OSHP at Huduma Citizen Service Centres.

4.4.2.3 Test of Hypothesis One

The hypothesis was derived as:

H₀: There is no significant relationship between Organizational policy and implementation of Occupational Safety and Health Programmes.

From Table 4.10, the value of coefficient for Organizational Policy was 0.991 while the $p < 0.001$. From the foregoing analysis, at 5% level of significance, the null hypothesis was rejected implying that Organizational Policy has a significant relationship with implementation of OSHP in Huduma Citizen Service Centres. Thus holding everything else constant using model 1, a unit change in

Organizational Policy leads to 0.991 change in implementation of OSHP in Huduma Citizen Service Centres.

4.5 Organizational Culture and Implementation of OSHP

This section is related to objective two which examined Organizational Culture and OSHP Implementation. Data was analyzed using descriptive statistics and inferential statistics and presented in the form of descriptive and regression analysis.

4.5.1 Frequencies, Mean and Standard Deviation of Organizational Culture

This section presents analysis on the 10 items related to Organizational Culture. Table 4.11 shows Mean, Standard Deviation and Frequencies on the same.

Table 4.11: Organizational Culture and OSHP Implementation

No		SA	A	N	D	SD	Mean	Std (±)
8a	Work procedures at Huduma CSC are adhered to.	71 (39.5%)	71 (39.5%)	29 (16.1%)	5 (2.7%)	4 (2.2%)	4.111	0.927
8b	Huduma CSC is a non-smoking zone.	69 (38.3%)	63 (35%)	35 (19.5%)	9 (5.0%)	4 (2.2%)	4.022	0.991
8c	I have the equipment to do my job successfully at Huduma CSC.	52 (28.9%)	76 (42.2%)	41 (22.8%)	7 (3.9%)	4 (2.2%)	3.917	0.933
8d	I think morale is high at Huduma CSC.	40 (22.2%)	73 (40.6%)	51 (28.3%)	11 (6.1%)	5 (2.8%)	3.733	0.966
8e	Staff in Huduma CSC symbolize "Huduma DNA" core values of courtesy, innovation, integrity, transparency and passion.	60 (33.3%)	66 (36.7%)	45 (25%)	7 (3.9%)	2 (1.1%)	3.972	0.918
8f	Staff at Huduma CSC embrace teamwork.	47 (26.1%)	65 (36.1%)	46 (25.5%)	12 (6.7%)	10 (5.6%)	3.706	1.097
8g	There is loyalty and mutual trust between staff at Huduma CSC.	55 (30.6%)	73 (40.6%)	41 (22.7%)	8 (4.4%)	3 (1.7%)	3.939	0.929
8h	Staff at Huduma CSC offer support to one another.	62 (34.5%)	72 (40%)	31 (17.2%)	9 (5.0%)	6 (3.3%)	3.972	1.011
8i	I am mainly responsible for my well-being at Huduma CSC.	64 (35.6%)	65 (36.1%)	40 (22.2%)	7 (3.9%)	4 (2.2%)	3.989	0.969
8j	I actively seek to resolve the challenges I experience at Huduma CSC.	49 (27.2%)	72 (40%)	39 (21.7%)	12 (6.7%)	8 (4.4%)	3.789	1.057
Composite mean and standard deviation							3.915	0.980

On Statement 8a: Work procedures at Huduma CSC are adhered to; 79% of respondents acknowledged that work procedures are adhered to at Huduma Citizen Service Centres, 4.9% disputed this opinion while 16.1% were impartial with 4.111 M and 0.927 SD. Safety-first philosophy can be infused in Work-procedures because as Misnan and Mohammed (2014) stated that culture is developed from experiences that a group shares. On Statement 8b: Huduma CSC is a non-smoking zone; 73.3% of respondents acknowledged smoking is not permitted at Huduma Citizen Service Centre, 7.2% disputed this opinion while 19.5% were impartial with 4.022 M and 0.991 SD. It is important to maintain a smoke-free environment at Huduma Citizen Service Centre as new staff will learn from the older colleagues. This is supported by Gunningham and Sinclair (2014) who indicated that safety culture is about how a group learns to work together in a safe climate.

On Statement 8c: I have the equipment to do my job successfully at Huduma CSC; 71.1% of respondents acknowledged that they have the right tools for their job at Huduma Citizen Service Centres, 6.1% disputed this opinion while 22.8% were impartial with 3.917 M and 0.933 SD. Committed Leaders provide the right equipment for staff to work successfully. This is supported by Reese (2016) who indicated that safety culture drives leaders to committ more efforts in work-place health and safety programmes. On Statement 8d: I think morale is high at Huduma CSC; 62.8% of respondents acknowledged that morale is high at Huduma Citizen Service Centres, 8.9% disputed this opinion while 28.3% were impartial with 3.733 M and 0.966 SD. Positive attitude drives adoption of work-place health and safety programmes. As Pidgeon (1991) indicated, Involvement of senior management increases promotion of a positive attitude towards Implementation of work-place health and safety programmes.

On Statement 8e: Staff in Huduma CSC symbolize "Huduma DNA" core values of courtesy, innovation, integrity, transparency and passion; 70% of respondents acknowledged that they espoused "Huduma DNA" core values of courtesy, innovation, integrity, transparency and passion, 5% disputed this opinion while 25% were impartial with 3.972 M and 0.918 SD. "Huduma DNA" philosophy instills core values that staff pass to their colleagues. This is supported by Gunningham and Sinclair (2014) who indicated that safety culture enables a group to learns to work together to solve challenges imposed by hazards at the work-place. On Statement 8f: Staff at Huduma CSC embrace teamwork; 62.2% of respondents acknowledged the existence of teamwork at Huduma

Citizen Service Centres, 12.3% disputed this opinion while 25.5% were impartial with 3.706 M and 1.097 SD. On Statement 8g: There is loyalty and mutual trust between staff at Huduma CSC; 71.2% of respondents acknowledged the existence of loyalty and mutual trust between staff, 6.1% disputed this opinion while 22.7% were impartial with 3.939 M and 0.929 SD. Loyalty and mutual trust between staff at Huduma Citizen Service Centres encourages involvement and participation of employees in building a positive safety culture. As Pidgeon (1991) indicated, Involvement of senior management increases promotion of a positive attitude towards Implementation of work-place health and safety programmes.

On Statement 8h: Staff at Huduma CSC offer support to one another; 74.5% of the respondents acknowledged that they support their colleagues. 8.3% disputed this opinion while 17.2% were impartial with 3.972 M and 1.011 SD. On Statement 8i: I am mainly responsible for my well-being at Huduma CSC; 71.7% of respondents acknowledged that they are responsible for determining their well-being at Huduma Citizen Service Centre, 6.1% disputed this opinion while 22.2% were impartial with 3.989 M and 0.969 SD. This resonates with the Internal Responsibility System proposed by Strahlendorf (2013) who posulated that everyone has a direct responsibility in detrming their well-being at the work-place. On Statement 8j: I actively seek to resolve the challenges I experience at Huduma CSC; 67.2% of the respondents actively seek to resolve challenges experienced at Huduma Citizen Service Centre, 11.1% disputed this opinion while 21.7% were indifferent with 3.789 M and 1.057 SD. This is supported by the views of Reese (2016) who indicated that staff are proactive when dealing with emergencies and incidents due to positive safety culture.

4.5.2 Simple Regression Results for Organizational Culture on OSHP Implementation

This section sought to examine Organizational Culture and OSHP Implementation at Huduma Citizen Service Centres. Simple regression was performed using data from the study tested at significant level of $\alpha = .05$ (95%). This section also tested hypothesis two derived as H_0 : There is no significant relationship between Organizational Culture and implementation of Occupational Safety and Health Programmes.

Table 4.12: Regression Model Fitness for Organizational Culture on OSHP Implementation

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
2	.929	.863	.863	.23503

Findings from Table 4.12 indicate a strong correlation coefficient, R, of 0.929 and a coefficient of determination, R², of 0.863. This implies that Organizational Culture predicts about 86.3% of implementation of OSHP at Huduma Citizen Service Centres.

4.5.2.1 ANOVA Results for Organizational Culture on OSHP Implementation

Examination of suitability of model 2 as compared to differences in means of organizational culture and implementation of OSHP in public service institutions is shown in Table 4.13. Analysis of Variance indicate a high significance at F (1,178) = 1124.263 p < 0.05. At 95% confidence level, model 2 provides a better fit to predict Organizational Culture and OSHP Implementation at Huduma Citizen Service Centres.

Table 4.13: ANOVA - Organizational Culture on OSHP Implementation

Model		Sum of Squares	df	Mean Square	F	Sig
2	Regression	62.103	1	62.103	1124.263	.000
	Residual	9.833	178	0.055		
	Total	71.936	179			

- a. Dependent Variable: OSHP Implementation at Huduma Citizen Service Centres.
- b. Predictors: Organizational Culture

4.5.2.2 Regression Coefficients

This section presents model 2 which is derived as:

$$\tilde{A} = K_0 + K_2 B_2 + \varepsilon$$

Where \tilde{A} = OSHP Implementation in Huduma Citizen Service Centres; B_2 is the independent variable Organizational Culture; K_2 is the regression coefficient and ε is the error term.

The study examined how organizational culture predict Implementation of OSHP at Huduma Citizen Service Centre. Therefore, from Table 4.14, $\tilde{A} = 0.063 + 1.036B_2$.

Table 4.14: Regression Coefficients - Organizational Culture on OSHP Implementation

Model	Unstandardized		Standardized		
	Coefficients		Coefficients		
	B	Std. Error	Beta	t	Sig.
2 (Constant)	0.063	0.122		0.517	0.606
Organizational Culture	1.036	0.031	0.929	33.530	0.000

a. Dependent Variable: OSHP Implementation at Huduma Citizen Service Centres.

From the foregoing findings it can be concluded that organizational culture positively predicts implementation of OSHP at Huduma Citizen Service Centres.

4.5.2.3 Test of Hypothesis Two

The hypothesis was derived as:

H₀: There is no significant relationship between Organizational culture and implementation of Occupational Safety and Health Programmes.

From Table 4.14, the value of coefficient for Organizational Culture was 1.036 while the $p < 0.001$. Therefore, at 5% level of significance, the null hypothesis was rejected implying that Organizational Culture has a significant relationship with implementation of OSHP in Huduma Citizen Service Centres. Thus holding everything else constant using model 2, a unit change in Organizational Culture leads to 1.036 change in implementation of OSHP in Huduma Citizen Service Centres.

4.6 Organizational Training and Implementation of OSHP

This section is related to the third objective which examined Organizational Training and OSHP Implementation. Data was analyzed using descriptive statistics and inferential statistics and presented in the form of descriptive and regression analysis.

4.6.1 Frequencies, Mean and Standard Deviation of Organizational Training

This section presents analysis on the 10 items related to Organizational Training.

Table 4.15: Organizational Training and OSHP Implementation

No		SA	A	N	D	SD	Mean	Std (±)
9a	There is a customer service training for staff at Huduma CSC.	78 (43.3%)	63 (35%)	31 (17.2%)	5 (2.8%)	3 (1.7%)	4.156	0.920
9b	The content of Huduma customer service training is useful for good relationships with customers.	92 (51.1%)	54 (30%)	30 (16.6%)	1 (0.6%)	3 (1.7%)	4.283	0.880
9c	Supervisors are given opportunity to gain soft skills required at Huduma CSC.	52 (28.9%)	71 (39.5%)	47 (26.1%)	4 (2.2%)	6 (3.3%)	3.883	0.965
9d	Staff training at Huduma CSC has improved my relationship with my supervisor.	58 (32.2%)	73 (40.6%)	40 (22.2%)	6 (3.3%)	3 (1.7%)	3.983	0.912
9e	Staff training at Huduma CSC enables me to learn new skills.	69 (38.3%)	60 (33.3%)	42 (23.3%)	7 (4.0%)	2 (1.1%)	4.039	0.936
9f	Staff at Huduma CSC respond proactively to challenges due to training.	67 (37.2%)	70 (38.9%)	35 (19.4%)	5 (2.8%)	3 (1.7%)	4.072	0.909
9g	Staff training at Huduma CSC has improved my relationships with colleagues.	66 (36.7%)	66 (36.7%)	39 (21.6%)	5 (2.8%)	4 (2.2%)	4.028	0.948
9h	Staff training at Huduma CSC enhances my commitment to help colleagues.	63 (35%)	65 (36.1%)	45 (25%)	4 (2.2%)	3 (1.7%)	4.006	0.918
9i	I have asked for training to do my job better.	50 (27.8%)	51 (28.3%)	37 (20.6%)	25 (13.9%)	17 (9.4%)	3.511	1.288
9j	Staff training has enabled me to do my best at Huduma CSC.	73 (40.6%)	55 (30.6%)	43 (23.8%)	5 (2.8%)	4 (2.2%)	4.044	0.979
Composite mean and standard deviation							4.001	.0966

On Statement 9a: There is a customer service training for staff at Huduma CSC; 78.3% of respondents acknowledged the existence customer service training for staff at Huduma Citizen Service Centre, 4.5% disputed this opinion while 17.2% were impartial with 4.156 M and 0.920 SD. On Statement 9b: The content of Huduma customer service training is useful for good relationships with customers; 81.1% of respondents acknowledged that the content of Huduma customer service training is useful for good relationships with customers, 2.3% disputed this opinion while 16.6% were impartial with 4.283 M and 0.880 SD. This is supported by Halawi and

Haydar (2018) who indicated that Training programmes help staff to acquire specific skills and knowledge necessary to perform their jobs better.

On Statement 9c: Supervisors are given opportunity to gain soft skills required at Huduma CSC; 68.4% of respondents acknowledged that supervisors are given opportunities to gain soft skills required at Huduma Citizen Service Centres, 5.5% disputed this opinion while 26.1% were impartial with 3.883 M and 0.965 SD. Training supervisor's empowers them with the ability to properly evaluate employees' stress levels as pointed out by (Franke, Felfe, & Pundt, 2014). Supervisors On Statement 9d: Staff training at Huduma CSC has improved my relationship with my supervisor; 72.8% of the respondents acknowledged that staff training at Huduma Citizen Service Centre had improved their relationship with their supervisors, 5% disputed this opinion while 22.2% were impartial with 3.983 M and 0.912. This is in concordance with views of Halawi and Haydar (2018) who indicated that training outcomes eventually have an effect on staff behaviour within the work-place.

On Statement 9e: Staff training at Huduma CSC enables me to learn new skills; 71.6% of respondents acknowledged that staff training enables them to learn new skills at the Huduma Citizen Service Centre, 5.1% disputed this opinion while 23.3% were impartial with 4.039 M and 0.936 SD. This is in concordance to findings by Makhamara and Simiyu (2016) that revealed that employees acquire relevant knowledge and skills through training that result in efficient performance. On Statement 9f: Staff at Huduma CSC respond proactively to challenges due to training; 76.1% of respondents acknowledged that they proactively respond to challenges because of training at Huduma Citizen Service Centre, 4.5% disputed this opinion while 19.4% were impartial with 4.072 M and 0.909 SD. On Statement 9g: Staff training at Huduma CSC has improved my relationships with colleagues; 73.4% of the respondents acknowledged that staff training at Huduma Citizen Service Centre had helped improve the relationship with their colleagues, 5% disputed this opinion while 21.6% were impartial with 4.028 M and 0.948 SD.

On Statement 9h: Staff training at Huduma CSC enhances my commitment to help colleagues; 71.1% of respondents acknowledged that staff training enhanced their commitment to help colleagues at Huduma Citizen Service Centre, 3.9% disputed this opinion while 25% with 4.006 M and 0.918 SD. On Statement 9i: I have asked for training to do my job better; 56.1% of

respondents have proactively asked for training to improve their skills, 23.3% disputed this opinion while 20.6% were impartial with 3.511 M and 1.288 SD which implies that many respondents do not proactively seek for training to enhance their skills. However, a slim majority of the respondents are proactively seeking for training to improve their skills at Huduma Citizen Service Centres. Likewise, many employers do not easily provide training opportunities to their staff. This is supported by report from Office of Auditor General (2018) that indicated that approximately 0.3% of the workforce in Kenya had undergone training on safety and health administered by DOSHS. On Statement 9j: Staff training has enabled me to do my best at Huduma CSC; 71.2% of the respondents acknowledged that staff training at Huduma Citizen Service Centre enables them to perform better, 5% disputed this opinion while 23.8% were impartial with 4.044 M and 0.979 SD. Training is essential in adoption of work-place health and safety programmes. This is supported by Friend and Kohn (2014) who indicated that hazard identification and performance of work safely is amplified when employees are sensitized on health and safety.

4.6.2 Simple Regression Results for Organizational Training on OSHP Implementation

This section sought to establish the relationship between Organizational Training and Implementation of OSHP at Huduma Citizen Service Centres. Simple regression was performed using data from the study tested at significant level of alpha = .05 (95%). This section also tested hypothesis three derived as H₀: There is no significant relationship between Organizational Training and implementation of Occupational Safety and Health Programmes.

Table 4.16: Regression Model Fitness for Organizational Training on OSHP Implementation

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
3	.917	.841	.840	.25231

Findings from Table 4.16 indicate a strong correlation coefficient, R, of 0.917 and a coefficient of determination, R², of 0.841. This implies that Organizational Training predicts about 84.1% of implementation of OSHP at Huduma Citizen Service Centres.

4.6.2.1 ANOVA Results for Organizational Training on OSHP Implementation

Examination of suitability of model 3 as compared to differences in means of organizational training and implementation of OSHP in public service institutions is shown in Table 4.17.

Analysis of Variance indicate a high significance at $F(1,178) = 943.123$ $p < 0.05$. At 95% confidence level, model 3 provides a better fit to predict Organizational Training and OSHP Implementation at Huduma Citizen Service Centres.

Table 4.17: ANOVA - Organizational Training on OSHP Implementation

Model		Sum of Squares	df	Mean Square	F	Sig.
3	Regression	60.515	1	60.515	943.123	.000
	Residual	11.421	178	0.064		
	Total	71.936	179			

a. Dependent Variable: OSHP Implementation at Huduma Citizen Service Centres.

b. Predictors: Organizational Training

4.6.2.2 Regression Coefficients

This section presents model 3 which is derived as:

$\tilde{A} = K_0 + K_3B_3 + \varepsilon$; Where \tilde{A} = OSHP Implementation in Huduma Citizen Service Centres;
 B_3 is the independent variable Organizational Training; K_3 is the regression coefficient and ε is the error term.

The study examined how organizational training predict Implementation of OSHP at Huduma Citizen Service Centre. Therefore, from Table 4.18, $\tilde{A} = 0.494 + 0.906B_3$.

Table 4.18: Regression Coefficients - Organizational Training on OSHP Implementation

Model	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
3 (Constant)	0.494	0.120		4.129	0.000
Organizational Training	0.906	0.030	0.917	30.710	0.000

a. Dependent Variable: OSHP Implementation at Huduma Citizen Service Centres.

From the foregoing findings it can be concluded that organizational training positively predicts implementation of OSHP at Huduma Citizen Service Centres.

4.6.2.3 Test of Hypothesis Three

The hypothesis was derived as:

H₀: There is no significant relationship between Organizational training and implementation of Occupational Safety and Health Programmes.

From Table 4.18, Organizational Training had a coefficient of 0.906 while the $p < 0.001$. Therefore, at 5% level of significance, the null hypothesis was rejected implying that Organizational Training has a significant relationship with implementation of OSHP in Huduma Citizen Service Centres. Thus holding everything else constant using model 3, a unit change in Organizational Training leads to 0.906 change in implementation of OSHP in Huduma Citizen Service Centres.

4.7 Organizational Leadership and Implementation of OSHP

This section is related to objective four which examined of Organizational Leadership and OSHP Implementation. Data was analyzed using descriptive statistics and inferential statistics and presented in the form of descriptive and regression analysis.

4.7.1 Frequencies, Mean and Standard Deviation of Organizational Leadership

This section presents analysis on the 10 items related to Organizational Leadership. Table 4.19 shows Mean, Standard Deviation and Frequencies on the same.

Table 4.19: Organizational Leadership and OSHP Implementation

No		SA	A	N	D	SD	Mean	Std (±)
10a	The leadership at Huduma CSC generally exemplify mentoring and coaching skills.	65 (36.1%)	68 (37.7%)	34 (18.9%)	10 (5.6%)	3 (1.7%)	4.011	0.963
10b	The leadership in Huduma CSC encourage staff to be competitive and efficient in service delivery.	70 (38.9%)	69 (38.3%)	29 (16.1%)	9 (5.0%)	3 (1.7%)	4.078	0.948
10c	The philosophy that drives Huduma programme is commitment to excellent customer service.	64 (35.6%)	58 (32.2%)	45 (25%)	9 (5.0%)	4 (2.2%)	3.939	1.004
10d	At Huduma CSC there is emphasis on achievement of goal and objectives.	82 (45.6%)	60 (33.3%)	32 (17.7%)	5 (2.8%)	1 (0.6%)	4.206	0.870
10e	The leadership of Huduma CSC generally exemplify innovating spirit in service to customers.	81 (45%)	61 (33.8%)	30 (16.7%)	5 (2.8%)	3 (1.7%)	4.178	0.922
10f	Staff at Huduma CSC are encouraged to be innovative in provision of services to citizens.	62 (34.4%)	59 (32.8%)	41 (22.8%)	12 (6.7%)	6 (3.3%)	3.883	1.064
10g	The leadership at Huduma CSC encourage teamwork and participation of all staff.	47 (26.1%)	68 (37.8%)	48 (26.6%)	10 (5.6%)	7 (3.9%)	3.767	1.025
10h	Managers and staff at the Huduma CSC cooperate to identify solutions to common problems.	80 (44.4%)	65 (36.1%)	27 (15%)	5 (2.8%)	3 (1.7%)	4.189	0.908
10i	At Huduma CSC there is open and constructive communication.	44 (24.5%)	58 (32.2%)	52 (28.9%)	11 (6.1%)	15 (8.3%)	3.583	1.667
10j	Staff are encouraged to report issues freely.	100 (55.6%)	46 (25.6%)	24 (13.3%)	6 (3.3%)	4 (2.2%)	4.289	0.972
Composite mean and standard deviation							4.012	1.034

On Statement 10a: The leadership at Huduma CSC generally exemplify mentoring and coaching skills; 73.8% of respondents acknowledged that the leadership at Huduma Citizen Service Centre have good mentoring and coaching skills, 7.3% disputed this opinion while 18.9% were impartial with 4.011 M and 0.963 SD. Mentoring and coaching is critical in driving group values. This is supported by findings by Raes, et al. (2013) who showed that leaders who mentor colleagues and help to address team challenges eventually impact group standards of behaviour, invigorate team

communication and enhance group learning. This is further supported by Maslow's (1954) theory of motivation that explains the motives of that make individuals to work-safely. Safety behavior in organizations is underpinned by individual motivation.

On Statement 10b: The leadership in Huduma CSC encourage staff to be competitive and efficient in service delivery; 77.2% of respondents acknowledged that the leadership encouraged them to be competitive and efficient in service delivery at Huduma Citizen Service Centres, 6.7% disputed this opinion while 16.1% were impartial with 4.078 M and 0.948 SD. This is in concordance with study of Gaceri (2015) that found that senior managers should lead by example and inspire employees to participate in implementation of safety and health programmes. On Statement 10c: The philosophy that drives Huduma programme is commitment to excellent customer service; 67.8% of the respondents acknowledged that the philosophy that drives Huduma programme is commitment to excellent customer service, 7.2% disputed this opinion while 25% were impartial with 3.939 M and 1.004 SD. This is in concordance with O'Brien (2016) who postulated that commitment by top-management provides a good example to employees in implementation of OSH programmes.

On Statement 10d: At Huduma CSC there is emphasis on achievement of goal and objectives; 78.9% of respondents acknowledged that there is emphasis on achievement of goals and objectives at Huduma Citizen Service Centres, 3.4% disputed this opinion while 17.7% were impartial with 4.206 M and 0.870 SD. On Statement 10e: The leadership of Huduma CSC generally exemplify innovating spirit in service to customers; 78.8% of respondents acknowledged that the leadership at Huduma Citizen Service Centre exemplify innovating spirit in service to customers, 4.5% disputed this opinion while 16.7% were impartial with 4.178 M and 0.922 SD. Franke et. al, (2014) echoes these sentiments and also indicate that the way leaders feel and act about OSH provides important foundations for followers to emulate.

On Statement 10f: Staff at Huduma CSC are encouraged to be innovative in provision of services to citizens; 67.2% of respondents acknowledged that they are encouraged to be innovative in provision of services to citizens at Huduma Citizen Service Centres, 10% disputed this opinion while 22.8% were impartial with 3.883 M and 1.064 SD. On Statement 10g: The leadership at Huduma CSC encourage teamwork and participation of all staff; 63.9% of respondents

acknowledged that the leadership encouraged teamwork and participation of all staff at Huduma Citizen Service Centres, 9.5% disputed this opinion while 26.6% were impartial with 3.767 M and 1.025 SD. On Statement 10h: Managers and staff at the Huduma CSC cooperate to identify solutions to common problems; 80.5% of respondents acknowledged that managers and staff cooperate to identify solutions at Huduma Citizen Service Centres, 4.5% disputed this opinion while 15% were impartial with 4.189 M and 0.908 SD. This is supported by Reese (2017) who argued that when implementing OSH programmes an organization needs to work holistically and promote visibility to encourage participation and collaboration by all employees.

On Statement 10i: At Huduma CSC there is open and constructive communication; 56.7% of respondents acknowledged that there is open and constructive communication at Huduma Citizen Service Centres, 14.4% disputed this opinion while 28.9% were impartial with 3.583 M and 1.667 SD. Although a slight majority of the respondents concurred that there is open and constructive communication at Huduma Citizen Service Centres, there were many respondents who were impartial and a quite a number of respondents who disputed this opinion. Open and constructive communication is critical in driving successful implementation of OSH Programmes. As Reece (2016) pointed out, a positive safety culture thrives in an environment where managers encourage open communication. On Statement 10j: Staff are encouraged to report issues freely; 81.2% of respondents acknowledged that staff are encouraged to report issues freely at Huduma Citizen Service Centres, 5.5% disputed this opinion while 13.3% were impartial with 4.289 M and 0.972 SD. Staff are encouraged to report issues freely at Huduma Citizen Service Centres. This is in concordance with the findings of Reese (2016) who emphasised that effective leadership is necessary in the structuring of a motivational environment that encourages employees to discuss issues freely with their supervisors and their colleagues.

4.7.2 Simple Regression Results for Organizational Leadership on OSHP Implementation

This section sought to establish the relationship between Organizational Leadership and Implementation of OSHP at Huduma Citizen Service Centres. Simple regression was performed using data from the study tested at significant level of $\alpha = .05$ (95%). This section also tested hypothesis four derived as H_0 : There is no significant relationship between Organizational Leadership and implementation of Occupational Safety and Health Programmes.

Table 4.20: Regression Model Fitness for Organizational Leadership on OSHP Implementation

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
4	.924	.853	.852	.24354

Findings from Table 4.20 indicate a strong correlation coefficient, R, of 0.924 and a coefficient of determination, R², of 0.853. This implies that Organizational Leadership predicts about 85.3% of implementation of OSHP at Huduma Citizen Service Centres.

4.7.2.1 ANOVA Results for Organizational Leadership on OSHP Implementation

Examination of suitability of model 4 as compared to differences in means of organizational leadership and implementation of OSHP in public service institutions is shown in Table 4.21. Analysis of Variance indicate a high significance at F (1,178) =1034.856 p <0.05. At 95% confidence level, model 4 provides a better fit on how organizational leadership influence implementation of OSHP at Huduma Citizen Service Centres.

Table 4.21: ANOVA - Organizational Leadership on OSHP Implementation

Model		Sum of Squares	df	Mean Square	F	Sig
4	Regression	61.378	1	61.378	1034.856	.000
	Residual	10.557	178	0.059		
	Total	71.936	179			

- a. Dependent Variable: OSHP Implementation at Huduma Citizen Service Centres.
- b. Predictors: Organizational Leadership

4.7.2.2 Regression Coefficients

This section presents model 4 which is derived as:

$$\tilde{A} = K_0 + K_4B_4 + \epsilon$$

Where \tilde{A} = OSHP Implementation in Huduma Citizen Service Centres; B₄ is the independent variable Organizational Leadership; K₄ is the regression coefficient and ϵ is the error term.

The study examined how organizational leadership predict Implementation of OSHP at Huduma Citizen Service Centre. Therefore, from Table 4.18, $\tilde{A} = 0.258 + 0.962B_4$.

Table 4.22: Regression Coefficients - Organizational Leadership on OSHP Implementation

Model	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
4 (Constant)	0.258	0.121		2.128	0.035
Organizational Leadership	0.962	0.030	0.924	32.169	0.000

a. Dependent Variable: OSHP Implementation at Huduma Citizen Service Centres.

From the foregoing findings it can be concluded that organizational leadership positively predicts implementation of OSHP at Huduma Citizen Service Centres.

4.7.2.3 Test of Hypothesis Four

The hypothesis was derived as:

H₀: There is no significant relationship between Organizational leadership and implementation of Occupational Safety and Health Programmes.

From Table 4.22, the value of coefficient for Organizational Leadership was 0.962 while the $p < 0.001$. Therefore, at 5% level of significance, the null hypothesis was rejected implying that Organizational Leadership has a significant relationship with implementation of OSHP in Huduma Citizen Service Centres. Thus holding everything else constant using model 4, a unit change in Organizational Leadership leads to 0.962 change in implementation of OSHP in Huduma Citizen Service Centres.

4.8 Combined Organizational Factors and Implementation of OSHP

This section is related to objective five which examined combined organizational factors and OSHP Implementation. Data was analyzed using descriptive statistics and inferential statistics and presented in the form of descriptive and regression analysis.

4.8.1 Frequencies, Mean and Standard Deviation on Implementation of OSHP

This section presents analysis on the 10 items related to Implementation of OSH Programmes.

Table 4.23 shows Mean, Standard Deviation and Frequencies on the same.

Table 4.23: Implementation of OSHP

No		SA	A	N	D	SD	Mean	Std (±)
11a	Firefighting equipment are available, maintained and conspicuously displayed at Huduma CSC.	142 (78.9%)	20 (11.1%)	11 (6.1%)	2 (1.1%)	5 (2.8%)	4.622	0.873
11b	There is adequate means of escape in case of fire at Huduma CSC.	53 (29.4%)	62 (34.4%)	43 (23.9%)	12 (6.7%)	10 (5.6%)	3.756	1.117
11c	There is a readily accessible first-aid box adequately stocked at Huduma CSC.	86 (47.7%)	48 (26.7%)	23 (12.8%)	19 (10.6%)	4 (2.2%)	4.072	1.109
11d	There is a trained first-aider capable of handling emergency accidents at Huduma CSC.	71 (39.4%)	56 (31.1%)	37 (20.6%)	9 (5.0%)	7 (3.9%)	3.972	1.075
11e	There is adequate supply of clean drinking water at suitable points in Huduma CSC.	112 (62.2%)	49 (27.2%)	10 (5.6%)	7 (3.9%)	2 (1.1%)	4.456	0.854
11f	There is adequate toilets for staff at Huduma CSC.	82 (45.5%)	48 (26.7%)	37 (20.6%)	5 (2.8%)	8 (4.4%)	4.061	1.084
11g	Workstations at Huduma CSC are designed to reduce awkward postures.	66 (36.7%)	58 (32.2%)	38 (21.1%)	12 (6.7%)	6 (3.3%)	3.922	1.070
11h	There is sufficient lighting for performance of tasks at Huduma CSC.	70 (38.9%)	53 (29.4%)	38 (21.1%)	14 (7.8%)	5 (2.8%)	3.939	1.079
11i	Floors and passageways at Huduma CSC are clean and free from hazards.	80 (44.5%)	55 (30.6%)	26 (14.4%)	11 (6.1%)	8 (4.4%)	4.044	1.113
11j	Floors are kept dry to prevent slips and falls at Huduma CSC.	101 (56.1%)	48 (26.7%)	24 (13.3%)	6 (3.3%)	1 (0.6%)	4.344	0.874
Composite mean and standard deviation							4.119	1.025

On Statement 11a: Firefighting equipment are available, maintained and conspicuously displayed at Huduma CSC; 90% of respondents acknowledged the existence of firefighting equipment at Huduma Citizen Service Centre, 3.9% disputed this opinion while 6.1% were impartial with 4.622 M and 0.873 SD. This is in compliance with OSHA (Republic of Kenya, 2007). On Statement 11b:

There is adequate means of escape in case of fire at Huduma CSC; 63.8% of respondents acknowledged that there is adequate means of escape in case of fire at Huduma Citizen Service Centres, 12.3% disputed this opinion while 23.9% were indifferent with 3.756 M and 1.117 SD. Although a majority of the respondents concurred that there is adequate means of escape in case of fire at Huduma Citizen Service Centres, quite a number of respondents were impartial with a few others disputing this opinion. The Management needs to put adequate means of escape as prescribed by OSHA (Republic of Kenya, 2007).

On Statement 11c: There is a readily accessible first-aid box adequately stocked at Huduma CSC; 74.4% of respondents acknowledged the existence of well-stocked first-aid box at Huduma Citizen Service Centres, 12.8% disputed this opinion while 12.8% were impartial with 4.072 M and 1.109 SD. A number of respondents who were impartial or disputed existence of well-stocked first-aid box at Huduma Citizen Service Centres. This is not in compliance with OSHA (Republic of Kenya, 2007). On Statement 11d: There is a trained first-aider capable of handling emergency accidents at Huduma CSC; 70.5% of respondents acknowledged that there is a trained first-aider at Huduma Citizen Service Centres, 8.9% disputed this opinion while 20.6% were impartial with 3.972 M and 1.075 SD. Although majority of the respondents concurred that there is a trained first-aider at Huduma Citizen Service Centres, there were quite a number of respondents who either disputed or were impartial. This is not in compliance with OSHA (Republic of Kenya, 2007).

On Statement 11e: There is adequate supply of clean drinking water at suitable points in Huduma CSC; 89.4% of respondents acknowledged that they have access to clean drinking water at Huduma Citizen Service Centres, 5% disputed this opinion while 5.6% were impartial with 4.456 M and 0.854 SD. This is in concordance of OSHA requirements on sanitation and hygiene (Republic of Kenya, 2007). On Statement 11f: There is adequate toilets for staff at Huduma CSC; 72.2% of the respondents acknowledged the existence of adequate toilets for staff at Huduma Citizen Service Centres, 7.2% disputed this opinion while 20.6% were impartial with 4.061 M and 1.084 SD. Although majority of the respondents concurred that there are adequate toilets for staff at Huduma Citizen Service Centres, quite a number of respondents either disputed or were impartial on this opinion. The Management needs to put adequate toilets as prescribed by OSHA (Republic of Kenya, 2007).

On Statement 11g: Workstations at Huduma CSC are designed to reduce awkward postures; 68.9% of respondents acknowledged that workstations at Huduma Citizen Service Centres are designed to reduce awkward postures, 10% disputed this opinion while 21.1% were impartial with 3.922 M and 1.070 SD. Although majority of the respondents concurred that workstations at Huduma Citizen Service Centres are designed to reduce awkward postures, quite a number of respondents either disputed this opinion or were impartial. On Statement 11h: There is sufficient lighting for performance of tasks at Huduma CSC; 68.3% of respondents acknowledged that there is sufficient lighting for performance of tasks at Huduma Citizen Service Centres, 10.6% disputed this opinion while 21.1% were impartial with 3.939 M and 1.079 SD. Although majority of the respondents concurred that there is sufficient lighting for performance of tasks at Huduma Citizen Service Centres, quite a number of respondents either remained impartial or disputed this opinion. It is important to design work-stations that minimize work-related injuries because statistics from the Hughes and Ferrett (2015) indicate that 37% of work-related injuries are attributed to lumbar backache. On Statement 11i: Floors and passageways at Huduma CSC are clean and free from hazards; 75.1% of respondents acknowledged that floors and passageways at Huduma Citizen Service Centres are clean and free from hazards, 10.5% disputed this opinion while 14.4% were impartial with 4.044 M and 1.113 SD. Although majority of the respondents concurred that floors and passageways at Huduma Citizen Service Centres are clean and free from hazards, a number of respondents either disputed or remained impartial on this opinion. On Statement 11j: Floors are kept dry to prevent slips and falls at Huduma CSC; 82.8% of respondents acknowledged that floors are kept dry to prevent slips and falls at Huduma Citizen Service Centres, 3.9% disputed this opinion while 13.3% were impartial with 4.344 M and 0.874 SD. Safe work-surfaces reduce a lot of work-related injuries. As Friis (2015) indicated many non-fatal injuries are caused by falls due to slippery surfaces.

4.8.2 Multiple Regression Results for Combined Organizational Factors on Implementation of OSHP

This section sought to establish the relationship between Combined Organizational Factors and Implementation of OSH Programmes at Huduma Citizen Service Centres. Multiple regression was performed using data from the study tested at significant level of $\alpha = .05$ (95%). This section also tested hypothesis four derived as H_0 : There is no significant relationship between Combined Organizational Factors and implementation of Occupational Safety and Health Programmes.

Table 4.24: Regression Model Fitness for Combined Organizational Factors on OSHP Implementation

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
5	.965	.931	.929	0.1689

Findings from Table 4.24 indicate a strong correlation coefficient, R, of 0.965 and a coefficient of determination, R², of 0.931. This implies that Organizational policy, Organizational culture, Organizational training and Organizational leadership predict about 93.1% of implementation of OSHP at Huduma Citizen Service Centres.

4.8.2.1 ANOVA Results for Combined Organizational Factors on OSHP Implementation

Examination of suitability of model 5 as compared to differences in means of means of organizational policy, organizational culture, organizational training and organizational leadership and implementation of OSHP in public service institutions is shown in Table 4.25. Analysis of Variance indicate a high significance at F (4,175) =586.683 p <0.05. At 95% confidence level, model 5 provides a better fit on how organizational policy, organizational culture, organizational training and organizational leadership influence implementation of OSHP at Huduma Citizen Service Centres.

Table 4.25: ANOVA - Combined Organizational Factors on OSHP Implementation

Model		Sum of Squares	df	Mean Square	F	Sig
5	Regression	66.944	4	16.736	586.683	.000
	Residual	4.992	175	0.029		
	Total	71.936	179			

- Dependent Variable: OSHP Implementation at Huduma Citizen Service Centres.
- Predictors: Organizational Policy, Organizational Culture, Organizational Training and Organizational Leadership

4.8.2.2 Regression Coefficients

This section presents model 5 which is derived as:

$$\tilde{A} = K_0 + K_1B_1 + K_2B_2 + K_3B_3 + K_4B_4 + \varepsilon$$

Where \tilde{A} = OSHP Implementation in Huduma Citizen Service Centres. ε is the error term. The independent variables are denoted by B_1, B_2, B_3 and B_4 . The K_0, K_1, K_2, K_3 and K_4 are regression coefficients.

\tilde{A} = OSHP Implementation in public service institutions in Nairobi City County;

B_1 =Organizational policy; B_2 =Organizational culture;

B_3 =Organizational training; and B_4 =Organizational leadership.

The study examined how combined organizational factors predict Implementation of OSHP at Huduma Citizen Service Centre. Therefore, from Table 4.26, $\tilde{A} = -0.113 + 0.289B_1 + 0.302B_2 + 0.238B_3 + 0.238B_4$.

Table 4.26: Regression Coefficients - Combined Organizational Factors on OSHP Implementation

Model	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
5 (Constant)	-0.113	0.090		-1.256	0.211
Organizational Policy	0.289	0.052	0.268	5.548	0.000
Organizational Culture	0.302	0.062	0.271	4.913	0.000
Organizational Training	0.238	0.049	0.241	4.885	0.000
Organizational Leadership	0.238	0.056	0.229	4.229	0.000

a. Dependent Variable: OSHP Implementation at Huduma Citizen Service Centres.

From the foregoing findings it can be concluded that organizational policy, organizational culture, organizational training and organizational leadership positively predict implementation of OSHP at Huduma Citizen Service Centres.

4.8.2.3 Test of Hypothesis Five

The hypothesis was derived as:

H_0 : *There is no significant relationship between Combined organizational factors and implementation of Occupational Safety and Health Programmes.*

From Table 4.26, the value of coefficient for Organizational Policy was 0.289 while the $p < 0.001$; the value of coefficient for Organizational Culture was 0.302 while $p < 0.001$; the value of coefficient for Organizational Training was 0.238 while $p < 0.001$; the value of coefficient for Organizational Leadership was 0.238 while $p < 0.001$. Therefore, at 5% level of significance, the null hypothesis was rejected implying that combined organizational factors (Organizational Policy, Organizational Culture, Organizational Training and Organizational Leadership) have a significant relationship with implementation of OSHP in Huduma Citizen Service Centres. Thus holding everything else constant using model 5, a unit change in Organizational Policy, Organizational Culture, Organizational Training and Organizational Leadership leads to 0.289, 0.302, 0.238 and 0.238 change respectively in implementation of OSHP in Huduma Citizen Service Centres.

The findings further indicate that of the combined organizational factors, Organizational Culture has the most significant influence on implementation of OSHP with a coefficient of 0.302 followed by Organizational Policy with a coefficient of 0.289 then Organizational Leadership and Organizational Training with a coefficient of 0.238. A positive relationship was established to exist between Organizational Policy, Organizational Culture, Organizational Training and Organizational Leadership and Implementation of OSHP at Huduma Citizen Service Centres.

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of research findings, conclusion of the research findings and recommendations of the influence of Organizational Policy, Organizational Culture, Organizational Training and Organizational Leadership on Implementation of OSHP at Huduma Citizen Service Centres.

5.2 Summary of the Findings

This section provides a summary of the major findings based on the objectives of the study.

5.2.1 Organizational Policy and Implementation of OSHP

Majority of respondents, 89.4%, acknowledged the existence of a policy guiding customer service standards with 4.522 M and 0.766 SD. On customer service, 87.7% respondents acknowledged that Huduma customer service standards manual drives the philosophy of service excellence with 4.389 M and 0.794 SD. This is in agreement with Mason, Leavitt, and Chaffee (2014) who postulated that policies define desired behaviour of internal structures, systems and procedures. On meetings, 77.7% participants acknowledged that Huduma Centre Managers hold regular meetings with 4.183 M and 0.936 SD. On meetings effectiveness, 78.9% of respondents acknowledged that meetings held at Huduma Citizen Service Centres are effective with 4.15 M and 0.924 SD. On rotating shift, 80% of participants acknowledged the importance of rotating shift working arrangement in improvement of overall staff productivity with 4.25 M and 0.945 SD. On emergency plan, 49.4% of respondents acknowledged the existence of an emergency plan for probable emergencies with 3.372 M and 1.210 SD although 25% disagreed and 25.6% were impartial. As to whether Huduma Citizen Service Centres have procedures for handling unattended luggage, 50% of participants concurred with 3.422 M and 1.191 SD, while 22.2% of respondents disagreed and 27.8% were impartial. The busy Centres could be targets to emerging threats of terrorism and extremist behaviours; thus, Management should put in place measures to mitigate

on emerging threats of terrorism that is now targeting work-places (Reese, 2016). A total of 45.5 % of participants acknowledged that electrical appliances are inspected regularly with 3.344 M and 1.164 SD although 21.2% of respondents disagreed while 33.3% were impartial. This implies that many employees are not aware on regular audits. This is a departure from the requirements of OSHA that prescribes regular audits and participation of employees (Republic of Kenya, 2007). Audits are critical as they help to mitigate risks and prevent problems occurring in organizations. This is supported by Angle (2015), who suggested that safety audits help in identifying risks and mitigation measures required to prevent work-place injuries.

Organizational Policy predicts about 84.4% of Implementation of OSHP at Huduma Citizen Service Centres. Analysis of Variance indicate a high significance at $F(1,178) = 961.506$ $p < 0.01$. At 95% confidence level, model 1 provides a better fit on how organizational policy influence implementation of OSHP at Huduma Citizen Service Centres.

5.2.2 Organizational Culture and Implementation of OSH Programmes

Majority of respondents (79%) acknowledged that work procedures are adhered to at Huduma Citizen Service Centres with 4.111 M and 0.927 SD. On Organizational norms, 73.3% participants acknowledged that smoking is not permitted at Huduma Citizen Service Centres with 4.022 M and 0.991 SD. A total of 71.1% of respondents acknowledged that they have the right tools for their job at Huduma Citizen Service Centres with 3.917 M and 0.933 SD. On Organizational values, 70% of respondents acknowledged that they espoused “Huduma DNA” core values of courtesy, innovation, integrity, transparency and passion 3.972 M and 0.918 SD. “Huduma DNA” philosophy instills core values that staff pass to their colleagues. This is supported by Gunningham and Sinclair (2014) who indicated that safety culture enables a group to learn to work together to solve challenges imposed by hazards at the work-place. On group behavior, 74.5% of respondents acknowledged that they support their colleagues with 3.972 M and 1.011 SD. A total of 71.7% of respondents acknowledged that they are responsible for determining their well-being at Huduma Citizen Service Centre with 3.989 M and 0.969 SD. Although 62.2% of the respondents acknowledged the existence of teamwork at Huduma Citizen Service Centres with 3.706 M and 1.097 SD, 12.3% of respondents disagreed while 25.6% were impartial. On work attitude, 62.8% of respondents acknowledged that morale is high at Huduma Citizen Service Centres with 3.733 M and 0.966 SD although 8.9% objected and 28.3% were impartial.

Organizational Culture predicts about 86.3% of Implementation of OSHP at Huduma Citizen Service Centres. Analysis of Variance indicate a high significance at $F(1,178) = 1124.263$ $p < 0.01$. At 95% confidence level, model 2 provides a better fit on how organizational culture influence implementation of OSHP at Huduma Citizen Service Centres.

5.2.3 Organizational Training and Implementation of OSHP

A total of 78.3% of respondents acknowledged the existence customer service training for staff at Huduma Citizen Service Centre with 4.156 M and 0.920 SD. Majority, 81.1%, of respondents concurred that the content of Huduma customer service training is useful for good relationships with customers with 4.283 M and 0.880 SD. This is supported by Halawi and Haydar (2018) who indicated that Training programmes help staff to acquire specific skills and knowledge necessary to perform their jobs better. On proactive approach, 76.1% of respondents acknowledged that they proactively respond to challenges because of training at Huduma Citizen Service Centre with 4.072 M and 0.909 SD. Majority, 71.2%, of respondents acknowledged that staff training at Huduma Citizen Service Centre enables them to perform better with a 4.044 M and 0.979 SD. A total of 71.6% of the respondents acknowledged that staff training enables them to learn new skills at the Huduma Citizen Service Centre with 4.039 M and 0.936 SD. This is in concordance to findings by Makhamara and Simiyu (2016) that revealed that employees acquire relevant knowledge and skills through training that result in efficient performance. A total of 73.4% of respondents acknowledged that staff training at Huduma Citizen Service Centre had helped improve the relationship with their colleagues with 4.028 M and 0.948 SD. In addition, 71.1% of respondents acknowledged that staff training enhanced their commitment to help colleagues at Huduma Citizen Service Centre with 4.006 M and 0.918 SD. Although 56.1% of the respondents have proactively asked for training to improve their skills with 3.511 M and 1.288 SD, 23.3% objected to this statement and 20.6% were impartial. Likewise, many employers do not easily provide training opportunities to their staff. This is supported by report from Office of Auditor General (2018) that indicated that approximately 0.3% of the workforce in Kenya had undergone training on safety and health administered by DOSHS.

Organizational Training predicts about 84.1% of Implementation of OSHP at Huduma Citizen Service Centres. Analysis of Variance indicate a high significance at $F(1,178) = 943.123$ $p < 0.01$.

At 95% confidence level, model 3 provides a better fit on how organizational training influence implementation of OSHP at Huduma Citizen Service Centres.

5.2.4 Organizational Leadership and Implementation of OSHP

A total of 81.2% of respondents acknowledged that staff are encouraged to report issues freely at Huduma Citizen Service Centres with 4.289 M and 0.972 SD. On group objectives, 78.9% of respondents acknowledged that there is emphasis on achievement of goals and objectives at Huduma Citizen Service Centres with 4.206 M and 0.870 SD. A total of 80.5% of respondents acknowledged that managers and staff cooperate to identify solutions at Huduma Citizen Service Centres with 4.189 M and 0.908 SD. On innovation, 78.8% of respondents acknowledged that the leadership at Huduma Citizen Service Centre exemplify innovating spirit in service to customers with 4.178 M and 0.922 SD. Franke et. al, (2014) echoes these sentiments and also indicate that the way leaders feel and act about OSH provides important foundations for followers to emulate. On service efficiency, 77.2% of respondents acknowledged that the leadership encouraged them to be competitive and efficient in service delivery at Huduma Citizen Service Centres with 4.078 M and 0.948 SD. Although 56.7% of respondents acknowledged that there is open and constructive communication at Huduma Citizen Service Centres with 3.583 M and 1.667 SD, 14.4% disagreed and 28.9% were impartial.

Organizational leadership predicts about 85.3% of Implementation of OSHP at Huduma Citizen Service Centres. Analysis of Variance indicate a high significance at $F(1,178) = 1034.856$ $p < 0.01$. At 95% confidence level, model 4 provides a better fit on how organizational leadership influence implementation of OSHP at Huduma Citizen Service Centres.

5.2.5 Combined Organizational Factors and Implementation of OSHP

The combined Organizational Factors of Organizational policy, Organizational culture, Organizational training and Organizational leadership predict about 93.1% of Implementation of OSHP at Huduma Citizen Service Centres. Analysis of Variance indicate a high significance at $F(1,178) = 586.683$ $p < 0.01$. At 95% confidence level, model 5 provides a better fit on how organizational policy, organizational culture, organizational training and organizational leadership influence implementation of OSHP at Huduma Citizen Service Centres.

5.3 Discussion of the Key Findings

This section provides a summary of the major findings based on the objectives of the study.

5.3.1 Organizational Policy and Implementation of OSHP

The findings depicted that influence of Organizational Policy in Implementation of OSHP at Huduma Citizen Service Centres is significant. This is especially so because majority of respondents believe that Huduma customer service standards manual drives the philosophy of service excellence. This is line with the views of Mason, Leavitt, and Chaffee (2014) who indicated that policies define desired behaviour of internal structures, systems and procedures within organizations. This is also supported by a study by Makhamara and Simiyu (2016), which found that implementing organizational safety policy will result in the adoption of safety procedures for reporting work-related accidents, type of hazards, safety issues and health risks. Institutions should put in place organizational policies that provide guidance on the general well-being of staff in the work-place. Procedures for handling unattended luggage should be considered as busy Centres could be targets to emerging threats of terrorism and extremist behaviours; thus, Management should put in place measures to mitigate on emerging threats of terrorism that is now targeting work-places (Reese, 2016)

5.3.2 Organizational Culture and Implementation of OSHP

The Huduma Citizen Service Centre Staff share common beliefs commonly known as "Huduma DNA" of courtesy, innovation, integrity, transparency and passion. The learned group behaviours is necessary for solving problems which is later taught to new members. This is supported by Schein (2017) who indicated that Organizational Culture is shaped by the common experiences learned by a group that is later passed on to new members of the group. Majority of respondents indicated that work procedures are adhered to at Huduma Citizen Service Centres. This is critical because inclusion of safety practices as part of work procedures at the workplace ensures successful implementation of OSHP. This is supported by the views of Hajmohammad and Vachon (2014) who indicated that safety practices including the written rules, methods and workflow activities guides occupants of an establishment to act safely in their day-to-day activities. In addition, most respondents agreed that they are responsible for their future besides supporting their colleagues to achieve organizational objectives. The findings enrich Strahlendorf's (2013) Internal

Responsibility System (IRS) theory, that suggested that work-related accidents can be mitigated by a positive safety culture of the organization. Strahlendorf states further that it is everyone's responsibility to be involved in implementation of OSHP.

5.3.3 Organizational Training and Implementation of OSHP

At the Huduma Citizen Service Centres, training had improved their relationship with their colleagues and enhanced their commitments to help others. This is in concordance with the studies by Franke, Felfe and Pundt (2014) who indicated that the value of safety and health training should be associated with both behavior and awareness change. Training empowers staff to learn new skills and empowered them to proactively respond to challenges. This is in concordance to findings by Makhamara and Simiyu (2016) that revealed that employees acquire relevant knowledge and skills through training that result in efficient performance. Staff acknowledged that they proactively respond to challenges because of training at Huduma Citizen Service Centre. However, a slim majority of the respondents are proactively seeking for training to improve their skills at Huduma Citizen Service Centres. Likewise, many employers do not easily provide training opportunities to their staff. This is supported by report from Office of Auditor General (2018) that indicated that approximately 0.3% of the workforce in Kenya had undergone training on safety and health administered by DOSHS.

5.3.4 Organizational Leadership and Implementation of OSHP

The Leadership at Huduma Citizen Service Centre have good mentoring and coaching skills. Mentoring and coaching is critical in driving group values. This is in supported by findings by Raes, et al. (2013) who showed that leaders who mentor colleagues and help to address team challenges eventually impact group standards of behaviour, invigorate team communication and enhance group learning. Franke et. al, (2014) echoes these sentiments and also indicate that the way leaders feel and act about OSH provides important foundations for followers to emulate. This is further supported by Maslow's (1954) theory of motivation that explains the motives of that make individuals to work-safely. Safety behavior in organizations is underpinned by individual motivation. Majority of respondents reported that they are encouraged to report issues freely and that management and staff cooperate in identifying solutions to common problems. This is in line with Reason's (1990) Swiss Cheese Model that postulates that a series of latent interconnected weaknesses in the organization lead to accidents. This may usually be prevented by ensuring that

the Organizations put in place several defenses that mitigate failure. This may include proper open and constructive communication channels, hiring qualified staff and involvement of staff in setting of goals and objectives of the organization.

5.4 Conclusion of the Study

Top leadership has played a role in work-place health and safety programmes at Huduma Citizen Service Centres. Management has ensured that there is adequate firefighting equipment that are maintained and conspicuously displayed at Huduma Citizen Service Centres. The Organizational leadership traits of providing motivation, creativity and innovation ensures that everyone is involved in their general well-being. Organizational Culture plays a critical role as it ensures that there is continual learning by the group to prevent future incidents. “Huduma DNA” philosophy instills core values that staff pass to their colleagues. This is supported by Gunningham and Sinclair (2014) who indicated that safety culture enables a group to learn to work together to solve challenges imposed by hazards at the work-place. Similarly, Huduma Kenya Secretariat should adopt a safety-first philosophy that should be included in all the Organizational Policies, procedures, goals and objectives. Continuous Organizational Training is also critical in empowering staff to act in a safe manner. However, Management needs to ensure that the commitment translates into availability of resource to ensure full implementation of safety measures as required by OSHA. Areas that need to be considered for improvement include provision of adequate means of escape in case of fire, readily accessible first-aid box adequately stocked, trained first-aiders capable of handling emergency situations, regular inspection of equipment and facility, adequate toilets for staff and the public, properly designed workstations to reduce awkward postures, establishment of procedures for handling unattended luggage and provision of sufficient lighting for performance of tasks to minimize computer eye-syndrome.

5.5 Recommendations of the Study

Based on the findings the following recommendations were made:

1. The top leadership of Huduma Kenya Programme should conduct regular training needs analysis that includes safety provisions that is incorporated in the annual training plans of employees.

2. The Leadership should put in place adequate means of escape in case of fire, and adequate ventilation system to ensure that there is good circulation of air at the Huduma Citizen Service Centres.
3. The top management of Huduma Kenya Programme should design workstations that minimize lumbar ache injuries and provide adequate lighting to reduce computer eye syndrome.
4. The management should conduct regular audits of electrical appliances and devices.
5. Management should put in place measures to mitigate on emerging threats of terrorism that is now targeting work-places
6. The management should show commitment and provide leadership by that work procedures incorporate safety issues.

5.6 Suggestions for Further Research

1. This study focused on the relationship between Organizational Policy, Organizational Culture, Organizational Training and Organizational Leadership and Implementation of OSH Programmes relationships, other factors such as political, environmental, economic, social and technological may also affect implementation of OSH Programmes and should also be studied.
2. This study focused on implementation of OSH Programmes in low-risk public service institution that serves customers using the one-stop-shop service model. Further studies can be conducted on other low-risk public service institutions that provide different sets of risks and hazards.

REFERENCES

- Abrams, H. K. (2001). A short history of occupational health. *Journal of Public Health Policy*, 22(1), 34-80.
- Adom, D., Hussein, E. K., & Agyem, J. A. (2018). Theoretical and conceptual framework: Mandatory ingredients of a quality research. *International Journal of Scientific Research*, 7(1), 93-98.
- Agwu, M. O. (2012). Impact of employee's safety culture on organizational performance in Shell Bonny Terminal integrated project. *European Journal of Business and Social Sciences*, 1(5), 70-82.
- Angle, J. S. (2015). *Occupational Safety and Health in the Emergency Services* (4th ed.). Burlington MA: Jones & Bartlett Learning.
- Armstrong, M. (2009). *A handbook of human resource management* (Eleventh Edition ed.). Kogan Page.
- Asante-Duah, K. (2017). *Public Health Risk Assessment for Human Exposure to Chemicals* (2nd ed.). Dordrecht: Springer.
- Bahari, S. F. (2013). An investigation of safety training and safety outcome in a manufacturing plant. *Jurnal Teknologi (Social Sciences)*, 64(1), 59-65.
- Balkin, B. D., Cardy, L. C., & Mejia, L. R. (2007). *Managing human resources*. New Delhi: Pearson education.
- Barling, J., Loughlin, C., & Kelloway, E. K. (2002). Development and test of a model linking safety-specific transformational leadership and occupational safety. *Journal of Applied Psychology*, 87, 488-496.
- Bentley, T., & Tappin, D. (2010). Incorporating organisational safety culture within ergonomics practice. *Ergonomics*, 53(10), 1167-1174.
- Bluff, E. (2017). The regulation of work health and safety. (P. DRAHOS, Ed.) *Regulatory Theory: Foundations and applications*, 611-630.

- Brown, R. L., & Holmes, H. (1986). The use of a factor-analytic procedure for assessing the validity of an employee safety climate model. *Accident Analysis and Prevention*, 18, 455–470.
- Bulmer, M. (2004). *Questionnaires (SAGE benchmarks in social research methods)*. London: Sage Publications.
- Burns, N., & Grove, S. K. (2009). *The practice of nursing research: Appraisal, synthesis, and generation of evidence*. St. Louis, MO: Saunders Elsevier.
- Chang, W.-R., Leclercq, S., Lockhart, T., & Haslam, R. (2016). State of science: Occupational slips, trips and falls on the same level. *Ergonomics*, 59(7), 1-64.
- Clarke, S., & Ward, K. (2006). The role of leader influence tactics and safety climate in engaging employees' safety participation. *Risk Analysis*, 26, 1175–1185.
- Coghlan, D., & Brydon-Miller, M. (2014). Workers' participation in occupational health and safety. In *The SAGE Encyclopedia of Action Research* (pp. 822-823). London: SAGE Publications Ltd.
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Thousand Oaks, CA: SAGE Publications.
- Desa, A. F., Habidin, N. F., Hibadullah, S. N., Fuzi, N. M., & Izzaida Mohd Zamri, F. (2013). The impact of occupational safety and health administration practices (OSHAP) and OHSAS 18001 efforts in Malaysian automotive industry. *Journal of Applied Science and Research*, 1, 47-59.
- Fink, A. (2003). *How to sample in surveys* (2nd ed.). Thousand Oaks, CA: Sage.
- Franke, F., Felfe, J., & Pundt, A. (2014). The impact of health-oriented leadership on follower health: Development and test of a new instrument measuring health-promoting leadership. *Zeitschrift Für Personalforschung / German Journal of Research in Human Resource Management*, 28(1/2), 139-161.
- Friend, M. A., & Kohn, J. P. (2014). *Fundamentals of occupational safety and health* (6th ed.). London: Bernan Press.

- Friis, R. H. (2015). *Occupational Health and Safety for the 21st Century* (1st ed.). Burlington, MA: Jones & Bartlett Learning.
- Gaceri, K. A. (2015). Factors affecting the implementation of health and safety in supermarkets in Kenya. *International Journal of Human Resource Studies*, 5(2).
- Garcia, A., Boix, P., & Canosa, C. (2004). Why Do Workers Behave Unsafely at Work? Determinants of Safe Work Practices in Industrial Workers. *Occupational and Environmental Medicine*, 61(3), 239-246.
- Garnica, G. B., & Barriga, G. D. (2018). *Barriers to occupational health and safety management in small Brazilian enterprises*.
- Glendon, A. I., & Litherland, D. K. (2001). Safety climate factors, group differences and safety behaviour in road construction. *Safety Science*, 39, 157–188.
- Gunningham, N., & Sinclair, D. (2014). The Impact of safety culture on systemic risk management. *European Journal of Risk Regulation*, 5(4), 505-516.
- Hajmohammad, S., & Vachon, S. (2014). Safety culture: A catalyst for sustainable development. *Journal of Business Ethics*, 123(2), 263-281.
- Halawi, A., & Haydar, N. (2018). Effects of Training on Employee Performance. *International Humanities Studies*, 5(2).
- Health and Safety Commission. (2004). *A strategy for workplace health and safety in Great Britain to 2010 and beyond*. London: Health and Safety Commission.
- Hersey, P., & Blanchard, K. (1988). *Management of organizational behavior*. Englewood Cliffs, New Jersey: Prentice Hall.
- Hofmann, D. A., & Stetzer, A. (1996). A cross-level investigation of factors influencing unsafe behaviours and accidents. *Personnel Psychology*, 49, 307–339.
- House, R. J., Hanges, P. J., Javidan, M., Dorfman, P. W., & Gupta, V. (Eds.). (2004). *Culture, Leadership, and Organizations: The GLOBE Study of 62 Societies*. Thousand Oaks CA: SAGE Publications.

- Hughes, P., & Ferrett, E. (2015). *International Health and Safety at Work: for the NEBOSH International General Certificate in Occupational Health and Safety* (3rd ed.). Abingdon: Routledge.
- ILO. (2003a). *Safety in numbers*. Geneva: International Labour Office.
- ILO. (2003b). *Thirteenth session of the joint ILO/WHO committee on occupational health*. Geneva: ILO.
- ILO. (2004). *Global Strategy on Occupational Safety and Health*. Geneva: ILO.
- ILO. (2006). *Promotional framework for occupational safety and health convention, 2006 (No. 187) convention 155*.
- ILO. (2013). *National profile on occupational safety and health: Kenya*. Geneva: ILO.
- ILO. (2018a). *Improving the Safety and Health of Young Workers*. Geneva: International Labour Organization.
- ILO. (2018b, 04 05). *Safety and health at work*. Retrieved from International Labour Organization: [http://www.ilo.org/global/topics/safety-and-health-at-work/lang--en/index.htm](http://www.ilo.org/global/topics/safety-and-health-at-work/lang-en/index.htm)
- ILO. (2019). *Safety and Health at the heart of future of work*. Geneva: International Labour Office.
- Institution of Occupational Safety and Health. (2015). *Promoting a positive culture : A guide to health and safety culture*. Wigston, Leicestershire: Institution of Occupational Safety and Health.
- Ismail, Z., Doostdar, S., & Harun, Z. (2012). Factors influencing the implementation of a safety management system. *Safety Science*, 50, 418-423.
- ISO. (2018). *ISO 45001:Occupational health and safety*. Geneva: ISO Central Secretariat.
- Jilcha, K., & Kitaw, D. (2016). A literature review on global occupational safety and health practice and accident severity. *International Journal for Quality Research*, 10(2), 279–310.

- Johnston, J. J., Cattedledge, G. T., & Collins, J. W. (1994). The efficacy of training for occupational injury control. *Occupational Medicine*, 9(2), 147–158.
- Kaguathi, J. N. (2013). *Challenges of implementing occupational health and safety strategies at East African Portland cement company limited*. Nairobi: University of Nairobi.
- Kezar, A. (2000). The importance of pilot studies: Beginning the hermeneutic circle. *Research in Higher Education*, 41(3), 385-400.
- Knudsen, K. (1975). Accident Risk in Middle Age Years and in Old Age. *Acta Sociologica*, 18(1), 62-75.
- Kobia, M., & Oliech, D. (2016, December). The case of Huduma Kenya programme in Kenya. *Commonwealth Innovations Review*, 22(3), pp. 7-25.
- Kreitner, E. A. (2007). *Environmental health and safety CFR training requirements*. Rockville, MD: Government Institutes, Inc.
- Krejcie, R. V., & Morgan, D. W. (1970). Determining sample size for research activities. *Educational and Psychological Measurement*, 30, 607-610.
- Lakhe, R. R., & Dharkar, K. P. (2018). *ISO 45001:2018 Occupational health & safety management system*.
- Makhamara, J., & Simiyu, A. (2016). Influence of occupational health and safety on organizational performance in the manufacturing sector in Kenya: A case study of KAPA Oil Refineries Limited. *The Strategic Journal of Business and Change Management*, 3(2), 30-59.
- Malhotra, N. K. (2009). *Marketing research: An applied orientation*. London: Pearson Education.
- Maslow, A. H. (1954). *Motivation and personality*. Harper and Row Publishers Inc.
- Mason, D. J., Leavitt, J. K., & Chaffee, M. W. (Eds.). (2014). *Policy and Politics in nursing and health care*. St. Louis, MO: Elsevier Saunders.

- Matsuda, S. (1996). An analysis of the vietnamese system of occupational safety and health and setting priorities with the analytical hierarchy process. *Occupational and Environmental Medicine*, 53(4), 281-286.
- McDiarmid, M. A., & Condon, M. (2005). Organisational safety culture/climate and worker compliance with hazardous drug guidelines: lessons from the blood-borne pathogen experience. *Journal of Occupational and Environmental Medicine*, 47, 740–749.
- Ministry of Human Resources. (2015). *Occupational safety and health master plan for Malaysia 2015*. Kuala Lumpur: Ministry of Human Resources.
- Ministry of Manpower. (2014). *Workplace safety and health profile*. Singapore: Ministry of Manpower.
- Misnan, M. S., & Mohammed, A. H. (2014). *Development of safety culture in the construction industry: A conceptual framework*. Johor Bahru: Universiti Teknologi Malaysia.
- Mugenda, O., & Mugenda, A. (2003). *Research methods: Quantitative and qualitative approaches*. Nairobi: Acts Press.
- Ndirangu, M. W., & Namusonge, G. S. (2014). Factors influencing implementation of occupational health and safety: A case study of Kenya vehicle manufacturers in Thika. *International Journal of Social Sciences and Entrepreneurship*, 1(11), 606-619.
- O'Brien, D. P. (2016). *The safety officer's concise desk reference*. Boca Raton, FL: CRC Press.
- Office of Auditor General. (2018). *Performance Audit Report on Protection of the Safety and Health of Workers at Workplaces*. Nairobi: Office of the Auditor General.
- Peersman, G. (2014). Overview: data collection and analysis methods in impact evaluation. *Methodological briefs: Impact evaluation 10*.
- Pidgeon, N. F. (1991). Safety culture and risk management in organisations. *Journal of Cross-cultural Psychology*, 22, 129–140.
- Prasad, S. R., & Chalapathi, P. V. (2015). Factors influencing implementation of OHSAS 18001 in Indian construction organizations: Interpretive structural modeling approach. *Safety and health at work*, 6(3), 200–205.

- Probst, T. M. (2004). Safety and insecurity: Exploring the moderating effect of organisational safety climate. *Journal of Occupational Health Psychology, 9*, 3–10.
- Probst, T. M., & Brubaker, T. L. (2001). The effects of job insecurity on employee safety outcomes: Cross-sectional and longitudinal explorations. *Journal of Occupational Health Psychology, 6*, 139–159.
- Raes, E., Decuyper, S., Lismont, B., Van den Bossche, P., Kyndt, E., Demeyere, S., & Dochy, F. (2013). Facilitating team learning through transformational leadership. *Instructional Science, 41*(2), 287-305.
- Reason, J. T. (1990). *Human error*. Aldershot: Ashgate.
- Reese, C. D. (2016). *Occupational health and safety management: A practical approach* (3rd ed.). Boca Raton, FL: CRC Press.
- Reese, C. D. (2017). *Occupational safety and health: Fundamental principles and philosophies*. Boca Raton, FL: CRC Press.
- Republic of Kenya. (2007). *Occupational safety and health Act*. Nairobi: Government Printer.
- Republic of Kenya. (2012). *The national occupational safety and health policy*. Nairobi: Republic of Kenya.
- Republic of Kenya. (2013). *Second medium term plan (2013 t0 2017) - transforming Kenya: Pathway to devolution, socio-economic development, equity and national unity*. Nairobi: Republic of Kenya.
- Schein, E. H. (2017). *Organizational Culture and Leadership* (5th ed.). Hoboken, NJ: Wiley.
- Smith-Crowe, K., Burke, M., & Landis, R. S. (2003). Organizational climate as a moderator of safety knowledge-safety performance relationships. *Journal of Organizational Behavior, 24*(7), 861-876.
- Sokas, R., Jorgensen, E., Nickels, L., Gao, W., & Gittleman, J. (2009). An intervention effectiveness study of hazard awareness training in the construction building trades. *Public Health Reports, 124*, 161-168.
- Strahlendorf, P. (2013). *The Internal Responsibility System*. Sudbury: Ryerson University.

- Subhani, M. G. (2010). *Study of occupational health and safety management system (OHSMS) in universities context and possibilities for its implementation. A case study of University of Gavle, Sweden.*
- Tavakol, M., & Dennick, R. (2011). Making sense of Cronbach's alpha. *International Journal of Medical Education, 2*(), 53-55.
- Tengilimoglu, D., Celik, E., & Guzel, A. (2016). The effect of safety culture on safety performance: Intermediary role of job satisfaction. *British Journal of Economics, Management & Trade, 15*(3), 1-12.
- Tshoose, C. (2014). Placing the right to occupational health and safety within a human rights framework: Trends and challenges for South Africa. *The Comparative and International Law Journal of Southern Africa, 47*(2), 276-296.
- Wambugu, L., Kyalo, D., Mbii, M., & Nyonje, R. (2015). *Research methods: Theory and practice.* Nairobi: Aura Books.
- WHO. (1994). *Global strategy on occupational health for all: The way to health at work.* Geneva.
- WHO. (1995). *Summary report of the twelfth session of the joint ILO/WHO Committee on occupational health, Geneva 5–7 April 1995.* Geneva.
- World Bank. (2011). *Citizen Service Centres: Enhancing access, improving service delivery and reducing corruption.* Washington D.C.: World Bank.
- World Bank. (2017a). *Recent developments and key considerations impacting the operations of one-stop shops for citizens.* Washington D.C.: World Bank.
- World Bank. (2017b). *The role of Huduma Centers in advancing citizen-centered service delivery in a context of devolution and digitization.* Washington D.C.: World Bank.
- Zacharatos, A., Barling, J., & Iverson, R. D. (2005). High-performance work systems and occupational safety. *Journal of Applied Psychology, 90*, 77–93.
- Zohar, D. (2000). A group-level model of safety climate: testing the effect of group climate on microaccidents in manufacturing jobs. *Journal of Applied Psychology, 85*, 587–596.

Zohar, D. (2002). The effects of leadership dimensions, safety climate, and assigned priorities on minor injuries in work groups. *Journal of Organizational Behavior*, 23(1), 75-92.

Zohar, D., & Tenne-Gazit, O. (2008). Transformational leadership and group interaction as climate antecedents: A social network analysis. *Journal of Applied Psychology*, 93(4), 744-757.

APPENDICES

Appendix i: Questionnaire for Huduma Kenya Secretariat staff

INTRODUCTION

My name is **Kennedy Odero Junior**, a student at College of Education and External Studies, the University of Nairobi, studying influence of organizational factors on Implementation of Occupational Safety and Health Programmes in public service institutions with a special reference to Huduma Citizen Service Centres in Nairobi City County.

Instructions: Place a mark to the most suitable answer.

SECTION A: BACKGROUND INFORMATION

(Please mark the box with the correct answer)

1. What is your gender identity? Male Female
2. Which category captures the number of years you have lived?
18-23 24-28 29-33 34-38 39-43 Above 44
3. Which is your most current schooling level?
High school or less Certificate Diploma Bachelor's degree or more
4. For how long have you been at Huduma Kenya Secretariat? (in years)
Under 2 2-3 3-4 5 and above
5. What is your role at Huduma Kenya Secretariat?
Director Programme Assistant Office Administrator ICT Assistant
Driver Secretary Office Assistant Support Staff
Programme Officer

SECTION B: ORGANIZATIONAL POLICY

6. Please rank order, from 5 {"strongly agree"};4 {"agree"};3 {"neutral"};2 {"disagree"};1 {"strongly disagree"}, statements on organizational policy.

Statements	5	4	3	2	1
There is a customer service standards manual at Huduma Citizen Service Centre.					
Huduma customer service standards manual drives the philosophy of service excellence.					
Electric wires, cables and sockets are insulated in a tidy enclosure.					
Electrical appliances in the work-area are inspected regularly.					
Rotating shift working arrangement is practiced at Huduma Citizen Service Centre.					
Rotating shift working arrangement increases staff productivity at Huduma Citizen Service Centre.					
Huduma Citizen Service Centres have procedures for handling unattended luggage.					
There is an emergency plan to address all probable emergencies at Huduma Citizen Service Centre.					
Centre manager holds regular staff meetings at Huduma Citizen Service Centre.					
Meetings held at Huduma Citizen Service Centre are effective.					

SECTION C: ORGANIZATIONAL CULTURE

7. Please rank order, from 5 {"strongly agree"};4 {"agree"};3 {"neutral"};2 {"disagree"};1 {"strongly disagree"}, statements on organizational culture.

Statements	5	4	3	2	1
Work procedures at Huduma Citizen Service Centre are adhered to.					
Huduma Citizen Service Centre is a non-smoking zone.					
I have the equipment to do my job successfully at Huduma Citizen Service Centre.					
I think morale is high at Huduma Citizen Service Centre.					
Staff in Huduma Citizen Service Centre symbolize "Huduma DNA" core values of courtesy, innovation, integrity, transparency and passion.					
Staff at Huduma Citizen Service Centre embrace teamwork.					
There is loyalty and mutual trust between staff at Huduma Citizen Service Centre.					
Staff at Huduma Citizen Service Centre offer support to one another.					
I am mainly responsible for my well-being at Huduma Citizen Service Centre.					
I actively seek to resolve the challenges I experience at Huduma Citizen Service Centre.					

SECTION D: ORGANIZATIONAL TRAINING

8. Please rank order, from 5 {"strongly agree"};4 {"agree"};3 {"neutral"};2 {"disagree"};1 {"strongly disagree"}, statements on organizational training.

Statements	5	4	3	2	1
There is a customer service training for staff at Huduma Citizen Service Centre.					
The content of Huduma customer service training is useful for good relationships with customers.					
Supervisors are given opportunity to gain soft skills required at Huduma Citizen Service Centre.					
Staff training at Huduma Citizen Service Centre has improved my relationship with my supervisor.					
Staff training at Huduma Citizen Service Centre enables me to learn new skills.					
Staff at Huduma Citizen Service Centre respond proactively to challenges due to training.					
Staff training at Huduma Citizen Service Centre has improved my relationships with colleagues.					
Staff training at Huduma Citizen Service Centre enhances my commitment to help colleagues.					
I have asked for training to do my job better.					
Staff training has enabled me to do my best at Huduma Citizen Service Centre.					

SECTION E: ORGANIZATIONAL LEADERSHIP

9. Please rank order, from 5 {"strongly agree"};4 {"agree"};3 {"neutral"};2 {"disagree"};1 {"strongly disagree"}, statements on organizational leadership.

Statements	5	4	3	2	1
The leadership at Huduma Citizen Service Centre generally exemplify mentoring and coaching skills.					
The leadership in Huduma Citizen Service Centre encourage staff to be competitive and efficient in service delivery.					
The philosophy that drives Huduma programme is commitment to excellent customer service.					
At Huduma Citizen Service Centre there is emphasis on achievement of goal and objectives.					
The leadership of Huduma Citizen Service Centre generally exemplify innovating spirit in service to customers.					
Staff at Huduma Citizen Service Centre are encouraged to be innovative in provision of services to citizens.					
The leadership at Huduma Citizen Service Centre encourage teamwork and participation of all staff.					
Managers and staff at the Huduma Citizen Service Centre cooperate to identify solutions to common problems.					

At Huduma Citizen Service Centre there is open and constructive communication.					
Staff are encouraged to report issues freely.					

SECTION F: IMPLEMENTATION OF OCCUPATIONAL SAFETY AND HEALTH PROGRAMMES IN HUDUMA CITIZEN SERVICE CENTRES

10. Please rank order, from 5 {"strongly agree"}; 4 {"agree"}; 3 {"neutral"}; 2 {"disagree"}; 1 {"strongly disagree"}, statements on implementation of OSH programmes in Huduma Citizen Service Centre.

Statements	5	4	3	2	1
Firefighting equipment are available, maintained and conspicuously displayed at Huduma Citizen Service Centre.					
There is adequate means of escape in case of fire at Huduma Citizen Service Centre.					
There is a readily accessible first-aid box adequately stocked at Huduma Citizen Service Centre.					
There is a trained first-aider capable of handling emergency accidents at Huduma Citizen Service Centre.					
There is adequate supply of clean drinking water at suitable points in Huduma Citizen Service Centre.					
There is adequate toilets for staff at Huduma Citizen Service Centre.					
Workstations at Huduma Citizen Service Centre are designed to reduce awkward postures.					
There is sufficient lighting for performance of tasks at Huduma Citizen Service Centre.					
Floors and passageways at Huduma Citizen Service Centre are clean and free from hazards.					
Floors are kept dry to prevent slips and falls at Huduma Citizen Service Centre.					

Appendix ii: Questionnaire for Huduma Citizen Service Centre staff

INTRODUCTION

My name is **Kennedy Odero Junior**, a student at College of Education and External Studies, the University of Nairobi, studying influence of organizational factors on Implementation of Occupational Safety and Health Programmes in public service institutions with a special reference to Huduma Citizen Service Centres in Nairobi City County.

Instructions: Place a mark to the most suitable answer.

SECTION A: BACKGROUND INFORMATION

(Please mark the box with the correct answer)

1. What is your gender identity? Male Female

2. Which category captures the number of years you have lived?

18-23 24-28 29-33 34-38 39-43 Above 44

3. Which is your most current schooling level?

High school or less Certificate Diploma Bachelor's degree or more

4. For how long have you been at the citizen service centre? (in years)

Under 2 2-3 3-4 5 and above

5. In which citizen service centre do you work?

GPO City Square Kibra Makadara Eastleigh

6. What is your role in the citizen service centre?

Centre Manager Information Desk Front Office Desk ICT Support

SECTION B: ORGANIZATIONAL POLICY

7. Please rank order, from 5 {"strongly agree"}; 4 {"agree"}; 3 {"neutral"}; 2 {"disagree"}; 1 {"strongly disagree"}, statements on organizational policy.

Statements	5	4	3	2	1
-------------------	----------	----------	----------	----------	----------

There is a customer service standards manual at Huduma Citizen Service Centre.					
Huduma customer service standards manual drives the philosophy of service excellence.					
Electric wires, cables and sockets are insulated in a tidy enclosure.					
Electrical appliances in the work-area are inspected regularly.					
Rotating shift working arrangement is practiced at Huduma Citizen Service Centre.					
Rotating shift working arrangement increases staff productivity at Huduma Citizen Service Centre.					
Huduma Citizen Service Centres have procedures for handling unattended luggage.					
There is an emergency plan to address all probable emergencies at Huduma Citizen Service Centre.					
Centre manager holds regular staff meetings at Huduma Citizen Service Centre.					
Meetings held at Huduma Citizen Service Centre are effective.					

SECTION C: ORGANIZATIONAL CULTURE

8. Please rank order, from 5 {"strongly agree"};4 {"agree"};3 {"neutral"};2 {"disagree"};1 {"strongly disagree"}, statements on organizational culture.

Statements	5	4	3	2	1
Work procedures at Huduma Citizen Service Centre are adhered to.					
Huduma Citizen Service Centre is a non-smoking zone.					
I have the equipment to do my job successfully at Huduma Citizen Service Centre.					
I think morale is high at Huduma Citizen Service Centre.					
Staff in Huduma Citizen Service Centre symbolize "Huduma DNA" core values of courtesy, innovation, integrity, transparency and passion.					
Staff at Huduma Citizen Service Centre embrace teamwork.					
There is loyalty and mutual trust between staff at Huduma Citizen Service Centre.					
Staff at Huduma Citizen Service Centre offer support to one another.					
I am mainly responsible for my well-being at Huduma Citizen Service Centre.					
I actively seek to resolve the challenges I experience at Huduma Citizen Service Centre.					

SECTION D: ORGANIZATIONAL TRAINING

9. Please rank order, from 5 {"strongly agree"};4 {"agree"};3 {"neutral"};2 {"disagree"};1 {"strongly disagree"}, statements on organizational training.

Statements	5	4	3	2	1
------------	---	---	---	---	---

There is a customer service training for staff at Huduma Citizen Service Centre.					
The content of Huduma customer service training is useful for good relationships with customers.					
Supervisors are given opportunity to gain soft skills required at Huduma Citizen Service Centre.					
Staff training at Huduma Citizen Service Centre has improved my relationship with my supervisor.					
Staff training at Huduma Citizen Service Centre enables me to learn new skills.					
Staff at Huduma Citizen Service Centre respond proactively to challenges due to training.					
Staff training at Huduma Citizen Service Centre has improved my relationships with colleagues.					
Staff training at Huduma Citizen Service Centre enhances my commitment to help colleagues.					
I have asked for training to do my job better.					
Staff training has enabled me to do my best at Huduma Citizen Service Centre.					

SECTION E: ORGANIZATIONAL LEADERSHIP

10. Please rank order, from 5{"strongly agree"};4{"agree"};3{"neutral"};2{"disagree"};1{"strongly disagree"}, statements on organizational leadership.

Statements	5	4	3	2	1
The leadership at Huduma Citizen Service Centre generally exemplify mentoring and coaching skills.					
The leadership in Huduma Citizen Service Centre encourage staff to be competitive and efficient in service delivery.					
The philosophy that drives Huduma programme is commitment to excellent customer service.					
At Huduma Citizen Service Centre there is emphasis on achievement of goal and objectives.					
The leadership of Huduma Citizen Service Centre generally exemplify innovating spirit in service to customers.					
Staff at Huduma Citizen Service Centre are encouraged to be innovative in provision of services to citizens.					
The leadership at Huduma Citizen Service Centre encourage teamwork and participation of all staff.					
Managers and staff at the Huduma Citizen Service Centre cooperate to identify solutions to common problems.					
At Huduma Citizen Service Centre there is open and constructive communication.					
Staff are encouraged to report issues freely.					

SECTION F: IMPLEMENTATION OF OCCUPATIONAL SAFETY AND HEALTH PROGRAMMES IN HUDUMA CITIZEN SERVICE CENTRE

11. Please rank order, from 5 {"strongly agree"};4 {"agree"};3 {"neutral"};2 {"disagree"};1 {"strongly disagree"}, statements on implementation of OSH programmes in Huduma Citizen Service Centre.

Statements	5	4	3	2	1
Firefighting equipment are available, maintained and conspicuously displayed at Huduma Citizen Service Centre.					
There is adequate means of escape in case of fire at Huduma Citizen Service Centre.					
There is a readily accessible first-aid box adequately stocked at Huduma Citizen Service Centre.					
There is a trained first-aider capable of handling emergency accidents at Huduma Citizen Service Centre.					
There is adequate supply of clean drinking water at suitable points in Huduma Citizen Service Centre.					
There is adequate toilets for staff at Huduma Citizen Service Centre.					
Workstations at Huduma Citizen Service Centre are designed to reduce awkward postures.					
There is sufficient lighting for performance of tasks at Huduma Citizen Service Centre.					
Floors and passageways at Huduma Citizen Service Centre are clean and free from hazards.					
Floors are kept dry to prevent slips and falls at Huduma Citizen Service Centre.					

Appendix iii: Letter from the University



UNIVERSITY OF NAIROBI
OPEN, DISTANCE AND e-LEARNING CAMPUS
SCHOOL OF OPEN AND DISTANCE LEARNING
DEPARTMENT OF OPEN LEARNING
NAIROBI LEARNING CENTRE

Your Ref:

Main Campus
Gandhi Wing, Ground Floor
P.O. Box 30197
NAIROBI

Our Ref:

Telephone: 318262 Ext. 120

REF: UON/ODeL/NLC/31/307

22nd October, 2019

TO WHOM IT MAY CONCERN

RE: KENNEDY ODERO JUNIOR - REG.NO. L 50/75959/2014

The above named is a student at the University of Nairobi, Open Distance and e-Learning Campus, School of Open and Distance Learning, Department of Open Learning pursuing a Masters course in Project Planning and Management.

He is proceeding for research entitled *"Influence of Organizational Factors on Implementation of Occupational Safety and Health Programmes in Public Service Institutions: A Case of Huduma Citizen Service Centres in Nairobi City County, Kenya."*

Any assistance accorded to him will be appreciated.


CAREN AWILLY
CENTRE ORGANIZER
NAIROBI LEARNING CENTRE

Appendix iv: Letter from Huduma Kenya Secretariat

REPUBLIC OF KENYA



THE PRESIDENCY
MINISTRY OF PUBLIC SERVICE, YOUTH AND GENDER AFFAIRS
STATE DEPARTMENT OF PUBLIC SERVICE AND YOUTH
HUDUMA KENYA SECRETARIAT

Telegraphic address: "Personnel", Nairobi
Telephone: Nairobi 2227411

P.O. BOX 47716 – 00100
NAIROBI,
KENYA.

When Replying please quote:

Ref. No: MPYG/HUD.2/1715

23rd October, 2019

Kennedy Odero Junior,
P.O. Box 20046 - 00100,
Nairobi.

Dear Mr. Odero,

RE: APPROVAL TO COLLECT DATA FOR RESEARCH PROJECT

Reference is made to your letter dated 22nd October, 2019 and another Ref UON/ODEL/NLC/31/307 dated 22nd October, 2019 from University of Nairobi on the above subject.

Kindly note approval is hereby granted to proceed and carry out research in huduma centres in Nairobi City County to determine the influence of Organizational Factors on Implementation of Occupational Safety and Health Programmes in Public Service Institutions with a special reference to Huduma Citizen Service Centres in Nairobi City County.¹

Upon completion of the research project you will be required to provide a bound copy of the full research project report to be used as a reference in future.

A handwritten signature in black ink, appearing to read 'Katee Mwanza'.

Katee Mwanza
CEO/SECRETARY

