COMPLIANCE OF OCCUPATIONAL HEALTH AND SAFETY POLICIES AND REGULATIONS IN PUBLIC HOSPITALS IN MWANZA REGION:

A CASE STUDY OF SEKOU TOURE HOSPITAL

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A CASE STUDY OF SEKOU TOURE HOSPITAL

By

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The research Report submitted to the School of Public Administration and Management in fulfillment of the requirements for the Degree of Master of Public Administration (MPA) of Mzumbe University

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CERTIFICATION

We, the undersigned, certify that we have read and hereby recommend for acceptance by the Mzumbe University, thesis entitled "**Compliance of Occupational Health and Safety Policies and Regulations in Public Hospitals in Mwanza, A Case Study OfSekouToure Hospital.**" in fulfillment of the requirements for award of the Degree of Master ofPublic Administration (MPA) of Mzumbe University.

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Accepted for the Board of Public Administration and Management

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Dean of School of Public Administration and Management

DECLARATION

I, NeemaJosephat, declare that this dissertation is my own original work and that it has not been presented and it will not be presented to any other university for a similar or any other degree award.

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DEDICATION

This work is dedicated to my father **Mr. Josephat Ngodagula** and my mother **MrsJaneth Charles Kanyehele.**

LIST OF ABBREVIATION

ILO	-	International Labor Organization
NAOT	-	National Audit of Tanzania
OPD	-	Out Patient Department
OSH	-	Occupational Health and Safety
OSHA	-	Occupational Health and Safety Authority
QIT	-	Quality Improvement Team
RMO	-	Regional Medical Officer
WHO	-	World Health Organization
WIT	-	Working Improvement Team

ABSTRACT

On making sure that workers are protected against hazard environment the Government of Tanzania formed a policy on Occupational health and safety 2009 as well as regulations that is Occupational Health and Safety Act no 5 of 2003, but still the occupational safety among hospital workers in Tanzania is still in danger. The general objective of this study is to analyse to which extent does the SekouToure hospital comply with te requirements stipulated by the regulations and policy on occupational health and safety.

The researcher employed a case study research design and thus SekouToure Hospital was a case study in the research. And the sample technic applied in the study were quota sampling as well as purposive sampling. Under the study data collection method applied were primary data collection method as well as secondary, under which the tools used on collection of data were by way of questionnaires, interviews as well as documentary review. After collection of data, the data gathered were analysed by way of quantitative under which tables and figures were used, and also by way of qualitative method as explanation were provided to the data gathered.

The findings gathered from the field revealed that, there is a poor compliance to the occupational health and safety regulations as well as policy at SekouToure Hospital. The employees have less knowledge on issues of OHS, as well as the hospital administration have made less efforts on making sure that the issue of OHS is being implemented effectively as required by the law.

In order to ensure that workers at the hospital are being protected against all hazards and risks they are facing then, OHS matters have to be taken serious by making sure that laws are well established to ensure that compliance is observed by all organizations. Also the government should ensure that OHS personnel are recruited as many as possible to cover the needs in the organizations.

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CHAPTER ONE

AN OVERVIEW OF THE STUDY

1.1 Introduction

This chapter covers the background history of occupational health and safety in the world and in Tanzania. The chapter also covers the statement of the problem as well as the importance of this study and the objectives of conducting this study.

1.2 Background to the Problem

Occupational health and safety (OHS) is a cross-disciplinary area concerned with protecting the safety, health and welfare of people engaged in work or employment. The goal of all occupational safety and health programs is to foster a safe work environment. As a secondary effect, it may also protect co-workers, family members, employers, customers, suppliers, nearby communities, and other members of the public who are impacted by the workplace environment. Occupational health and safety field have categorized occupational hazards broadly into physical, mechanical, chemical, biological, agronomical and psychosocial hazards (World Health Organization (WHO),2001).

In 1950, the Joint International LabourOrganisation(ILO)/World Health OrganisationWHO Committee on Occupational Health stated that "Occupational health should aimfisrt at the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations. Second should aim at the prevention amongst workers of departures from health caused by their working conditions. And third, the protection of workers in their employment from risks resulting from factors adverse to health, and the placing and maintenance of the worker in an occupational environment adapted to his physiological and psychological capabilities" (European Commission, 2010).

ILO was created in 1919 to promote social justice as a contribution to universal and lasting peace. The preamble of the ILO Constitution specifically provides that "the protection of the worker against sickness, disease and injury arising out of employment" is a fundamental element of social justice. This right to decent, safe and healthy working conditions and environment has been reaffirmed in the 1944 Declaration of Philadelphia and the ILO Declaration on Social Justice for a Fair Globalization. A significant body of international instruments has been developed by the ILO in the area of occupational safety and health (OSH) over the past 90 years and close to 80 per cent of all ILO standards and instruments is either wholly or partly concerned with issues related to OSH (ILO, 2009).

The promotion of decent, safe and healthy working conditions and environment has been a constant objective of the International Labor Organization (ILO) action since the Organizationfounded in 1919 (ILO, 2009). A significant body of international instruments and guidance documents has been developed by the ILO over the past 90 years to assist constituents in strengthening their capacities to prevent and manage workplace hazards and risks. The present survey examines three central ILO instruments in this area: the Occupational Safety and Health Convention, 1981 (No. 155), the Occupational Safety and Health Recommendation, 1981 (No. 164), and the Protocol of 2002 to Convention No. 155. These instruments provide a blueprint for setting up and implementing comprehensive national occupational safety and health (OSH) systems based on prevention and continuous improvement (ILO, 2009).

In times past, employers were not concerned with the health and safety of their employees at work. An employee was not provided with safety and health equipment and he risked getting hurt at work anytime he goes about his duties. An injured employee in countries like U.S., forexample, had to litigate to obtain the compensation which in most cases was not successful and the cost of doing so even prevented employees from going to court. However, the International Labour Organization made some recommendations in 1959 which provided that "occupational health services

should be established in or near a place of employment for the purpose of, protecting the workers against any health hazards arising out of work or conditions in which it is carried on, contributing towards workers physical and mental adjustmentandthe establishment and maintenance of the highest possible degree of physical and mental well-being of the workers (ILO,1959).

The employer has a responsibility to protect the employees from all health hazards that may pose threat to their safety and health (ILO, 1959). And safety hazards were explained to be those aspects of work environment that have the potential of immediate and sometimes violent harm to an employee.

The percentage of all workers in the world with access to occupational health services is estimated to range from 10 to 20% (ILO, 2009). Certain groups of workers, including health care workers, are more exposed to occupational health risks (Lethbridge, 2008). The proportion of workers and workplaces with access to occupational health services is today diminishing rather than expanding. This is so despite the efforts made by several authoritative bodies, including the International Labor Organization (ILO), the World Health Organization (WHO) and numerous professional and workers' organizations who have, for several decades, emphasized the need for services (ILO, 2009).

Being more specific ILO decided to cover each sector, specifically including the public sector and thus several provisions are covering for public sector workers. Although there has been a gradual development of measures that include health workers and workers in the public sector, a recent ILO survey shows that there are 32 countries that do not have any special OSH provision for workers in the public sector Tanzania being among them. In these countries, existing OSH legislation has to be assumed to cover the public sector, (Lethbridge, 2008) as practiced in Tanzania that the current legislation for occupational health and safety covers for all sectors being private or public.

Occupational health and safety (OHS) covers employee health, safety and welfare in the workplace. A fundamental principle in the Occupational Health and Safety Act 2003 (OHS Act No 5 of 2003) is that an employer, such as the board of a public hospital, 'must, so far as is reasonably practicable, provide and maintain a working environment that is safe and without risk to health (OHS No 5, 2003). An employee must also take reasonable care for his or her own health and safety, and for the health and safety of others. Major hazards exist in hospitals are, exposures to infectious and chemical agents; lifting and repetitive tasks; slips, trips, and falls; occupational violence; and risks associated with poor design of the workspace. These can lead to infections such as hepatitis, musculoskeletal injuries, stress and serious injury, such as fractures from exposure to occupational violence, acute traumatic injury and even death (Victorian Auditor General'sOffice, 2013).

Hospitals are part of a high demand, high expectation service industry and are heavily reliant on staff for the friendly, safe, effective and efficient delivery of services. To optimize productivity and attitude of staff, senior management must be committed to ensure a conducive organizational climate with high staff morale. Clear priorities and direction, realistic performance goals and workloads, commitment to continuing education and quality assurance, reception to staff feedback, and support with counseling services for stressed staff are all important components (Bert, 2013).

The hospital working environment is complex and demanding and can pose significant risks to staff safety. Consist of serious hazards like, lifting and moving patients, needle sticks, slips, trips, and falls, and the potential for agitated or combative patients or visitors along with a dynamic, unpredictable environment and a unique culture (U.S Labor Department, 2014).Also other hazardous faced by the hospital workers includes, blood borne pathogens and biological hazards, potential chemical and drug exposures, waste anesthetic gas exposures, respiratory hazards, ergonomic hazards from lifting and repetitive tasks, workplace violence, workplace stress, hazards associated with laboratories, and radioactive material and x-ray hazards(U.S Labor Department, 2014).

Caregivers feel an ethical duty to "do no harm" to patients, and some will even put their own safety and health at risk to help a patient. According to the Bureau of Labor Statistics, the likelihood of injury or illness resulting in days away from work is higher in hospitals than in construction and manufacturing two industries that are traditionally thought to be relatively hazardous (U.S LaborDepartment, 2014).

Hospitals and personal care facilities employ approximately 1.6 million workers at 21,000 work sites. Although it is possible to prevent or reduce worker exposure to these hazards, in 2012, the healthcare and social assistance industry reported more injury and illness cases than any other private industry sector, 621,100 cases (Medical World Americas, 2014). Public Hospital staffs are being put at unnecessary risks; the impact of poor occupational health and safety(OHS) is felt not only by affected staff but also by the patients they are treating (Victorian Auditor General's Office, 2013).

In Tanzania several efforts were made since back then showing that the government cares about the health and safety of the employees, and due to that several legislations were enacted with the aim of protecting the employees against any dangerous environment they were working within. Such legislations are such as, The Factories (Building Operations and Works of Engineering Construction) Rules of 1985, The Woodworking Machinery Rules, 1995, The Factories (Electricity) Amendment Rules, 1985, The Factories (Occupational Health Services) Rules, 1985, Workmen's Compensation Ordinance,1949 and The Factories (Occupational Health Safety Services Fees) rules, 2001(Occupational Safety and Health Tanzania Profile, 2004).

In 2003 and 2004, the numbers of accidents reported in Tanzania mainland were 1,692 and 1,889 respectively, and a total amount of TZS 668.5 million was used to compensate occupational accident victims. The Government of Tanzania established the Occupational Safety and Health Authority (OSHA) under the Ministry of Labour and Employment (MoLE) and charged it with the responsibility of ensuring safe and healthy working conditions in all workplaces, by setting and enforcing laws and standards that

will be observed by employers in every workplace (National Audit Office of Tanzania (NAOT), 2013).

The government also established the Labor Court (LC) which is the Division of the High Court of Tanzania, the Employment and Labor Relations Act No. 6 of 2004, the Commission for Mediation and Arbitration (CMA) and the Registrar of Trade Unions. To make it more legal the government in 2003 enacted the Occupational Health and Safety Act No 5 to make the laws more actionable and enforceable before the courts of law. Despite these initiatives, the occupational safety and health in Tanzania is still a serious problem and the Tanzanians workers in all social, economic sectors are daily affected (NAOT, 2013).

In Tanzania, hospital workers have been observed working in hazardous environment, and most of them are not aware of the health and safety issues. It is through these threats, the government of Tanzania established policies and laws to ensure, among other things health and safety of the workers in hospitals. The Occupational health and safety act No. 5 of 2003 make provisions for the safety, health and welfare of persons at work. It also provides provisions for the protection of persons other than persons at work against hazards to health and safety arising out of or in connection with the activities of persons at work (Manyele, Ngonyani&Eliakimu, 2008).

The Occupational Health and Safety Act, 2003have provisions for offenses and penalties for non-compliance (OHS Act, 2003). Despite the presence of the good policies and acts clearly stipulating on how to observe occupational health and safety, still there observed disparities and relaxation in terms of compliance with these requirements. This study aimed at assessing the compliance to OHS requirements and associated factors to the public hospitals especially at SekouToure Hospital.

1.3 Statement of the Problem

Hospitals are large, organizationally complex, system driven institutions employing large numbers of workers from different professional streams. They are also potentially hazardous workplaces and expose their workers to a wide range of physical, chemical, biological, ergonomical and psychological hazards. Thus Occupational Health and Safety issues relating to the personal safety and protection of its workers is a very important Environmental Health concern for hospitals (Bert, 2013).

In Tanzania the Occupational Safety and Health Authority (OSHA) is striving to make sure that the health of the workers are well protected against any hazardous environment through the Occupational Health and Safety Act of 2003. The Act has clearly stipulated down the duties and responsibilities of both parties that is the workers and the employers on occupational health and safety issues and making sure that the environment for safe working environment are being promoted in every working place with hazardous nature, and this is to include hospitals (OHS Act, 2003).

The Act has also provided the responsibilities to the employers to make sure that their employees are safe from dangers facing them due to the nature of their work and this can only be done by the employer providing proper equipment for protection and provides the necessary education to the employees on how they can protect themselves from such dangers. The same is applied to the employees who are required to adhere to the rules of occupational health and safety (OHS Act, 2003).The main aim of OHS Act is the protection of the workers and for the development of such organization. Also working in a non-hazardous environment is one of the human important rights as they go to the core of the life of such human being, and putting the life of human being in danger is like denying him the right to live (ISG Occupational health and safety magazine, 2011).

Although the law provides conditions for the protection of workers, but the situation is different athospitals, as there is a shortage of health workers trained in occupational health and safety in both levels of hospital in Tanzania. Also, there is a lackof

qualifiedpersonnel for OHS in hospitals and that OHSis given less priority in hospitals. Most of the hazardous activities are carried out by nurses and attendants who comprise the most risky group (Manyele, Ngonyani&Eliakimu2008). Occupational health and safety is a rapidly developing discipline that is continually being faced with rising challenges from the introduction of new chemicals, new technologies and new work practices(Manyele, Ngonyani&Eliakimu 2008).

Until recently, the OHS issues have not been given appropriate attention even at the Ministry level. For example, theOHS unit at the Ministry of Health has been manned byone staff until 2000-2003, when two more staff members were recruited. It is evident from this and other studies that littleor insufficient attention is given to the OHS problems of the hospital workers, and inabilities of the staff themselves to take the matters into account. They give the best of themselves to the patients without any consideration of their own health (Manyele, Ngonyani&Eliakimu 2008).

It is in the light of these problems facing the health sector that the researcher was curious to find out, to which extent public hospitals, especiallySekouToure which is a regional hospital in Mwanza Region adhere to the rules and regulations of OSHA as it is among the hazardous place. So the level of compliance with occupational health and safety rules at the hospitals is not clear something which the researcher is determined to reveal.

1.4 Objectives of the Study

1.4.1 General objective

The aim of this research was to examine compliance of the occupational health and safety (OHS) rules and regulations on the public hospitals, especiallyatSekouToure Hospital which is a Regional hospital in Mwanza.

1.4.2 Specific objectives

(i) To find out if there are policies made by the hospital on promoting occupational health and safety.

(ii) To determine the presence and the role played by the safety and health committee or representatives at the hospital.

(iii) To assess whether there is enough training and supervision provided to the workers on matters of occupational health and safety.

(iv) To determine the availability of enough protective equipment at SekouToure hospital

(v) To examine the roles of the employee, employers in the execution of health and safety programmes in the hospital.

(vi) To find out if the Hospital is keeping the records of all occupational accidents that has occurred.

1.5 Research Questions

(i) Is the hospital's current occupational health and safety policy adequate?

(ii) What are the roles played by the health and safety committee or representatives at the hospital?

(iii) What is the workers' knowledge regarding occupational health and safety requirements according to training provided by the hospital?

(iv) Does the hospital have proper and enough protective equipment?

(v) What are the respective responsibilities and rights of employers and employees for effective occupational health and safety policy?

(vi) Is there a record book that keeps and mentions all accidents that have occurred at the hospital?

1.6 Significance of the Study

The significance of this particular study can be seen in diverse ways. The study will help to determine the level of compliance to Occupational Health and Safety (OHS) laws at the SekouToure hospital. The results of this study will help to suggest appropriate solutions to improve health and safety at the hospital and thus proper services to the public. The findings will also be useful to researchers, policy makers, law enforcers, Occupational Health and Safety Officials indetermining what else could be done to make the perfect regulation and policy which can assure the effective compliance of the law.

1.7 Delimitations of the study

This study was carried out within SekouToure hospital in Mwanza Region, it will only focus on the compliance of occupational health and safety regulations and policies at SekouToure hospital only and results found will be applicable only to SekouToure hospital.

1.8 Limitations of the study

Most of the employees of the hospital have unstable or unfavourable work schedules. This made the conducting of interviews very difficult, respondents were very busy and thus it was very hard to get one and conduct the interview without any interference.

Financial constraints-in the course of the research, the researcher had to spend a lot of money in printing of the research work, photocopying relevant research materials, allowances to research assistants, travelling and transport cost to the site to gather information.

Another limitation was the reluctance of the respondents in disclosing information with the view that the information will be disclosed to the outside world and it could be used against the hospital.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter covers other works from other literatures, for the purpose of making any meaningful and realistic conclusion on the data drawn from the study, it is important that a closer look is taken at similar works done on occupational health and safety and review some of the literatures pertinent to the study, in order for comparison, confirmation and differences to be laid bare. Due to this, this chapter is meant to contain the review of various literatures considered to be relevant to the study.

2.2What is Occupational Health and Safety?

Occupational health and safety can generally defined as the science of anticipation, recognition, evaluation and control of hazards arising in or from the workplace that could impair the health and well-being of workers, taking into account the possible impact on the surrounding communities and the general environment (ILO,2009).Also occupational health may be defined as development, promotion, and maintenance of workplace policies and programs that ensure the physical, mental, and social well-being of employees (Industrial Accident Prevention Association (IAPA), 2007). These policies and programs strive to: prevent harmful health effects because of the work environment, protect employees from health hazards while on the job, place employees in work environments that are suitable to their physical and mental capacities and other characteristics, and address other factors that may affect an employee's health and well-being (Djik,Varekamp, Radon and Parra, 2011).

Occupational safety is the maintenance of a work environment that is relatively free from actual or potential hazards that can injure employees (IAPA, 2007).Also according to ILO (1998) Occupational safety and health is defined asthe discipline dealing with the

prevention of work-related injuries and diseases as well as the protection and promotion of the health of workers. It aims at the improvement of working conditions and environment. Members of many different professions (e.g. Engineers, physicians, hygienists, psychologists, nurses) contribute to "occupational safety, occupational health, occupational hygiene, well-being at work and improvement of the working environment" (Djik et al, 2011).

Hazard, is the potential to cause harm or an unwanted outcome. For example, asbestos is a hazard which can result in mesothelioma and working at heights is a hazard which can result in physical trauma from a fall(Government of the Republic of Trinidad and Tobago, Ministry of Health, 2012). Health hazards are those aspects of the work environment that slowly and cumulatively (and often irreversibly) lead to the deterioration of an employee's health for example, cancer, poisoning and respiratory diseases. Typical causes include physical and biological hazards, toxic and carcinogenic dusts and chemicals and stressful working conditions (Francis, 2011).

Occupational illness is any abnormal condition or disorder caused by exposure to environmental factors associated with employment. This includes acute and chronic illness caused by inhalation, absorption, ingestion or direct contact with toxic substances or harmful agents (Dessler, 2005).

2.3 Evolution of Occupational Health and Safety

In the late 19th and early 20th centuries, employers ran their businesses as they saw fit to make a profit. Employee safety and health were not their concern. In fact, in official terms these things were nobody's concern. In the U.S. injured employees had to litigate to obtain compensation for their injuries. The cost of doing so effectively prevented employees from going to court. Besides, employees have been rarely successful since, under common law, if the employee knew of the hazards the job entailed or if the injuries were brought about as a result of the negligence of the employee or a co-worker, the employer was not liable(Francis, 2011).

Occupational health has been a major concern of the ILO since its founding, in 1919. There are 17 Conventions, 1 Protocol, 23 Recommendations and 37 Codes of Practice, which cover occupational health and safety, these fall into three groups: Occupational safety and health policies and the provision of occupational health services, labor inspection and systems for recording and notification of occupational health diseases, Specific hazards, which cover biological to psycho-social hazards, provide further (Lethbridge, 2008). In 1950, the ILO–WHO Joint Committee on Occupational Health came up with the concern that occupational health should "aim at the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations"(ILO, 2009).

On November 2000 the Governing Body of the ILO decided to apply on an experimental basis an integrated approach to ILO standards-related activities in order to increase their coherence, relevance, impact and currency.OSHwas selected as the first area to benefit from this approach, and at its 91stSession (2003) the International Labor Conference (ILC) held a general discussion to this end (ILO, 2003). The ILC adopted conclusions defining the main elements of a global strategy to bring about measurable improvements in safety and health in the world of work and recommending the development of a new instrument aimed at establishing a promotional framework for occupational safety and health (Alli, 2008).

At its 94th Session on June 2006, the ILO adopted a Convention (No. 187) concerning the promotional framework for occupational safety and health and its accompanying Recommendation (No. 197) (Alli, 2008). The main purposes of the Convention are to ensure that a higher priority is given to occupational safety and health in national agendas and to foster political commitments in a tripartite context for the improvement of occupational safety and health. Its content is promotional rather than prescriptive, and it is based on two fundamental concepts: the development and maintenance of a preventive safety and health culture, and the application at the national level of a systems management approach to occupational safety andhealth.

The Constitution of the WHO, the WHO Global Strategy on Health for All, plus the ILO Conventions on Occupational Safety and Health and on Occupational Health Services stipulate, among other issues, the fundamental rights of each worker to the highest attainable standard of health. Workers have the right to know the potential hazards and risks in their work and workplace and they should, through appropriate mechanisms, participate in planning and decision-making concerning occupational health and other aspects of their own work, safety and health (Government of the Republic of Trinidad and Tobago Ministry of Health, 2012).

2.4 Formulation of the Policies on Promoting Occupational Health and Safety

Beach (1985), was of the view that, top management sets the safety objectives and policies in the first place, and how top management chooses to support and implement its own policies is crucial to the effectiveness of these policies. Service NL (2014) suggested participation in policy making as they stated that, the development of a health and safety policy is the responsibility of the employer. However, for such a policy or a program to be accepted and successful it will need the commitment and endorsement of the workers. Therefore, it is critical to involve the workers in the early stages when developing a policy or program. This would include, but not be limited to, the workers' health and safety representative or the occupational health and safety committee. Policy formulation is a mandatory requirement as provided in the OSHA under Section 90 that every employer with more than four (4) employees should make a policy on OHS (OSHA, 2003).

On top of that Alli (2008), is of the view that, national policy should guide the organizations and lead on formulating the policies concerning OHS, as he stated that in order to ensure that satisfactory and durable results are achieved in the field of occupational safety and health, each country should put in place acoherent national policy. Such a policy should aim at promoting and advancing, at all levels, the right ofworkers to a safe and healthy working environment; at assessing and combating occupational risks or hazards; and at developing national preventive safety and health

culture that includes information, consultation and training. By striving to minimize the causes of hazards in the working environment, the policy will reduce the costs of work-related injury and disease, contribute to the improvement of working conditions and the working environment, and improve productivity.

According to Armstrong (2009) health and safety policies are required to demonstrate that top management is concerned about the protection of the organization's employees from hazards at work and to indicate how this protection will be provided. They are, therefore, first a declaration of intent; second, a definition of the means by which that intent will be realized, and third, a statement of the guidelines that should be followed by everyone concerned which means all employees in implementing the policy. (Armstrong, 2009) observed that importance of healthy and safe policies and practices is, sadly, often underestimated bythose concerned with managing businesses and by individual managers within those businesses.

Armstrong identified three important parts that should be covered by the policy statement which are; the general policy statement, the description of the organization for health and safety and details of arrangements for implementing the policy.

(i) The general Policy statement

The general policy statement should be a declaration of the intention of the employer to safeguard the health and safety of employees. It should emphasize these fundamental points: that the safety of employees and the public are of paramount importance; that safety takes precedence over expediency; that every effort will be made to involve all managers, team leaders and employees inthe development and implementation of health and safety procedures and health and safety legislation will be complied with in the spirit as well as the letterof the law.

(ii) Organization

This section of the policy statement should describe the health and safety organization of the business through which high standards are set and achieved by people at all levels in

theorganization.This statement should underline the ultimate responsibility of top management for the health and safety performance of the organization. It should then indicate how key management personnel are held accountable for performance in their areas. The role of safety representatives and safety committees should be defined, and the duties of specialists such as the safety adviser and the medical officer should be summarized.

(iii) Details of arrangement for implementing policy

The Canadian Centre for OHS (2012), provided guidance on how exactly implementation can be drafted in the oganisations' policy in order to ensure perfect compliance implement a policy, health and safety activities must be identified and assigned. While each workplace will do this in its own way, there are some general issues which should be addressed:

(a) The policy should state that the workplace has clear rules for healthy and safe work behavior. It should clarify who is responsible for developing, observing, and enforcing the rules.
(b) There should be clear guidelines for maintaining and operating equipment and machinery. Again, individual responsibilities must be clarified.
(c) The policy should state what type of training program will be provided by the company to ensure that employees can meet their responsibilities. This could include first day orientation, on-the-job training, and "refresher" courses.
(d) The means for providing employees with information about basic or specific workplace hazards, and detailed written procedures for hazardous jobs should be outlined.
(e) Regular worksite health and safety meetings at all levels of the organization are an essential part of a good safety program. The policy could identify what issues will be discussed at these meetings, what can be communicated verbally, and what should be in writing.

Cole (1997), stated that as long as it is the requirement of the law that each organization should form a policy on matters of occupational health and safety, then every employer is required to prepare, and keep up to date a written statement of safety policy. And this statement should reflect the employer's commitment to safety and health at work, and should indicate what standards of behavior are to be aimed for in health, safety and welfare matters. Also the policy statement should be drawn to the attention of all employees, in practice, is achieved by issuing a safety policy document to all employees via their pay packets, or by issuing organization handbooks which include details of the policy. The important point is that the employer should show that he has done more than just pin up a notice in various parts of his premises.Cole also provided more on the parts that can be included in that policy statement and these are as follows;General statement, safety organization, individual responsibility and review Procedure.

Service NL (2014), provided why it is so important that an organization should formulate OHS policy of their own and these are as follows; to clearly demonstrate management's full commitment to their employee's health and safety, to show employees that safety performance and business performance are compatible, to clearly state the company's safety beliefs, principles, objectives, strategies and processes to build buy-in through all levels of the company, to clearly outline employer and employee accountability and responsibility for workplace health and safety, andto set out safe work practices and procedures to be followed to prevent workplace injuries and illnesses.

2.5 The roles played by the Safety and Health committee or representatives

NAOT (2012), the report conducted on occupational health and safety in Tanzania identified that, employers are reluctant to form the Occupational Health and SafetyCommittees at their workplaces because of the fear that the OHS committee members /representatives will report accidents and diseases or poor working environment to OSHA which may result into the imposition of sanctions to them. If

these committees could be established and made strong and effective, they could play vital role in ensuring that OHS situations in workplaces substantially improves.

According to Government of Canada Labor Program (2014), health and safety committees and representatives play a vital role in preventing work-related injuries and diseases, and are an important part of what is called the internal responsibility system. This system, based on cooperation between employers and employees, improves the overall understanding of occupational health and safety issues in the workplace. Queensland Government (2014), provided further on this matter by saying that, OHS representatives and committees provide the means for representation and participation of workers in health and safety matters at the workplace. Worker representation facilitates consultation, involving workers and giving them a voice in health and safety matters.

Cole, (1997) According to him,Regulations relating to safety representatives also includes obligations regarding the establishment and operation of safety committees in the workplace. The overall objective of a safety committee is the promotion of co-operation between employers and employees in investigating, developing and carrying out measures to ensure the health and safety of the employees at work. Membership of a safety committee is intended to be jointly agreed between the management and the employee representatives on a consultative basis. The committee should be as reasonably compact as possible, in the light of sufficient and fair representation from both sides. The management side should include line and specialist managers, whilst the employees' side should include some safety representatives. Meetings should be regular enough to cope with the demands of the environment concerned. The author identifies key functions of safety committees. These include:

(i) Studying trends in accidents, with the view to making suggestions for corrective actions.
(ii) Examining safety reports and making proposals for avoiding accidents, etc.
(iii) Examining and discussing reports from safety representatives.
(iv) Making proposals for new or revised safety procedures

(v) Acting as a link between the organization and the enforcement agency (the health and safety inspectorate).
(vi) Monitoring and evaluating the organization's safety policies, and making proposals for changes, if necessary.

Government of Canada Labor Program (2014) provided that, health and safety representative may request from an employer any information that the representative considers necessary to identify existing or potential hazards in the workplace. The representative has full access to all government and employer reports, studies and tests relating to the health and safety of employees. Of course, the representative does not have access to the medical records of any individual except with the person's consent.The health and safety representative is responsible for addressing workplace health and safety issues. The employees of the workplace who do not exercise managerial functions select, from among those employees, the person to be appointed health and safety representative. The health and safety representative's duties include:

(i) To consider and expeditiously dispose of health and safety complaints;
(ii) To ensure that adequate records of work accidents, health hazards and the disposition of health and safety complaints are kept, and regularly monitor this data;
(iii) To meet with the employer as necessary to address health and safety issues;
(iv) To participate in all inquiries, investigations, studies, and inspections pertaining to the health and safety of employees;
(v) To cooperate with health and safety officers;
(vi) To participate in the implementation planning of changes that may affect occupational health and safety, including work processes and procedures, and, if there is no policy committee, participate in the implementation planning of those changes;
(vii) To inspect all or part of the workplace each month, so that every part of the workplace is inspected at least once each year

(viii) To participate in the development of health and safety policies and programs.

Sloane (1983), stated that many employers have found out that in all of these endeavors it helps considerably if employees are directly involved through the use of safety of safety committees. Many executives sincerely believe that for getting things done one's company and two's a crowd. But a strong case can be erected that in the area of safety the committee concept does make sense. Employee representation on a committee whose functions extend to such activities as the ones outlined above has frequently produced a much higher level of worker commitment to the safety program than would otherwise be the case. In addition, professional safety administrators obviously have no monopoly on ideas as to how to make workplaces safer and the quantity of genuinely worthwhile safety suggestions that have emerged from worker representatives is impressive.

On the report by ILO on OHS profile of Tanzania (ILO, 2004) the legal requirement for safety representatives and safety committees was explained as follows; the setting-up of Occupational Safety and Health, Committees are required by legislation for all enterprises/workplaces. The members of the committee are all Safety and health representatives nominated/elected by workers and employers plus other members designated by the employer. Female members in the committee, where applicable should be at least one third of the total number. The committee is empowered to investigate on accidents and diseases and to suggest preventive and control measures. The employer is obliged to execute the recommendations of the committee.

2.6 Training and Supervision to the Workers on Matters of Occupational Health and Safety

Alli (2008), was of the view that, Education and training are vital components of safe, healthy workingenvironments. Workers and employers must be made aware of the importance of establishing safe working procedures and about how to do so. Trainers must be trained in areas of special relevance to particular industries, sothat they can

address the specific occupational safety and health concerns.NAOT (2012), on a report concerning the status of OHS provided that, the OHS Act No. 5 of 2003, requires training should be provided to all workers.Also the OHS National Policy of 2009 points out that training should be provided atleast once in every two years to all workers on the hazards prevailing in their workplaces and safety measures needed to be taken to avoid injury.

Beach(1985),concludes that, young workers, untrained workers, and workers who are new at the job have substantially higher frequencies of work injuries than older workers, trained workers and more experienced workers. Van Zelst investigated the effect of each of these factors separately in a large plant in Indiana and found out that the average monthly accidents rate of about 1,200 workers decline steadily for the first five months on the job, after which the rate remained nearly constant for approximately a five year period. He also found that when newly hired workers were given formal job training, the initial accident frequency was also lower for this trained group and that the group declined to a normal expected level of accident frequency in three months instead of five months for un-trained employees.

Beach is also of the view that safety education for all levels of management and employees is a vital ingredient for any successful safety program. Education in this context concerns the development of proper objectives and attitudes toward safety. It deals with basic fundamentals and reasons why. Training is more concerned with immediate job knowledge, skills, and work methods. Top and middle management requires education in the fundamentals of safety and the need for effective accident prevention program. The safety director and his staff must undertake to provide extensive education and training for first line supervisors. The supervisors must understand their key roles in the safety effort, namely that they are primarily responsible for preventing occupational accidents and thus each supervisor must conduct his own safety training for his employees.

Tsui and Gomez-Mejia (1988), state that one way to encourage employee safety is to involve all employees at various times in safety training. Safety training can be done in various ways. This includes; Regular sessions with supervisors, managers, and employees often are coordinated by HR staff members. And another way may be showing videos, television broadcasts and internet- based resources all are means used to conduct safety training. Tsui& Gomez-Mejia (1988) suggested that to reinforce safety training, continuous communication to develop a safety consciousness is necessary. Merely sending safety memos is not enough. Producing newsletters, changing safety posters, continually updating bulletin boards and posting information in visible areas also are recommended.

Beach (1985), observed that supervisors are playing a major part in providing education and training to the workers as he stated that, at the employee level, there are two principles, one being to develop safety consciousness and favorable attitudes toward, safety and the second one is to achieve safe work performance from each employee on the job. The supervisors are supposed from the moment a person is hired, oriented by the person's supervisor should cover such areas as the need for safe work performance, the hazards in his own department and job, the necessity for prompt reporting of any personal injuries, desirability of reporting unsafe conditions to the supervisor, and the general causes of accidents. Each new worker must be taught how to perform his job safely; this frequently takes a form of on the job training. Instructions in safe working procedures must be integrated with instructions designed to achieve acceptable output and quality performance.

Manyele, Ngonyani&Eliakimu, (2008) conducted a research on occupational health and safety at hospitals in Tanzania reported that, OHS status was inadequate in most workplaces in Tanzanian hospitals. Special efforts including training, exposure to information and creation of awareness, are recommended for improving occupational health and safety in hospitals in Tanzania. It is important that all hospital workers are taught and trained in safety measures. There is a lackof formal training on OHS in the

country. Special efforts, including training, exposure to information, awareness rising, are recommended for improving OHS in hospitals. In their study, which was conducted in Tanzania's hospitals observed that none of the 430 respondentshad received training on OHS as a profession.

Flippo, (1984) stated that in large part of the safety program must be devoted to the process of educating the employee to act, think and work safely. There are many avenues that this education can take such as the induction of new employees, emphasis of safety points during training sessions, particularly on the job training, special efforts made by the first level supervisors, establishment of employee safety committees, holding of special employee safety meetings, the use of the organization's periodical and the use of charts, posters and display emphasizing the need to act safely.Flippo (1984)explained in detail that, if safety is the major goal of the organization, then the time to begin safety education is in hiring process. Part of the induction procedure can be devoted to the safety policies and rules of the organization. Certainly all training should be accompanied with warnings concerning dangerous points of job operations. Leadership is often example and the first level supervisor must make concern for safety apparent through both word and deed.

Dessler, (2005), stated that, safety training is another way of reducing unsafe acts, especially for new employees. You should instruct them in safe practices and procedures, warn them of potential hazards, and work on developing a safety-conscious attitude. For example, in America OSHA has published two useful booklets, "Training Requirements under OSHA" and "Teaching Safety and Health in the Workplace. The author explained further that you can't just provide training and assume it will be successful. OSHA standards require demonstrated proficiency in numerous areas. For example OSHA's respiratory protection standard requires that each employee be able to demonstrate how to inspect, put on, remove, use and check respirator seals.

2.7 Availability of Enough Protective Equipment at Work Places

Personal Protective Equipment (PPE),are equipment worn or held by workers to protect themselves from exposure to hazardous materials or conditions. The major types of PPE include respirators, eye protection, ear protection, gloves, hard hats and protective suits (Government of the Republic of Trinidad and Tobago Ministry of Health, 2012).

Alli (2008), suggested that employers should consult workers or their representatives on suitable personal protective equipment and clothing, having regard to the type of work and the type and level of risks. Furthermore, when hazards cannot be otherwise prevented or controlled, employers should provide and maintain such equipment and clothing as are reasonably necessary, without cost to the workers. The employer should provide the workers with the appropriate means to enable them to use the individual protective equipment. Indeed, the employer has a duty to ensure its proper use. Protective equipment and clothing should comply with the standards set by the competent authority andtake ergonomic principles into account. Workers have the obligation to make proper use of and take good care of the personal protective equipment and protectiveclothing provided for their use.

2.8 The Roles and Rights of Employers and Employees in the Execution of Occupational Health and Safety Programme.

Alli (2008), provided that workers, employers and competent authorities have certain responsibilities, duties and obligations. For example, workers must follow established safety procedures; employers must provide safe workplaces and ensure access to first aid; and the competent authorities must devise, communicate and periodically review and update occupational safety and health policies. Because occupational hazards arise in the workplace, it is the responsibility of employers to ensure that the working environment is safe and healthy. This means that they must prevent, and protect workers from, occupational risks. But employers' responsibility goes further, entailing knowledge of occupational hazards and a commitment to ensure that management

processes promote safety and health at work. For example, an awareness of safety and health implications should guide decisions about the choice of technology and on how work is organized.

Gany, Desler et al (1942) quotedby Francis (2008) were of the view that, employers are responsible for taking every reasonable precaution to ensure the health and safety of their workers. This is called the "due diligence" requirement.

Specific duties of the employer include;

(i) Filing government accident reports
(ii) Maintaining records
(iii) Posting safety notices and legislative information
(iv) Education and training on health and safety precautionary measures

It is increasingly recognized that the protection of life and health at work is a fundamental workers' right, in other words, decent work implies safe work (Alli, 2008). Furthermore, workers have a duty to take care of their own safety, as well as the safety of anyone who might be affected by what they do or fail to do. This implies a right to adequate knowledge, and a right to stop work in the case of imminent danger to safety or health. In order to take care of their own safety and health, workers need to understand occupational risks and dangers. They should therefore be properly informed of the hazardsand adequately trained to carry out their tasks safely. To make progress in occupational safety and health within enterprises, workers and their representatives have to cooperate with employers, for example by participating in elaborating and implementing preventive programmes (Alli, 2008).

Gany, Desler et al (1942) also quoted byFrancis (2008) provided further that employees also have duties and responsibilities towards OHS and not only employers, these responsibilities include taking reasonable care to protect their own health and safety and, in most cases, that of their co-workers.

These specific requirements include;

(i) Wearing protective clothing and equipment

(ii) Reporting any contravention of the law of reputation.

Downey, D. M. et al. (1995) identify the following as employees' basic rights under the joint responsibility model: the rights to know about workplace safety hazards, the right to participate in the occupational health and safety process and the right to refuse unsafe work if they have "reasonable cause" to believe that the work is dangerous. But Alli (2008) added that employees also have the right to collectively select safety and health representatives.

Dessler (2005), observed that both employers and employees have responsibilities and rights under Occupational Health and Safety Act. For example, employers are responsible for meeting their duty to provide "a workplace free from recognized hazards" for being familiar with mandatory OSHA standards, and for examining workplace conditions to make sure they conform to applicable standards. Employers have the right to seek advice and off-site consultation from OSHA.Employees also have rights and responsibilities, for example they are responsible for complying with all applicable OSHA standards, for following all employer safety and health rules and regulations, and for reporting hazardous conditions to the supervisor. Employees have the right to demand safety and health on the job without fear of punishment. It is prohibited for the employers to punish or discriminating their workers who have complained to the authorities about the job safety and health hazards. And this is clearly stipulated under the law in Tanzania Section 102 of OSHA (OSHA, 2003).

Manyele, Ngonyani&Eliakimu (2008), in their report on occupational health and safety in Tanzania's hospitals were of the view that, it is the responsibility of the employer to provide healthy and safe workplaces for all HSPs in line with the requirements of the relevant national and international laws and regulations, and to organize the work in such a way that the exposure of HSPs to hazardous factors and risks at work are eliminated or minimized, and theirsafety and health is protected.

2.9 Record Keeping of all Injuries at the Occupational Premises

Sloane (1983), stated that not just conformity, but a good deal of paperwork is required of managements by OSHA. Inspectors can ask to see three kinds of records that all employers are obligated to keep: a general log of all occupational injuries and illness (except for those that require only first aid and cause no lost work time); supplementary records; giving more details about these injuries and illness; and annual summary of the log. The main purpose is to indicate where safety and health problems have been arising (if, of course, any place) and assure that these operations will receive special attention from the inspector during the visit.

Dessler (2005), informed that under OSHA in India employers with eleven (11) or more employees must maintain records of, and report, occupational injuries and occupational illness. They must also report most occupational injuries, specifically those that results in medical treatment (other than first aid), loss of consciousness, restriction of work (one or more lost workdays), restriction of motion, or transfer to another job. This is also a requirement under OSHA in Tanzania as provided under Section 90 of the OHS Act

Schuler & Youngblood (1986), were of the view that, regardless the organization are inspected, they are required to keep safety and health records so that OSHA can compile accurate statistics on work injuries and illnesses. These include all disabling, serious or significant injuries and illnesses, whether or not they lose time from work. Excluded are minor injuries that require only first aid treatment and do not involve medical treatment, loss of consciousness, restriction of work or motion or transfer to another job.Werther&Davis (1985), suggested that the personnel department must maintain proper records, not only are they required by OSHA but they can be used to identify the causes of accidents. From these records, safety experts can detect patterns of accidents or illnesses and then undertake corrective action.

2.10 Management of the organization

Werther and Davis (1985), observed that organization wide compliance requires a detailed safety program, and in order for safety program to be effective top management support is crucial to the personnel department's plans. Without such backing, other managers often fail to make the necessary commitment of time and resources.

Dessler (2005), also suggested that all employees should see convincing evidence of top management's commitment. This requires top management 's being personally involved in safety activities, giving safety matters high priority in meetings and production scheduling, giving the organization safety officer high rank and status and including safety training in new workers' training. Ideally, safety is an integral part of the system, woven into each management competency and a part of everyone's day to day responsibilities.

Werther and Davis (1985), suggested that the management can also ensure compliance by enforcing safety and health rules seriously and consistently. The question is, is management too harsh when it fires a worker who refused to wear safety shoes? Probably not. If personnel policies allow one worker to violate the safety rules, others may do the same. By being firm, even if it means discharge management quickly convinces employees that safety is important. Sometimes just the threat of discipline is sufficient to get employees to comply with safety regulations.

Robert and John (2004), believe that management can only ensure safety and health at the workplace only by doing protective actions on OHS matters. They stated that, at the heart of safety management is an organizational commitment to a comprehensive safety effort. This effort should be coordinated from the top level of management to include all members of the organization. It should also be reflected in managerial actions. Employers can prevent some accidents by having machines, equipment and work areas so that workers who daydream periodically or who perform potentially dangerous jobs cannot injure themselves or others.

2.11 Availability of Occupational Health and Safety inspectors

Burstyn, Jonasi& Wild (2010),argued that, the number of existing Occupational Health and Safety inspectors is the determinant for the inspection frequency and hence compliance with the Occupational Health and Safety guidelines, laws and policies. The study conducted in Alberta, a Canadian province that employs about 1.7 million workers in over 110,000 workplaces show that in many jurisdictions, workplace inspections are used to facilitate adherence to occupational health and safety (OHS) regulations. Compliance with orders issued to work sites as a result of OHS inspections are designed to reduce or eliminate risks of occupational injuries and exposure to health hazards.

Gray &Scholz (2007) in their study also show that greater frequency and severity of penalties issued as a result of non-compliancewith health and safety regulations are associated with reduced risk of employee injuries at large US manufacturing plants.

2.12 Occupational Health and Safety regulatory enforcement

Pringle and Frost, (2003) in their study conducted in Hong Kong, China show that Lack of adequate enforcement and existence of a relaxed system to implement the existing regulation, laws and policy hinders effective performance of established regulations, laws and policies for safeguarding public health and health and safety in general. Despite government concern with occupational health and safety (OHS) and the promulgation of new laws and regulations in 2002, a lack of rigor and lax implementation are major impediments to improvements in workplace safety. The article highlighted important elements of the new work safety law on the prevention and cures of occupational diseases, and then analyzed key issues arising from bureaucratic excesses, the impact of government restructuring, continuing confusions and contradictions in government responsibility for OHS.

Burton (2010), he is also of the view that energy on enforcing OHS is very little and there is no much effort and thus less compliance. He stated that, most countries have some legislation requiring, at a minimum, that employers protect workers from hazards

in the workplace that could cause injury or illness. Many have much more extensive and sophisticated regulation. So complying with the law, and thus avoiding fines or imprisonment for employers, directors and sometimes even workers, is another reason for paying attention to the health, safety and well-being of workers. And by fines and imprisonment the employers may take the OHS issue seriously and comply.

2.13 Maintaining a Healthy Work Environment

David and Stephen (1999), indicate that unhealthy work environment is a concern to us all. If workers cannot function properly in their jobs because of constant headaches, watering eyes, breathing difficulties, or fear of exposure to materials that may cause long term problems and productivity will decrease. Consequently, creating a healthy work environment not only is the proper thing to do, but it also benefits the employer. Often referred to as sick buildings, office environments that contain harmful airborne chemicals, asbestos or indoor pollution (possibly caused by smoking) has forced employers to take drastic steps. For many it has meant the removal of asbestos from their buildings.

2.14 Occupational Health, Safety and the Law.

The Constitution of the United Republic of Tanzania Articles 13 - 29 highlight the basic rights to work. In particular, article 14 of the constitution gives the right to live for everyone. But the particular Act which deals with OHS matters isOccupational Health and Safety (Act No. 5 of 2003), this legislation came into effect as from 1st August 2003. ThisAct repealed the Factories Ordinance, Cap 297 of 1950.The objectives of this Act are to provide for the safety, health and welfare of persons at work in factories and other places of work; to provide for the protection of persons other than persons at work against hazards to health and safety arising out of or in connection withthe activities of persons at work.OHS Act applies to all establishments in the private and public sector, local government services and public authorities. Part IV of the Act deals with safety

provisions, Part V provided for health and welfare provisions, Part VI deals with special safety provisions and Part VII provided for Hazardous materials and processes.

Another legislation is,The Factories (Building Operations and Works of Engineering Construction) Rules of (1985), which makes provisions for safety, health and welfare of persons engaged in building operations and works of engineering construction undertaken by way of trade or business or for the purpose of any industrial or commercial undertaking; and to building operations and works of engineering construction undertaken by or on behalf of the Government, a local authority or a public body. This regulation is fairly comprehensive, but one of the implementation shortcomings noted from this study is the weak enforcement by the competent authorities.

Also there was The Woodworking Machinery Rules of (1955), which make provision for all factory premises or other workplaces in which woodworking machinery such as a circular saw, plain band saw, planing machine, vertical spindle molding machine, chain mortising machine, are used.

The Factories (Electricity) Amendment rules of (1985), which extend and apply to the generation, conversion, switching, controlling, regulating, distribution, construction and maintenance of transmission and service lines, power stations andsub-stations, and safe use of electrical energy in any factory and in any premises, place, process, operation or work.

The Factories (Occupational Health Services) Rules of (1985), which make provisions for surveillance of the factors in the working environment which may affectthe workers, information and training related to safety and health, organizing curative health services, guidance of the handicapped workers, welfare related activities, keeping and reviewing records of health and safety, first aid services. Compliance with occupational health service rules in the construction sites is still inadequate for most services, except for first aid which at the moment is the most common occupational health service availed to

workers in the sites. There is also another bottleneck to the implementation of this subsidiary legislation, that is, the shortage of occupational medicine practitioners. At the moment there are only a few doctors who are qualified as occupational medicine practitioners (less than five in the country).

Mostly Important is Workers Compensation (Act No 20 of 2008), which makes provision for compensation or benefits due to injuries or diseases or death arising in the course of employment. This piece of legislation has a vital role toplay in the workplace accident mitigation. The legislation has made provision for a compensation system that encourages prevention of accidents. The social security system in Tanzania is also fragmented in that there are several institutions that provide social security in the country. As a result of that, compensation systemis also not functioning well.

2.15 Conceptual Framework

This study is built in the concept that compliance to occupational health and safety can only be observed through adhering to the requirements provided in Occupational Health and Safety policy and Act of 2003. These requirements are such as formulation of organizational policy, keeping records of all accidents, providing protective equipment, formulation of safety representatives/committee, adhering to all responsibilities and rights of employee and employers and providing proper education and training.

The organization can only accomplish the goals set by the OHS Policy of 2009 as well as comply with the regulation which sets out the requirements by making sure that all requirements are being fulfilled to the maximum. Only through that compliance can be achieved and safety to the workers can be guaranteed. But all these cannot be accomplished if the management is not serious on supervising the compliance to regulation and policy on OHS as the rules will be there but with no one to adhere to them. Without organization's commitment the employees will not adhere to the rules established under OHS Act No 5 of 2003 as well as OHS policy of 2009 and also employees will never have proper information on OHS if the organization itself does not

make efforts to inform them about it by words as well as actions and thus complying with the requirements. also if there is no professional supervisors then compliance can be hard to achieve. But at the end compliance of OHS regulation and policy ensure safety and health of the workers and also guarantee effective services.

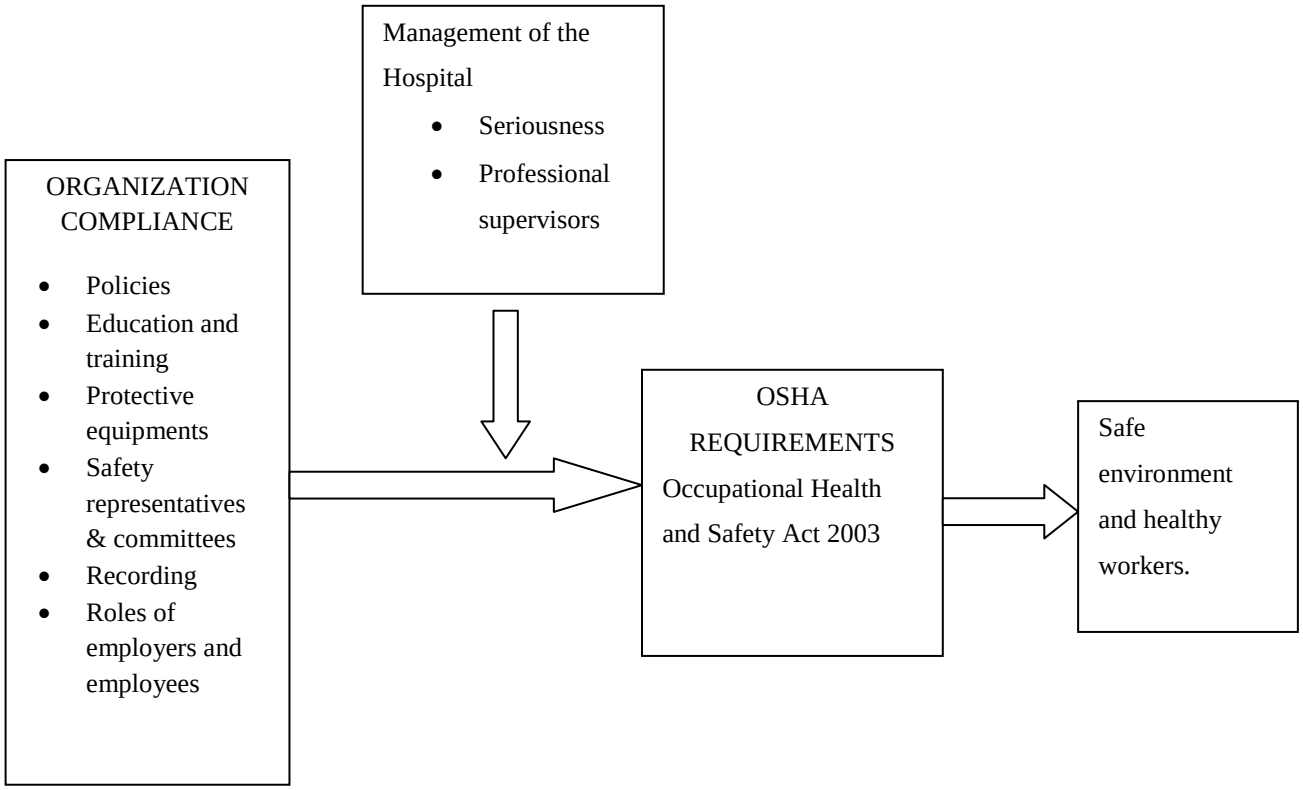

Figure 2.1 Conceptual Framework

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the procedures, methods and techniques the researcher has adopted in the research work. Research work most often is appraised based on the quality and accurateness of the analysis and information it provides at the end. However, this is dependent on the nature of data collected during the research. As a result, this chapter looked at how data were gathered during the research. The methodology enlightened on the tools or techniques for research design, data collection, the population and sampling techniques, and data sources, data collection instruments, and data analysis.

3.2 Research Design

Research design is defined as the arrangement of conditions for the collection and analysis ofdata in a manner that aims to combine relevance to the research purpose with economy in procedure. In fact, the research design is the conceptual structure within which research is conducted; it constitutes the blueprint for the collection, measurement and analysis of data. As such the design includes an outline of what the researcher has done by writing the hypothesis and its operational implications forthe final analysis of data (Kothari, 2004). The function of the research design is to provide a paradigm where relevant evidence can be conducted with minimum expenditure of time. And the study employed case study research design as was conducted at SekouToure hospital in Mwanza.

The researcher applied case study research design because, the design provide a researcher with a limitation on conducting the research and thus gather relevant data only from the intended area and not beyond such area. Also the design gave the researcher enough time to concentrate on the area intended and thus increase the

accuracy of the data since the area of data collection was very specific and small enough for the researcher to manage.

3.3 Area of the Study

The area of study is SekouTourehospital.SekouToure hospital is the largest government hospital in Mwanza. According to the 2012 national census, the Mwanza Region had a population of 2,772,509(Care, 2009). The hospital was built in the early 1970s as a health clinic and was converted in 1994 to the regional hospital inMwanza. It is a large hospital providing health services to a very large number of people from all districts in Mwanza. Since there are a lot of services performed thus bigger chances of environmental hazards are increasing due to the nature of the work. Also like other hospitals SekouToure represents a risky environment faced by the health workers in the public sector.

Since the hospital is a very big hospital and catter its services to a large population in Mwanza Region which made the hospital to havelarge number of workers. Also due to the services provided by the hospital the risks environment increases and thus the resecher believed that more informantaion on OHS can be gatheredfrom it.

3.4 Target Population, Sample Size and Sampling Techniques

3.4.1 Target population

The targeted population for the collection of data was three hundred and fifty four (354) for the research is the staff in the departments and units. The medical doctors, medical officers, nurses, pharmacists/dispensers, technicians, administrators, cooks, mortuary attendants, and environmental health officers they will form a sample frame for the study.

3.4.2 Sample Size

With a sample size of a fifty (50) respondents, by using a quota sampling the population was divided into two strata which was paramedical (the ones who are not medical professional) and medical (the ones who are medical professionals). Six (6) paramedical made the sample of respondents out of a population of forty (40) people and 44 medical profession made a total of 50 (fifty) respondents out of 314 of the whole group. With this method, a sample population was selected out of the two groups so that each member of the population has an equal chance of being selected. The basic concept underlying this method of sampling is that the elements or the individuals in the population are judged to be homogenous. Also purposive sampling was used because, it is cheap and was quick to choose a sample and the results obtained from analysis of deliberately chosen sample are tolerably reliable (Kothari, 2004).

3.4.3 Sampling techniques

This study employed the following sampling technique: Quota sampling and purposive sampling

3.4.3.1 Quota sampling

Is a type of non-probability sampling technique, which normally is based on the judgment of the researcher, under quota sampling, a population is first segmented into mutually exclusive sub-groups. Then judgment is used to select the subjects or units from each segment based on a specified proportion (Laerd Dissertation, 2012). The importance of this method is each group was presented during data collection and a researcher is being given an opportunity to choose where to find the relevant information.

In this study the researcher segmented the entire hospital staff from the various departments and units into two strata, that is, medical and paramedical. The medical staffs include the doctors and nurses in the theatre, surgical ward and medical ward, a

dental unit, pediatric unit psychiatric unit and Eye, nose and throat unit. The paramedical staffs include technicians, pharmacist/dispenser, administrators and other clerical staff who work in support of the medical staffs.

3.4.3.2Purposive sampling

Purposive sampling is also called deliberate sampling. This sampling technique involves deliberate selection of a particular unit of the universe for constituting a sample, which represents a universe (Kothari, 2004). This technique does not give any guarantee estimating that every element in the population has a chance of being included in the sample (Adam &Kamuzora, 2008). According to Laerd Dissertation (2012), the main goal of purposive sampling is to focus on particular characteristics of a population that are of interest, which will best enable you to answer your research questions. In this study the respondent who seems to be more reliable will be chosen purposively from each stratum such as, Doctor in charge, heads of departments, human resource officer, OHS personnel and environmental officer.

3.5 Types and Sources of Data

Generally, the nature of the problem under study and nature of respondents determine the methods of collecting (Kothari, 2004). This study used both primary and secondary data.

The primary data are those which are collected afresh and for the first time, and thus happen to be original in character. Under this study the primary data were collected through interviews and questionnaires directly from the respondents.

The secondary data, on the other hand, are those which have already been collected by someone else and which have already been passed through the statistical process (Kothari 2004). And thus under this study secondary data were gathered through the review of the existing documentary sources. Such documentary sources included reports and other sources.

3.6 Data Collection Instruments

The nature of the study determines the methods of collecting data (Kothari, 2004). This study used three methods of data collection namely: questionnaire, in-depth interview and documentary review.

3.6.1 Questionnaire

The questionnaire is most frequently a very concise, preplanned set of questions designed to yield specific information to meet a particular need for research information about a pertinent topic. The research information is attained from respondents normally from a related interest area (Key, 1970). The questionnaire is given to respondents who are expected to read and understand the questions and write down the answers in the space meant for the purpose of the questionnaire itself. Questionnaire facilitates the collection of data by asking all, or as ample of people, to respond to the same questions. So the study used the questionnaires for collecting the data in the field and they were comprised of both close-ended and open-ended questions.

Under this study a series of question were supplied by the researcher herself to the respondents at the hospital, the close ended questions offered a set of alternative answers from which the respondents were asked to choose the one that most closely represents their views. The open ended questions on the other hand were not followed by any kind of choice. With this, the respondents' answers were recorded in full. The researcher supplied questionnaires to the respondent and came to collect them after a few days, but other respondents returned questionnaire after a few hours and others demanded that researcher should be the one to write what respondents replied to the questions due to busy schedule and other respondents filled in the questionnaires in the presence of the researcher and returned them immediately.

3.6.2 Interviews

An interview is a method of asking quantitative or qualitative questions orally of key participants. Quantitative questions are closed-ended, and have specific answers to choose among that can be categorized and numerically analyzed. Qualitative questions are open-ended, that is, the respondent provides a response in his or her own words.The purpose of the research interview is to explore the views, experiences, beliefs and/or motivations of individuals on specific matters (British Dental Journal (BDJ), 2008).

Under this study interviews conducted by the researcher were done with,Doctors in charge, heads of departments, Human Resource officer, OHS personnel and environmental officer as they can provide in detail the OHS status at the hospital. Data was collected by researcher herself, as she was assisted by one of the doctors at the hospital to arrange for appointments with the respondents and then she could continue with the interview with them,and the data given by the respondents were effectively written down by the researcher.

Also the researcher used semi-structured interviews consist of several key questions that help to define the areas to be explored, but also allow the interviewer or the interviewee to diverge in order to pursue an idea or response in more detail.

3.6.3 Documentary review

This method has been used to collect secondary data from both published and unpublished materials related to occupational health and safety practices in the hospitals in Tanzania. Also documentary review has been used on looking the background of the study also literature review.

3.7 Data Analysis Plan

The analysis of the data collected was conducted at the end of the data collection. The responses were classified and summarized on the basis of the information provided by

the respondents. The analysis has been done using both qualitative and quantitative methods. With the quantitative methods, Microsoft excel, absolute figures, tables, percentages were used, whereas qualitative made use of descriptions, analysis of feedback from interviews.

CHAPTER FOUR

RESEARCH FINDINGS, ANALYSIS AND DISCUSSIONS

4.1 Introduction

This chapter deals with presentation and discussions of the results of this study that focused on the compliance of Occupational Health and Safety Policies in Public Hospitals in Mwanza: a Case Study of SekouToure Hospital. The results of the study have been presented using descriptive statistics including; frequencies and percentages, in tables. These results are presented and discussed below.

4.2 Response Rate

Targeted population was three hundred and fifty four (354), and the researcher targeted forty (40) respondents to be supplied with the questionnaire and ten (10) respondents to be interviewed. All 40 respondents who were issued the questionnaire returned the questionnaires made it enough and adequate in data analysis. But 9 respondents were able to be interviewed out of 10 who were aimed at first place, despite that; the researcher was able to make a proper and adequate data analysis.

4.3 Demographic data of the respondents

This part presents the demographic data of the respondents at SekouToure hospital. The demographic data were based on the gender, age and their occupations as well as respondents were asked to mention, about how long they have worked at the hospital. In terms of gender, the majority of the respondents were women more than men as 29 respondents (59.2%) were women and 20(41%) were men, but this did not affect any how the accuracy of the data collected as well as the findings. Also majority of the respondents were the ones who worked above 5 years, as the table below shows 15 respondents (30.6%) worked above 20 years at the hospital. While 12 respondents (24.5%) worked between 16 and 20 years at the hospital as well as 12 respondents

(24.5%) worked at the hospital for years between 11 and 15 years. Also 7 respondents (14.3%) answered that they have worked at the hospital for 6 up to ten years whileonly 3 respondents (6.1%) of the study population worked at the hospital under 5 years. On the other hand majority of the respondents were who aged between 46 and 55 as they were 17 in number (35%), while they were followed by respondents aged above 56 as they were 14 respondents (29%) and the ones who aged 36 and 45 were 11 respondents (22.4%) as well another group was of the respondents who aged between 26-35 as they were 5 in number (10.2%) and the last group who were few in number were respondents who were under 25 years of age as they were only 2 of them (4.1%). In terms of the units the researcher tried to involve each group as much as possible by choosing representative from each group as the tables below shows.

Table 4.1: Demographic characteristic of the study population on Gender.

Option	No of Respondents	Percentage
Gender		
Female	29	59.2
Male	20	41
Total	**49**	**100**

Source: Field Data 2015

Table 4.1 above, shows that the majority of the respondents were women more than men as women were mostly found by the researcherattending patient in the hospital wards as nurses and few as medical doctors more than men, it is clear that nurses are the ones who performs many risk tasks such as dressing wounds and other risk duties performed at the hospital so, women are in great number facing safety issues at the hospital compared to men who are fewer in number than women.

Table 4.2: Demographic character on age

Option	No of Respondents	Percentage
Age		
Under 25	2	4.1
26-35	5	10.2
36-45	11	22.4
46-55	17	35
Above 56	14	29
Total	**49**	**100**

Source: Field Data 2015

From table 4.2 above it shows that the majority of the respondents have already attained the age of 30, compared to respondents who are under the age of 25 who are very few in number. This helps the researcher as ones who already attained 30 years had more experience at work compared to younger ones.

Table 4.3: Demographic character on duration of the service

Option	No of Respondents	Percentage
Duration of the service		
Under 5 Years	3	6.1
6-10 Years	7	14.3
11-15 Years	12	24.5
16-20 Years	12	24.5
Above 20 Years	15	30.6
Total	**49**	**100**

Source: Field Data 2015

Table 4.3 above expresses in detail that,the majority of the respondents were the oneswho worked at the hospital for more than 5 years and thus the data collected was more detailed and accurate since respondents were more experienced on how things are being conducted at the hospital on issues of Occupational health and safety. As well respondents who worked at the hospital under 5 and between 6 up to 10 years depend on knowledge on occupational health and safetyfrom college. While who worked at the hospital more than 11 years had knowledge on issues of safety from the seminars provided and normal conduct at the hospital, which gave to them experience on how to handle themselves during discharge of duties.

Table 4.4: Demographic character on departments/ units

Option	No of Respondents	Percentage
Unit/Department		
Laboratory	4	8.2
Dental Unit	3	6.1
Cardiology	1	2
OPD-Accidents	4	8.2
Gynae Ward	2	4.1
Pedriatic Unit	3	6.1
Medical ward	3	6.1
Maternity ward	4	8.2
Surgical ward	3	6.1
Theatre	4	8.2
Pharmacy	3	6.1
Cleaner	2	4.1
Security	2	4.1
Mortuary	2	4.1
Counseling and Testing Centre	1	2
Administration	5	10.2
Environmental Unit	3	6.1
Total	**49**	**100**

Source: Field Data 2015

Table 4.4 above, give details on the departments where respondents are working in. In order to get different views the researcher engaged in various departments at the hospital. From the study a lot of respondents from different departments had little and others no at all knowledge on occupational health and safety generally. Respondents who had knowledge on issues of occupational health and safety were people from dental department and laboratory as well as pharmacy. Other departments had very little knowledge ofthe existence of occupational health and safety. They had a general ideaof safety issues, but others never heard of occupational health and safety, let alonethe existence of the policy and the law in the Country.

4.4 Hospital's Policy on Occupational Health and Safety

The purpose of this study was to find whether the hospital has policy on issues of Occupational Health and Safety and, if there is a policy how effective is this policy on ensuring safety of the workers at the hospital. The table below shows knowledge of the respondents on existence of hospital policy on occupational health and safety;

Table 4.5: Occupational health and safety policy at SekouToure Hospital

Option	No of Respondents	Percentage
Yes	9	18.4
No	28	57.1
Not sure	12	24.5
Total	**49**	**100**

Source: Field Data 2015

From table 4.5 it is clear that the majority of the respondentshad no idea if the hospital had the policy on issues of occupational health and safety at their workplace as, 28 respondents(57.1%) denied the existence of the hospital policy on occupational health and safety while 12 respondents(24.5%) were not sure if there is a policy or not which means they are not aware. All these shows to how extent the employees at the hospital has no information on issues which are crucial to their safety at their working environment. Only 9 respondents (18.4%) are aware of the hospital policy on issues of occupational health and safety. And when the respondents were asked how they have come to the knowledge of the hospital policy, others answered that it was through seminars and others claimed that they were given the policy when they were enrolled in the hospital and others did not remember how they have come to the knowledge of the hospital policy on occupational health and safety.

The researcher also interviewed the head of departments and supervisors at the hospital on the existence of the hospital policy on occupational health and safety. The response from the respondents was that, there is no policy on occupational health and safety at the hospital. One of the respondents interviewed by the researcher was of the view that;

> *"There is no hospital policy on occupational health and safety, rather the hospital depend on the instruction from the Ministry of Health as well as on National Policy on Occupational Health and Safety provided in National Health Policy by 2003".*

The respondent goes further and provided that the policy does not say much on occupational health and safety, rather it provides that;

> *"The Ministry will ensure workers' protection against hazards as well as mentioned the responsibility of the organization's management to ensure employees have full information on safety at their working places according to the guidelines given by the Ministry".*

Due to lack of policy the respondents mentioned that the rights and responsibilities were not clear to both employers and employees. But one of the respondents mentioned that instead the hospital does have "Standard Operation Procedures" which concerns with protection ofthe working environment and during discharge of duties. The procedures provide in which way an employee can give service at the same time be safe from infections or accidents which can occur in the process of giving out the services, an example is when an employee is dressing wounds so the guidelines provide the procedures to be followed so that employee and patient can both be safe. So there is guiding notes for the workers on how they can be safe during the conduct of their activities.

From the response of the respondents it is clear that the hospital did not have policy on occupational health and safety, bad enough great number of the respondents does not have clear and specific information on safety issues at the hospital. Though the requirement is provided under Section 96 of the Occupational Health and Safety Act of Tanzania, Act No 5 of 2003, but still the hospital did not have any policy on issues of Occupational Health and Safety. Importance of policy is that it sets guidelines on what should be done by each side on issues of occupational health and safety be an employer or employee, and since the hospital lacks policy there is no proper guidelines to make sure that occupational health and safety requirements are fulfilled.

For all respondents who replied they knew about the hospital policy on occupational health and safety they were asked about how effective the policy is on ensuring the safety of the employees and patients, and the following was the response to the question:

Table 4.6: Effectiveness of the hospital's occupational health and safety policy

Option	No of Respondents	Percentage
Yes	3	6.1
No	5	10.2
Not sure	1	2
Total	**9**	**18.3**

Source: Field Data 2015

From table 4.6, above it shows that 5 respondents(10.2%) replied that the policy was not effective in ensuring the safety of the employees and hospital at large.Only 3 respondents which are 6.1% of the population did say yes, that the policy on occupational health and safety at the hospital is effective and assures the safety of the workers together with their patients, 1 respondent (2%) was not sure whether the policy is effective or not. From the response of the respondent it can be observed that, the policy at the hospital is not well formulated to accommodate all needs and requirements of the workers thus they can be assured with their safety in their working environment.The response from the respondents shows that, even the ones who said they knew about the policy, they do not appreciate the effectiveness of the policy on ensuring their safety at the hospital during discharge of duties.

Also, when the respondents were asked to name the advantages they derive from effective policy on occupational health and safety the following were their answers;

(i) Gives proper guidance to both employers and employees on what should be done in order to make everyone safe from the hazard environment they work in.
(ii) Policies emphasize on the importance of making sure that the working environmentis being safe for everyone.
(iii) Effective policy gives the hospital workers, rules and regulations to be followed to observe occupational health and safety as well as provide a remedy in case of any breach of the rules.

(iv) Effective policy provides for assurance of safety working environment for both employer and employee.

(v) Effective policy will minimize the risk environment that is available at the hospital and also making sure that injuries and accidents are minimized.

In order to have safety issues under control, proper measures has to be taken to make sure that the hospital environmentis safe for both workers and patients. Respondents were asked about how satisfied they are with the occupational health and safety measures taken at the hospital. The questionnaire aimed at finding whether the hospital has put enough energy on ensuring that workers as well as patients are living in a safe environment, the following is the response from the respondents.

Table 4.7: Satisfaction with the measures put in the hospital on occupational health and safety.

Option	**No of Respondents**	**Percentage**
Very satisfied	1	2
Satisfied	18	36.7
Dissatisfied	25	51
Very dissatisfied	7	14.3
Total	**49**	**100**

Source: Field Data 2015

From table 4.7 it is observed thatthe majority of the respondents that is 25 (51%) were dissatisfied with the measures taken by the hospital in ensuring their safety during work activities,while 18 respondents (42.5%) were satisfied with the measures taken by the hospital on making sure that employees are safe in their working environment.On the other hand, 7 respondents (5%) answered that the measures taken by the hospital were very dissatisfied, while 1 respondent (2%) is of the view that measures that have been taken by the hospital are very satisfied. Looking at the answers provided by the respondents, it is very clear that the majority of the workers at the hospital is not satisfied with the measures that the hospital administration is taking to make sure their workers are working in a safe environment.

This goes contrary to what is provided under National Health Policy of 2003 on issue of Occupational Health and Safety, that the organization's management has to make sure that employees have the proper information on issues of occupational health and safety as well as making sure that employees are safe in their working environment.

Also according to International LabourOrganisation (ILO) together with World Health Organization (WHO) provided that "Occupational health should aim at the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations" (European Commission, 2010). All these instructions aimed at making sure that the organization is putting in place proper measures on issues of occupational health and safety and thus protect the workers from various risks and hazards they face in their working environment.

Respondents were also asked to tell if they had the written copy of the policy on occupational health and safety in their departments or units. The question was designed to find out if the hospital is observing the requirement of putting the policy on occupational health and safety all over the hospital in order to remind everyone on how to be safe is very important and what obligation each one has to maintain safety on working environment. The following was the response of the respondent when they were asked if they have the written copy of the hospital policy on occupational health and safety in their units;

Table 4.8: Written copy of the hospital policy on occupational health and safety in hospital's units.

Option	**No of Respondents**	**Percentage**
Yes	6	12.2
No	43	87.8
Total	**49**	**100**

Source: Field Data 2015

As table 4.8 shows, 43 respondents (87.8%) said they had never seen any written copy of the policy in their departments, while 6 respondents(12.2%) replied they had the copy

of the policy on occupational health and safety in their units. This shows to what extent the workers are not aware of what the hospital policy on occupational health and safety provided and thus they don't know what are their responsibilities and rights which make their working environment more risk.

During the interview, respondents informed the researcher that there was no copy of policy of occupational health and safety of the hospital in the units, but what they had is general knowledge gained at school on what should be done to make sure that they are being safe in their working environment.

Generally, the hospital did not have a clear policy on occupational health and safety since if it was there, then majority of the workers would have known, and the conditions of safety at the hospital would have been more effective and satisfied more than the current condition.

According to Alli (2008), the national policy should be the one to guide the organization on formulating effective policies which may result to satisfactory results on ensuring safety of the workers in their working environment. But looking on the situation in our country national policy only mentioned and only highlighted the matter but does not provide in detail what exactly organization are obliged to do in formulating effective policy.

4.5Occupational Health and Safety Committees and Representative

As the law and policy requires every organization is supposed to have an occupational health and safety committees or representatives, so the question was framed to find out if there is any committee or representative at the hospital. The following was the response from the respondents;

Table 4.9: Occupational health and safety committees and representatives

Option	No of Respondents	Percentage
Yes	14	28.6
No	35	71.4
Total	**49**	**100**

Source: Field Data 2015

From table 4.9, it can be observed that 35 respondents(71.4%) were not aware of the presence of representatives or occupational health and safety committee as they said no when they were asked if there is a committee or representatives for occupational health and safety at the hospital. And only 14 respondents (28.6%) said yes, that there wasan occupational health and safety committee at the hospital. But majority of the respondents were not aware. This implies even if there is health committee/ representatives, they are not reaching out to the workers as they are supposed to be.

During the Interview with the respondents to the question of the safety committee, respondents replied that the hospital does have two teams Quality Improvement Team and Workers Control Team, both working on the safety of the hospital environment. The only difference is that Workers Improvement Team is working under Quality Improvement Team. Respondents provided further that the roles of the teams is to make sure that, hospital environment are safe and clean, the workers are working in safe working conditions, patients are given service in safety conditions. Also, as to workers iprovement team respondents provided that they have a duty to report workers' needs and requirements to the management on issues of safety at the hospital.

Looking at the answers provided by the respondents who are employees and one who are administrators, was clear that there are teams formed at the hospital which were concerned with general cleanness at the hospital. Also from the answers, there are no special committee/ representatives on occupational health and safety performed the duty as specified under the law on occupational health and safety. The teams formed did not inquire on the accidents occurred at the hospital, but rather make inspection on general

cleanness at the hospital, which is a good thing, but still not enough on ensuring safety of the workers in their working environment.

Also the respondents who were aware of the occupational health and safety committee or representative answered on the effectiveness of the occupational health and safety committee on making sure that workers' working environment was safe, the following was the response to the question;

Table 4.10: Effectiveness of the occupational health and safety committee or representatives at the hospital.

Option	**No of Respondents**	**Percentage**
Yes	6	12.2
No	8	16.3
Total	**14**	**28.5**

Source: Field Data 2015

From table 4.10 it can be observed that 8 respondents (16.3%) replied "no" when asked if the committee or representatives are playing their roles effectively andonly 6 respondents (12.4%) acknowledges and appreciate the work the committee is doing on ensuring the safety of the workers at the hospital. As the data reveals it is clear that the committee was not well functioning to make sure that the working environment was safe, taking into consideration that committee is the communication bridge between the management and the workers.

The researcher also conducted an interview with several respondents and one of them was of the view that,

> *"The committeeis performing the duties effectively by making inspection and normally conducted internally by "Quality Improvement Team". The team inspected the whole hospital and see if there is a favorable safety environment for both employees and patients. The team normally conducted its inspections in all departments at the hospital and is working under the Quality Improvement office which deals with environmental and safety issues in general at the hospital".*

> *Also, another respondent mentioned external inspection which is done by "KAMATI YA UWEZESHAJI" from the Regional Medical Office under instructions from the Ministry. The Committee has the responsibility of making sure that the hospital's environments are safe for all people who are there as well as there are enough equipments for running services at the hospital. The respondent provided further that these inspections are not regular and can only occur few times or once per year, but there is no specific time for the committee to visit the hospital.*

There is no clear information to the employees on what exactly is being done by the committees at the hospital and thus the effectiveness of the committees is not well seen by the workers who are the major target of the occupational health and safety at the hospital. The effectiveness of the committees at the hospital was only explained by the administrators and not the employees at the hospital.

Respondents were also required to name the advantages of having effective occupational health and safety committee or representatives at the hospital, and the following advantages were mentioned by the respondents as follows;

(i) To teach other employees on how to control infection within and out of the hospital
(ii) Presents workers' needs on occupational health and safety matters to the management
(iii) Suggesting proper ways of making the hospital a safe place for workers and patients
(iv) Maintaining safety at the hospital as the working place
(v) Taking care of any accidents occurred at the hospital and making sure that they are not occurring again.

Also the researcher was concerned with who exactly chooses members of the occupational health and safety committee or representatives at the hospital; the following was the response from the respondents;

Table 4.11: Election of occupational health and safety committee or representative

Option	No of Respondents	Percentage
Employer	1	2
Employees	6	12.2
Both employers and employees	7	14.3
Total	**14**	**28.5**

Source: Field Data 2015

Table 4.11 it reveals that,7 respondents (14.3%) were of the view that members of the committee are elected by both employers and employees, while 6 respondents(12.2%) replied that the committee is elected by the employees themselves and1 respondent (2%) replied that the occupational health and safety committee or representatives at the hospital are chosen by the employer.

From the answers given by the respondents, it shows that the hospital did not have a specific and clear way of choosing the members of the committee. Though there are two teams, one formed by the employer and the other one by the employees, butemployees are still not aware who elected the members to the committee it means, workers does not have proper information on issues of occupational health and safety as the National Health Policy of 2003 requires so.

Also Cole, (1997) was of the view that a major objective of safety committees is cooperation between employer and employeesin investigating, developing and carrying out measures to ensure the health and safety of the employees at work.Membership of the committee should be jointly agreed by both employer and employees. But according to the study conducted at SekouToure there is no much of the cooperation between the management of the hospital and the workers, as there is no much of the information flow from management to the employees.

4.6 Training and education to the workers

As the study intended to find out compliance with occupational health and safety at the hospital as training and education on occupational health and safety at the hospital to the

workers is one of the requirements. The idea was to find out if there is any training provided to the workers concerning their safety in the working environment, the following was the response of the respondent;

Table 4.12: Training and education on occupational health and safety to the workers

Option	No of Respondents	Percentage
Yes	23	46.9
No	26	53.1
Total	**49**	**100**

Source: Field Data 2015

From table 4.12 it can be observed that, 26 respondents (53.1%) replied that the hospital did not provide training and education on occupational health and safety, while 23 respondents (46.9%) replied that the hospital does provide training on issues of safety to the workers.

In the interview conducted by the researcher with the administrators at the hospital, they were of the view that;

> "*Since training is very important, the employees at the hospital are provided with training on occupational health and safety, normally training is provided by people from the Ministry of health and also Quality control team. Trainings are not scheduled properly, but every now and then different people from the Ministry of Health are coming to the hospital and give out trainings to the employees on how to be safe in their working environment"*

As the response showed it is clear that the education provided by the hospital did not reach out to other workers putting them in a great danger of getting accident when attending their duties. As administrators and department supervisors were the ones who in great number replied that training on occupational health and safety are provided at the hospital, while many workers, though not all of them denied the existence of trainings at the hospital.

Since it is important to remind the workers on ways to prevent and protect themselves from the unsafe working environment, respondent asked how often does the hospital provide such training for its workers; the following was the response from the respondents;

Table 4.13: Time for training on occupational health and safety

Option	**No of Respondents**	**Percentage**
Quarterly	1	2
Biannually	4	8.2
Annually	4	8.2
No definite time fixed for training	14	28.6
Total	**23**	**47**

Source: Field Data 2015

Table 4.13 it showsthat the majority of the respondents which is 14 respondents (28.6%) replied that training and education did not have specific time as they could be provided at any time in the year, while 4 respondents (8.2%) replied that training in the hospital were provided biannually. Also 4 respondents (8.2%) said that training on occupational health and safety at the hospital were provided annuallyandonly 1 respondent (2%) answered that training at the hospital on occupational health and safety is provided quarterly.

When the researcher conducted interview with the supervisors as well as in charges of the departments at the hospital on how regular does the hospital provide training, they replied that, there is no definite time for training at the hospital on occupational health and safety.

Another issue which the researcher was interested was what exactly were the issues discussed during the training and the respondents mentioned the following issues as ones which are normally discussed in the trainings provided and the following was their response;

(i) The importance of wearing protective clothing and equipment

(ii) Workers obligation of observing rules and regulation of occupational health and safety.

(iii) Right to refuse to work on unsafe environment the hospital

(iv) Worker's rights on occupational health and safety

(v) What to do in case an accident occur during discharge of duties

Respondents who knew about the trainings provided at the hospital were asked by the researcher to name people who normally do provide the training for occupational health and safety in the hospital, and the following was the response to the question;

Table 4.14: Occupational health and safety training provider

Option	**No of Respondents**	**Percentage**
Department supervisors	11	22.4
Health and safety committees	6	12.2
Safety officers	1	2
People from Ministry of health	5	10.2
Total	**23**	**46.8**

Source: Field Data 2015

From table 4.14 it can be observed that, 11 respondents (22.4%) replied that the training on occupational health and safety issues is normally provided by the department supervisors, while 6 respondents (12.2%) claimed that the trainings at the hospital were provided by the occupational health and safety committees or representative at the hospital. Also 1 respondent (2%) replied that training on occupational health and safety was provided by the safety officers at the hospital who specifically deals with occupational health and safety issues at the hospital. On the other hand 5 respondents (10.2%) replied that the trainings were provided by different people coming from the Ministry of health.

During the interview with the researcher, one respondent replied that trainings by the hospital are normally operated by Quality ImprovementTeam, which is under the Quality Improvement Office at the hospital and there is no specific time for training but

they are trying to remind the employees every now and then. Another respondent told the researcher that trainings at the hospital were operated by the supervisors and in charges of the departments at the hospital every Wednesday in their departments.

Also, another respondent provided that most of the trainings at the hospital are provided by special people sent from the Ministry of Health, and normally these trainings are provided in terms of seminars and workshops. But looking at the response from respondents, trainings are provided by different people, but is not even certain if these people are professionally qualified in occupational health and safety issues, which will be proper for OHS be responsible for providing accurate education and training on OHS matters.

Also Manyele, Ngonyani&Eliakimu, (2008) conducted a research on occupational health and safety at hospitals in Tanzania they stated that, the OHS was observed to be inadequate in most workplaces in Tanzanian hospitals. Special efforts, including training, exposure to information and creation of awareness, are recommended for improving occupational health and safety in hospitals in Tanzania. It is important that all hospital workers are taught and trained in safety measures. This shows to how extent trainings have been ignored by many hospitals in Tanzania SekouToure being one of them.

In order to manage effective knowledge on issues of occupational health and safety regular training is very important, so respondents were also asked to name the benefits employees could get from regular safety training; the following were their answers to the question;

(i) Increase awareness of occupational health and safety issues
(ii) Proper use of protective equipment
(iii)Knowledge on risk that they are facing in their working environment
(iv)Workers will be more careful when attending their patients

The researcher also was curious about finding out whether the hospital does provide training for newly enrolled workers, the question aimed at finding out whether newly enrolled are warned on risk environment they are supposed to work within as well as what precautions they should take to protect themselves, the following was the response to the question;

Table 4.15: Training for newly enrolled workers

Option	**No of Respondents**	**Percentage**
Yes	10	20.4
No	39	79.6
Total	**49**	**100**

Source: Field Data 2015

Table 4.15 above, shows that 39 respondents (79.6%) replied, there is no training for the newly enrolled workers provided at the hospital. On the other hand 10 respondents (20.4%) said "yes" when they were asked if the hospital does provide training to the newly enrolled workers.

Also during the interview with the researcher, one respondent clearly informed the researcher that there was no training provided for the newly enrolled workers at the hospital since, safety issuesare being taught in the college and thus the newly enrolled workers are very conversant with it from school. But what is being done by the hospital is only informing the newly enrolled workers and reminding them that they should observe safety rules during discharge of duties.

As the majority of the respondents replied, it is clear that there is no training to the newly enrolled workers on occupational health and safety and on how to conduct themselves in their dangerous working environment. This puts the workers on the large extent at risk of experiencing accidents resulting from occupational hazards surrounding the hospital. Newly enrolled workers are in a great danger of experiencing the hazards because they have no enough information on what to do on the different circumstances of danger during discharge of their duties compare to the experienced ones.

The danger was also discussed by Beach (1985) who is of the view that, young workers, untrained workers, and workers who are new at the job have substantially higher frequencies of work injuries than older workers, trained workers and more experienced workers. This shows to which extent these new workers and young workers are in a great danger of incurring accidents when providing services in their working environment.

4.7Protective Equipment

Protective equipment is among the requirements that the hospital is supposed to provide to its employees, the researcher intended to find out if this requirement has been met by the hospital to its workers by making sure that they are safe in their working environment and the following was the response from the respondents;

Table 4.16: Availability of enough protective equipment at the hospital

Option	**No of Respondents**	**Percentage**
Yes	26	53.1
No	23	46.9
Total	**49**	**100**

Source: Field Data 2015

Table 4.16 reveals that 26 respondents (53.1%) replied that there is enough protective equipment at the hospital, while 23 respondents (46.9%) were of the view that there is no enough protective equipment at the hospital. This shows that the hospital does have protective equipment, but they are not enough as another respondent are not satisfied with the equipment supplied at the hospital.

When conducting interviews with several respondents on protective equipment the respondents replied that the hospital was doing its best at making sure that employees are having safety equipment in their working environment. But one of the respondents told the researcher that most of the equipment provided were gloves, but other equipmentlike shoes, boots and other important equipment were not enough. The other

respondent told the researcher that the hospital did ensure that protective equipmentis available in all departments, and also during the inspection they do ask what equipment does the departments lacks and thus provide for them.

Personal protective equipment (PPE) is very essential and important tools, employees at the hospital have to be sure of their safety by providing with enough PPE. Is not a well suitable situation when employees are not sure with their safety in the hospital, as they still have doubts on the measures taken by the hospital to make sure that employees are working in a safe environment.

Respondents also were asked to mention if the hospital does provide enough training on the usage of the protective equipment provided, and the respondents replied as follows;

Table 4.17: Training on usage of protective equipment

Option	**No of Respondents**	**Percentage**
Yes	10	20.4
No	39	79.6
Total	**49**	**100**

Source: Field Data 2015

Table 4.17 above shows that, 39 respondents (79.6%) replied that there was no training provided on usage of personal protective equipment. 10 respondents (20.4%) said yes to the question, that the hospital does provide training on the usage of the protective equipment provided at the hospital.

During the interview, the researcher was informed by one respondent that,

> *"Normally, if new personal protective equipment is brought at the hospital, then workers who are supposed to utilize such equipment are provided with a short seminar on how to use such equipment".*

The data above shows that there was no training on the usage of protective equipment and thus workers are at higher risk of misusing the equipment and endanger their well being.

In order to make sure that the equipment supplied are properly used, then reminder on how to use such equipment is very important, and thus the researcher was curious to findout if there is guiding notes in the usage of the protective equipment in their units, and the response was as follows;

Table 4.18: Guiding notes on protective equipment

Option	**No of Respondents**	**Percentage**
Yes	14	28.6
No	35	71.4
Total	**49**	**100**

Source: Field Data 2015

As table 4.18 above shows, majority of the respondents that is35 of them (71.4%) replied that there were no such guiding notes in their department, while 14 respondents (28.6%) replied that there were guiding notes in their units which provide directions on usage of personal protective equipment.

During the interview with different respondents, they informed the researcher that there were guiding notes on usage of equipment such as gloves, and these guidelines are not provided for every equipment used at the hospital. Also, these guidelines were not in every unit as only a few departments/units had guidelines on usage of protective equipment and the example was on Gynae Ward which had guided notes on usage of protective equipment.

From the response of the respondents it can be observed that the hospital provides guiding notes on some of the units and left out most of the departments without guiding notes.This places workers in a risk situation as they might have protective equipment, but fail to use them properly for their safety.

When respondents were asked if an employee could refuse to work if there is no protective equipment, the response was as follows;

Table 4.19: Refusal to work without protective equipment

Option	No of Respondents	Percentage
Yes	29	59.2
No	20	40.8
Total	**49**	**100**

Source: Field Data 2015

From table 4.19 above, it can be observed that 29 respondents (59.2%) replied that they can refuse to work if there is no proper protective equipment for such an activity, while 20 respondents (40.8%) answered that they cannot refuse to attend their duties even if there is no protective equipment for such an activity. The ground they cannot refuse was because their work is to redeem lives and therefore they cannot prioritize themselves in front of a dying patient.

4.8Rights and Responsibilities of Employer and Employees

In order for a working environment to be safe, both employer and employee have rights and responsibilities imposed by the law. The question intended to find out if employer and employees at the hospital are aware that both they have rights and responsibilities on occupational health and safety issues at the hospital and the following was the response to the question;

Table 4.20: Employer and employee have responsibilities and rights on occupational health and safety

Option	No of Respondents	Percentage
Yes	43	87.8
No	6	12.2
Total	**49**	**100**

Source: Field Data 2015

Table 4.20 above shows that respondents were aware that both employer and employees had rights and obligations to fulfill on occupational health and safety issues, as 43 respondents (87.8%) replied yes to the question, while only 6 respondents

(12.2%)replied no that the employer and employees did not have rights and obligations to fulfill on safety matters.

Manyele, Ngonyani&Eliakimu (2008), in their report on "occupational health and safety in Tanzania's hospitals" were of the view that it is the responsibility of the employer to provide healthy and safe workplaces for all workers in line with the requirements of the relevant national and international laws and regulations, and to organize the work in such a way that the exposure of hospital workers to hazardous factors and risks at work are eliminated or minimized, and theirsafety and health is protected. This gives the employer more obligation or first duty of making sure that employees are safe in their working environment.

Many respondents are aware that the issue of safety cutters forboth sides, employer and employee of which is a good thing. If each side acknowledge its responsibility and play its part in making sure that safety at the hospital is complied with then workers will be working in a safe environment.

Respondents also were asked what exactly are the rights and responsibilities of the employees on occupational health and safety issues and the response to the question was as follows;

(i) Wearing protective equipment and clothing
(ii) Reporting any contravention of the law by management
(iii)Right to refuse to work on unsafe environment
(iv)Right to demand better and safer working environment
(v) Right to be treated immediately in case of any accident or injury

Also the questionnaires asked about the rights and responsibilities of the employer in occupational health and safety matters and response to the question was as follows;

(i) Filling government accidents
(ii) Maintaining records on health and safety issues
(iii)Providing education and training on health and safety

(iv) Providing proper protective equipment and clothing to the workers

(v) Providing proper treatment in case of accident or injury

(vi) Maintaining a safe working environment

(vii) Taking care of any occupational health and safety concerns presented by workers

Another question was whether there is any punishment provided in case there is non-compliance of duties from both employer and employees, the respondents answered as follows;

Table 4.21: Punishment for non-compliance with occupational health and safety duties

Option	**No of Respondents**	**Percentage**
Yes	4	8.2
No	45	91.8
Total	**49**	**100**

Source: Field Data 2015

Table 4.21 above shows that45 respondents(91.8%) replied that there was no punishment, even if an employee refused to comply with requirement of occupational health and safety. Only 4 respondents (8.2%) replied that in case of non-compliance of safety rules there is punishment This implies that there was no punishment to either party even if the rules on occupational health and safety were infringed. When respondents who said yes to the question asked to mention the action which were taken by people who infringed the rules on occupational health and safety the following was the reply to the question;

(i) Dismissed from work

(ii) Sent to a special institution for further training

(iii) Attending several workshops on occupational health and safety

During the interviewon the actions which the hospital management can take against an employee who refuses to adhere to the rules, of wearing protective equipment when

giving services to the patient the respondents provided that there was no such a thing as punishment. But one of the respondents mentioned that there was an ethical committee, and when one of the employees refuses to wear protective equipment during discharge of duties then he/she will be sent to the committee for the warning and other disciplinary actions.

Also, another respondent informed the researcher that it was very rare when an employee is being sent to the committee for non-compliance with occupational health and safety, because is not that easy to supervise the compliance on each employer when they are providing the services to the patients.

Another respondent informed the researcher that there were no incentives that were provided by the hospital to make sure that occupational health and safety are being observed. But the hospital does encourage the workers in their meetings and during trainings on the importance of observing rules on occupational health and safety. Also, in order for the management to make sure that occupational health and safety are being complied with, then that is where committees are formed to make sure that all matters concerning safety are being handled properly.

Also, since policy is one instrument which establishes the conducts in the organization, respondents were asked if the hospital policy on occupational health and safety does provide clearly, the rights and responsibilities of the employer and employees. Respondents replied the question as follows;

Table 4.22: Rights and responsibilities in the hospital policy

Option	**No of Respondents**	**Percentage**
Yes	3	6.1
No	46	93.9
Total	**49**	**100**

Source: Field Data 2015

As table 4.22 above shows, majorityof the respondents replied thatthe hospital policy does not have rights and responsibilities of both employer and employee, as 46 respondents (93.9%) said no while only 3 respondents (6.1%) said yes that the hospital policy does contain the rights and responsibilities.

As well, the law has several requirements to the employer on what facilities should be provided to the workers making sure that they are working on safe environment, but when the respondents were asked the following facilities were ones which mentioned and left out others like safe drinking water and a means of heating food, the mentioned ones are as follows;

(i) Water for washing
(ii) Sanitary facilities
(iii)Accommodation to change and store clothing

Respondents were also asked if they know who is responsible for their safety at the hospital during the discharge of their duties, and the response to the question was as follows;

Table 4.23: Responsibility of safety at the hospital

Option	**No of Respondents**	**Percentage**
The head of the hospital	2	4.1
Yourself	16	32.7
Your supervisor	12	24.5
Environmental Health Unit	9	18.4
Not sure	10	20.4
Total	**49**	**100**

Source: Field Data 2015

From table 4.23 above, it can be observed that majority of the respondents were not sure about who exactly was responsible for their safety, as 16 respondents (32.7%) replied that they were responsible for their own safety at working environment. Also 12 respondents (24.5%) were of the view that unity supervisors were responsible in making

sure that employees were safe in their working environment while 9 respondents (18.4%) answered that environmental health unit at the hospital was responsible for employees' safety. On the other hand 10 respondents (20.4%) replied that they were not sure with who exactly was responsible for their safety as well as 2 respondents (4.1%) replied that the head of the hospital was definitely responsible for their safety.

The researcher also conducted an interview with several respondents and when they were asked who was responsible for employees' safety at the hospital, they replied that, every employee is responsible to take care of his/her own safety at the hospital.As well department supervisors are required to make sure that all employees in the department are safe when providing services to the patients, it was further insisted by respondent that, mostly the duty is on the employee himself/herself to make sure that they do observe safety rules during their work.

4.9 Record Book of the Accidents

On occupational health and safety policy and law, one of the requirements is, the organization must have a record book of the accidents occurred at the hospital during discharge of the duties by the workers. The question asked respondents if they are aware of the record book and the following was their response to the question;

Table 4.24: Record book of the accidents

Option	No of Respondents	Percentage
Yes	6	12.2
No	16	32.7
Not sure	27	55.1
Total	**49**	**100**

Source: Field Data 2015

Table 4.24 shows that 27 respondents (55.1%) replied, they were not sure if there was a record book of accidents at the hospital,while 16 respondents (32.7%) replied that there was no such book of recording accidents at the hospital. 6 respondents (12.2%) said yes to the question that the hospital had the record book of accidents.The response from the

respondents shows that, the workers at the hospital did not have information on such a book and there is a likely possibility that such book did not exist at the hospital.

As one of the requirementsof the law, the record book is very important, and thus the researcher interviewed respondents if there was a book at the hospital under which all accidents incurred by the workers at the hospital when discharging their duties to the patients. One of the respondents informed the researcher that, there was no special book to record all accidents occurred at the hospital, but after the occurrence of the accidents the employee is immediately assigned to PEP (Post Exposure Prophylaxis). So there is a record for every person who will get PEP injections and thus the record of the accidents can be traced from the PEP book at the hospital.

Another respondent stated that the PEP book contained all people who received PEP treatment regardless is the normal person or an employee at the hospital and hence it is not easy to recognize who are the hospital workers and whom ones are not and thus which accidents did appear at the hospital during discharge of the obligations by the workers at the infirmary.

Respondents also were asked if they have ever sustained any accident or injury when discharging their obligations at their working environment, and the results to the question were as follows;

Table 4.25: Accident/Injury at the hospital

Option	**No of Respondents**	**Percentage**
Yes	9	18.4
No	40	81.6
Total	**40**	**100**

Source: Field Data 2015

From table 4.25,40 respondents (81.6%) replied that they had never suffered any accident in the due course of their work, while it had been revealed that respondents who suffered accident were 9 only (18.4%). Also, respondents who replied that they had

suffered accidents in their working environment were asked to mention causes for the occurrence their accidents, the following were the answers provided;

(i) Poor cooperation between the patient and the doctor

(ii) Lack of adequate training

(iii)No provision of adequate protective clothing and equipment

(iv)Ignorance about health and safety matters.

The respondents went further and explained that most of the accidents occurred and reported at the hospital are the ones which involve syringe, that is employees unintentionally stick the used needle in their bodies.

Since there is a book to keep records in case of occurrence of any accident, respondents who suffered an accident on their duties were asked if they did report the accident to the appropriate authorities, their replies were as follows;

Table 4.26: Reporting of the accident

Option	**No of Respondents**	**Percentage**
Yes	2	4.1
No	7	14.3
Total	**9**	**18.4**

Source: Field Data 2015

From table 4.26, shows there was no much of the reporting of the accident to the proper authorities at the hospital since, 7 respondents (14.3%) did not report the accident to the authorities and only 2 respondents (4.1%) did report their accidents to the hospital authority.

The researcher also was much concerned abouthow many accidents have taken place at the hospital, but respondents were not able to present the specific figure of all the accidents which have taken place at the hospital due to the fact that there was no record book. But respondents replied that accidents occurred at the hospital are very rarely basing on the ones which were reported to the authority by the workers themselves.

The actions which were taken after reporting of the accidents were as follows;

(i) Respondents were medically examined to see whether they have acquired infections from such accident or injury.

(ii) The person who incurred the accident is given Post Exposure Prophylaxis (PEP) medication immediately, which is an anti-HIV medication given to a person who have been exposed to HIV infection. The medication is provided as soon as possible after the accident.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1. Introduction

This chapter deals with the summary of the findings in the study that is what has been observed in the study by the researcher, conclusion and recommendations which the researcher is of the view that they can help to make the situation on occupational health and safety in public hospitals in a better condition than it is right now.

5.2. Summary of the Findings

The study was conducted at SekouToure hospital in Mwanza Region. In this study, Compliance on Occupational Health and Safety policy and the law was studied at the hospital, since it is the Regional Hospital.

Generally occupational health and safety issues are not only advantageous to the workers and employer only, as it ensures safety to the third parties too. That is why the law requires policy in every organization so that protection ofthe working environment can be ensured by the top administration as guidelines will be set clearly to be followed with all members in the organization.

Looking at the study conducted at SekouToure Hospital in Mwanza, it can be argued that there was no policy at the hospital, whichregulated occupational healthand safety issues around the hospital. Due to lack of policy, there was no much of the promotion of effective occupational health and safety issue around the hospital and most of the workers had no idea what occupational health and safety really means which put them in a dangerous state of incurring accidents in their working environment.

It has been observed that the workers were not even satisfied with the measures that were taken by the hospital to ensure workers' safety during discharge of duties in their

working environment. It seems like occupational health and safety at the hospital was not given priority as the issue itself requires. The management of the hospital neglected safety matter and thus workers were facing great dangers when accomplishing their duties.

The issue of safety committees/representatives at the hospital was not well taken care by the hospitals' management since the committees formed were not specifically dealing with occupational health and safety at the hospital but rather general environmental issues. This limits the functions of the committees, and did not allow the committees to completely dedicate themselves on making sure that workers were performing their duties in a well-protected environment.Also, even to the one exist at the hospital are not well known to the workers at the hospital, which means few concerns of workers are being presented to the management at the hospital.

Trainings and educationin occupational health and safety are not regularly provided to every worker at the hospital. Only a few workers at the hospital admitted that they had attended trainings on occupational health and safety, but others had never attended any training on safety issues and merely relying on the knowledge they have been taught at college. Employees also had no proper information about what time exactly does the hospital provide trainings as well as the person responsible for providing trainings on occupational health and safety to the hospital workers. And thus, the issue of education and trainings on occupational health and safety is not that serious at the SekuoToure hospital.

Also the hospital did not have enough protective equipment to protect workers from accidents due to dangerous environment they are working in. Personal protective equipment known to most of the workers is gloves only, many of them don't have idea with other protective equipment such as goggles and shoes as well as clotheswhich are important for their safety during discharge of duties. Though since gloves is the most personal protective equipment used in almost every activity at the hospital, then the

management has tried and successful has managed to provide enough gloves at the hospital.

Due to lack of hospital policy on occupational health and safety in the hospital, there were no clear rights and responsibilities of both the employer and employees known to the workers at the hospital.As well workers had no proper information on who exactly was responsible for their safety at the hospital. It is very bad and dangerous if the worker doesn't know exactly what their responsibilities also right when it comes to their safety during the discharge of their duties. Due to lack of knowledge of rights and responsibilities to both workers and management, lots of requirement lacks at the hospital for example proper changing room are not provided in all departments, justa few of them as well as water for drinking are not provided as everybody has to buy one for herself/himself.

Also the hospital did not have a record book for accidents, which records allaccidents incurred by the workers during the discharge of their duties to patients. This goes along with the fact that most of the workers did not report to proper authorities when they had accidents when providing their services. So the hospital did not have a proper record on the rate of accidents occurred at the hospital, though, according to many respondents they have never incurred accident when performing their dutieswhich make the rate of the accidents at the hospital to be minimal.

5.3. Conclusion

This study observed that low compliance level with occupational health and safety requirements at workplaces among health workers in SekouToure Hospital in Mwanza Municipality is mostly due to poor law enforcement and inadequate knowledge and skills on occupational health and safety issues. The majority of health workers were not aware of the occupational health and safety requirements and they suffer from different types of occupational health problems. Therefore, the study recommends establishment of effective law enforcement systems and training programs among health workers to

‘make the healthy choice the easy choice’ and hence improve occupational health and safety at workplaces. The findings are also useful to researchers, policy makers, law enforcers and Public Health Officials.

5.4 Recommendations

Several recommendations to be implemented at the hospital were identified as discussed below;

5.4.1 To the hospital Management

The management should formulate a proper policy guiding on occupational health and safety issues at the hospital. The policy should stipulate clearly rights and responsibilities of both employer and employees. The policy should be able to tell what exactly should be done to make sure that everybody is working in a safe environment as well as the policy should be able to guarantee the safety in the working environment. The policy should be provided in each department and the hospital should make sure that all employees are aware of the policy presence at the hospital.

Special attention should be given to the nurses, cleaners, at the hospital when addressing the mentioned issues.The Quality Improvement department should ensure adequate supply of safety boxes, proper use, and timely collection of used medial sharps in puncture proof containers such as safety boxes.

All the heads of departments should improve the reporting of injuries by designing a log form that captures information on the demographic data of the employee. A log should involvedate and time of injury, type of injury, the procedure involved, part of body involved, where it occurred and how the exposure incident occurred. The log forms can be entered in a database and be used for surveillance of injuries in the hospital. The data obtained should be analyzed in order to understand root causes, conduct surveillance and prevent further occurrence of injury. So the record book of accidents will be well known to all employees and not only the management at the hospital.

Management has to make sure that safety committees/representatives are established at the hospital of which employees will also be involved in forming those committees. The committees formed shall dedicate themselves on making sure that employees are well protected in their working environment.

Trainings and education should be regularly provided to all workers at the hospital as well as trainings on usage of personal protective equipment should be provided to all workers and not only some of them. The hospital should internally supervise trainings and should not depend on external trainings provided by either ministry of health or other institutions. The hospital may reconsider to provide trainings to the newly enrolled workers and thus preventing them from incurring accidents in their activities.

The hospital can also think of formulating proper enforcement mechanisms, under which workers may be punished when they refused to comply with rules on occupational health and safety at the hospital. Also the hospital may think of providing incentives to employees who well adheres to rules of occupational health and safety and thus motivate more workers to comply with the policy established at the hospital.

Hospital management should consider providing proper facilities at the hospital such as safe drinking water, proper changing rooms, means of heating food and other facilities which will ensure employees' safety at the hospital.

Another important thing is, the hospital must enroll workers who are professionals on OHS matters, and these people will be responsible for supervising and controlling all issues concerning OHS at the hospital.

5.4.2 To the Ministry of Health

The ministry has to make sure that occupational health and safety regulation and policy are being complied with effectively by the organization by arranging regular intensively inspections. External supervision will effectively ensure the safety of the workers in their working environment, and may be done regularly and sanctions should be properly

assigned to the employer who does not comply with the policy and regulation's requirements. So the proper enforcement mechanism should be formulated which will ensure effective compliance with occupational health and safety rules, otherwise workers will continue to work in dangerous and hazardous working environment.

Also, as for the government proper policy has to be formulated which in detail expressly the duties of the organization of maintaining occupational health and safety, otherwise the organization cannot have proper guideline on what should be done to make sure all employees are working in a safe environment.

5.4.3To the employees at the hospital

Since their health is onthe line, employees should know that they are the first people responsible in taking care of their safety when discharging the duties at the hospital. Workers at the hospital should make sure that they are working in a safe environment and they do not compromise their safety in any way. Also, they should report to proper authorities when one incurs accident during the discharge of their duties at the hospital. Safe workers ensure safety of the patients as well, so they should not depend on the hospital management to take care of their safety without doing it themselves first.

5.5Areas for Further Research

This study identified the following areas for further research;

i. The extent of occupational risks among healthcare wastes handlers at the hospital.

   The wastes at the hospital are very dangerous as they contain contaminated ingredients which are harmful.The wastes are the used material on patients and thus there is a need that they are handled with care and caution. Due to that, there is a need to asses the risks faced by the ones who handles the wastes from the ones who conduct cleanless up to the ones who are responsible on disposing them.

ii. The level of compliance by the hospital to the national health care waste management standards, regulations and policies;

There is a requirement on how wastes from hospital should be disposed since they are very contaminated and dangerous to the health of the people. The question is does the health centers adhere to the standards set or not as the regulations requires.

iii. To conduct an intervention study such as training program among health workers in Mwanza Municipality;

Training on ccupational health workers on issues of OHS is very important and is a requirement under the law. The study will be aimed on assessing whether there is enough training program on OHS to the health workers in Mwanza Municipality.

iv. Undertake a clinical study on occupational health problems among health workers in Tanzania.

There are numerous problems facing health workers in terms of occupational health and safety in heir working environment. The study will reveal problems health workers are facing when conducting their duties in matters of OHS.

v. Conduct a qualitative study to determine the root causes of poor law enforcement among law enforcers.

Since enforcement of the requirements on OHS matters revealed to be the problem, then there is a need to make a study and find out what causes poor enforcement, whether the problem is the law itself or the enforcers.

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The Woodworking Machinery Rules of 1955.

The Factories (Electricity) Amendment rules of 1985.

Factories (Occupational Health Services) Rules of 1985.

Workers Compensation Act No 20 of 2008.

APPENDICIES

MZUMBE UNIVERSITY SCHOOL OF PUBLIC ADMINISTRATION AND MANAGEMENTCOMPLIANCE OF OCCUPATIONAL HEALTH AND SAFETY POLICIES IN PUBLIC HOSPITALS IN MWANZA: A CASE STUDY OF SEKOU TOURE HOSPITAL.

APPENDIX I: QUESTIONNAIRE

This questionnaire aims to study the occupational health and safety of the SekouToure hospital for the purpose of highlighting the compliance of OSH policies and Regulations. It is expected that this research will help to improve the enforcement of these policies and conditions of the workers in health sector when it comes to the matters of OHS.

I would like you to participate in the above project. Completion of the questionnaire is completely voluntary and returning the completed questionnaire will be considered as your consent to participate in the survey. I appreciate that you are already busy and that participating in this research will be another task, to add to a busy schedule, but by contributing you will be providing important information.

All data held are purely for research purposes and will be treated as strictly confidential.

1.Background information-Please tick in the boxes the correct response(s)

[i] What is your age group?

(a) Under 25 ( )

(b) Between 26-35 ( )

(c) 36-45 ( )

(d) 46-55 ( )

(e) Above 56 ( )

[ii] What is your gender?

(a) Male

(b) Female

[iii] How long have you been in the hospital?

(a) Under 5 (five) years ( )

(b) 6 - 10 years ( )

(c) 11 – 15 years ( )

(d) 16 -20 years ( )

(e) Above 20 ( )

[iv] Indicate department you wok in the hospital

(a) X-ray ( )

(b) Administration ( )

(c) Laboratory ( )

(d) Mortuary ( )

(e) Theatre ( )

(f) Administration Pharmacy/ Dispensary ( )

(g) Kitchen ( )

(h) Laundry ( )

(i) Environmental Health Unit ( )

(j) Surgical Ward ( )

(k) Maternity Ward ( )

(l) Medical Ward ( )

(m) Blood Bank ( )

(n) Dental Unit ( )

(o) Pediatric Unit ( )

(p) Others……

2. Hospital's policy on Occupational Health and Safety

[i] Does the hospital have a policy on Occupational Health and Safety?

(a) Yes ( )

(b) No ( )

(c) Not sure ( )

[ii] If yes how did you came to the knowledge of the policy at the hospital?

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[iii] Do you think the policy on Occupational Health and safety at the hospital is effective on insuring safety of the employees and hospital at large?

(a) Yes ( )

(b) No ( )

[iv]If yes, what benefits does the hospital and employees derive from effective occupational health and safety policies?

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[v] Indicate how satisfy you are with the current occupational health and safety measures put in place

(a) Very satisfied ( )

(b) Satisfied ( )

(c) Dissatisfied ( )

(d) Very Dissatisfied ( )

[vi] Does you department or unit have a written copy of occupational health and safety policy of the hospital?

(a) Yes ( )

(b) No ( )

3. Occupational health and safety committees and representatives

[vii] Is there health and safety representatives or committee at you hospital?

(a) Yes ( )

(b) No ( )

[viii] If yes does the committee or representative plays their roles effectively?

(a) Yes ( )

(b) No ( )

[ix] What advantage does an employee receive from having these health and safety representatives and committee at the hospital?

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[x] Who chooses members of the health and safety committee or representatives?

(a) Employer ( )

(b) Employees ( )

(c) Both employer and employee ( )

4. Training and Education to the workers

[xi] Does the hospital provide education and training on occupational health and safety issues to the employees?

(a) Yes ( )

(b) No ( )

[xii] If yes, how regular is training organized for staff on occupational health and safety?

(a) Quarterly ( )

(b) Biannually ( )

(c) Annually ( )

(d) No definite time fixed for training ( )

[xiii] What specific health and safety issues are discussed during training?

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[xiv] Who exactly provide training?

(a) Department supervisors ( )

(b) Health and Safety Committees and representatives ( )

(c) Others……

[xiv] What benefits can employee and hospital gained from regular safety training?

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[xv] Does the hospital provide training for newly enrolled workers at the hospital?

(a) Yes ( )

(b) No ( )

5. Protective Equipments

[xvi] Does the hospital provide enough personal protective equipments to the employees during their duties?

(a) Yes ( )

(b) No ( )

[xvii] Does the hospital provide enough training on the usage of such personal protective equipments to the workers?

(a) Yes ( )

(b) No ( )

[xviii] Does the hospital provide guiding notes in every unit on personal protective equipments?

(a) Yes ( )

(b) No ( )

[xix] Can employee refuse to conduct his/her duties if there is no protective equipment for such activity?

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6. Rights and Responsibilities of employer and Employee

[xx] Do you agree that both employers and employees have responsibilities and rights for effective occupational health and safety?

(a) Yes ( )

(b) No ( )

[xxi] If yes, what are some of the responsibilities and rights of employees?

(a) Wearing protective clothing and equipment ( )

(b) Reporting any contravention of the law by management ( )

(c) The right to refuse to unsafe work ( )

(d) Others, please state

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[xxii] If yes what are some of the responsibilities and rights of the employers?

(a) Filling government accidents reports ( )

(b) Maintaining records on health and safety issues ( )

(c) Posting safety notices and legislative information ( )

(d) Providing education and training on health and safety ( )

(e) Others please state

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[xxiii] Is there punishment for non compliance of the duties from each parties?

(a) Yes ( )

(b) No ( )

[xxiv] If yes, what action can be taken against a person who has violated his /her duties on occupational health and safety?

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[xxv] Is the policy of the hospital on occupational health and safety issues clear on rights and responsibilities of the employer and employees?

(a) Yes ( )

(b) No ( )

[xxvi] Does the management provide the following welfare facilities properly as required by the law?

(a) Safe drinking water ( )

(b) Means of heating food ( )

(c) Water for washing ( )

(d) Sanitary facilities (toilets, showers, changing rooms) ( )

(e) Accommodation to change and store clothing ( )

[xxvii] The person ultimately responsible for your safety and health at the hospital in the performance of your duties

(a) The head of the hospital ( )

(b) Yourself ( )

(c) Your supervisor ( )

(d) Environmental Health Unit ( )

(e) Not sure ( )

7. Record book of the accidents

[xxviii] Is there a record book under which all accidents are reported and noted down as the requires?

(a) Yes ( )

(b) No ( )

[xxix] Have you ever suffered any accident or injury in the hospital since you were engaged?

(a) Yes ( )

(b) No ( )

[xxx] What were the causes of the accident?

(a) Lack of adequate training ( )

(b) Non provision of adequate protective clothing and equipment ( )

(c) Ignorance on health and safety matters ( )

(d) Not sure ( )

[xxxi] If yes, did you report the accident to the appropriate authorities?

(a) Yes ( )

(b) No ( )

[xxxii] If yes, what actions were taken to prevent the occurrence of the same accident or injury in the future?

(a) The case was referred to committee ( )

(b) Investigation was instituted and I was invited ( )

(c) Report issued, causes identified and report formed part of the hospital's subsequent meeting ( )

[xxxiii] State some of the findings from the investigation

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APPENDIX II; INTERVIEW

Interview Questions to the Doctor in charge, supervisors, Human Resource officer, environmental officer and OHS officer

1. Does the hospital have policy on Occupational Health and Safety
   (a) How often does the hospital engage safety expert to re-design occupational health and safety policies for the hospital?
   (b) Does the hospital involve employees on policy formulation?
   (c) Does the hospital's policy clearly stipulate the rights and responsibilities of the employer and employees?
   (d) Is there enforcement clause in the policy in case there is breach of the rules concerning occupational health and safety?
2. What action can be taken against an employee who has refused to wear protective equipment?
3. How often is an Occupational Health and Safety inspector come to the hospital?
   (a) Who are the main inspectors?
   (b) What exactly do they check to ensure that the environment is safe for the workers and the patient?
4. Is there a record book at the hospital where all accidents are recorded?
5. How many accidents have occurred so far for the past five years?
   (a) What kind of accidents have been re occurring frequently?
   (b) What are the main causes of those accidents?
6. Does the hospital provide enough protective equipments and cloths to the employees?
7. Is there training provided to the employees?
   (a) Who is providing training and education on OHS matters to the employees?
   (b) How often does the hospital provide training and education to the employees?
8. What is the role played by the safety committee at the hospital?

9. Does the hospital provide any motivation incentives to the workers in order to insure compliance?
10. To what extent does the management ensure the effectiveness of the occupational health and safety at the hospital?
11. Does the hospital provide welfare facilities properly as required by the law?