

**A SURVEY OF THE OCCUPATIONAL HEALTH
AND SAFETY PROGRAMMES ADOPTED BY THE
BANKING INDUSTRY IN KENYA.**

UNIVERSITY OF NAIROBI
LOWER KADETE LIBRARY

**By
Anne Makandi Mberia**


**A MANAGEMENT RESEARCH PROJECT SUBMITTED IN PARTIAL
FULFILMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF
BUSINESS ADMINISTRATION (MBA), FACULTY OF COMMERCE,
UNIVERSITY OF NAIROBI.**

DECLARATION

This project is my original work and has not been submitted for a degree in any other university

Signed..........Date.....25 October 2001.....
Anne Makandi Mberia

This project has been submitted for examination with my approval as university supervisor

Signed..........Date.....26th October 2001.....
GEORGE OMONDI
Lecturer,
Department of Business Administration

DEDICATION

Dedicated to my parents, Loise and the late Maingi for their inspiration. Also to my husband Dr. Gacani Mberia, daughter Nkirote and sons Mutua and Koome for their encouragement and patience during the period of study.

TABLE OF CONTENTS

	<u>PAGE</u>
TITLE.....	i
DECLARATION.....	ii
DEDICATION.....	iii
TABLE OF CONTENTS.....	iv
ACKNOWLEDGEMENTS.....	v
ABSTRACT.....	vi
<u>CHAPTER 1: INTRODUCTION</u>	1
STATEMENT OF THE PROBLEM.....	5
OBJECTIVES OF THE STUDY.....	6
IMPORTANCE OF THE STUDY.....	6
<u>CHAPTER 2: LITERATURE REVIEW</u>	7
<u>CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY</u>	17
THE POPULATION.....	17
DATA COLLECTION.....	17
DATA ANALYSIS.....	18
<u>CHAPTER 4: RESEARCH FINDINGS AND DISCUSSION</u>	19
<u>CHAPTER 5: SUMMARY AND CONCLUSIONS</u>	39
LIMITATIONS OF THE STUDY.....	41
SUGGESTIONS FOR FURTHER RESEARCH.....	41
<u>BIBLIOGRAPHY</u>	43
<u>APPENDICES</u>	
LETTER TO RESPONDENTS.....	47
QUESTIONNAIRE.....	48

ACKNOWLEDGEMENT

There are many people who contributed in their own individual or collective ways to make preparation of this project a success. First of all I wish to extend my sincere thanks to my supervisor Mr. George Omondi for his guidance, contribution and patience as I prepared for this project. I would wish to thank the Director of Kenya College of Communication Technology (KCCT) for providing financial resources to enable me to attend the MBA programme. I also wish to thank most sincerely other members of the KCCT community who contributed directly or indirectly to my success. My special thanks are also extended to all the respondents who provided valuable information during the survey.

Finally, I thank all my family members and Christine Oduor who participated in the typing of the project. God bless you all.

ABSTRACT

The principle objective of the study was to establish the occupational health and safety programmes adopted by banks operating in Kenya. It also sought to establish the hazards perceived by the banks to affect the health and safety of the employees.

The need for this study was motivated by the fact that, health and safety has traditionally been associated with manufacturing sector. There was therefore an urge to establish if the service sector industries recognise that occupational health and safety relates to them as well. Further, the legislation on occupational health and safety is based on physical conditions that would affect employees at workplace. Do the banks realise that the hazards that target the physiological and mental health are prevalent in the service industry? And if they do, can they address them effectively?

The findings of the study have revealed that banks are very keen on physical and mechanical hazards that affect employees. These hazards are easily recognised by the management and adequately addressed. However, physiological and mental hazards such as workload, workplace, working hours, lack of social support, computers, strict deadlines, and high targets has not been given a lot of consideration. Hence the programmes, which are meant to address them, are not well developed. Another area that was found wanting is programmes to assist employees to manage their stress levels.

To conclude, this study indicates the challenges facing managers of service industry because of the changed needs of employees on issues regarding their health and safety. The directorate of the occupational health and safety has a big challenge of not only reviewing the legislation but also enlightening employers on the importance of self regulatory health and safety programmes.

CHAPTER ONE

INTRODUCTION

Background

Occupational health and safety is an issue which is crucial to the managers of human resources today than ever before. This is because human resources just like any other resources (cars, buildings, machines) require maintenance and care in order to maximise their productivity (Casio, 1996). It is against this background that health and safety should not be viewed as a separate function or responsibility, but as a broader initiative that aims at improving productivity, profitability and competitiveness of a firm (Pike, 2000). It is also important to ensure that the well selected, developed and effective workforce is always available and ready to work on a continuous basis (Filipo , 1984). This is possible if employees are protected from occupational hazards which may affect them.

Health and safety issues at the workplace are not a recent development in employee welfare and maintenance. These issues emerged with the onset of industrialisation when enlightened employers began to voluntarily improve the working conditions of the employees (Schuler et al , 1993). Today, health and safety is a major function of any organised human resources department. A study carried out in the United Kingdom revealed that 53.4% of the companies which had safety officers, had them attached to human resources departments (Torrington et al , 1995). In Kenya, occupational health and safety legislations is under the ministry of Labour and Human Resources (Government of Kenya Annual Report 1999). This shows that there is a critical role played by occupational health and safety in staff welfare.

The seriousness of health and safety at the workplace is illustrated by governments in most countries making it a policy issue. Most countries have come up with legislations which provide guidelines to organisations on issues of health and safety. In America, there is the Occupation Health and Safety Act 1970, which is supplemented by the National Institute for Occupational Health and Safety (Schuler et al , 1993). In the United Kingdom legislative laws existed for over 100 years and today there is the Health and Safety Act 1974 which consolidates the other

previous acts like Factories Act 1961, Office and Railways Act 1963 and Fire precautions Act 1971. The Health and Safety Act 1974, which consolidates the other previous acts like the Factories Act 1961, Office and Railways Act 1963 and Fire Precautions Act 1971. The Health and Safety Act 1974 is supplemented by various subsidiaries and codes of practice; examples which include control of Substances and Hazardous Health Regulation 1988, Protection of persons against radiation and control of lead pollution. Though these codes of practice are not legally enforceable, they can be interpreted in a legal case (Torrington et al 1995). The single European Act 1987 also contributes a lot in harmonising Health and safety legislation among member countries.

In Kenya, occupational health and safety policy was introduced with the enactment of Factories Act in 1951. The act was based largely on the International Labour Organisation (ILO) recommendations and the British Factories Act. The overall objective of the act which is contained in Factories Act Cap 514 of Kenya laws is to provide the overall measures to control and improve health, safety and welfare of workers in factories and other places. The administration and enforcement is done by the director of Occupational Health and Safety. Other statutes that govern health and safety include the Employment Act Cap 226, Workmen's Compensation Act Cap 236 and the Public Health Act.

In addition to legislative reasons, there are economic reasons which motivate organisations to consider the issue of health and safety (Kenei, 1995). The direct and indirect costs include medical costs for the injured and sick employees, loss of working hours, compensation costs, costs of recruitment incases where employees cannot continue working, and the rehabilitation of employees to return to work. Health and safety failures are estimated to cost Britain eighteen billions pounds in one year (Pike, 2000). In Kenya, 5988 people were injured in 1994 (ILO, 1994), which resulted in companies spending a lot of money in compensation, lost workdays and improving working conditions (Mayaka, 1993).

Employers would also like to maintain and manage the performance of employees. The intense domestic and international competition has left many organisations with no choice but to look for

survival tactics; one of which is to use the employees to gain competitive advantage (Schuler et al, 1993). It is therefore important to ensure employees are always free from any safety and health hazards because employees who work in a conducive working environment are more productive (Roy, 2000).

Another reason for keen interest on health and safety is for corporate image. With the emergence of lobby and human rights groups, organisations would like to avoid any issues which would spoil their public image. A survey conducted for British safety council; a campaigning organisation which encourages good health and safety practices revealed that 81% of senior managers believed that health and safety had a significant impact on their organisations' reputation (Pike 2000). Pike quotes the director of British Safety Council as saying "arguably the most significant item on the boardroom is health and safety." He continues to say that "there is nothing more damaging to an organisations reputation than causing death or injury to an employee."

Other organisations feel they have a personal liability to send every worker back home in a sound condition every day (Lewis, 2000). Lewis further argues that when people go to work; they need to know that they will come back to their homes. This also helps to reduce industrial unrest among employees because they feel that the employer is interested in their welfare (Torrington et al, 1995). It is also unlikely for people who are well treated to take a militant attitude towards the employer.

Health and Safety in the Banking Industry

The banking industry forms a part of the service sector in a country's economy. Banks offer financial services which are crucial in facilitating business and trading activities. Traditionally, health and safety has been an important issue in the manufacturing and extractive sectors of any economy (Kenei 1995). However, the service sector is increasing in size globally and would therefore we expect a shift from health and safety considerations from manufacturing only to service sector. In

America approximately 84% of the workforce is in the service sector (Schuler et al , 1995). In United Kingdom the estimates indicate that in 1955 the proportion of employees in service sector

was approximately 10% of the total workforce. In 1996 estimates indicated that the service sector had approximately 75% of the total workforce (Chartered Institute of Purchasing, 2000).

The nature of work conducted in the service sector is not tangible. The working conditions also pose new health and safety challenges which may not be available in the manufacturing sector. While making an office environment safe is a straight forward issue, protection of employees from health hazards is less clear (Page, 2000). Potential hazards for office workers range from repetitive strain from using the computer, eye strain caused by the visual display unit, stress from malfunctioning computers to long working hours. Other hazards are the workload (quantity and quality) and the high concentration when performing some tasks. All the above conditions are typical characteristics of banking institutions in addition to threats of assaults and injury from frequent robberies, stress from customers and tasks performed from one posture.

Most employers (banks included) may not monitor ill health or effects of the office environment. This is because most dangers to health are hidden and employers are able to handle only what can be seen. The mere fact that health effects manifest themselves in the long term and the difficulty in detecting any evidence of the problems makes it even harder for managers to get solutions (Nigel, 2000). Protecting employees from an environment that may damage them psychologically is an increasing focus of health and safety. Bank employees are exposed to an environment which is stressful, and is not captured in any legislation. This presents a unique challenge to bank managers. According to Fousler (1999) the banks should reduce the number of accidents in order to ensure the safety of the employee's and customer's life. The reasons he gives for this concern is to keep the legal requirements and for economic reasons. However, the question to ask is if the bank managers realise there are enormous safety and health hazards which are neither taken care of by any legislation nor have any straightforward economic effects despite their being enormous.

STATEMENT OF THE PROBLEM

The banking industry has undergone a lot of changes not only in Kenya but also worldwide. The intense competition both locally and internationally, the economic situation in most parts of the world and customer demands have put the industry in turmoil (Wendlant, 2000). One of the main survival strategies adopted by the banks is to cut operational costs. This has resulted to constant downsizing with a lot jobs being lost. The remaining employees work for long hours and perform a wider range of tasks. Further, most of the operations have been automated, which according to Schuler, et al, (1993) comes with its own unique occupational health and safety hazards.

The working conditions in the banks are characterised by repetitive tasks which require a high concentration, strict deadlines and targets, tasks performed from one posture and position, and a workload and work pace which employees cannot control because the output of one employee maybe the input of another. Wendlant, (2000) reports of a study conducted by Health and Safety Department in United Kingdom which revealed that if not controlled, the above mentioned working conditions can contribute to ill mental health which in turn will affect the safety of employees. Another study conducted in Netherlands also revealed that position and posture of employees as they perform tasks can result into certain medical-conditions such as shoulder pains, backaches, cervical pains and carpal tunnel syndrome(CTS)

Occupational health and safety practices are guided by the Factories Act Cap 514, which like in other countries like Germany and Britain are biased towards the manufacturing sector. Unless there is continuous up date of the legislation (which has not been the case in Kenya), there will be many issues concerning health and safety which will be left out; especially in the service sectors (Koch et al, 1999) and (Beck et al, 2000). This leaves the bank with self regulatory programmes as far health and safety of employees is concerned.

The frequent robberies which target banks also causes a lot concern on the safety and psychological health of employees. Others concerns which may not be unique to banks include Acquired Immune Deficiency Syndrome (AIDS), harassment, alcoholism and drug abuse.

In the light of the new challenges in health and safety, the focus on self regulated efforts, and the impact of health and safety of employees on productivity; the study seeks to establish how the banking industry is dealing with the hazards that threaten the health and safety of employees. This will be achieved by answering the question: What are the programmes that banks have in place to address these hazards?

OBJECTIVES OF THE STUDY

The study seeks to:

- a) Identify the hazards banks consider as affecting the health and safety of employees at the workplace.
- b) Find out the occupational health and safety programmes adopted by banks.

IMPORTANCE OF THE STUDY

The study is expected to benefit:-

- a) Human Resources managers to re-evaluate their health and safety programmes in order to cater for the new challenges especially now that health and safety should go beyond legislation towards self regulatory.
- b) Provide information to the Directorate of Occupational Health and Safety on which areas to advise the banks on in order to maintain health and safety in their working places.
- c) The academicians will not only benefit in terms of the literature review and findings but will stimulate further research in health and safety.

CHAPTER 2

LITERATURE REVIEW

Overview of occupational health and safety

Occupational health and safety issues are concerned with ensuring and improving the working conditions of employees so that they can remain healthy and safe. The primary objective is to uphold employees' well being. This is achieved through studying the work environment in order to determine and identify hazards that affect employees (Casio, 1996). Machines and equipment are also evaluated to determine their safety and medical examinations are conducted on employees to determine any health effects that may arise due to foreseeable or unforeseeable health hazards in places of work.

In the past the issue of safety has been given more consideration than health with a lot of practices targeting manufacturing set ups (Kenei, 1995). This can be explained by the fact that most employees were based in manufacturing industries. It was therefore only fair for employers to be concerned with safety as employees interact with machines and chemicals in industries. Today, service industry is increasing in size which explains the increase in interest on health and safety issues in the sector (Schuler et al, 1995).

Occupational safety is concerned with accident free work environment. The main focus is to identify, investigate, control and eliminate risks and hazards which cause accidents such as slips, falls and burns (Armstrong, 1997). Work accidents may result to minor and severe injuries and sometimes cases of death reported. Machines and unsafe working environments have been identified as the main causes of occupational safety hazards. Much as employees have a responsibility to ensure they are safe, the employer has the biggest contribution to make.

Though some countries have registered reduced accidents figures; this should not be taken as an indication of safer work places. As discussed earlier, there has been a reduction of employees

from accident prone manufacturing sector to the service sector which records less accidents. Accident figures are still comparably high which is a pointer that work environments are still unsafe. The Bureau of Labor Statistics in America reported that in 1988/1989, 8.6% per every 100 workers suffered injuries on the job. In 1990, the figure had gone up to 8.8% Per every 100 workers; which is an increase of 0.2% (Schuler et al, 1993). Records from America in 1998 indicated that six million workers suffered job related injuries and illness while more than 6,000 died on the job (Occupational Safety and Administration, 1998). In Germany, statistics reveal that a worker is less likely by 40% to suffer occupational accidents than 34 years ago (Koch & Salter, 1999). This indicates that the work place is still unsafe. According to the Government of Kenya Annual Report (1999), the inspectorate recorded 1,668 accident in only three provinces of Central, coast and Nairobi. The above statistics indicate clearly that managers of corporate institutions today have a great responsibility to ensure employees safety.

Occupational health, on the other hand, refers to the general state of the physical, mental and emotional well being of employees at the workplace (Mathias et al, 1994). A healthy employee is one who is free of illness, injury, mental or emotional problems. There are specific hazards which can give rise to occupational illness if employees are exposed to them.

Health hazards in the workplace include chemical agents like gases, vapour, particulate matter of toxic dust, lead, cadmium, asbestos and carbon dioxide. These agents can be a source of some respiratory diseases and certain cancers. Another commonly recognized health hazards is from the physical agents which include noises, vibrations, radiation, heat, light, cold and pressure. Thirdly, agents like insects, fungi, bacteria and viruses can also threaten an employee's health at the workplace. Lastly, ergonomical factors such as posture, speed of work, movements, work schedules, workloads and interpersonal relationships can also affect employee health.

Health of employees can easily be ignored by both employer and employee alike (Schuler et al, 1993). This is because making the work environment safe is a straight forward case while health issues are not directly and easily recognised. Even when they can be identified it is even more difficult to get their solutions. According to Fillipo (1984), accidents are costly to organisation

but the greatest danger lies in the many health hazards which maybe difficult to see. Managers should therefore take the issue of employee health hand in hand with safety issues.

CAUSES OF HEALTH AND SAFETY HAZARDS

The main causes of health and safety hazards can be approached from three main dimensions .

Engineering Approach to Health and Safety Hazards

This approach focuses on machines, equipment and physical working environment. Though accidents can occur anywhere and any time, there are certain conditions which can facilitate the occurrence of accidents (Dessler, 1997). Top on the list is the state of the machines and equipment employees are using. Defective and unmaintained machines have been associated with high accident rates (Kenei, 1995). In addition, inadequate operation procedures and fencing off dangerous machines are potential hazards to employees.

Automation of organisations' operations and procedures should not only be viewed with the safety hazards only but consideration of health hazards which employees are exposed to as they work with machines and equipment should be thought of. It is also not a concern of manufacturing set up only but also crucial in today's highly automated offices. The health hazards will range from noises and vibrations from machines to radiation. Golding and Golding (1987), felt that the introduction of office technology has not been accompanied with equivalent safety and health measures. They further maintain that no one even thinks of radiation levels of some machines or the chemical fumes from toners of harmless looking photo copying machines. Probably the introduction of information technology has exposed employees to health hazards which will show themselves in the future. The most commonly identified hazards associated with the computer's visual display unit screen are eye strain and muscular pains. People who deal with computers for a long time complain of blurred vision due to the glare and different light levels. The muscular pains are mainly felt around the back, shoulders and neck areas.

The physical working environment in both manufacturing and office work areas also have a lot of hazards which threaten the safety and health of employees. Slippery and dirty floors contribute to slips and falls. Office designs and layout can also expose employees to a lot of hazards. Furniture and equipment which are on the way make movement difficult and can fall on employees as they move.. Telephone and electric wires which run across the room can make employees to trample over them and fall. Poorly lit staircases and unserviceable lifts have also led to employees to be injured in the office. Glass doors are also a threat because an employee can easily walk into them.

Employees who work in buildings that are roofed with asbestos and those involved in automatic brakes and clutch repair are at risk of asbestos poisoning (Dessler, 1997). Particulates from general office dust, toxic from paints, cleaning chemicals, insecticides and gases emitted by different machines can also harm employees. In most cases where offices are dusty and humid with no ventilation or air conditioning, certain viruses, bacteria and fungi can exist which in most cases are responsible for common colds, flu or respiratory diseases like tuberculosis. Contaminated drinking water, dirty toilets poor handling of food can assist in the spread of diseases like typhoid and cholera. The presence of insects like mosquitoes can spread malaria.

Ergonomical Approach to Health and Safety

Ergonomics is the study of the workplace designs and how employees adjust to them both physically and mentally (Bennet et al, 1998). This refers to the design of equipment, machines, systems and procedures. One of the major ergonomical factor which requires a lot of consideration by employees is the high rate of automation. Automation is both common in manufacturing as well as in the service sectors of the economy. Most machines require the operator to stay at one point and in a certain posture, and a lot of concentration. The speed and pace of work is determined by the machine. These repeated actions according to Bennet et al, (1998) results to repetitive strain injuries like Carpal Tunnel Syndrome (CTS), which is caused by repeated use of fingers and wrists. The high concentration on machines and the loss of social contact as an employee operates the machine; results to mental stress and fatigue. It has been

established that employees cause more accidents when they are stressed and fatigued (Kenei, 1996).

Stress is associated with several medical conditions like high blood pressure, stomach upsets, headaches and even worse conditions like heart attack (Donkin, 2000).

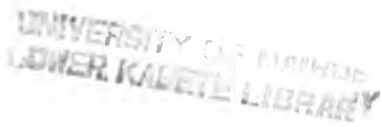
The National Council of Health and Safety in America (1992), reported that homicide was the third leading cause of workplace fatalities. Some categories of occupations expose employees to workplace violence more than others. These include employees who are involved in handle money, work late or come into contact with members of the public (Casio, 1996). In addition to injuries which employees are exposes to they also undergo a lot of stress.

Furniture which the employees use can also be a factor which enhances their health or safety. Safety hazards would include sharp edges and breaking furniture which can hurt employees. The health hazards are backaches which are caused by inappropriately designed furniture. According to Wood, (2000) back pain is one of the biggest causes of ill-health among employees in Britain. Other sources of back have identified as standing up for a long period and lifting of heavy objects.

Employees who work for long hours without a break, no control over their workload, procedures or pace of work suffer from stress and fatigue. There is a tendency among some employers to want more and more from employees especially during this time of cost cutting (Maitland, 2000). Studies have shown that the nature of workload affects the physiology of employees and is associated with adrenaline secretion which in turn contributes to high blood pressure and increased stress levels (Fox et al, 1993).

Behavioral Approach to Health and Safety

This approach focuses on behavior of managers and employees towards health and safety. Avoiding and elimination of occupational hazards is the responsibility of both management and



employees (Armstrong, 1997). It does not matter how well engineered machines and equipment are; their effectiveness will be limited by the people using them (Crane, 1992). The attitude of employees towards their own health and safety is crucial because as Casio,(1995) argues employees can easily undermine even the best attempts installed to minimise health and safety. Employees endanger themselves by being careless, by failing to follow instructions, tampering with safety devices and also by being ignorant. However, management in certain organisations can sacrifice employees health and safety in the name of cost cutting and higher profits (Mathias et al, 1994).

HEALTH AND SAFETY PROGRAMMES IN ORGANISATIONS

The main function of health and safety programmes is to identify potential hazards, provide preventive measures and remedies (Armstrong, 1997). Unless an organisation is able to identify potential hazards and remedies for them, it becomes difficult to come up with programmes which can address those specific problems. It is therefore important for employees and the employer to be aware of the occupational health and safety risks.

While there are many programmes which an organisation can have in place in order to address the issue of health and safety, there are key factors that influence the types each organisation can adopt. The main determinant is what employers and employees consider as a health and safety risk. The financial status of a company will also influence the programmes an organisation may have. This is because some health safety programmes are expensive and it does not matter how favourable an organisation may feel they are, financial constraints become a limiting factor. The industry to which a company belongs to will also influence how health and safety issues will be addressed. A manufacturing company may have programmes which are not available in a bank despite the fact that the two may have some programmes which may be common.

Organisations can approach the issue of health and safety by having programmes that target the mechanical and physical hazards in the workplace. The basic remedy is to try to eliminate or

minimise these hazards (Dessler, 1997). This is achieved by ensuring that any installations, renovations, machines or furniture must pass the test of health and safety; and that the user should be the priority consideration before anything else. Further, regular maintenance of machines and equipment to ensure safety and health of employees should be encouraged.

Good house-keeping practices help to ensure a hazard free environment. Clean and dry floors will not only reduce chances of falls and slips, but will ensure a dusty free environment which reduces chances of respiratory diseases. Trailing wires and a layout which allows free movement, fire exits which are well marked are useful escape routes in case of fire. The management should also ensure that adequate lighting is provided to avoid eyesight being affected. Hygiene is emphasized by providing clean drinking water, clean toilet facilities, smoking restrictions and safe disposal of wastes. Fire extinguishers which are properly maintained and regularly serviced should be provided. Security of employees is also built into all systems in the company.

Employees who handle money and clients who have a potential of being violent may require security grills on doors and windows, automatic alarms, remote controlled doors, security guards and installations to enhance security. They are also given instructions on how to handle difficult clients, personal alertness and breakaway techniques in cases of attack.

Ergonomically, organisations come up with programmes that target the adjustment between people and the work they are performing. According to Bennet et al, (1998) processes are fitted into the employees and not employees to the processes of work. The introduction of technology has brought with it many health and safety implications which employers address in different ways. Short and frequent breaks are given to employees who operate machines in order to avoid excessive fatigue. In Sweden for example, there are laws that govern the length of time an employee can spend on the computer without a break (Paul et al, 1996). Antiglare devices are used on computer screens to protect the eyesight and the keyboards are designed with bars to help the typists' hands to remain in a comfortable position. Apart from the workload, there are other prevailing situations which can cause a lot of stress among employees. These include retrenchments, harassment of all types at the workplace, bullying, congestion, lack of socialisation, rules and regulations found in an organisation (Zohari, 1980). Employers who are keen on the

effect these factors can have on employees mental health try to handle them professionally as much as possible.

Though it may be difficult to determine the effects of exposure to toxic substances, employers take precautions by seeking expert advice from the relevant authorities. Companies in Kenya like the Kel industry in Thika, East African Breweries branch at Molo, invited experts from the Occupational Health and Safety department to assess chemical emissions and other toxic substances and advise (Government of Kenya Annual Report, 1999).

The last group of programmes are those that target the behaviour and attitude of employees and management towards health and safety. An organisation can have a policy on health and safety issues. This is a written statement to show the standards of behaviour expected from an employee in order to avoid exposing himself/herself and others to unsafe and unhealthy hazards. The policy also indicates the commitment of management towards employees health and safety. In other words it becomes a communication tool between the two parties (Cole, 1997). The implementation of the policy becomes a joint responsibility of all the stake holders; the employer and employees (Armstrong, 1996).

Another effort some organisations make is to appoint health and safety officer. This is a person who is given the responsibility to ensure the success of the other health and safety programmes (Flippo, 1984). The officer is expected to ensure inspection of premises is done, accident analysis and recording and that the policy guidelines are followed. The officer also coordinates training and education on health and safety, and advises on any potential hazards and how to avoid them.

Non union companies appoint representatives from among the employees whose main function is to cooperate with the management to enhance health and safety of their colleagues (Cole, 1997). To achieve this, the representatives investigate potential hazards, examine causes of accidents, investigate employee complaints and forward them to management for action. Lastly, they educate their colleagues on health and safety, and their rights as far as the same issue is concerned. These representatives have existed for a long time and have been found useful in improving the standards of health and safety. It was noted that the British and American firms

who had involved representatives as early as 1913 indicated a reduction in the number of accidents recorded over a given period. (William, 1960). A more empirical evidence to support this idea of representatives is a study which was carried out in manufacturing workplaces where management consulted and involved employees on healthy and safety. The findings were that they recorded less accidents figures than those who did not involve the employees (Reily et al, 1995). Further, employees view the representatives as a medium through which management involve them in making decisions that affect them (James et al, 2000).

Education and training have been found effective in passing on knowledge, skills and attitudes on health and safety. Employers can be trained to think, act and work in an hazard free environment. According to Kenei, (1996) knowledge of a problem is a step towards getting a solution for it. An informed employee stands a better position to remain health and safe unlike an ignorant one. The training programme should be made to fit into the tasks and employee performs. Training can be provided during induction of new employees, during the on the job training or by conducting special training sessions for safety and health. The other avenues that can be used to impart the knowledge, skills and attitudes are company periodicals, posters and displays.

During selection and placement, scientific tests can be conducted to detect psycho-physical, social and psychological traits which can contribute to healthy and safety of any employee (Crawford, 1988). This is because some traits in some people indicate that they are accident prone, or can easily suffer depression. If an employer can identify people with traits which can contribute to unsafe and unhealthy situations at the work place; they can avoid placing these people in areas which will be conducive for accidents. Dessler, (1997) maintains that only 20% of employees are responsible for 70% of the accidents. Wendlant, (2000), says that it takes only one stressed employee to bring down an entire bank. Medical tests during selection and placement can also help to avoid recruiting employees who are vulnerable to what the organisation deals with. For example, child bearing women should be barred from working in jobs which expose them to high lead level because it affect fertility (Miner et al, 1995).

Periodical medical check ups help to identify any health problems so that they can be rectified early. This is especially crucial for employees who are exposed to known health hazards like

computer screens, toxic chemicals and stressful situations. Where possible a dispensary which is manned a competent person enable employees to consult for medical advice.

EMPLOYEE ASSISTANCE PROGRAMMES(EAPS)

Managers believe that providing employees free advice and counseling is a step in helping to cope with mental conditions which may affect their performance on their jobs. These programmes are not regulated by any legislation but are self regulated and hence they differ and vary among companies. One of the most common programmes is stress management. Stress has been identified as a major problem in European countries (Maitland, 2000). The effects of stress in organisations is enormous, ranging from increased accident rates to employees making mistakes which can cost the company dearly. Some common sources of stress are the nature of the work load (quantity and quality), customer demands, pending retrenchments, and working environment.

Employers can have stress coping strategies by devising programmes to teach employees the value of sleep, proper diets, meditation, positive thinking and sports. They can provide opportunities for employees to socialise either during tea breaks, lunch breaks and by providing common rooms and staff canteens. Further environment for socialising can be provided social activities like cocktails, sports, seminars and outings. Counseling services when provided also go a long way to enhance employee mental health.

While it is still not legal in Kenya to test employees for Acquired Immune Deficiency Syndrome (AIDS) or dismiss them, there is still a responsibility an employer has towards this condition. Through education, employees will be given awareness on how it is transmitted. By offering counseling, the victims will be able to cope with the infection because they will have an idea of what is expected of them (David et al, 1987). Other programmes include smoke cessation, drug and alcohol abuse, sexual harassment, violence at work and bullying.

CHAPTER THREE

RESEARCH DESIGN

Introduction

This chapter describes the population that was used for the study, the instruments that were used to collect the data and the techniques that have been used to analyze the data.

Population

The population of study consisted of all the Commercial banks that were operating in Kenya as at 30th June 2000. The Central Bank was also included in the study making the total number of institutions to be studied fifty-two. However, by the time data was being collected, two banks were already having problems and therefore placed under management of the Central Bank. For this reason, they were not involved in the population targeted for the study. A census survey was carried out but out of the forty-nine banks, only twenty-three (47%) agreed to participate in the study. All the completed questionnaires were analysed.

Data Collection

A questionnaire was used (see appendix II) to collect the data. The questionnaires were personally distributed by the researcher with an aim of having them filled by the respondent in the presence of the researcher. However, only thirty seven percent (37%) of the respondents agreed to fill in the questionnaire in the presence of the researcher despite a call or a visit earlier to book an appointment. The other sixty three percent (63%) asked to be left with the questionnaire and gave a date when they would be picked from the reception office. All questionnaires were always taken to the head office of the banks, which are all situated in Nairobi. The questionnaires were given to the human resource manager or anyone else authorized by the human resource manager.

The questionnaire was divided into two major parts. One part was used to collect data on the factors that are considered as health and safety hazards to employees. A three point Likert Scale (1,2,3) was used to measure the extent to which a particular factor is

considered as a hazard; where 1= not at all considered as a hazard; 2= considered to an extent and 3= considered to a great extent. These factors were divided into safety and health hazards. They included machines and equipment, fire, slippery floors, lifts and staircases, trailing wires, robberies, bombs, working hours, strict deadlines, computers, workload, work pace, toilets, drinking water, chemical exposure and other pollutants and lastly furniture.

The second part of the questionnaire used open-ended questions. These were to assist the researcher to collect data on the programmes, which the respondents have that help the to respond to health and safety hazards. The questions were asked in line with guidelines, which the researcher had come up with. These guidelines were to help in grouping of the information obtained. Apart from this information being used to analyze the programmes the banks adopt the information was also used to compare the perceived health and safety hazards with the programmes the institutions had to address them.

Data Analysis Techniques

Descriptive statistics were used to analyze the data. The data for objective one “to identify the factors considered by banking institutions as affecting the health and safety of employees,” was analysed by use of frequency distribution and percentages. A factor would be identified, and the frequency of the institutions, which consider it as a hazard, is analysed. Further a percentage, which is represented by this frequency, is calculated. The higher the frequency, the higher the percentage of institutions, which consider the factor. This helps the researcher to identify these factors that are commonly considered across the banks.

The same method was used for objective two, “to find out the occupational health and safety programmes adopted by banks operating in Kenya.” The most commonly used programmes were identified then questions were asked which would provide information as regards if the programmes were adopted by the banks or not. The higher the frequency the higher the percentage of institutions which have that particular programme.

CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSION

The findings were summarized and presented in form of tables, which are illustrated in the following pages.

Table 1: Factors considered as safety hazards

Ratings	Machines & Equipment		Fire		Robberies		Bombs		Trailing wires		Slippery Floor		Stair-Cases		Lifts	
	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%
Not at all	7	31	0	0	0	0	9	39	5	22	0	0	8	34	14	16
To an extent	12	52	6	26	5	22	6	26	6	26	15	66	9	39	5	22
A great extent	4	17	17	74	18	78	8	34	15	66	8	34	6	26	4	17
Total	23	100	23	100	23	100	23	100	23	100	23	100	23	100	23	100

Machines and Equipment

The machines included generators, (where available), photocopiers, cash registers, motor vehicles, cleaning machine and fax machines; while equipment included filing cabinets, punch, staplers and guillotine. The responses indicate that machines and equipment (see table 1) are considered as a hazard by sixty nine percent(69%). The remaining thirty one percent(31%) do not at all consider machines and equipment as causing any safety threat to employees who use them. Banks do not have complicated machines because they belong to the service industry where human resources are used more than machines.

Even the 69% who consider them maybe thinking of the minor injuries which may be caused by machines and not anything serious. The respondents were asked to indicate on how they respond to this perceived hazard of machines and equipment. They were to respond on three areas, regular maintenance of machines and equipment, fencing off dangerous machines (where available) and ensuring that only competent and authorized personnel handle machines. The results are presented in table 2.

Table 2: Steps taken to respond to machines and equipment hazard.

Steps taken	Frequency	Percentage
Regular Maintenance	20	87
Qualified people operate machines	9	39
Fencing off dangerous machines	6	26

From table 2, it can be seen that a large proportion eighty seven percent (87%) always maintained their machines regularly, thirty nine percent (39%) ensure that competent personnel always operate machines and lastly another twenty percent (20%) reported that fencing off or locking of dangerous machines is done. Banks unlike manufacturing industries do not have technical sections which require special machines. Most of the machines found in banks can be handled by any employee without any special training. The only machines which can be categorised in this special class are vehicles and generators in cases where they are available. This explains the reasons for the low scores for machines being operated by competent employees with thirty nine(39%) and fencing off dangerous machines by twenty percent(20%).

However, regular maintenance of machines and equipment is taken seriously by most banks (87%). Most tasks performed in the banks are automated and any breakdown in any of these may result in many tasks coming to standstill. The quality of work would also be compromised. Therefore, the regular maintenance can be influenced by a management which is keen to guarantee continuity of work and not for the sake of employees' safety and health only. This is evident from the observation that only 69%

consider machines as a hazard as compared to the 80% who regularly maintain their machines and equipment.

Fire

Fire is considered by all the institutions visited as a hazard. The only difference is the degree of consideration given to fire as a hazard to employees' safety. (See table I). All the banks consider fire as a hazard. In fact seventy four percent(74%) consider it to a great extent as a hazard to employee health. None of the respondents ever reported that they ignore fire as a safety hazard. The damage which is caused by fire is always severe not only to personnel but also to property. This may have facilitated the banks to consider fire to this large extent.

Table 3: Steps taken to respond to fire.

Steps Taken	Frequency	Percentage
Well marked and clear fire exits	20	87
Provision of fire extinguishers	22	98
Instructions on how to use extinguishers and locate fire exits	9	39
Fire drills	8	37

Well marked and cleared fire exits was reported by eighty seven percent(87%) and ninety eight percent(98%) provided fire extinguishers. These two variables are liable to inspection inspectors from the inspectorate of occupational health and safety. Instructions on how to use fire fighting equipment was reported by thirty nine(39%) while fire drills was reported as being conducted by thirty seven(37%) of the respondents. These two cannot be physically inspected unless employees are interviewed on them. Employees can also physically see that there are no exits or fire extinguishers but may not even be conscious enough to notice that they cannot even use nor do they know the steps to safe evacuation in case of a fire.

Bank managers should realize that clear escape routes and the provision of fire fighting equipment is far from being adequate. Employees should be provided with instructions on how to escape when fire breaks out. They should also be conversant with how to operate fire extinguishers as this can greatly reduce the spread of fire when it breaks and hence reduce damage to property and injury to employees.

Slippery floors

The results indicate that all respondents(100%) considered slippery floors as a hazard to employees’ safety. None of the respondents said they did not at all consider it (see table 1).

To reduce or eliminate employees injury from slippery floors eighty seven percent(87%) of the organizations reported that they place warning signs to alert and remind employees that the floor is slippery. Another fifty two percent(52%) indicated that they use carpets to cover the slippery floors. (See table 4).

Table 4: Steps taken to respond to slippery floors

Steps taken	Frequency	Percentage
Warning signs “slippery floor”	20	87
Carpets used to cover floors	12	52

If an employee falls down due to slippery floors, this is something which others can see , and if repeated the employees can always recall the previous case especially if damage was severe. Slippery floors would be expected to contribute to most falls in the bank because the floors are regularly cleaned hence no litter to cause the falls. The management would like to avoid this kind of situation employees and customers slipping and falling in the bank premises.

Trailing Wires

These are mainly telephone and electric cables which may be connected from one side of the room to another. The results (see table I) show that seventy eight percent(78%)

considered trailing wires as a hazard while twenty two percent(22%) of the respondents did not consider the trailing wires as a hazard at all. This percentage may consist of those banks who entered a premises in which this aspect was taken care of by the contractors and therefore do not give them a lot of thought. They may not even think they exist because they cannot see them.

The steps taken (see table 5) is that all the respondents (100%) do not leave the wires exposed, especially for electrical wires to avoid electrical shocks. Further seventy four percent(74%) ensure that in addition to insulating the wires they also make sure the wires run against the wall to prevent employees trampling on them and falling down.

Table 5: Steps taken to respond to Trailing wires

Steps taken	Frequency	Percentage
Insulating the wires	23	100
Running against the wall	17	74

Lifts and Staircases

From the results (table I), thirty nine percent(39%) considered lifts as a hazard to employee safety. The biggest percentage of the institutions 14 (61%) do not at all consider lifts as a hazard. This is explained by the fact that most banks are located on the ground and first floors, which do not require use of lifts. In cases where there are two floors, staircases are commonly used. This explains why the bigger percentage, sixty five percent (65%) considers them as a hazard as compared to lifts, thirty nine percent(39%).

Table 6: Steps taken to respond to lifts and staircases

Steps taken	Frequencies	Percentage
Regular maintenance of lifts	15	65
Proper lighting of staircases	14	61

Banks insist on regular maintenance of lifts as indicated by sixty five percent(65%) and sixty one percent(61%) proper lights installed on the staircase where the natural light may be inadequate.

Robberies

Robberies are frequent in Kenya and due to the fact that banks handle money has made them vulnerable. According to Bennett et al ,(1998) employees in the banking institutions are faced with dangers of injury or even death during robberies because most of them are always violent. On the issue of robberies, all the respondents (100%) of the institutions reported that they consider robberies a hazard to the safety of employees. In fact seventy eight percent(78%) indicated that robberies are given very serious consideration. None of the respondents ever said they did not at all consider robberies as a threat.

The respondents reported that they have taken steps to minimize occurrence of robberies and the damages that robberies can cause to employees. All the respondents (100%) reported that they have security guards, alarm systems and preventive grills. However, when asked if they provide instructions to employees to ensure their safety during a robbery attack, only thirty five percent(35%) reported they do this. This indicates that the security measures may aim at protecting the bank's property and not employees.

Table 7: Steps taken to respond to robberies

Steps taken	Frequency	Percentage
Security guards	23	100
Alarm systems	23	100
Grills	23	100
Instructions to employees	8	35

Elaborate physical preventive measures such as security guards, alarm systems and window and door grills give the employee a feeling of being secure. This contributes a lot to the psychological satisfaction that the employer cares for their safety. However, the managers of the banks should take a step further to ensure that employees know how

respond during violent robberies so as to remain safe. For example they should be told to weigh when it will be safe to raise the alarm or to cooperate with robbers. They should also be instructed on how to identify a robbery, and the best way to respond as quickly as possible. Sometimes employees do not even realize a robbery has taken place until minutes after. Other employees have been injured or even killed because they panic and behave in ways which irritate the robberies. Prepared employees would remain calm and not attract the wrath of the robbers in the manner in which they find best to handle the situation.

Bombs

On this hazard, sixty one percent(61%) considered bombs as a hazard. Those who do not at all consider bombs as a hazard were thirty nine percent (39%).The memories of the 1998 bombing of the American Embassy in Nairobi revealed the reality of how dangerous bombs can be. Before then bombs were a foreign terminology. In addition to the security guards (which all the respondents have), who check on every suspicious customer, the institution can also give employees instructions on how to act in case of a bomb threat or explosion in order to remain safe. However, only twenty six percent(26%) of the respondents reported that they ever give instructions to employees.

Most banks are still not aware that employees who are prepared can be able to evacuate safely in cases of bomb explosion or threat. Banks cannot, in any way, prevent bombs from exploding; the maximum they can do is to ensure the employees are equipped with knowledge and skills on how to reduce chances of injuries when a bomb explodes. They should also be knowledgeable on how to react when a call is made claiming a bomb has been planted in the bank premises. The panic that accompanies such threats can lead to a lot of damage if not handled properly. Since bombs are a reality in Kenya, the bank managers should ensure that employees are given the necessary information about them.

HEALTH HAZARDS

This section summarizes the factors, which are perceived by the respondents to affect the health of their employees. These are illustrated in table 8. This section also discusses the steps which organizations take in order to respond to the health hazards.

Table 8: Health Hazards

Programme	Not at all		To an extent		To an greater extent	
	F	%	F	%	F	%
Working hours	9	39	8	34	6	26
Strict deadlines	12	52	8	34	3	13
Computers	12	52	6	26	5	22
Workload	9	39	9	39	5	22
Work pace	16	70	5	22	2	08
Working Environment	10	43	7	30	6	26
Toilets	8	34	11	48	4	17
Drinking water	4	17	10	40	9	39
Chemical Exposure	18	78	3	13	2	09
Furniture	16	70	5	22	2	09

Working hours

The number of hours an employee works can have an impact on his/her health, especially if an employee works for long hours. From the data analysis, thirty nine(39%) of the institutions do not consider the number of hours an employee works as a hazard.

However, quite a large number recognize working hours as a hazard to employees' health, with sixty one percent(61%) respondents reporting this.

Work Pace

This hazard is concerned with the speed at which employees work. From the research data, 16 (70%) of the institutions do not at all consider the speed at which employees work as a danger to their health, while thirty per cent (30%) consider it as a hazard.

Work Load

Workload refers to the quality or quantity of work, which an employee performs in a given day. The responses indicate that thirty nine per cent (39%) of the institutions do not at all consider workload as a hazard, while fifty eight percent (58%) considers workload as a hazard .

The respondents were asked questions in order to establish if they take any steps to address the health hazards arising from working hours, workload and work pace. The responses were summarized as follows. See table 9.

Table 9: Steps taken to respond to workload, working hours and workspace hazards

Steps taken	Frequency	Percentage
Assigned tasks must be completed	23	100
Reprimand employees for unfinished tasks	20	87
Employees do not decide what to do in a given day	23	100
Employee can be helped to complete	2	5

All the respondents (100%) reported that there are certain tasks which an employee must complete over a given period; which is not decided by the employee but the supervisors. If these tasks are not completed within the given period, eighty seven percent(87%) of the respondents reported that the employees concerned are reprimanded. Only twenty two percent(22%) indicated that an employee could be assisted if the tasks they are doing are not completed at the end of the specified period.

The findings indicate that employees know the number of hours they are supposed to work. This is clearly indicated by sixty one percent(61%) of the respondents who reported that they are keen on working hours (see table 8). However, since employees cannot control their workload (100% respondents indicated that employees do not decide what to do on any given day), means that they can easily extend their working hours in order to complete the assigned tasks, which if not completed would attract a reprimand from the management. This leaves the stated working hours as only a guideline. The working speed is also above an employee's control because duties are given by supervisors. The speed at which an employee works will be determined by the deadline which is set by the supervisor and the customer's demands. Thus, too much is required of the employees because no bank would like to lose a customer to the numerous competitors

According to Maitland (2000), the Britons work the longest hours in the European Union because they work not less than 50 hours in a week. This compares very well with bank employees in Kenya who must report to work at 0800 hours and, in most cases, leave between 1730 and 1830 hours. This means approximately nine hours a weekday and they must work for at least five hours on Saturday. This works out to 50 hours in a week. This indicates that the worker in a Kenyan bank generally works for long hours. The banks have also downsized their employees in order to reduce their operating costs. This has left the employees with a bigger workload which gives the employees physical and psychological fatigue.

Chemical Exposure and other Pollutants

One may make an assumption that office workers are not exposed to any chemicals. Cleaning materials used in the office may have harmful implications no matter how little they may be. Others would include the chemicals used in the currency notes and coins. It is even worse when the notes are old and dusty. Most respondents do not consider chemical exposure as a hazard which affects employees' health.

Ninety eight percent (98%) of the respondents reported that cleaning is done when employees are away. This can be a step towards reducing the employees' chances of inhaling the chemicals used in cleaning. However, to establish if the respondents knew why cleaning was done while the employees were away, they were asked to explain why cleaning is carried out when employees are away. Ninety eight per cent (98%) indicated that cleaning is more convenient when employees are away since it does not interfere with their work. The other two per cent indicated that it is a routine that was established a long time ago and therefore has to be followed. None of the respondents ever mentioned that the dust and chemical that employees can inhale could be harmful. None of the institutions reported that they conduct checks to find out the levels of radiation and fumes from machines. All the respondents also reported that they do not provide any employee with milk, as opposed to some institutions where employees who are exposed to dust are provided with the commodity. Only seventeen per cent (17%) provide protective masks to note and coin handlers.

Table 10: Steps taken to respond to chemical exposure and other pollutants

Steps taken	Frequency	Percentage
Offices cleaned when employees are away	22	98
Provision of masks to note handlers	4	17
Provide milk to employees	0	0
Check fumes and radiation from machines	0	0

The Factories Act, Cap 514 Kenya Laws maintains that employees should be provided with protective clothes and other devices. However, the banks do not even consider chemicals and pollutants from dust as hazards hence they do not think of masks in their institutions. This could be due to the common belief that chemical exposure is encountered in the manufacturing industries and therefore this is where the protective devices would be required and not in the banks.

Working Environment

The factors the respondents were asked to describe the working environment included

cleaning of offices, disposal of waste, toilet facilities, noise, light, drinking water and furniture. In table 1, unclean offices were reported as a perceived hazard by all institutions (100%). Toilet facilities was considered by eighty seven percent(87%) while thirteen percent(13%) do not consider at all. Drinking water was reported as considered by seventy three percent(73%) and seventeen percent(17%) do not at all consider drinking water. Furniture as a hazard was considered by thirty percent(30%) and seventy percent(70%) not at all. This means that when furniture for the banks concerned is being purchased, its safety and health implications are not issues to be considered.

On the steps taken by management to respond to this hazard, the responses are summarized in table 11.

Table 11: Steps taken to respond to hazards of the Working Environment

Steps taken	Frequency	Percentage
Regular cleaning and dusting	23	100
Regular cleaning of toilets	23	100
Provide safe drinking water (mineral)	19	83
Bright work areas	22	98
Buying furniture according to appearance	22	98
Buying furniture according to health requirements	9	39

Regular cleaning of work areas and toilets is conducted by all the respondents(100%). Ensuring bright work areas and providing drinking water is also practised in 98% and 83% respectively. Inappropriately designed furniture is identified as one of the major causes of backaches. Backaches is the biggest reason for ill health among employees in Britain (Wood, 2000).It is therefore a pity to observe that majority of the respondents indicate that they buy furniture according to appearance, (98%) as compared to those who buy according to health requirements(39%).This is a serious omission considering that an employee spends eight to nine hours a day using that furniture. Comfort to the employee on the furniture being used should be paramount.

Computers

The computer is a technological device, which is highly used in all the banks that participated in the study. When the institutions (respondents) were asked to indicate if they consider computers to affect the health of the employees, the responses (table 1) were as follows: less than half of the respondents, forty eight percent(48%), consider computers as a hazard while fifty two percent(52%) did not consider it.

On the steps taken sixty six percent(66%) reported they use screen protectors. When they were asked why they use them, the sixty six percent(66%) reported that they are part of the modern computer or the sales people provided them to the organization and advised them to buy. None of the respondents give frequent breaks on the computer operators or hold eye medical check ups to detect any problems that may be facilitated by using the computers. (See table 12).

Office automation has brought harmful work conditions like carpal tunnel diseases which include pain in fingers, wrists, shoulders and back(Bennet et al, 1998). This is due to the fact that operation of machines is carried from one position, and the repetitive actions can be harmful to the operator. The long hours taken on machines like computers without a break can cause stress to the operators (Maitland 2000).

Table 12: steps taken to respond to computer hazards

Steps taken	Frequency	Percentage
Screen protector	15	66
Frequent brakes for computer operators	0	0
Eye medical checkups for operators	0	0

Another recognized health hazard is smoking. This is because it is not only a risk to the smoker but also to the passive smoke - the person who inhales the smoke removed by the smoker. Majority of the respondents eighty seven percent(87%) indicated that smoking is banned in the banking areas and offices. Stickers are put up to remind employees and customers alike.

Lobby groups have really campaigned to enlighten people on the dangers of smoking. This can have an impact on how the organisation handles the issue of smoking.

An institution can also ensure the health of employees by being sensitive to an employee's health status on recruitment and also during placement. Organizations further conduct medical check ups on recruitment to establish if the employees will be fit for the job both physically and psychologically. This should not be seen as a discrimination action but it does not make sense to recruit someone with a medical problem, which will be made worse by the work. The psychological and physical health of the employees should determine if they will be able to cope with the work which the banks do. For example, an employee found to have high levels of adrenaline in their blood is prone to stress if exposed to stressful working conditions. The results would assist the bank to advice the employee to seek alternative employment or advice on how to avoid the situation getting out of control. Medical check ups on existing employees will also enable human resource manager and line managers to place employees in the right positions, according to their physical and mental health status. Medical check up for existing employees can be used to identify eye problems among the employees who operate computers continuously. They can also be used to identify other illness like back problems in order to avoid placing these employees in those areas which require a lot of standing. Unfortunately none of the banks conduct any form of medical examination to its existing employees.

Table 13: Steps taken to respond to physical and psychological hazards

Steps taken	Frequency	Percentage
Medical check up on recruitment	23	100
Refrain from recruiting employees with certain medical or psychological illness	23	100
Consider physical and psychological status before assigning tasks	5	22
Medical check up for existing workers	0	0

To find out if there are any joint efforts between employees and employer on the issue of health and safety the respondents were asked if they have a policy. The policy guides both parties on their contribution in order to ensure a healthy and safe environment. They were also asked to indicate if they have an officer strictly in charge of health and safety, and if employees are involved in any way on issues affecting their health and safety. The responses are summarized in table 14.

Table 14: Employee/Employer Participation on Health and Safety

Steps taken	Frequency	Percentage
Policy on health and safety	0	0
Safety officer	0	0
Safety representatives	0	0

Training

Training sessions can be used to pass on knowledge, skills and attitudes, which would be useful to employee in recognizing and handling health and safety issues. The respondents were asked to indicate if there has been training conducted to specifically target employees health and safety. Only thirty seven percent(37%) responded that fire drills have been held in order to train employees on how to escape in case of fire.

Through training employees would be able to appreciate the hazards which affect their safety and health and would also know the best way to avoid any harm or injuries from them.

Stress Management

Employees in the banking industry work under strenuous and strict working conditions. These include the workload, strict deadlines, high targets, high concentration, the number and nature of customers to be served and the lack of time for any social contact at the working place. These conditions are very stressful to employees (Dessler 1997, Astrid 2000, Roy 2000). Further, the frequent downsizing has left employees with fears of

losing jobs, fears of losing the money employees which the employees handle and being harmed during the violent robberies that target banks. This also contributes to the stress levels of bank workers.

Table 15: Stress Coping Strategies

Strategies	Frequency	Percentage
Counseling (for employees with problems)	6	26
Common tea place	0	6
Cocktails, lunches and dinners	3	13
Christmas parties	14	61
Sports	7	30
Team building exercises	2	9

In order to help employees to cope with the stressful working conditions, banks must come up with elaborate programmes. Counseling has been identified by banks in UK as a good way of helping employees handle stress (Wendlant, 2000). He was reporting on a case study carried out in UK on financial institutions, which further reveals that Barclays bank was one of the financial institution which started offering counseling services to its employees and has recorded positive results. The findings from this study indicate that very few banks offer any counseling to their employees; with only 26% indicating that they provide counseling and only to employees who have a problem that has been identified. The other activities analysed in table 15 provide an opportunity for employees to meet, talk and relieve the stress they may have. Most of the activities scored very low apart from christmas parties with sixty one percent(61%). Unfortunately it is an annual event which may have the objective of impressing employees and the other invited visitors more than providing an opportunity to socialise. The implication is that there are no opportunities for employees to meet in informal set ups and socialise with one another.

The findings of this study reveal that banking institutions in Kenya do not take the issue of stress with the seriousness it deserves. A case study by Wendlant (2000) reported that

stress and the pressure to perform led to Barrings Bank downfall (the Queen had a saving of 800m pounds at the time of its fall). This should sound a warning bell that if stress is ignored for a long time it can cause serious damage to the banks operations and continued survival. Banks should also remember that stress management programmes are self regulatory and not enforced by any legislation.

Table 16: Employee Assistance Programmes

Programme	Frequency	Percentage
Proper dieting	8	34
Adequate sleep	7	30
Positive thinking	10	43
AIDS awareness	15	66
Alcohol and drug abuse	9	39
Parenting	4	17
Sexual harassment	2	09
Personal security	10	43
Financial matters	12	52

Employee assistance programmes are also useful in helping employees to manage their stress levels. These programmes do not only target the workplace sources of stress but also target the other aspects of an employee's life which can cause stress. Awareness can be provided through seminars, short courses, company magazine, counseling, film shows, talks and videos. Despite the indirect benefits which the banks can derive from these programmes; the percentages of banks who provide them is very low (see table 16).

Apart from AIDS awareness which is conducted by 66% and financial matters conducted by 52%, all the others are provided by less than half of the banks involved in this study.

The AIDS awareness is as an influence of what everyone else is doing to try and combat AIDS which has been declared a national disaster. The banks are therefore doing their share in fighting the disease. For the financial matters; some of the respondents would

casually say that employees are assisted to remain financially stable so that they are not tempted to steal the money which they handle daily.

Employee Assistance Programmes cost money, time and are self-regulatory. They are provided as a result of the initiative of the bank's management. For a bank to have or not have them will depend on how important the managers consider them to be and how creative they are in order to come up with suitable programmes.

To summarise the findings and discussion of this study, the programmes have been categorized into three broad programmes: mechanical and physical programmes, ergonomical programmes and behavioural programmes.

Table A: Mechanical and Physical Programmes

Programme	Frequency	Percentage
Regular maintenance of machines	20	87
Conducive working environment		
▪ Regular cleaning of premises	23	100
▪ Clean toilet facilities	23	100
▪ Adequate lighting	22	98
▪ Mineral drinking water	19	83
▪ Smoking ban	20	87
Fire extinguishers	22	98
Fire exits well marked and clear	20	87
Trailing wires		
▪ Insulated	23	100
▪ Against the wall	17	74
Security devices		
▪ Alarms	23	100
▪ Security guards	23	100
▪ Security grills, doors, glasses	23	100
Regular maintenance of lifts	15	65
Proper lighting on staircases	17	74

Table A shows the summarized responses for steps to taken to address physical and mechanical hazards. The results show that all the institutions are very keen on these

programmes with the lowest score being sixty five percent(65%) on lifts; which can be explained by the fact that some banks are located on the ground floor of buildings and therefore do not need lifts.

There are two main factors to note on these findings. All the programmes are physical and visible and so are the hazards they are trying to address. These are visible to employees, managers, customers and union leaders. Management cannot ignore them because if employees complain union leaders may join them and customers can also see for themselves the physical conditions employees are working in. This can generate sympathy and result in poor public image, which the organization has an obligation to protect. (Pike, 2000).

The second factor to note is that these factors are a requirement of the legislation on occupational health and safety – which are contained in the Factories Act Cap 514 of Kenya Laws. The inspectors from the directorate of occupational health and safety department can inspect premises any time and prosecute any employer who subjects employee to unhealthy and unsafe physical working conditions.

In conclusion, the banking institutions are operating within the legislative requirements and also portray an image of an organization that is particular on comfortable physical working environment for employees. This image is crucial for customers, and any other person who visits the banks; they are left with envy on the comfortable working environment banks provide to employees.

Ergonomical Programmes

These are programmes that target the adjustment between employees and their work. According to Bennet et al, (1998) it is the processes and systems, which should fit into the work process and systems. The programmes, which are put in place to ensure this, are summarized in the table B together with the responses to indicate if the institutions practice them.

Table B: Ergonomical Programmes

Programme	Frequency	Percentage
Computers		
▪ Screen protectors	15	66
▪ Frequent short breaks for operators	0	0
▪ Eye medical check ups for operators	0	0
Control of working hours, workload and pace.		
▪ Tasks must be completed within a certain period	23	100
▪ Reprimand for unfinished tasks	20	87
▪ Employees can be assisted to complete tasks	5	22
Furniture		
▪ Purchased according to appearance.	22	98
▪ Purchased according to health requirements	9	39
Exposure to toxic chemicals		
▪ Cleaning during employee absence	22	98
▪ In order to avoid disturbance	20	87
▪ Routine to clean while employees are away.	2	10
▪ Check fumes radiation and gases from machines.	0	0
Provide masks to note handlers	4	17
Provide milk to any employee	0	0

These programmes may not be responding to any legislative acts but are purely self-regulatory. Secondly, the hazards they are meant to respond to are invisible to employees, management, customers and even trade union leaders. The employees and managers may

not even appreciate the repercussions on the health of the employees who are exposed to them because they cannot even see them. A third note to take is that the effects of these hazards may manifest themselves in indirect and unclear ways so that the employee and managers cannot even understand. Furthermore it can take very long before the damage can manifest itself and be noticed.

Sometimes the ignorance of the employees can make them vulnerable to exploitation by management. The silent rule used is “as long as they work and do not complain leave them alone”. However, employees’ health and safety should come first, and then work. A healthy employee is a productive employee.

Behavioural Programmes

These are programmes, which aim at giving guidance to employees and employer on how to think and act in the best way to ensure health and safety. These programmes are analysed and summarized in table C.

Table C: Behavioural Programmes

Programmes	Frequency	Percentage
Policy on health and safety	0	0
Health and safety officers	0	0
Representatives from employees to enhance health and safety.	0	0
Training		
▪ Fire drills	8	37
▪ Any other e.g fire fighting, first aid	0	0
Medical check ups		
▪ During selection to determine any health problems	23	100
▪ Reject employees with health problems	23	100
▪ For existing employees to detect problem and look for remedy	0	0
▪ Consider physical and psychological state of employee before placement	5	22

CHAPTER FIVE

SUMMARY AND CONCLUSIONS

5.1 Summary

The two main objectives of this study were to identify the factors considered by banks as affecting the health and safety of employees at the workplace and to find out the health and safety programmes adopted by the banks to address the perceived hazards.

It was evident that safety hazards are rated as important by the banks. The proportion of the respondents who indicated that they consider the safety hazards was significantly large with the highest ranked hazard being robberies (78%). Other hazards that were considered to a great extent were fire (74%) and trailing wires (52%). Few banks indicated there were certain known physical hazards which they did not consider at all as hazards to their employees' safety. For example 61% indicated they did not consider lifts, at all, as a hazard, followed by bombs (39%), staircases (34%) and machines and equipment (30%). Generally, the safety hazards were given a high consideration by the banks which participated in the study.

On health issues, most of them were not considered as affecting the employees. Some hazards are not at all considered by many banks. These include work pace which was not at all considered by 70% of the banks. Others that were not at all considered were strict deadlines (52%), furniture (70%), chemicals and other pollutants (78%), working hours (39%), workload (39%), and working environment (43%).

The hazard rated highly as being considered to a great extent as a hazard is drinking water (39%). This was followed by unclean offices with 30% of the respondents. This is a big contrast when compared to safety hazards in which 74% of the respondents reported the fire was considered to a great extent to affect employees' safety. Robberies and trailing wires were other factors considered to a great extent with 78% and 52% respectively.

The second objective sought to establish the programmes which banks have adopted in order to address occupational health and safety hazards. The study revealed that banks have elaborate physical and mechanical programmes (see table A). Most programmes were rated highly by the respondents, with eight out of the fifteen programmes identified as being practised by between 98% to 100%. In conclusion therefore we can use these findings to say banks provide a conducive physical working environment.

The programmes that target the physiological and mental health are not well developed in most of the banks that were involved in the study (table B,C and D). This compares very well with the findings which indicated that most of the banks do not consider the hazards that affect the mental and physiological health of the employee as they do for those that are physical like drinking water (provided by 83% of the banks). Factors which are associated with mental stress and hence poor health were rated very poorly. These factors which were not at all considered as hazards included work pace by 70%, chemical exposure by 78%, strict deadlines by 52%, computers by 52%, furniture by 70%, working hours and workload with 39% respectively.

The programmes which can assist employees to cope with stress for example are rarely found in any of the banks who participated in this study. These include providing the employees an opportunity to socialise during tea breaks or lunch by sharing a common room, organising occasional parties, sports, team building, family days and brief training periods which should not interfere with the work schedules. However the banks scored very low marks on this area. None of the banks indicated that employees take tea or lunch in any common room, 9% have team building exercises, 13% hold dinners or lunches, 26% offer counseling to employees after problems have arisen. The banks should be in the forefront in providing these programmes because some bankers are unable to cope with stress because they do not have a stable emotional life. The long days spent at work prevent them from establishing personal relationship outside the office (Cooper, 2000). Further, none of the banks visited ever said they have medical check up for the existing employees to help them detect any problems and address them early.

The managers in the banking industry may not be blamed for putting a lot of emphasis on physical health and safety programmes. According to Page (2000), making an office environment safe is a straight forward issue Nigel (2000), also argues that the mere fact that health effects manifest themselves in the long term, and the difficulty in detecting any evidence of the health problems makes it even harder for managers to get solutions. This is also consistent with Fillipo(1984), who maintained that accidents are costly to organisations but the greatest danger lies in the many health hazards which may be difficult to see. What these authors are saying should indicate to the managers that they have a big challenge to identify and find solutions to the hazards which affect the health of employees in the organisations.

Finally, the physical and mechanical conditions are well covered in the legislative acts (especially the Factories Act 514). The managers should shift their attention to self regulatory programmes which are not covered by any act but requires the manager's initiatives and goodwill.

LIMITATIONS OF THE STUDY

The main limitation encountered was that some of the banks refused to participate in the study. They gave an excuse that they do not provide any information to people doing research. Out of the forty nine banks that were targeted, only twenty eight agreed to take the questionnaire and finally only twenty three completed and returned the questionnaires.

Another limitation was that some of the banks insisted that they be left with the questionnaires. One cannot be sure if the right persons are the ones who filled in the questionnaire.

->

SUGGESTIONS FOR FURTHER RESEARCH

The same research topic can be carried out, but instead of targeting managers employees in the banks can be interviewed. This would provide a good comparison between what

the employees say and what the managers have reported.

A study should be carried out to establish the adequacy of the legislation to address the present day occupational health and safety needs for the Kenyan worker.

A similar study can be carried out in another industry in the service or manufacturing sector.

BIBLIOGRAPHY

Armstrong M. (1997), Personnel Management practice; 6th Edition, Kogan Page, London.

Amaine R. (1999), Sexual Harassment: Addressing Sexual Harassment in The Workplace; ILO.

Bacon J. (2000), A Heavy Development: Financial Times, Business Health and Safety.

Beardwell & Holden (1997), Human Resource Management Practice; Kogan Page Ltd., London.

Beck & Woolfsan (2000), The Regulation of Health and Safety in Britain; from Old Labour to New Labour; Industrial Relations Journal.

Casio W. (1996), Managing Human Resources: Productivity, Quality and Working Life and Profits; Mcgraw Hill.

Christine Z. (1990), The Toxic Trap; Personnel Journal Volume 69.

Cooper C.L. & Cartwright (1994), Health and Well Being: Healthy Organisation-A Proactive Approach to Occupational Stress; Human Relations Journal.

Cole G.A (1997), Personnel Management; DP Publishing. London.

Crawford P.L. (1976), Accident Prevention Through Scientific Selection; Personal Journal vol. 62.

David R. & Ronald T. (1987), AIDS: Employer Concerns and Options; Labour Law Journal, vol 38, no.2 p67-83.

Davenport N. (2000), Mobbing: Emotional Abuse in the Workplace: www.mobbing-usa.com.

Dessler G. (1997), Human Resource Management, Prentice Hall. New Jersey.

Edward A. (1991), Physical and Chemical agents at the Workplace: Work, Health and Productivity: Mcgraw Hill.

Foulser R. (1999), Healthy & Safety in the Bank-Why is it Important? The Kenyan Banker. P38-39.

Flippo E. (1984), Personnel Management, Mcgraw Hall.

Gardell & Lindell (1987), Work and Non Work Correlates of Illness and Behavior in Male and Female Swedish White Collar Workers; Journal of occupational Behavior. P187-207.

Golding D & Golding J (1987), Managing the Environment: Industrial Relations Journal July/August, p9-11

Government printer, Factories Act, Chapter 514 Section 61(1)-Laws of Kenya.

Government printer, Government of Kenya Annual Report (1999).

James P. & Kyprianou A. (2000), Safety Representatives and Committees in National Health and Safety: A health situation; Industrial Relations Journal. p50-60.

Kerr W. (1974), Industrial Psychology, Dorsey Press.

Kenei L.B. (1995), An Investigation of the Probable Factors contributing to Industrial Accidents Among Manufacturing Firms in Kenya: An Empirical Study: Unpublished MBA Project, University of Nairobi.

Kock K. & Salter N. (1999), Health and Safety in Federal Republic of Germany; Industrial Relations Journal.

Legge K. (1995), Human Resource Management, Rhetorics and Realities. Macmillan.

Miltland A. (2000), Striving for the Right Balance; Financial Times: Business Health and Safety. P07-08.

Mathias R. & Jackson J. (1994), Human Resource Management, West Publishing Company.

Mayaka A.N: "Accidents in Kenyan Factories projected to 1995". African Newsletter on Occupational Health and Safety. August 1993

Miner J. & Miner M.G. (1977), Personnel and Industrial Relations: A Managerial Approach. Harper Collins College Publishers

Nigel P. (2000), A Complex Minefield, Financial Times: Business Health and Safety

Miner J. & Crane D. (1995), Human Resource Management the Strategic Perspective: Harper Collins College Publishers.

Pigors & Myers (1991), Personnel Administration: A Point of View and a Method: McGraw Hill.

Pike A. (2000), Tough Targets and Heavy Penalties; Financial Times: Business Health and Safety.

Reilly b., Paci P., & Holl P. (1995), Unions, Safety and Workplace Injuries: British Journal of Industrial Relations 33.

Sanchez K (2000), Activists call for Action on Job-Related Deaths.

<http://content.health.msn.com/content/article/2/94.121>

Sekarah U. (2000), Research Methods for Business: A skill Building Approach. John Wiley.

Schuler R. & Huber V. (1993), Shuler R. & Huber V. (1993), Personnel and Human Resource Management: West Publishing Company.

Spector P.E. (1996), Industrial and Organisational Psychology: Research and Practice. John Wiley.

Torrington D. & Hall L. (1995), Personnel Management: HRM in Action; Prentice Hall.

Wendlant A. (2000), Striving for the Right Balance; Financial Times: Business Health and Safety

Appendix I

LETTER OF INTRODUCTION

June 2001

Dear Respondent,

MBA RESEARCH PROJECT

I am a postgraduate student pursuing a Masters degree in Business Administration (MBA), at the Faculty of Commerce of the University of Nairobi. As a requirement of the degree course, I am conducting a study on The Programmes Banks operating in Kenya have to address Occupational Health and Safety.

Your bank has been selected to form part of this study. I therefore request for your assistance to fill in the questionnaire. Your responses will be treated in strict confidence and under no instances will your name or that of your bank be mentioned in the report.

Your cooperation will be highly appreciated.

Yours Faithfully

Anne M Mberia

MBA STUDENT

Mr. Omondi George

SUPERVISOR

Appendix 2

QUESTIONNAIRE

Section A: Company Data

1) Position of the Respondent in the Bank.....

2) For how long has your bank operated in Kenya?

3) How many employees do you have?

4) Please indicate the ownership of your bank.

Private Ltd

Public Ltd

Cooperative

Others (please specify)
.....

5) Please indicate if your bank is

Foreign owned

Locally owned

6) Tick to indicate the services offered by your bank

Savings

Funds transfer

Deposits

Loans

Current accounts

ATM

Overdrafts

Any other (please specify)

.....
.....

Section B:

The following factors have been identified as being hazardous to employees' health and safety. Use the scale given below to rate the extent to which your bank considers each of them as a hazard.

	To a great extent	To an extent	Not at all
Machines and Equipment	3	2	1
Fire	3	2	1
Floors	3	2	1
Lifts	3	2	1
Staircases	3	2	1
Trailing wires	3	2	1
Robberies	3	2	1
Bombs	3	2	1
Working hours	3	2	1
Strict deadlines	3	2	1

Computers	3	2	1
Workload	3	2	1
Work pace	3	2	1
Working environment	3	2	1
Toilets	3	2	1
Drinking water	3	2	1
Chemical Exposure	3	2	1
Furniture	3	2	1

Any other hazards (Please specify)

.....

Section C:

What precautions do you take to ensure health and safety on the following

Machines.....

.....

Slippery Floor.....

Electrical wires.....

.....

Lifts and staircases.....

.....

Fire exits.....

.....

Air.....

.....

Lights.....

.....

Drinking water.....

.....

Disposal of waste.....

.....

Computer screen.....

.....

Robberies.....

.....

Bomb threats.....

Violent customers.....

Chemical emissions.....

Dusty and dirty old notes.....

.....

Smoking.....

When is cleaning done? (a) In the presence of employees.....

(b) In the absence of employees.....

Explain reason for your answer.....
.....

2) Are there certain tasks an employee must accomplish by the end of the day?

Yes/No

If yes, what happens if any employee can finish the work given?
.....

3) Do you have safety and health officer? Yes/No

4) If No, who has the responsibility on health and safety.....

5) Do you have a policy on health and safety? Yes/No

6) If yes, when is it communicated to employees.....
.....

7)Do you have representatives selected from the employees to participate in health and safety issues? Yes/No

8)Do you have any training sessions where matters relating to health and safety are taught? Yes/No If yes, please explain how they are conducted.....
.....
.....
.....

9)Do you do any medical check ups or psychological testing during recruitment? Yes/No

10)Do you refrain from recruiting an employee who is found to have medical or psychological problems? Yes/No

11)Are there any considerations put in place before placing an employee to do certain tasks?

.....
.....

12)Do you have medical check ups for existing employees ?.....

.....
.....

13)Do you provide counseling services? Please explain

.....
.....

14)Where do the employees take the mid morning tea from?

.....

15) What do you consider when buying furniture?

(a) Appearance.....

(b) Health requirements.....

16)Explain the social functions the bank holds for its employees.....

.....
.....

17)Do you enlighten your employees on any of the following? Please indicate the areas you have handled at any time.

[] Proper dieting

[] Adequate sleep

- Positive thinking
- Aids awareness
- Alcohol and drug abuse
- Parenting
- Sexual harassment
- Personal security
- Financial matters

18) Please indicate any other issues on health and safety which may have been left out and you would like to comment on.....

.....

.....

.....