



Effects of Occupational Safety and Health Management Practices on Organizational Commitment

(The Case of Sheraton Addis Hotel)

By: KifleMideksa

Advisor: AbrarawChane (PhD)

**A Thesis Submitted to Addis Ababa University College of
Business and Economics School of Commerce for the Partial
Fulfillment of the Requirements for Master's Degree in
Human Resource Management**

November 2018

Addis Ababa

**Effects of Occupational Safety and Health Management
Practices on Organizational Commitment**

(The Case of Sheraton Addis Hotel)

By: KifleMideksa

Approved by Board of Examiners

Advisor

Date

Signature

Internal Examiner

Date

Signature

External Examiner

Date

Signature

Declaration

I, the undersigned, declare that this thesis entitled Effects of Occupational Safety and Health Management Practices on Organizational Commitment is my original work, under the guidance and support of the research advisor, AbrarawChane (PhD), and that all source materials used for the study have been duly acknowledged. This study is offered for the partial fulfillment of the degree of Master of Arts in Human Resource Management and has not been submitted for any degree in this university or any other university so far.

KifleMideksa

Signature _____

Date_____

Advisor: AbrarawChane (PhD)

Signature_____

Date_____

Acknowledgements

My sincere gratitude goes to AbrarawChane (PhD), my advisor, for his professional support, time and guidance. His constructive criticism and feedback enabled the completion of this study possible. Besides, I would like to thank the management and employee of Sheraton Addis for their continued assistance in this regard. I am very much grateful to Mezegebua Taddesse, my spouse, for her undivided attention towards the realization of this study. Finally, my appreciation goes to all parties who had input in any form during my entire school time and for successful completion of this work.

Table of Contents	Page
Title page	ii
Declaration.....	iii
Acknowledgements.....	iv
Table of content.....	v
List of Tables	vii
Abbreviations.....	viii
Abstract.....	ix

CHAPTER ONE

Introduction.....	1
1.1 Background of the Study.....	1
1.2 Statement of Problem.....	3
1.3 Research Questions.....	4
1.4 Research Objectives.....	4
1.5 Significance of the Study.....	5
1.6 Scope of the Study.....	6
1.7 Limitations of the Study.....	6
1.8 Definition of Terms.....	6
1.9 Organization of the Study.....	7

CHAPTER TWO

Review of Related Literature.....	8
Introduction.....	8
2.1 Concepts of Occupational Safety and Health.....	8

2.2 Approach to workplace Health and Safety.....	8
2.3 Costs of Work Place Health and Safety.....	9
2.4 The Importance of Health and Safety in the Work Place.....	9
2.5 Occupational Safety and Health and National Legal Requirements.....	11
2.6 Concepts of Conducive Work Environment.....	12
2.7 Factors Affecting Healthy and Safe Work Environment.....	13
2.7.1 Maintenance of Healthy and Safe Work Environment.....	13
2.7.2 Employee Engagement.....	14
2.7.3 Employee Recognition.....	15
2.7.4 Work Life Harmony.....	15
2.8 Concepts of Organizational Commitment.....	16
2.8.1 Definitions of Organizational Commitment.....	16
2.8.2 Approaches to Organizational Commitments.....	19
2.8.3 Models of Organizational Commitments.....	20
2.9 Common Work Place Hazards in Hotels.....	22
2.10 Conceptual Frame work.....	23

CHAPTER THREE

Research Design and Methodology.....	25
3.1 Research Design.....	25
3.2 Research Approach.....	26
3.3 Population and Sample.....	26
3.4 Data Sources and Types.....	27
3.5 Data Collection Procedures.....	27
3.6 Validity, Ethicality and Reliability of the Study	28
3.7 Data Analysis Tools and Interpretation.....	29

CHAPTER FOUR

Data Analysis, Interpretation and discussion.....	30
4.1 Introduction	30
4.2 Percentage & Frequency Distribution of Demographic Characteristic.....	32

4.3 Descriptive Analysis on Selected OSHMP Measures.....	32
4.4 Employee Involvement.....	33
4.5 Training and Awareness on OHS	35
4.6 Leadership Commitment.....	38
4.7 Challenges in Implementing OSHMS.....	39
4.8 Organizational Commitment.....	42
4.8.1 Affective Commitment.....	42
4.8.2 Continuance Commitment.....	44
4.8.3 Normative Commitment.....	45

CHAPTER FIVE

Summary of Findings, Conclusions and Recommendations.....	50
5.1 Summary of Findings.....	50
5.2 Conclusion.....	52
5.3 Limitations of the Study and Recommendations for Future Studies.....	52
5.4 Recommendations.....	53

APPENDIX

References.....	54
Summary of Injury report.....	59
Survey Questionnaires.....	60

LIST OF TABLES

Table 3.1 Sample Size for the Study.....	27
Table 3.2 Results of Reliability Analysis	28
Table 4.1 Percentage & Frequency Distribution of Demographic Characteristic	31

Table 4.2 Descriptive Analysis on Employee Involvement.....	33
Table 4.3 Descriptive Analysis on Training and Awareness on OHS	35
Table 4.4 Descriptive Analysis on Leadership Commitment.....	37
Table 4.5 Challenges in Implementing OSHMS.....	39
Table 4.6 Causes of Occupational Hazards.....	40
Table 4.7 Affective Commitment.....	41
Table 4.8 Continuance Commitment.....	43
Table 4.9 Normative Commitment.....	45
Table 4.10 Group Mean Value of Variables.....	47
Table 4.11 Correlation Analysis.....	48
Table 4.12 Regression Analysis.....	49

Abbreviations

OSH - Occupational Safety & Health,

OSHMS - Occupational Safety & Health Management System

SPSS - Statistical Package for Social Science

OC - Organizational Commitment

Abstract

Occupational safety & health practices are meant to protect health and safety of employees in the work place and thereby promoting safer work environment and enhancing improved productivity. The objective of this study was to examine the effects occupational health and safety management traits, namely, employee involvement, training and awareness on OHS, leadership commitment towards different dimensions of organizational commitment in Sheraton Addis. Accordingly, explanatory research design was adapted to carry out this study. Survey questionnaire were distributed to respondents in various hotel departments, using Proportionate Stratified Random Sampling method, which are prone to occupational accidents. The study considered a total population size of 327 hazard prone employees under Engineering, Kitchen, Stewarding, Laundry, Housekeeping and Pool & Health Club, of which 179 (69% male 31% female) participants were selected as a sample size. The obtained data through survey was analyzed using SPSS version 20. Correlations and regression analysis were applied to determine the effect and impact between variables. The results of this study revealed positive and significant relationship between the three traits measuring occupational health and safety management practices employee involvement, training and awareness on OSH and leadership commitment. Moreover, training and awareness was the most contributing OSH attribute in the prediction of organizational commitment. Another finding of this study was that, stress, working shift and non-compliance of employees with basic applications of personal protective equipment are top ranking causes of accidents in Sheraton Addis hotel in their respective order. On the other hand, employee participation during the formulation and implementation of OSH policies was found to be rated very low which deserves attention of the management. Targeting the organizational commitment of its employees, the Sheraton Addis Management, need to have undivided attention towards tackling the challenges in implementing OSHMS and maintain healthy and safe work environment.

Keywords: *Occupational Safety & Health, Organizational commitment, Occupational hazard, Employment injury*

CHAPTER ONE

Introduction

1.1. Background of the Study

The importance of occupational safety, health and conducive work environment has become an increasing issue of concern of all stakeholders. Local legislation and international convention put pressure on the employers in regards to the protection of health of employees. Compliance to the legislation is negligible and at times is disregarded, though.

During the industrial revolution more injuries, illnesses and deaths occurred due to work place accidents which in turn led to formation of labor unions to protect the workers. According to (Charles D. Reese, 2003), it was in 1900 workers' compensation became reality holding the employers responsible for every bodily injury. Then, employers became interested in the matter and started to count deaths and injuries. But, prior to that, employers were blaming workers for negligence and rules were in their favor. Considering the evolution and awareness aspect of the OS&H, in 3000 B.C. Egyptians provided first aid materials to protect workers from gold and silver fumes. Hammurabi stated compensation for permanent injury in 2000 B.C. Hippocrates, history's most famous physician, discovered that stone cutters had breathing problems.

According to Constitution of Federal Democratic Republic of Ethiopia, under its Human Right section, article 14 & 16, every person has a right to life and the security of person's right to protection against bodily harm. This implies that Ethiopia has ratified, besides fundamental ones, C155 - Occupational Safety and Health Convention, 1981 (No. 155). Following the same, this has been embodied in the country's Labor and Public Civil Servants proclamations. Consequently, employers are duty bound to comply with a legal and moral obligation and provide a healthy and safe working environment for their employees. Thus, concerns about occupational health and safety are unavoidable.

In March 2013 ILO conducted labour inspection services in Ethiopia upon the request of the Ministry of Labour and Social Affairs (MOLSA) in order to improve the effectiveness and efficiency of its labour inspection services. Not letting aside other factors, MOLSA is

currently updating the Labour Proclamation taking into consideration necessary improvements in the workers safety and health areas.

Hospitality industry has been considered to be one of the most important economic practices in Ethiopia in terms of employment. Human interaction is crucial in the hospitality industry. The success of these business organizations purely depends on the commitment of their employees and relations based on mutual benefits. Commitment refers to attachment and loyalty; to be identified with and involvement in particular organization, (Porter et al, 1974). It is about strong desire to remain a member with strong belief in acceptance of the values and goals of the organization. Commitment should be the interest of both parties under consideration. Written occupational safety and health policies are indications of intent of employers to show care about their employees. Thus, it is a must that employers in this sector take responsibility for their actions in relation to employees' health and maintenance of decent work environment.

Sheraton Addis, the Luxury Collection hotel, is one of hospitality industries using giant and complex machineries in its day to day activities. In this connection, there have been accidents in the past resulting in employees' bodily injury. "Accidents and absences through ill-health or injuries result in losses and damage to the organization; and this 'business' reason is much less significant than the 'human' one", (Armstrong, 2006). This calls for improved safety and health practices that involve every employee and the management and owners.

Considering all these, the researcher is interested in assessing the implementation and practices of safety and health management of the Sheraton Addis hotel, icon for the nation's hospitality industry. In furthering this study, information about causes of accidents and diseases will be gathered that includes observation of physical factors. The ultimate interest in this study is to develop a shared attitude and perceptions about work place safety that affect business objectives of the entire hotel. The management of the hotel must take vanguard role in the influence that leads all employees and customers exercise to achieve the organization's safety performance goals.

Background of the Organization

The Sheraton Addis, Luxury Collection Hotel, is located in the center of Addis Ababa with floor area of 85,000 m² and date of operation 28 February 1998. The hotel has 295 rooms, nine conference rooms, six restaurants, four bars, eight kitchens, swimming pool, spa service

and kids play ground and business center. As of March 2018 the hotel has 712 permanent employees and about 400 employees working on the basis of on and off.

The focus of this research is about the current safety and health practices and conducive work environment of Sheraton Addis hotel and mainly targeting operational units. These are Engineering, Kitchen, Stewarding, Laundry and Housekeeping. Employees in these functional units are exposed to either physical, chemical or biological hazards. Heavy duty cutting and slicing machines, mixers, laundry and dry cleaning machines, cooking equipment, dish washing machines and hand held devices are available in these units. Kitchen and laundry units are hot and at times hold vapor. Cold rooms in kitchen are not friendly to access unless supported with appropriate attire. High voltage generators, boiler rooms are noisy and hazardous. The staff is busy to respond to short notice customers' requests that makes the environment bit tense.

Vision & Mission Statement

“At Sheraton Addis, we are committed to becoming the number one luxury hotel in the world by attracting and retaining the best employees, and by providing total customer satisfaction in order to increase long-term profits and value for our owner and Marriott International.”

1.2 Statement of the problem

Being labor intensive, in particular, the hospitality industry involves significant employment in the hotels, catering and tourism sector. The employees deserve to work in an accident-free, safe and healthy environment. However, according to International Labor Organization, (ILO) 2018, industries and sectoral report, on Hotels, Catering and Tourism Sector, the sector has a reputation of poor working conditions due to a number of factors i.e. it is a fragmented industry with a majority of employers being small and medium sized enterprises with low union density, and work characterized by low wages and low levels of skill requirements, shift and night work and seasonality. Global and inclusive of all sectors, there are more than 2.78 million deaths and 374 million non-fatal work-related injuries and illnesses each year, as per ILO, Resources Platform, Health and Safety at the Workplace section's current report. Over two million people worldwide die of occupational injuries and work related diseases as per WHO's world Health Report, 2002. The above mentioned risk is elevated to 10-20 times in developing countries.

There is considerable loss of labor-hour in Sheraton Addis Hotel due to work place bodily harm to employees arising from occupational accidents. Accidents particularly occur in Engineering, Laundry, Housekeeping, Kitchen and Stewarding departments. The incidents range from slips and falls to electric shocks and chemical hazards. In year 2015, 2016 and 2017 there were 26, 32 and 33 incidences sustained by employees which resulted in losses of 214, 367 and 324 work days respectively to the hotel, according to the hotel's Human Resources Office report. (see appendix)

Consequently, the management had to employ substitute workers to compensate lost labor hours, not in all situations though, pay salaries to the injured during sick days and cover medical expenditures. Over and above, this impacts family of the victim and customers of the hotel. As this compromises delivery of quality service, eventually customers dissatisfaction is inevitable. Compensation to damages and lost labor hours due to ignorance to safety precautions would lead to undesired portray to the image and growth of the hotel.

In this research it is desired to evaluate the approaches of the employees and the management towards the maintenance of safe and healthy work environment so as not to sustain human suffering or damage to the property. In the same manner, observing the correlation between occupational safety and health; conducive work environment and organizational commitment is another area of interest of this research.

1.3 Research Questions

- ❖ What are the challenges to effective implementation of the OSH policy?
- ❖ What are the common causes for accidents/diseases occurred in Sheraton Addis?
- ❖ Is there continuous assessment in place to evaluate the practicality of OSH practices in Sheraton Addis?
- ❖ Does the hotel management allocate adequate resources to run OSHMP?
- ❖ Are employees aware and compliant to OSHMP at Sheraton Addis?

1.4 Research Objectives

1.4.1 General Objectives

The objective of this study is to assess the effects of occupational safety and health practices on organizational commitment in Sheraton Addis hotel.

1.4.2 Specific Objectives

In order to realize the said objective, it is necessary to consider the following:

- ❖ Identify the causes of common and unusual accidents and diseases
- ❖ Assess the severity of occupational injury, accidents and diseases
- ❖ Evaluate the level of awareness of employees about OS&H practices
- ❖ Examine the commitment of the management towards the safer and decent work place practices
- ❖ Assess factors affecting implementation of OS&H practices
- ❖ Investigate the association of organizational commitment and OS&H practices.

The ultimate goal of this research is that the management of the hotel, employees and other stakeholders work hand-in-hand in order to protect employees from any occupational hazards and keep work places enjoyable. Zero tolerance to accidents in the work place by promoting awareness on the subject; deeper investigations to root causes of accidents and review on the lay out of work procedures helps in realizing healthy and conducive work environment.

1.5 Significance of the Study

Sheraton Addis employees are primary beneficiaries of the outcome of this research. Pay and other benefits will not be interrupted due to accidents or diseases they sustain in relation to the occupational injuries. In the same token family of the employee, as part of the community, will enjoy decent and secured life style. These employees working in safer and conducive work environment have sense of belongingness, which ultimately reduces absenteeism due to injuries, enhances productivity leading to higher service-profit chain. This has a positive impact on the revenue of the hotel and the employees' income as well. As a result, the hotel maintains its positive image in the society and towards customers which enables it to become employer of a choice. On the other hand customers get consistent delivery of quality services building loyalty to the hotel. Other hotels can also benefit from this research as best fit approach. For the researcher, as a student of HRM and practitioner in the same occupation, this is an appropriate opportunity to enlighten ones horizon in the subject under consideration. For other researchers interested in furthering similar studies in the area, this could serve as fertile ground in particular in hospitality industry.

1.6 Scope of the Study

The concern of this study is about practices of occupational safety and health and conducive work environment in relation to organizational commitment at Sheraton Addis hotel. The study covers Engineering, Kitchen, Stewarding, Housekeeping, Laundry and Pool & Health Club departments. Such demarcation is used since these are the most likely accident-prone units and make the study more feasible. A data of three consecutive years, 2015-2017, inclusive is considered for the same purpose.

1.7 Limitations of the Study

Lack of previous research in the hospitality industry, particularly in hotel sector on a similar topic is evident. Such local prior researches could help in providing basis in the subject area. Second, the population selected for the study considers only those noted in the scope section but does not include the rest of the hotel departments, like Finance, Sales, Security, Guest services and others which might slightly impact the final findings. So from the total of 712 employees 327 are considered to have direct relations with operation.

1.8 Definition of Terms

Policy: guideline for implementation of safety and health programs

Accident: is an undesirable incident causing harm to life or property

Hazard: anything that can cause harm to life, health, property or environment.

Risk: Chance of hazard causing harm

Conditions of work: the entire field of relation between workers and employers includes workers health and safety and compensations to victims.

Organization: in this study refers to Sheraton Addis

OS&H management system: a system to identify and control health and safety risks and achieve safer and decent work place in compliance with safety legislation and continual improvement thereof.

Worker/employee: A person who has an employment relationship with an employer to perform a work in return for wage.

Occupational disease: any pathological condition whether caused by physical, chemical or biological agents which arises as a consequence of the type of work performed by a worker

Disablement: any employment injury as a consequence of which there is a decrease or loss of capacity to work

Workplace: where a worker regularly performs work under the directives of the employer

Occupational injury: employment accident

Organizational commitment: Psychological bond individuals have toward their organization, characterized by a strong identification with the organization and desire to contribute towards attainment of organizational goals.

1.9. Organization of the Study

This study is outlaid in five chapters. The first chapter consists of introduction part where the background of the study, statement of the problem, research questions and objective, significance of the study, the scope and limitations of the study and definitions of terms are illustrated. Besides, the chapter includes background of the company under consideration. The literature works relevant to this study are detailed under the second chapter. Chapter three is dedicated to description of methodology applied in this study. Survey development, data collection procedures are also parts of this chapter. While findings of the study are presented in chapter four; summary, conclusion and recommendation are considered in the last chapter.

CHAPTER TWO

Review of Related Literature

Introduction

This chapter provides an insight to readers about the theoretical view of the topics under study. In line with the objectives of the study, the chapter covers topics related to the theories and concepts of Occupational Safety and Health Management practices and Organizational Commitment. In addition, the present chapter includes research findings about the effects of Occupational Safety, Health, and conducive work environment on Organizational Commitment. Further, the conceptual framework of the study is presented at the end of this chapter.

2.1 Concepts of Occupational Safety and Health

Since 1950, the international labor organization (ILO) and the world health organization (WHO) have shared a common definition of occupational health. It was adopted by the joint ILO & WHO committee on occupational health at its first session in 1950 and revised at its twelfth session in 1995. The definition reads: "The main focus in occupational health is on three different objectives: (i) the maintenance and promotion of workers' health and working capacity; (ii) the improvement of working environment and work to become conducive to safety and health and (iii) development of work organizations and working cultures in a direction which supports health and safety at work and in doing so also promotes a positive social climate and smooth operation and may enhance productivity of the undertakings. The concept of working culture is intended in this context to mean a reflection of the essential value systems adopted by the undertaking concerned. Such a culture is reflected in practice in the managerial systems, personnel policy, principles for participation, training policies and quality management of the undertaking."

2.2 Approach to Workplace Health and Safety

Traditionally it was assumed by most employer and the accident prevention bodies that most of the accidents were due to an employee's failure to take safety seriously or to protect oneself. The implication of this is that work can be made safe simply by changing the behavior of employees by poster campaigns and accident prevention training.

However, as per the Guidelines on Occupational Safety and Health management systems, ILO-OSH 2001, occupational safety and health are viewed from national and organizational level. At national level the government is expected to assign a dedicated body for the purpose; formulate policies and consider the same in the national laws. On the other hand employers need to observe the laws and regulations enacted by the government, show commitment in furthering the cause by developing their own policies and procedures. Involvement and contribution of owners, management staff, workers and their representatives is crucial.

Organizations need to keep the three “E” symbolic approaches to work place OSH, (Charles, 2003). The first is about engineering, design and layout of the work process. The second one is education, which is training, taking employees in focus while the last stands for enforcement, which is implementation of policies and procedures of OSH.

(Cascio,1992) forwarded four approaches in regards to occupational health and safety. The first is technical responses which involves the replacement or redesigning of equipment, physical layout, and supplying employees with protective materials, called engineering controls. The second is information responses which include relevant variations regarding health and safety communication medium in the work place. The other one is administrative responses, which is of concern in the hierarchical structure or in policies and procedures in relation to occupational safety and health. The external responses are regarded as legal or political responses to comply or amend the applicability of safety and health regulations.

2.3 Costs of Work Place Health and Safety

Employees workplace health and safety raise the question of economic costs to the employer. According to (Robert and John, 2004), these are direct and indirect costs associated with the employment accidents. Direct costs are expenses attached to hospitalization and compensations to the employee for any disability in regards to the accident. Cost of training, lost hours, damage to equipment, deterioration in quality of outputs and others are hidden costs to the employer. The indirect costs include overtime payments necessary to make up for lost production, cost of retaining a replacement employee, a wage cost for the time spent by HRM personnel recruiting, and selecting, in less typical cases and the cost associated with loss of revenue on orders cancelled or lost if the accident causes a net long-term reduction on sales. Besides, the employee might potentially become permanently disabled and would be dependent on others lifetime.

(Boyd, 2003) stated that for each occupational accident, there are “indirect” costs to the employer. These are costs of wages paid for time lost, damage to the property, overtime payment and medical costs of injured worker. Besides, administrative costs to investigate the cause of accident, process worker’s compensation and recruitment and training costs of the replacement worker are all considered indirect costs. It is very difficult to predict such costs and their trends.

2.4 The Importance of Health and Safety in the Work Place

In addition to improving performances and reducing costs, maintaining a healthy and safe work environment helps to facilitate employees’ commitment to quality and improve industrial relations. There is solid importance attached to health and safety in the work place, (Charles, 2003). Demonstration of legal compliance and meeting moral obligations are few to cite. In the same manner, giving emphasis to OSH like other organizational objectives, addressing risks in a systematic ways, maintenance of highest standards of housekeeping are gestures of genuine commitment from the management. Further it is argued that employee and union-management relations can be improved when employers satisfy their employees’ health and safety needs. In some cases, new provisions covering health and safety have been negotiated into collective agreements. When employers take a greater responsibility for occupational health and safety it can change employee behavior and employees might take a less militant stance during wage bargaining if management pay attention to housekeeping. Attention to workplace health and safety can have a strong, positive effect on employee commitment. When employees work in healthy and safe workplace, higher levels of motivation, performance and loyalty will result.

(Byars and Rue, 2008) recommended measures that can be carried out in an organization in order to promote safe working environment. Making the work interesting avoids boredom, fatigue, and stress. These are causes of accidents. Simple alterations make job attractive and motivating. Adding some responsibilities and increasing challenge levels make job interesting and augment satisfaction. Establishing safety committee in the work place involving employees and management team creates employee participation and sense of responsibility. Welcoming ideas of employees on how to improve safety and health programs; publicizing safety statistics supported with pictures on a regular intervals and awarding employees and teams with excellent safety and health practices. Conducting continuous safety trainings to employees including supervisors and managers enhances

awareness and observance. According to (Tsui and Gomez-Mejia, 1988) conducting health and safety trainings to employees is one way of encouraging them to be parts of OSH programs. The human resources office should coordinate the training to supervisors and managers using videos, television broadcasts and internet based resources. Printing newsletters and furnishing employees with to updated information, producing safety posters and changing as necessary is strongly recommended. HRM scholars and practitioners also need to pay more attention to health and safety. Strategic HRM is a comprehensive approach, hence it must encompasses the development and promotion of a set of health and safety policies to protect the organization's most valued asset, its employees.

2.5 Occupational Safety and Health and National Legal Requirements

The Federal Civil Servants Proclamation and Labor Proclamation obliges both the employer and the employee contributes positively toward the realization of safe and healthy work place. The employer is duty bound to take necessary measures to safeguard adequately the health and safety of the workers. Providing safe work areas, machinery, equipment and safe work process and protective equipment where needed are some to cite. Providing information, instruction and training for those engaged in hazardous work is also mandatory compliance Labor proclamation, Article 93 & Civil Servant proclamation, Article 48-1.

As per Labor Proclamation, the employer is required to establish an occupational safety and health committee following the guideline issued by the Ministry. The safety and health committee plays vital role in preventing accidents/incidents in the work place. Regular meetings need to take place thereby preparing reports, risk assessment review and identification of specific health and safety issues. The committee examines reports, investigate causes of accidents and make proposals for new or revised safety procedures. (Michael, 2016) also states that employees from different areas of work participate and contribute in the safety and health committee of an organization. The safety committee has defined responsibility, meeting on regular schedule to discuss, evaluate and make necessary recommendations for changes to avoid future accidents. As per Article 177 of labor proclamation, the Ministry provides labor inspection services to employers ensuring the implementation of the provisions in the proclamations, regulations and directives issued. Supervising, training, preparing reports on standards of works to ensure the implementation of laws and collective agreements regarding working conditions. The service includes preparation of list of occupational diseases, classification of dangerous undertakings and

preparing training programs to prevent employment injuries. The Ministry, through its labor inspectors, can access work places during any working hours without any prior approval of the employer for inspection purposes. During the course of inspection, the team ensures that relevant health and safety notices are posted, takes samples, pictures of worker, measurements, conduct interviews, extract papers, files or other documents. The labor inspectors, where necessary, may recommend any alteration or improvement of working conditions, which are potential threats to the health of employees.

Besides, the employer is expected to take appropriate steps to ensure that workers are properly instructed and notified concerning the hazards of their respective occupations and the precautions necessary to avoid accident and injury to health; ensure that directives are given and also assign safety officer; provide medical examination services for new employees and for those workers already engaged in hazardous work, as the case requires; ensure that work flows and processes are not causes of physical, chemical, biological, ergonomically and psychological hazards to the health and safety of the workers, Labor proclamation, Article 93. According to (Robert & Jackson, 2010) “Ergonomics is the study and design of the work environment to address physical demands placed on individuals. In a work setting, ergonomic studies look at such factors as fatigue, lighting, tools, equipment layout, and placement of controls. Ergonomics can provide economic value to employers.”

The law also states that the employee adheres to health and safety instructions; use personal protective equipment (PPE) and clothing in a correct manner; inform the employer about hazards and injuries in the workplace; co-operate with the employer regarding health and safety matters and implement the same, Labor proclamation, Article 93 & Civil Servant proclamation, Article 48-2. Consequently, refusal to observe safety and accident prevention rules and failure to take necessary safety precautions would amount to termination of contract of employment without notice, Labor proclamation, Article 14-2-e.

2.6 Concepts of Conducive Work Environment

The most basic of Maslow's needs are physiological needs. Once physiological needs are satisfied, people tend to become concerned about safety. Are they safe from danger, pain, or an uncertain future? One level up, social needs refer to the need to bond with other human beings, to be loved, and to form lasting attachments. In fact, having no attachments can negatively affect health and well-being. The satisfaction of social needs makes esteem needs

more salient. Esteem needs refer to the desire to be respected by one's peers, feeling important, and being appreciated. Finally, at the highest level of the hierarchy, the need for self-actualization refers to reaching one's potential. This need manifests itself by acquiring new skills, taking on new challenges, and behaving in a way that will lead to the satisfaction of one's life goals. Employees first want physical and job security later a suitable working environment, appreciation, job stability recognition, growth and autonomy (Kondalkar, 2006).

Once an organization has successfully modified their recruitment and hiring practices to reach a more diverse audience, the next step is to successfully engage and support them as employees, retaining and enhance their work performance by identifying their talent. Performance is a function of motivation, ability, and the environment in which employee is working. Motivators are factors that are intrinsic to the job, such as achievement, recognition, interesting work, increased responsibilities, advancement, and growth opportunities.

2.7 Factors affecting Healthy and Safe Work Environment

Human resource practices that strongly support an organization's ability to create sound conducive and safe work environment are briefly discussed below:

2.7.1 Maintenance of Healthy and Safe Work Environment

(David and Stephen, 1999) stated that unsafe work environment is an issue of all employees. Employees fail to carry out their job due to headache, breathing problems, stress and other factors and eventually leading to decline in productivity. Maintaining a healthy work environment benefits employees and employer. (Palmer, 1989) made various suggestions that help keep workplaces healthy. Well-ventilated work places are pleasant and motivating to accomplish one's work. Avoiding suspected building materials and furnishing and testing new buildings for toxic substances is a crucial measure as failure to do so may cause serious health problems. Smoke free environment is highly appreciated these days. Employer need to provide smokers with isolated area as smoking venue, if not banned. Water and air ducts are places for harboring microorganisms. Regular cleaning and servicing can prevent breeding of fungus before growing critical. Data of complaints from workers need attention. There should be proper records for all health related complaints, as it is important source of information. (Eva and Oswald, 1981) underline that accidents need to be investigated by the safety committee of the employer immediately. Interview of the injured employee to be undertaken

by a supervisor. Later, the supervisor is expected to make recommendation and documentation. All incidents need to be recorded and be available for audit at any given time.

According to (Pirani and Reynolds, 1976), there are two main causes of accidents. These are unsafe work condition and unsafe work behavior. Unsafe work condition is expressed in terms of poor physical and environmental working conditions such as defective equipment, insufficient machine guards, and lack of personal protective equipment. Dust, noise, fumes, stress and radiation are examples of unsafe working environment. Unsafe working behavior occurs when a worker is required to do a certain task without proper aid. The unsafe condition may be corrected by reengineering the job; providing the worker with job aids or slight variation of the work environment.

2.7.2 Employee Engagement

Employee engagement illustrates the commitment and energy that employees bring to work and is a key indicator of their involvement and dedication to the organization. Employees who are engaged are more productive, content and more likely to be loyal to an organization. When organizations put sound HR practices in place, they are more likely to discover that employees feel satisfied, safe and will work to their full potential and that means they are more likely to get connected to the organization. It is an emotional connection an employee feels towards an organization which tends to influence his/her behavior. Policies and procedures both communicate the values of an organization and provide everyone with a consistent process to follow. Policies and procedures provide employees with a process to follow and that knowledge can help them confidently approach situations, particularly difficult situations.

The more engagement the employees have with their employer, the more effort they apply in their job. Engaged employee feels mentally stimulated; develops trust and clear communication with employees and management. Such employees are eager to see how their own work contributes to the overall company performance; envisage the opportunity of growth within the organization; and the level of pride they have about working or being associated with the organization.

2.7.3 Employee Recognition

Unlike motivational Theory X, (McGregor, 1960), Theory Y assumptions, if the job is satisfying and meets a set of specific needs of the individual, the outcome will be an efficient commitment to the organization. Besides, the individual will work with own interests as the individual is focused on the goals of the organization. As opposed to strict control, trust and recognition motivate employees and keep them working effectively.

Awarding employees for achieving planned objectives, encouraging repeat performance and higher achievement by other employees. Management and employees in the workplace plan rewards for reaching specific goals and producing high quality results. People who feel appreciated are more positive about themselves and their ability to contribute. People with positive self-esteem are potentially your best employees.

Employee recognition needs to be a common practice in an organization. Employees can be recognized for both individual and group achievements. When recognizing a group of individuals, it is important for each person to be distinguished for their own contribution. Group recognition contributes to team building and informs the group that together, they are valuable to the organization. To be effective, employee recognition must be sincere and heartfelt. Employees will sense if their efforts are acknowledged only out of duty or if comments are lacking in sincerity. Acknowledgement of effort and accomplishments must be timely in order to be effective.

Frequent recognition helps to improve and reinforce desired behaviors, while increasing morale and employee engagement levels. Researches have shown that employees who had been recognized within the previous thirty days were twice as motivated and engaged in their jobs. Frequent employee recognition does not need to cost a lot. A personal thank you, a congratulatory mail, or recognizing someone at a company event does not cost anything. Recognition improves engagement levels of employees. Better engaged employees are more motivated, have better morale, and higher productivity. That results in higher quality products and services for the organization. These factors create more satisfied customers who will buy more, and refer others to you.

2.7.4 Work Life Harmony

On the job, some days are smooth and positive and other days are tension-filled and stressful. A common dilemma for many people is how they manage all of the competing demands in

work and life and avoid letting any negative effects of work spill over into their personal lives. Research has shown that employees who believe they do not have time for the personal life feel drained and distracted while they are at work. In addition, the spillover of negative aspect of work into an employee's personal life can lead to job exhaustion, disruption of relationships with family and friends, loss of enjoyment, and increased stress.

The term work-life balance implies that one dedicates an equal portion of time to work and life. Catalyst, a research firm focused on women in business, uses the phrase work-life effectiveness, and suggests striving for a situation where work fits with other aspects of your life. Researchers (Jeffrey Greenhaus and Gary Powell, 2017) expand on this concept and recommend that work and personal life should be allies and that participation in multiple roles, such as parent, partner, friend, employee, can actually enhance physical and psychological well-being; especially when all of the roles are high quality and managed together.

Perceived organizational support (POS) is the degree to which employees believe the organization values their contribution and cares about their well-being, (Robbins & Judge, 2013). Employees expect sense of care for their family from their employer when faced with problems. They build trust on the management if rewards are fair and their voices are heard.

Researches show that work-life harmony is an essential engagement tool in building proactive, committed employees. Improved productivity, profitability, reduced medical costs, better retention, increased job satisfaction, commitment and reduced turnover intentions are end results of well managed work-life balance practices. As competition for employees increases, attracting and retaining employees has become a challenge. In order to tackle such scenario, the management need to ensure that the organization remains a desirable place to work; employer of choice.

2.8 Concepts of Organizational Commitment

In this section of the study, concepts of organizational commitment will be discussed in details with due consideration to its definitions, approaches and models as well.

2.8.1 Definition of Organizational Commitment

So far, various definitions have been given to organizational commitment containing some elements in common. (Mowday, Porter, and Steers, 1982) defined organizational

commitment as “the relative strength of an individual’s identification with and involvement in a particular organization”, (Samudi et al, 2016). Some employees are committed to their jobs because they love what they do, or because their goals align with those of the company. Others might stay because they fear what they could lose if they leave. Still others might stay because they feel obligated to the company, or to their manager. Organizational commitment is one of the basic concepts describing the relationship between an employee and an organization. Along with such concepts as work commitment and job satisfaction, it has been one of the leading research subjects for over 30 years. The researchers’ great interest in the construction of organizational commitment is a result of its role in individuals’ functioning in the place of work. For example, there are numerous arguments that strongly committed employees work more and have better results than those with lower level of commitment. They are also more willing to assist other co-workers, to undertake additional actions in the workplace and to take active part in solving problem situations.

Organizational commitment is defined as the employee’s feelings of obligation to stay with the organization i.e. feelings resulting from the internalization of normative pressures exerted on an individual prior to entry or following entry (Allen & Meyer, 1990). According to (Allen and Meyer, 1991), organizational commitment can take three distinct forms. Affective commitment refers to identification with, involvement in, and emotional attachment to the organization, in the sense that employees with strong affective commitment remain with the organization because they want to do so. Continuance commitment refers to commitment based on employee’s recognition of the costs associated with leaving the organization. Thus, employees with strong continuance commitment remain with the organization because they have to do so, either because of low perceived alternatives or because of high personal sacrifice associated with leaving the organization. Normative commitment refers to commitment based on a sense of obligation to the organization.

One has to keep in mind that commitment is not based on just one of these components. A commitment profile is the interaction between these three components. The three components can have a significant effect on retention, work performance, and member well-being. There is a negative relationship between affective, normative, and continuance commitment and a member's intention to voluntarily leave an organization. In other words, low affective, continuance, and normative commitment increases the likelihood that a member will leave the organization, while high levels of affective, continuance, and normative commitment are related to high retention rates.

Affective commitment has been linked to performance. For instance, employees with a high level of affective commitment will be less absent from work, be high performers, and are likely to engage in organizational citizenship behavior such as helping other members, putting forth extra effort, and being an advocate for the organization. By applying the Three Component Model, and identifying their team members, managers can help their teams develop greater positive, affective commitment. In doing so, employees are likely to feel an increased commitment to the team and organization, and they will probably feel more positive and more motivated; and experience greater job satisfaction. Employees are more likely to develop affective commitment if they experience positive emotions at work.

(O'Reilly 1989), defines organizational commitment as “an individual’s psychological bond to the organization, including a sense of job involvement, loyalty and belief in the values of the organization”. Organizational commitment from this point of view is defined by employee’s acceptance of organizational goals and their readiness to exert effort on behalf of the organization (Miller & Lee, 2001).

In the same manner, (Chow, 1994) defined organizational commitment as the magnitude to which employees attach themselves with their organization and its objectives, goals, and become interested, participate and internalize organizational values. According to (Meyer and Herscovitch, 2001), organizational commitment can be considered as a bond that is experienced as an attitude and guides an individual towards a particular objective of the organization. Employees are considered to be committed to an organization if they freely continue their relationship with the organization and exert considerable effort to achieving organizational goals, (Zangaro, 2001).

(Reichers, 1985) believes that “organizational commitment as a behavior is visible when organizational members are committed to existing groups within the organization” while (Best, 1994) upholds, “committed individuals enact specific behaviors due to the belief that it is morally correct rather than personally beneficial”. Therefore, organizational commitment is a state of individual’s mind, in which organizational members are bound by their actions and beliefs that sustain their activities and their own involvement in the organization (Miller & Lee, 2001).

In the course of this research study, organizational commitment is defined as a psychological connection individuals have with their organization, characterized by a strong identification with the organization goals and objectives. Moreover, it has intensive desire to contribute

towards the success of these objectives and organizational goals. This definition is somehow related to Allen and Meyer's affective commitment (Meyer & Allen, 1990). The definition is linked to the questionnaire used for the study, namely Allen and Meyer's affective commitment scale, which measures the affective dimension of commitment. Besides, continuance commitment and normative commitment are also used as measures of organizational commitment in this study.

2.8.2 Approaches to Organizational Commitment

Approaches to organizational commitment is conceptualized in a different of views. For instance, (Stevens, 1978) proposed that organizational commitment can be divided in two broad categories, i.e., exchange approaches and psychological approaches.

2.8.2.1 Exchange Approaches

The exchange approach is further divided in to two approaches, namely behavioral and attributions approach as discussed below.

Behavioral Approach

According to (Becker, 1960) this is known as the exchange-based or side-bet theory. Employees are committed to an organization provided that they hold the right positions and accrue better benefits which serve them at the time of separation. These accumulated benefits discourage employees from leaving and seeking alternative employment. Employees are committed to the organization because the benefits accrued during their stay in the organization are higher than the alternative opportunities and costs to leave (Blau & Boal, 1987; Collins & Seller, 1988). Commitment is, therefore, the function of transactions between an organization and its members (Blau & Boal, 1987).

Attributions Approach

The attribution approach centers on attitudes that leads to incline to commitment. These compositions are made in order to maintain consistency between one's behavior and attitudes, according to (Johnston and Snizek, 1991). In this case, the individual behavior is guided by emotions, as Etzioni called affective rationality (Johnston & Snizek, 1991). The individual has intimate behavior exhibiting affective participation for the realization of goals of the organization. Accordingly, organizational commitment perceived as a state in which an employee identifies himself with a particular organization's goals and objectives, and exerts to maintain membership in the organization (Blau & Boal, 1987).

2.8.2.2 Psychological Approaches

It is an approach concerned with to the process of identification and dedication of one's own energies to the organization's interest. An organization has to encourage its employees to have commitment in their workplace, to respect its values and goals, develop strong work ethic, excel in their profession and maintain their career (Cohen, 1993; Dalton & Tudor, 1993; Jaros, Jermier, & Sincich, 1993; Steers & Porter, 1985). This is a psychological approach, and conceptualizes commitment towards the organization. The three components of this orientation consist of a) identification with the goals and values of the organization, b) high involvement in its work activities and c) a strong desire to maintain membership in the organization (Porter, Steers, Mowday & Boulian, 1974; Steers, 1977).

2.8.3 Models of Organizational Commitment

There are various models in regards to the study of organizational commitment, which are very important in furthering the research on the subject. Certain models categorize the study of organizational commitment as unidimensional or multidimensional as discussed below.

2.8.3.1 O'Reilly and Chatman's model

As per (O'Reilly and Chatman, 1986), organizational commitment is a reflection of individual attitude towards an organization, which is a basis for classifying as multidimensional framework. Based on (Kelman, 1958) approach on attitude and behavior change, (O'Reilly and Chatman, 1986) counter argued that commitment takes on three forms:

Compliance: Realized when attitudes and corresponding behaviors are adopted in order to gain specific rewards.

Identification: Occurs when an individual accepts influence to establish or maintain a satisfying relationship.

Internalization: This occurs when influence is accepted because the attitudes and behaviors an employee is being encouraged to adopt are in correspondence with existing values. The employee's psychological attachment can reflect varying combinations of these three psychological foundations (O'Reilly & Chatman, 1986). Therefore, compliance, identification and internalization are three forms of organizational commitment and thus, it is multidimensional.

2.8.3.2 Morrow's major commitments

Five major commitments were identified by (Morrow, 1983) which were grouped into two main categories and having an influence on one another. The first group deals with commitments that influence workplace attitude regardless of the organization in which the worker is employed. This includes protestant work ethic (Mirels and Garret, 1971), career commitment, (Greenhaus, 1971) and job commitment (Blau and Boal, 1989). The other category includes commitments that are directly influenced by the environment the worker is working in and in regards to continuance and affective organizational commitments, (Allen and Meyer, 1993). Once again as per (Morrow, 1983) career commitment is attached to continuance and affective commitment to the organization. On the other hand, continuance commitment to the organization relates to affective commitment where both these commitments have influence on job involvement. Besides, (Morrow, 1983) argued that there is a reciprocal relationship among the different levels of commitments.

2.8.3.3 Etzioni's model

This model is perceived from three perspectives i.e. moral commitment, calculative commitment and alienated commitment. These perspectives are further discussed as below:

Moral commitment

It is one of the two affective perspectives of organizational commitment. According to (Hall, 1970), it could be thought of as a kind of organizational identification. Moral commitment is regarded as acceptance of and identification with organizational goals and objectives,(Patchen, 1970). (Wiener, 1982) labelled such forms of affective organizational attachment as, moral involvement, commitment. He used this label because of his association of organizational identification with the commitment work of Porter and his colleagues (Porter, Steers, Mowday&Boulian, 1974; Steers, 1977).

Calculative commitment

Calculative commitment is based on the employee receiving incentives to match contributions. (Etzioni, 1961) observed this type of organizational attachment as distinctive compliance systems, which are based on an exchange. This kind of commitment requires fine-tuning to obtain genuine organizational membership. This could be taken as instrumental organizational attachment in a broader sense. In fact, retention of organizational membership, which is the traditional view of calculative commitment, may have closer meaning and

association with an affective form of organizational commitment. For instance, an attitude to disregard organizational membership may be the result of negative affect towards the organization.

Alienative commitment

Alienation can be regarded as a foundation for organizational commitment if assumed of an employee's commitment to the organization because of lack of control over the internal organizational environment and the perceived absence of alternatives for organizational commitment (Etzioni, 1961). Alienative commitment resembles an affective attachment to the organization. Etzioni originally described alienative involvement, as forcible compliance. An employee who is alienatively committed to the organization may remain attached for a reason of scarcity of alternatives or financial loss. Therefore, according to (Etzioni, 1961), alienative commitment is a negative organizational attachment, which is described by poor intensity of intentions to meet organizational objectives bonded with intentions to retain organizational membership.

2.9 Common Work Place Hazards in Hotels

There are common accidents in hotels sustained by employees working in different occupations, namely, mechanic, electrician, cook, steward, housekeeper, laundry attendant and others. According to European Agency for Safety and Health at Work, Protecting Workers in Hotels, Restaurants and Catering, 2008, these employees can be exposed to a different occupational diseases and accidents depending on the specific tasks that they perform. Hotel staff may be exposed to the risk of musculoskeletal disorders and injuries and to health hazards such as chemicals, noise, heat and stress. There is also the risk of accidents from slips, trips, knocks and falls, cuts, burns and scalds, electrocution and fire and explosion. In providing a high standard of service to customers, the pace of work can be fast and the working hours are long resulting in stress. At times hotel employees are exposed to specific health hazards arising from their work with biological materials or from working environments. This refers to waste that contains human tissue and body fluids. All of which may be potentially infectious. Housekeepers are examples where exposures to these types of hazards include handling of soiled linen and towels and emptying waste bins and cleaning bathrooms and toilets.

Occupational accidents and diseases in hotels can result in suffering, hearing loss, mental fatigues, muscle cramps, headaches, heat stroke, allergies, respiratory diseases, skin and eye

irritations, sprains, physical disability or even death. In general, work-related injuries and diseases occur as a result of unsafe acts and conditions. Unsafe acts occur when employees are unaware of hazards and the proper work practices i.e. failure to use personal protective tools, or not applying instructions when handling chemicals. Unsafe conditions may arise out of ignorance or lack of diligence in ensuring a safe and healthy working environment. Examples include the lack of safety guards on machinery or the presence of a slippery floor.

2.10 Conceptual Framework

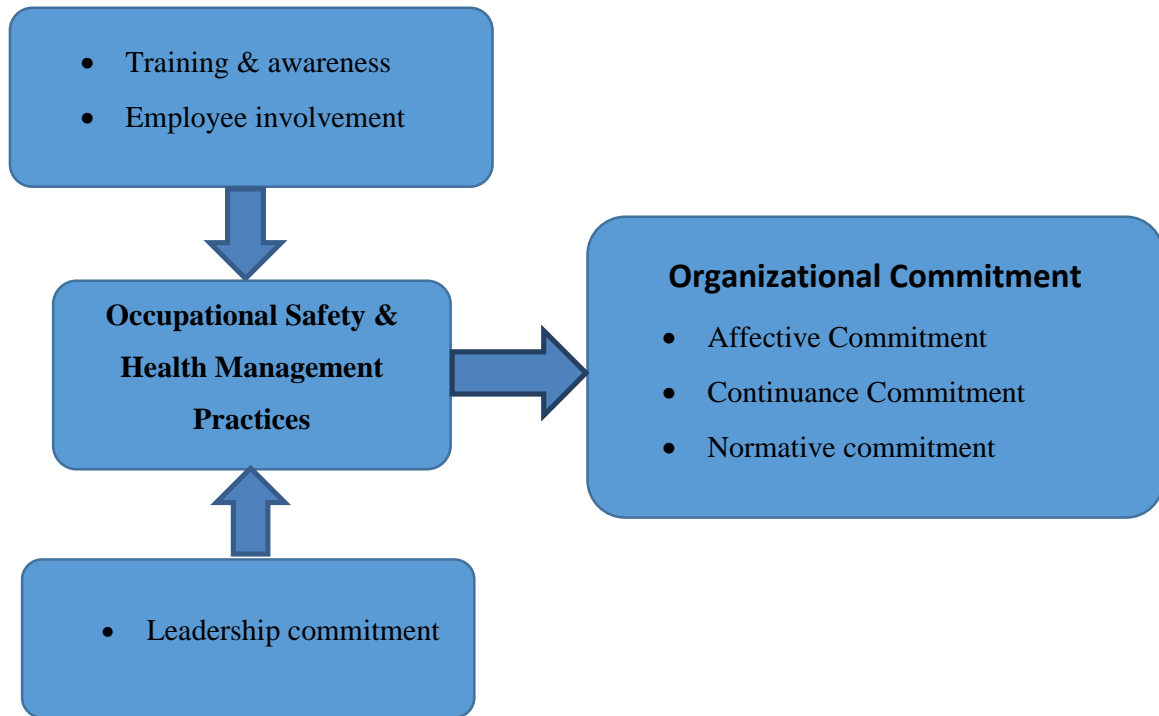
Organizational commitment is function of various variables. Among these are work place safety and conducive work environment are integral. Employees having a sense of safe work environment are confident. Decent work environment promoting employee engagement, fair recognition, work-life balance, trust and clear communication will lead to job satisfaction and which in turn end up with committed employees. Such employees are loyal, innovative to further and realize the goal of the organization.

Research Variables

Dependent and independent variables are used to conduct this research study. Organizational commitment is used as a dependent variable while Employee Involvement, Training and Awareness and Leadership Commitment are taken as independent variables under occupational safety and health management practices. Dependent variable consists of Affective commitment, Continuance commitment and Normative commitment.

Figure 2.1 (Conceptual frame work)

Factors constituting occupational safety & health and their effect on organizational commitment:



CHAPTER THREE

Research Design and Methodology

This chapter describes the research methodology used for the study. It presents the instruments and methods that are used in evaluating the effects of occupational safety and health on organizational commitment at Sheraton Addis Hotel. The main issues discussed here are the research approach, research design, research population, sample and sampling technique, source of data and type, data collection procedures, ethical consideration, and method of data analysis.

Measure of organizational commitment has been made using (Allen and Meyer's, 1990) Organizational Commitment questionnaire. The Affective Commitment, Continuance Commitment and Normative Commitment scale items are used in this research. For the purpose of this study, the use of the term Organizational Commitment refers to those above components unless used in a broader sense. Responses on each item are arranged on a five point Likert pre-determined scale data analysis. Occupational safety & health management practices are measured with self-developed questionnaires to be answered in the same manner with organizational commitment.

3.1 Research Design

The research design for this study is explanatory one to assess the relationship between the overall working environment and organizational commitment. This method is chosen in order to refer to realistic and practical situations and it is relatively economical in terms of time and resources. Besides, it will enable the researcher to simplify the findings of a fairly larger population. In order to achieve the study objectives, the researcher used correlational research design in determining relationship between the occupational safety health practices and organizational commitment. Different literatures and references were reviewed to gain insights and background information about the effects of OSHMS on organizational commitment. These tools enabled the researcher to design questionnaires about independent variable, OSH, during the course of the study.

3.2 Research Approach

The study is based on quantitative analytical data and the researcher made use of both primary and secondary data. The average time taken to complete the survey has also been noted. The study is descriptive in nature, as the relationship between occupational safety and health practices and organizational commitment would be described through the research. Christensen (1997) indicates that the primary characteristic of the descriptive research approach is that it represents an attempt to provide an accurate description or picture of a particular situation or phenomenon. According to Mouton and Marais (1994), explanatory research goes further than merely indicating that relationships exist between variables, it indicates the direction of the relationship in a causal relationship model. In the study under consideration, occupational safety and health practice is hypothesized to have a positive impact on organizational commitment. Thus, this research is also explanatory in content.

3.3 Population and Sample

This study has a total population size of 327 (three hundred twenty seven) hazard prone employees under Engineering, Kitchen, Stewarding, Laundry, Housekeeping and Pool & Health Club of Sheraton Addis. The professions in these sections of the hotel are electrician, mechanic, boiler operator, plumber, handy man, cook, steward, housekeeper, laundry attendant, pool attendant are few to cite. The sample size for the study was determined by the sample size determination formula developed by (Taro Yamane, 1967) which is the most popular from late 1960s. (Yamane, 1967) provides a simplified formula and the sample size is determined at 95% confidence level with acceptable sampling error of 5%.

$$n = \frac{N}{1 + N(e)^2}$$

Where “n” is the sample size, “N” is the population size and “e” is the level of precision. By using the above formula from the total study population of 327 participants, 179 participants were selected as a sample size. Consequently, in order to address fair and adequate representation of samplings from each department listed below, the researcher applied Proportionate Stratified Random Sampling method. Hence, the proportion of respondents from each department is determined using the stratified sample formula:

$$\text{Department sample size} = \left(\frac{\text{Size of entire sample}}{\text{Population size}} \right) \text{Layer size}$$

Table: 3.1 Sample size distribution

Stratum/department	Sample size	Total population	Remarks
Engineering	33	60	$(179/327)*60=33$
Kitchen	56	103	$(179/327)*103=56$
Stewarding	22	40	$(179/327)*40=22$
Laundry	19	35	$(179/327)*35=19$
Housekeeping	36	66	$(179/327)*66=36$
Pool & Health Club	13	23	$(179/327)*23=13$
Total	179	327	

Source: Own survey 2018

3.4 Data Sources and Types

The data for this study was obtained from two sources, primary and secondary. The primary data was collected from the research participants through structured questionnaire. Secondary data was extracted from books, journals, articles, hotel documents, internal brochures, publications and websites. The primary instrument for data collection in this research which is structured questionnaire has two major parts i.e. measuring occupational safety and health practices of Sheraton Addis and organizational commitment of its employees.

3.5 Data Collection Procedures

In the interest to conduct the study under consideration, the researcher used both primary and secondary data. Thus, with regard to primary data, first hand data were collected through questionnaire filled by employee of the organization in departments under consideration. A five point Likert scale was applied to collect the opinion of employees. Open ended questions are introduced so as to entertain wide thoughts on the subject matter. As far as secondary data are concerned, relevant data has been collected from hotel Human Resources documents and different literatures about occupational safety and health and work environment and organizational commitment theories and other human resource management books and literatures, websites (internet) and other available sources have been referred and cited in the study work.

3.6 Validity, Ethicality and Reliability of the Study

Before this research was conducted, the researcher advised participants and parties in giving the information about the study and its objectives. Moreover, the researcher considered ethical elements like consent, confidentiality and protecting the anonymity of all respondents. In addition, all reference materials are acknowledged with proper citation and confidentiality of data is maintained throughout the process. Moreover, the content validity was reviewed by the advisor of this research who went through questionnaires and scales of measurement for relevance and admissibility. Pilot test was run with twenty employees of the hotel prior to the distribution of survey for actual data collection. Besides, correlation coefficient for the independent and dependent variables was calculated to ensure that independent variables are positively related with the dependent variables, thus the independent variables can be considered as a good measure of organizational commitment. The reliability of the measures was taken using Cronbach's coefficient alpha and found to be above acceptable level.

Table 3.2 Results of reliability analysis

No.	Statements	Cronbach's Alpha	N of Items
1	Employee Involvement	.874	5
2	Training and Awareness	.770	5
3	Leadership Commitment	.875	15
4	Affective Commitment	.727	8
5	Continuance Commitment	.753	8
6	Normative Commitment	.708	8
7	Organizational Commitment (Overall)	.743	24

Source: SPSS output

3.7 Data Analysis Tools & Interpretation

The findings of results of the study are interpreted with different statistical data analysis methods. Accordingly, the collected data has been processed using the Statistical Package for Social Science (SPSS 20.0). For the analysis of objective examinations of data which was derived from questionnaires descriptive statistical methods such as distributions, frequency, averaging mean and standard deviations are used. The units of analysis for this study are the individual responses to occupational safety and health practices and adopted organizational commitment questionnaires. Tables are used to elaborate findings and enabling easy understanding of survey results. Statistical regression is used to examine the significance of contribution of each independent variable to the, organizational commitment, dependent variable.

CHAPTER FOUR

Data Analysis, Interpretation and Discussion

4.1 Introduction

The following information has been gathered to provide adequate data analysis, which was received from individual respondents at Sheraton Addis Hotel. Responses for the measures on the questionnaire are summarized and presented using tables to facilitate easy understanding. The demographic profiles of the study sample have been described using descriptive statistics. Standard multiple regressions were used to test hypothesis and achieve the study objective that focuses on identifying traits of occupational health and safety practices with higher contribution to the dependent variable. Furthermore, Pearson correlation coefficient and Cronbach's Alpha coefficient were used to test viability and internal consistency of the measures. In the interest of collating and reporting the findings the values of strongly agree and agree were added up to represent employees agreement and the values of strongly disagree and disagree sum up together to represent employees disagreement. Moreover; mean scores were also calculated. In addition to 179 questionnaires distributed, the researcher provided 10 questionnaires to assure maximum participation of respondents and to compensate missing and defective ones. Of the total questionnaires distributed 6 were not returned, 2 were found unanswered on two variables or partially answered and 2 were underrated (1) on all measures were identified and disregarded. Therefore, the researcher has excluded these responses and eventually considered properly filled questionnaires to obtain at 100% response rate.

Table 4.1 Percentage & Frequency Distribution of Demographic Characteristic

Respondents Characteristic		Frequency	Percent
Sex	Male	123	68.7
	Female	54	30.2
	Total	177	98.9
	Missing	2	1.1
Age	18-25	17	9.5
	26-34	87	48.6
	35-45	64	35.8
	46-50	9	5
	>51	1	0.6
	Total	178	99.4
	Missing	1	0.6
Education	Degree	49	27.4
	Diploma	83	46.4
	Certificate	33	18.4
	High School	11	6.1
	Total	176	98.3
	Missing	3	1.7
Marital Status	Married	107	59.8
	Single	62	34.6
	Others	4	2.2
	Total	173	96.6
	Missing	6	3.4
Work experience at Sheraton Addis	0-5	53	29.6
	>5=10	59	33
	>10	58	32.4
	Total	170	95
	Missing	9	5
	Total	179	100

Source – Own Survey 2018

4.2 Percentage & Frequency Distribution of Demographic Characteristic

As shown in the above Table 4.1, 68.7% or (n=123) of employees participated in the study are male employees and 30.2 % (n=54) are females. Employees who are in the age group of 26-34 years cover 48.6% or (n=87) of the total number of respondents. Furthermore, the table also indicates the educational status of participants 27.4% or (n=49) of the respondents are Degree holders and 46.4%, or (n=83) of employees are diploma holders. The difference is accounted for certificate and high school completions. Regarding marital status, 59.8% or (n=107) of participants are married while 34.6% or (n=62) are single employees. In terms of years of service, of the respondents, 29.6% or (n=53) worked up to five years; 33% or (n=59) served the hotel between 5-10 years; and 32.4% or (n=58) have been working for more than 10 years. Thus, one can deduce that most of the respondents participated in the study were male, in the age group of 26-34 years, degree or diploma holders, are married employees and have been working in the hotel between 5-10 years.

4.3 Descriptive Analysis on Selected OSHMP Measures

In order to measure the perception of employees participated in the survey regarding the OSHMP in the subject organization; the researcher made a summary of the survey measures with their respective mean (M) and standard deviation (SD). The mean (M) shows the agreement or disagreement level of respondents to the given statements in the survey questionnaire. Consequently, lower mean exhibits more disagreement of respondents while higher mean represents respondents agreement towards the given statement.

Table 4.2 Descriptive analysis on Employee Involvement measures

One-Sample Statistics				Test Value = 3					
				t-value	df	p-value	Mean Difference	95% CI Difference	
Statement	N	Mean	Std. Deviation					Lower	Upper
Employees involve in audits of the efficiency, effectiveness and reliability of the health and safety system	178	3.24	1.21	2.61	177	.010	.24	.06	.41
Employees participate in workplace health and safety risk assessment and inspections	177	3.32	1.23	3.42	176	.001	.32	.13	.50
Employees involve in development or review of policy statement	176	2.82	1.23	-1.90	175	.059	-.18	-.36	.01
Employee contribute in the design of work processes	178	2.89	1.24	-1.21	177	.230	-.11	-.30	.07
Employees participate in hazard detection, prevention and control activities	178	3.70	1.09	8.54	177	.000	.70	.54	.86
Employee_Involvement	178	3.19	0.98	2.66	177	.009	.19	.05	.34

Source – Own Survey 2018

4.4 Employee Involvement

Participation of employees in implementation of occupational health and safety management system and its audits of the efficiency and effectiveness contributes to the success of the health and safety system. In the same token employees of Sheraton Addis were requested to forward their opinion on the same matter during the survey. Five items were included on the survey questionnaire to measure employees’ involvement in regards to OSHMP. The above table is illustrated to address the respondents view and the average level of agreement to each question is considered as moderate or three(3) (test value). Accordingly, the respondents’ position to the statement “Employees involve in audits of the efficiency, effectiveness and reliability of the health and safety system” is, M=3.24. Such level of agreement is found to have modest difference compared to the moderate level of agreement (3). Thus, the respondents accepted that they involve in evaluation of the effectiveness of the health and safety practice. Half of the respondents (n=89) accepted that they involve in evaluation of the

effectiveness of the health and safety practice while 35% of the respondents declared that they have not participated in any of the said activities. Still 15% of the respondents were accounted for neutral vote. The questionnaire also included the participation of employees in the workplace health and safety risk assessment and inspections. Once again, employees responded to this question in a manner with $M=3.32$. This level of agreement for has significant difference with the moderate level of agreement indicating that respondents confirmation their participation in the work place health and safety assessment practices. Once again, slightly over half of the respondents, 51%, ($n=92$) responded that they participate in the work place risk assessment and inspection. The remaining 33% and 14% of the respondents were noted to have disagreed and indifferent respectively. Employees' involvement in development or review of policy statement was the other area of focus of the survey with $M=2.82$. Only 32% ($n=58$) of the respondents have agreed to be participating in the subject review but 47% said that they have never participated to any development or review of policy matters. From the respondents 19%, ($n=34$) found to have taken neutral position. In terms of employee contribution in the design of work processes respondents expressed their view with $M=2.89$. Looking at the break down of the result, 47% of the respondents said to have no role but only 36% ($n=64$) voted to have participation. Neutral ones under this survey point were 17%. This is somehow alarming result and need cautious consideration. With regard to employees participation in hazard detection, prevention and control activities respondents affirmed their agreement with $M=3.70$. Thus, 69% ($n=123$) of respondents have confirmed to have participation but 18% of the respondents did not agree to such statement. Still 13% of the employees were neutral. With 95% confidence interval (CI) the overall respondents agreement towards employee involvement in the practices of OSH at Sheraton Addis is between 3.14 – 3.53. This is a clear indication of the existence of the practice.

Table 4.3 Descriptive analysis on training and awareness on OHS

One-Sample Statistics				Test Value = 3					
				t-value	df	p-value	Mean Difference	95% CI Difference	
Statement	N	Mean	Std. Deviation					Lower	Upper
Employees are well aware of the use of personal protective equipment and are compliant to apply	179	4.25	0.76	22.15	178	.000	1.25	1.14	1.36
Employees understand the elements of the work place safety and health practices and know how to contribute	179	4.15	0.72	21.29	178	.000	1.15	1.04	1.25
Employees are well versed with equipment/machineries they are working with	179	4.11	0.70	21.18	178	.000	1.11	1.01	1.22
Employees understand the procedures for reporting injuries, incidents, potential hazards	178	3.96	0.83	15.52	177	.000	.96	.84	1.08
Employees are aware about what to do during the time of emergency situation	178	4.09	0.77	18.92	177	.000	1.09	.98	1.20
Training and Awareness	179	4.11	0.54	27.33	178	.000	1.11	1.03	1.19

Source – Own Survey 2018

4.5 Training and Awareness on OHS

Training is vital ingredient for employees working in any organization to enhance productivity. Taking this ground the researcher conducted a training and awareness questions to the employee of Sheraton Addis in order to understand and obtain inputs regarding occupational health and safety in the work place. The basic question to this section of the survey was whether employee are aware of the use of personal protective equipment and are compliance thereof which scored M=4.25. Following this, 90% (n=161) respondents confirmed that they are aware and compliant while (n=8) employees did not agree, but (n=10) remained neutral. The latter number seems negligible, but need close attention of the management.

Employees' understanding the elements of the work place safety and health practices and knowledge how to contribute towards the practices was the other statement forwarded to the respondents. The mean score obtained from the survey is $M=4.15$. In this regard, close to 88%, ($n=157$) have agreed to this statement and ($n=5$) disagreed, but ($n=17$) preferred to stay neutral. The other survey question was in regards to employees to have been well versed with equipment/machineries they are working with. This statement scored a mean of $M=4.11$. Surprisingly again, 85%, ($n=152$) employees affirmed that they are knowledgeable about equipment/machineries they are handling. However, ($n=23$) were counted as neutral, but ($n=4$) did not uphold this statement. Understanding the procedures for reporting injuries, incidents potential hazards was another concern of the survey which ended up with $M=3.96$. To this statement, 76%, ($n=137$) have responded positively but ($n=10$) tend to disagree. Moreover ($n=31$) were indifferent to this point, significant number, though.

Last question in this section of the survey was if employees know how they should act during the time of emergency. $M=4.09$ was a mean score respondents agreement towards this statement. To this particular case, 83%, ($n=148$) of employees have responded that they know how to behave during the time emergency while 13%, ($n=24$) were neutral and ($n=6$) employees responded negatively. This is a considerable percentage of employees, which may potentially cause serious disorder and chaos at the time emergency.

Table 4.4 Descriptive analysis on Leadership commitment

One-Sample Statistics				Test Value = 3					
				t-value	df	p-value	Mean Difference	95% CI Difference	
Statement	N	Mean	Std. Deviation					Lower	Upper
Managers/supervisors pay attention to workplace safety	179	3.85	0.94	12.21	178	.000	.85	.72	.99
Managers/supervisors are not tolerant with an employee working in an unsafe manner	177	3.50	0.98	6.80	176	.000	.50	.36	.65
First aid supplies are available and are easily accessible	177	4.21	0.90	17.95	176	.000	1.21	1.08	1.34
Management of the hotel assigns responsibility and accountability for the implementation and maintenance of the OHS program	178	3.74	0.96	10.24	177	.000	.74	.59	.88
Managers/supervisors regularly meet with employees to discuss safety issues	178	3.45	1.12	5.35	177	.000	.45	.28	.62
The management communicates its employees of health and safety goals and expectations	178	3.42	1.07	5.27	177	.000	.42	.26	.58
Employees are supplied with the appropriate personal protective equipment to do their job	179	3.78	1.00	10.36	178	.000	.78	.63	.92
Work stops immediately, if safety is compromised	179	3.40	1.17	4.54	178	.000	.40	.22	.57
The management had undertaken any initiative in last 12 months to reduce stress in the work place	176	3.35	1.08	4.24	175	.000	.35	.19	.51
The hotel has a written safety and health policy to maintain safe work environment	178	3.93	0.80	15.56	177	.000	.93	.81	1.05
The hotel does regular audit for monitoring its safety and health practices	178	3.76	0.87	11.71	177	.000	.76	.64	.89
The occupational safety and health committee of the hotel is actively working with all parties concerned	176	3.47	0.96	6.51	175	.000	.47	.33	.61
The management registers employment accident and occupational diseases and maintain records	178	3.74	0.92	10.72	177	.000	.74	.60	.87
Employees engaged in hazardous work get medical examination as the case requires	178	4.03	0.86	15.95	177	.000	1.03	.90	1.16
Management allocate sufficient resource for the implementation of OS&H program	179	3.59	0.98	8.04	178	.000	.59	.44	.73
Leadership Commitment	179	3.68	0.58	15.58	178	.000	.68	.59	.77

Source – Own Survey 2018

4.6 Leadership Commitment

Under leadership commitment, there are fifteen items to measure the leadership commitment in relation to occupational safety and health practices in the hotel. Based on the survey result as in table 4.4, respondents have rated the leadership commitment to be favorable in this regard. Accordingly, first aid supplies in the work place, $M=4.21$ and medical examinations for employees engaged in hazardous works, $M=4.03$ were rated to be the highest exhibiting the solid support of the management. In these cases, 85% ($n=153$) and 79% ($n=141$) of respondents have agreed while 5.6% disagreed to the statement in each case. 74% ($n=133$) of respondents have confirmed that the hotel has a written safety and health policy to maintain safe work environment which scored a mean of $M= 3.93$. But 3% did not agree to the above fact and about 22% were neutral on this issue. Work stops immediately, if safety is compromised, $M=3.40$, was supported by 52% ($n=93$) of employees and 27% did not accept the same statement of the survey to be true. Attention paid by managers/supervisors to workplace safety is admitted by 73% ($n=131$) and mean score obtained from the survey towards this statement is $M=3.85$. On the other hand, for the item telling about managers/supervisors being not tolerant with an employee working in an unsafe manner, 57% ($n=102$) agreed while 27% neutral 15% did not agree. A mean score of $M=3.50$ was observed in this regards. There shows considerable gap, which is an indication for managers being lenient towards such kinds of behavior. A mean of $M=3.74$ for registration of accidents, occupational diseases and maintain records and the same is acknowledged by 64% ($n=114$) of the respondents while 10% disagreed and about 26% were indifferent to the fact. So one can deduce that either employees are not aware of such act or there is lack of consistency in maintaining records.

Employees were asked if managers/supervisors regularly meet with employees to discuss safety issues and expressed their view with a mean of $M=3.45$. Nevertheless, only 59% ($n=105$) agreed to this statement and 21% neutral but 18 % have negated. In this case, about 40% of employees are said to be left out from being part of discussion on safety issues. With 95% confidence interval (CI) the overall respondents agreement towards leadership commitment in the practices of OSH at Sheraton Addis is between 3.09 – 4.45. Survey respondents appreciated this strong measure.

Table 4.5 Challenges in implementing OSHMS

One-Sample Statistics				Test Value = 3					
				t-value	df	p-value	Mean Difference	95% CI Difference	
Statement	N	Mean	Std. Deviation					Lower	Upper
Lack of demonstrated commitment from management	179	2.96	1.06	-0.50	178	.621	-.04	-.19	.12
Inadequate resources to carry out the program	177	2.81	1.10	-2.33	176	.021	-.19	-.35	-.03
Lack of employee awareness about safety and health practices	177	2.88	1.14	-1.39	176	.168	-.12	-.29	.05
Scarcity of professional expertise	178	3.10	1.13	1.12	177	.262	.10	-.07	.26
Absence of continuous information exchange	179	3.09	1.19	1.06	178	.288	.09	-.08	.27
Challenges in implementing OSHMS	179	2.97	0.88	-0.42	178	.672	-.03	-.16	.10

Source – Own Survey 2018

4.7 Challenges in implementing OSHMS

Table 4.5 displays survey results of challenges in implementing occupational safety and health management system. Overall results inclined to reveal moderate or a mean below acceptable level in most areas. Regarding lack of employee awareness about safety and health practices a mean score of M=2.88 is retrieved from the survey. To say more about one third (n=63) of the respondents admitted that the statement to be true while 44% (n=78) disapproved the same concern. Apparently, about 24% were neutral in this regard. Chances are high for such issue to be a cause of occupational accidents. Hence, the management is expected to do extensive moves to enhance employee awareness on OHS practices.

Lack of demonstrated commitment from management is an item where respondents are almost equally divided into three areas of categories with a mean of M=2.96. Of the respondents 35% disagreed, 33% were neutral and 32% have consent towards agreement. Respondents questioned the clear commitment of the management towards the subject. There must be tangible and vivid reasons for employees to rate this item in such manner. Scarcity of professional expertise is another item rated slightly above moderate, with a mean score of

M=3.10, based on the survey result, and requires attention of the management. Only 38% (n=69) of the respondents agreed, 32% (n=58) disagreed and the remaining preferred to be neutral about shortage of expertise in the profession. Inadequacy of resources to run the program, M=2.81, is taken to be a challenge by 28% (n=51) of respondents, while the same cause was not considered by 45% (n=80) as a reason. In all fairness, there is considerable share of respondents to assert that there is a scarcity of resources to carry out the desired programs. Absence of continuous information is the last statement with a mean score of M=3.09. Only 42% (n=75) endorsed the flow of information while 35% disagreed to this statement to be a challenge for implementation of OSH. In aggregate, the mean score M=2.97 for challenges in implementing OSHMS is a lower score compared to moderate level of agreement (3).

Table 4.6 Causes of occupational hazards

E	Causes of occupational hazards	No. of Responses as "Yes"	Percent	Rank
1	Design and layout of work process/flow	89	49.7	5
2	Poor ventilation, lighting and pressure	58	32.4	11
3	Non-compliance of employees with basic applications of personal protective equipment	113	63.1	3
4	Stress	134	74.9	1
5	Inefficient equipment, machineries, devices and tools	76	42.5	7
6	Poor Housekeeping/sanitary practices	41	22.9	15
7	Excessive noise	60	33.5	10
8	Inconvenience/uncomfortable/ergonomic work factor	51	28.5	13
9	Lack of personal protective equipment	67	37.4	8
10	Unsafe application of chemicals	65	36.3	9
11	Long working hours	86	48.0	6
12	Repetitive motion/body movement work pattern	92	51.4	4
13	Working shift	117	65.4	2
14	Transmissible biological contagious infection	51	28.5	13
15	Unsafe/unprotected equipment	54	30.2	12

Source: Own survey 2018

As portrayed in table 4.6, stress is ranking top from the given causes of occupational hazards in Sheraton Addis which 74.9 % (n=134) of respondents affirmed the same. Following is working shift endorsed by 65.4 % (n=117) of respondents to be a cause of for occupational accident in the work place. Standing third in order is non-compliance of employees with basic applications of personal protective equipment supported by 63.1% (n=113) of employees. This is exhibiting resistance to be submissive to directives and standards in relation to safety guidelines in implementing protective equipment and tools appropriately. Repetitive motion/body movement work pattern, design and layout of work process/flow and

long working hours have been rated to be factors of accidents with percentage of respondents 51.4% (n=92), 49.7 % (n=89) and 48% (n=86) respectively. These accounted for routine tasks and repetition; work flows that require review. Working for more than eight hours is notable issue for risks entailing accidents per the survey result. This has become reality in hospitality industry as demand emanating from the nature of the job and industry. Inefficient equipment, machineries, devices and tools is also another considerable cause of work place hazard with 42.5% respondents. This could be associated with giant machineries functioning in since twenty-one years, the opening of the hotel. Unsafe application of chemicals, excessive noise and poor ventilation, lighting and pressure are also causes for accidents. The presumption is that hotels are noiseless places to work at and noise is not a threat any longer. However, contradicting the presumption, hotels are not as they are assumed appealing and noise free. Unsafe equipment, transmissible biological contagious infection and ergonomic work factor also proved to be causes of accidents with almost similar significance. Biological contagious infections are potential threats for jobs handling human and animal excretions and body fluids. Poor housekeeping/sanitary practices are the least cause of hazard, according to survey respondents.

Table 4.7 Organizational Commitment (Affective commitment)

One-Sample Statistics				Test Value = 3					
				t-value	df	p-value	Mean Difference	95% CI Difference	
Statement	N	Mean	Std. Deviation					Lower	Upper
I would be very happy to spend the rest of my career with this organization	178	3.78	1.06	9.80	177	.000	.78	.62	.93
I enjoy discussing about my organization with people outside it	179	3.67	1.07	8.39	178	.000	.67	.51	.83
I really feel as if this organization's problems are my own	179	3.92	0.91	13.58	178	.000	.92	.79	1.06
I think that I could easily become as attached to another organization as I am to this one	177	2.71	0.98	-3.97	176	.000	-.29	-.44	-.15
I do not feel like part of the family at my organization	178	3.35	1.06	4.37	177	.000	.35	.19	.51
I do not feel emotionally attached to this organization	179	3.15	1.10	1.83	178	.069	.15	-.01	.31
This organization has a great deal of personal meaning for me	179	3.69	0.98	9.39	178	.000	.69	.54	.83
I do not feel a strong sense of belonging to my organization	179	3.37	1.14	4.32	178	.000	.37	.20	.54
Affective Commitment	179	3.45	0.54	11.37	178	.000	.45	.38	.53

Source: Own survey 2018

4.8 Organizational Commitment

Organizational commitment has been the subject of interest 1980s and 1990s. In this section of the survey, (Allen & Meyer, 1990), measure of organizational commitment is applied to measure employees' commitment in three distinct forms. There are eight items in each category included on the survey questionnaire.

4.8.1 Affective commitment

As depicted on table 4.7, mean score ranges between $M=3.15$ to $M=3.92$ on seven items, but $M=2.71$ on one. This implies that respondents tend to agree to most items on given affective commitment measures. Mean score of $M=2.71$ was in line with the item asking employees if they think that they could easily become as attached to another organization as they are to this one. To this particular item, 43% ($n=78$) of respondents disagreed, but only close to 22% ($n=39$) of employees have agreed to the statement. In meantime, one third of respondents chose to be neutral about this survey point. This tells that it is easy for them to join and adapt other employer as they are doing with current employer. There is slight signal to pay attention to for the management in order to address such feelings. Mean score of $M=3.92$, highest score in the same section of the survey, was registered from statement requesting respondents about owning of organization's problem. From then, 74% ($n=133$) of respondents proved to have a feeling of owning organization's problem as if it was their own. However, 17% ($n=30$) of respondents were in neutral position in this aspect of the survey. "I would be very happy to spend the rest of my career with this organization" is the second higher mean score in the affective commitment, $M=3.78$, not as strong as owning of organizations' problem, though. About 67% ($n=121$) were in favor of spending the rest of their career with Sheraton Addis while 12% of respondents were against this statement. Yet 20% ($n=36$) of the survey participants neither agreed nor disagreed to this statement, but neutral. Another statement with relatively higher mean score, $M=3.69$ is that the organization, having a great deal of personal meaning in the minds of respondents. This was a survey item supported by 66% ($n=118$) of them where 13% were against such opinion. The other statement reading as "I enjoy discussing about my organization with people outside it" was viewed by respondents with mean score of $M=3.67$. In this regard 63% ($n=114$) respondents agreed to this statement whereas 13% ($n=23$) respondents declined to offer their agreement. Regarding emotional attachment to the organization, $M=3.15$ is slightly above the moderate

level of agreement. Around 43% (n=74) have confirmed that they are emotionally attached to their organization, but 31% (n=56) did not accept the statement. Having a strong sense of belonging to ones remained with a mean score of M=3.37 and supported by 51% (n=93) of the respondents.

Table 4.8 Organizational Commitment (Continuance commitment)

One-Sample Statistics				Test Value = 3					
				t-value	df	p-value	Mean Difference	95% CI Difference	
Statement	N	Mean	Std. Deviation					Lower	Upper
I am not afraid of what might happen if I quit my job without having another one lined up	179	3.63	0.94	8.94	178	.000	.63	.49	.76
It would be very hard for me to leave my organization right now, even if I wanted to	179	4.07	0.53	27.16	178	.000	1.07	.99	1.14
Too much in my life would be disrupted if I decided I wanted to leave my organization now	179	4.12	0.43	34.74	178	.000	1.12	1.06	1.19
It wouldn't be too costly for me to leave my organization now	178	2.07	0.72	-17.33	177	.000	-.93	-1.04	-.83
Right now, staying with my organization is a matter of necessity as much as desire	178	4.08	0.36	40.01	177	.000	1.08	1.03	1.13
I feel that I have too few options to consider leaving my organization	179	3.94	0.70	18.03	178	.000	.94	.84	1.04
One of the few serious consequences of leaving this organization would be the scarcity of available alternatives	179	4.13	0.54	27.92	178	.000	1.13	1.05	1.21
One of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrifice - another organization may not match the overall benefits I have here	179	4.04	0.60	23.05	178	.000	1.04	.95	1.13
Continuance Commitment	179	3.76	0.27	37.09	178	.000	.76	.72	.80

Source: Own survey 2018

4.8.2 Continuance commitment

From the eight measures given in the table above, one was rated as low as, $M= 2.07$. For respondents about 88% ($n=158$), leaving the organization would not be costly as they might continue to live as they do currently. Whereas 93% ($n=167$) of the respondents have confirmed that one of the few serious consequences of leaving this organization is the scarcity of available alternatives. This statement was supported with mean score of, $M=4.13$, the highest among the given measure. In a similar manner statement about a feeling of having too few options to consider leaving the organization is supported by 83% ($n=148$) of the respondents with a mean score of $M=3.94$ but rejected by 5%. This fact, in meantime, is a possible indicator that Sheraton Addis is in good standing to have influential position in the hospitality industry. None was against but one respondent, to the item stating that too much in life would be disrupted if one decided to leave the organization now is positioned with $M=4.12$, second highest in the given measures. Of the respondents, 97% ($n=174$), almost strongly agreed to this statement while 2% held a position of neutral. On the hand, the statement asserting that another organization may not match the overall benefits that their current employer providing is up held by 89% ($n=160$) of the respondents with mean score of $M=4.04$. Of course there were 8% neutrals and 3% in counts of disagreement counts. The statement “It would be very hard for me to leave my organization right now, even if I wanted to” is rated with mean score of $M=4.07$. This statement was supported by 92% ($n=164$) of respondents and with neutral position of 7% ($n=13$). Employees were requested also to rate their staying with the organization is a matter of necessity as much as desire. About 96% ($n=173$) and with zero disagreement, the statement was rated a mean score of $M=4.08$. Overall, the respondents are interested to maintain their stay at Sheraton Addis in regards to continuance commitment.

Table 4.9 Organizational Commitment (Normative commitment)

One-Sample Statistics				Test Value = 3					
				t-value	df	p-value	Mean Difference	95% CI Difference	
Statement	N	Mean	Std. Deviation					Lower	Upper
I think that people these days move from company to company too often	179	2.54	0.74	-8.42	178	.000	-.46	-.57	-.36
I do not believe that a person must always be loyal to his or her organization	178	2.91	0.88	-1.37	177	.174	-.09	-.22	.04
Jumping from organization to organization does not seem at all unethical to me	177	2.40	0.89	-8.98	176	.000	-.60	-.73	-.47
One of the major reasons I continue to work for this organization is that I believe that loyalty is important and therefore feel a sense of moral obligation to remain	179	4.01	0.50	26.76	178	.000	1.01	.93	1.08
If I got another offer for a better job elsewhere I would not feel it was right to leave my organization	179	4.04	0.54	25.54	178	.000	1.04	.96	1.12
I was taught to believe in the value of remaining loyal to one's organization	179	4.04	0.60	23.38	178	.000	1.04	.96	1.13
Things were better in the days when people stayed with one organization for most of their careers	179	3.99	0.57	23.18	178	.000	.99	.90	1.07
I do not think that wanting to be a company man or company woman is sensible anymore	179	3.59	0.82	9.58	178	.000	.59	.47	.71
Normative Commitment	179	3.44	0.33	18.13	178	.000	.44	.39	.49
Organizational Commitment	179	3.55	0.25	29.36	178	.000	.55	.51	.59

Source: Own survey 2018

4.8.3 Normative commitment

According to table 4.9, the first three items were negatively rated with a mean score of between M=2.40 to M=2.91 while the rest were rated in a favorable manner, all above agreement level (3). In case of item 3, the lowest in the continuance commitment section measures, M=2.40, jumping from organization to organization seems ethical to 72% (n=129)

of the respondents, but in contrary, it is unethical according to the 15% (n=28) of the respondents. Concerning about people moving from company to company, around 56% (n=101) of respondents disagreed to the statement to be true, one third remained neutral and 12% agreed that people move from company to company now and then. Employees were also requested to respond if they would feel to be right to leave the organization for another better offer elsewhere. Based on the survey, 93% (n=166) answered that they would feel it is not right to abandon the organization for better offer. This statement was rated with significant difference from the moderate with a mean score of M=4.04.

Two items, item 4 and 6, of somehow discussing about loyalty are rated considerably high, with a mean score of M=4.01 and M=4.04 respectively. In both cases 87% (n=157) and 91% (n=163) of respondents endorsed that they believe that they should remain loyal to the organization and is important to have a sense of moral obligation to serve the same. In case item number 4, none disagreed, but about 12% were neutral to the subject. For item number 6, disagreed count was 3.4% and 5.6% to be neutral. Loyalty is highly commended under normative commitment, as employees would strongly believe in feeling of obligations to serve their organization. Staying with one organization for most of the careers was an item accepted by 90% (n=161), the respondents but only with 3.7% answered in contrary and with the mean score of M=3.99.

With 95% confidence interval (CI) the overall respondents agreement towards normative commitment at Sheraton Addis is between 3.05 – 3.93. According to the survey respondents, normative commitment endorsed from moderate to a high mean score.

Table 4.10 Group mean value of variables

Group mean value of Employee involvement, Training and awareness on OHS, Leadership Commitment, Challenges in implementing OSHMS and Organizational commitment

Variables	N	Mean	Standard Deviation
Employee involvement	178	3.19	0.98
Training and awareness on OHS	179	4.11	0.54
Leadership Commitment	179	3.68	0.58
Challenges in implementing OSHMS	179	2.97	0.88
Affective commitment	179	3.45	0.54
Continuance commitment	179	3.76	0.27
Normative commitment	179	3.44	0.33
Organizational commitment	179	3.55	0.25

Source: Own survey 2018

As shown on Table 4.10, overall the mean value of general questions on the existing occupational safety and health management practices appeared to be positive, but law in challenges in implementing OSHMS. This is not a positive implication as tackling challenges is a crucial aspect of the implementation of the program and is a measure of leadership commitment. Training and awareness on OHS, the leading with a mean value of 4.11 tells that respondents were almost inclined to accord to agreements (agree, strongly agree) to items provided. Regarding leadership commitment, a mean score of 3.68 indicates employees' position towards agreement zone, which is a positive compliment o the management of the hotel. Employee involvement is another area of independent variable where respondents expressed moderate agreement. The result reveals that employee involvement in regards to work place safety is somehow less and requires attention of the management. Continuance commitment having a mean score of 3.76 is higher than affective commitment and normative commitment mean scores, which is around 3.45. Attention is due to this result and once again, the management needs to focus to improve the score in affective commitment measures.

Table 4.11 Correlation Analysis

Variables		Employee Involvement	Training & Awareness	Leadership Commitment	Affective Commitment	Continuance Commitment	Normative Commitment	Organizational Commitment
Employee Involvement	Pearson Correlation	1	.378**	.446**	-.041	.219**	.136	.109
	Sig. (2-tailed)		.000	.000	.583	.003	.070	.149
	N	178	178	178	178	178	178	178
Training & Awareness	Pearson Correlation	.378**	1	.517**	.230**	.091	.227**	.294**
	Sig. (2-tailed)	.000		.000	.002	.227	.002	.000
	N	178	179	179	179	179	179	179
Leadership Commitment	Pearson Correlation	.446**	.517**	1	.405**	.076	.091	.354**
	Sig. (2-tailed)	.000	.000		.000	.314	.224	.000
	N	178	179	179	179	179	179	179
Affective Commitment	Pearson Correlation	-.041	.230**	.405**	1	-.027	.078	.733**
	Sig. (2-tailed)	.583	.002	.000		.717	.297	.000
	N	178	179	179	179	179	179	179
Continuance Commitment	Pearson Correlation	.219**	.091	.076	-.027	1	.460**	.542**
	Sig. (2-tailed)	.003	.227	.314	.717		.000	.000
	N	178	179	179	179	179	179	179
Normative Commitment	Pearson Correlation	.136	.227**	.091	.078	.460**	1	.655**
	Sig. (2-tailed)	.070	.002	.224	.297	.000		.000
	N	178	179	179	179	179	179	179
Organizational Commitment	Pearson Correlation	.109	.294**	.354**	.733**	.542**	.655**	1
	Sig. (2-tailed)	.149	.000	.000	.000	.000	.000	
	N	178	179	179	179	179	179	179

** . Correlation is significant at the 0.01 level (2-tailed).

Source: SPSS output

The correlation analysis on the above table affirmed that there is a positive relationship between occupational health and safety variables and organizational commitment. Conversely, employee involvement has negative correlation with affective commitment but positive one with continuance commitment, while leadership commitment has weaker correlation with continuance commitment but stronger one with affective commitment. Training and awareness proved to have positive correlation with affective and normative commitments but weaker with continuance commitment.

Table 4.12 Regression Analysis

Model		Unstandardized Coefficients		Standardized Coefficients	t-value	p-value	R	R Square	Adjusted R Square
		B	Std. Error	Beta					
1	(Constant)	2.801	.143		19.560	.000	0.393	.154	.140
	Employee Involvement	-.025	.021	-.097	-1.221	.224			
	Training & Awareness	.081	.038	.175	2.114	.036			
	Leadership Commitment	.135	.037	.313	3.659	.000			
Dependent Variable: Organizational_Commitment									

Source: SPSS output

Regression analysis was applied in order to evaluate the effects of occupational health and safety practices on organizational commitment. Hence, the regression model in table 4.12 depicted the extent of contribution by the selected constant variables. Accordingly, occupational health and safety is expressed to have 14% variation on organizational commitment. Such variance in organizational commitment can be predicted from a combination of Employee Involvement, Training & Awareness and Leadership Commitment.

CHAPTER FIVE

Summary of Findings, Conclusions and Recommendations

This chapter is dedicated to provide summary of the major findings to the research questions and thereby forward conclusions and recommendations mainly based on survey results, which have been discussed in previous chapter. This study explored the effects of occupational health and safety management towards organizational commitment.

5.1 Summary of Findings

- ❖ Employees involvement in various activities of occupational safety and health gained an average level of agreement of respondents with a mean 3.19 which is moderate. The statement that scored higher level of agreement is “Employees participate in hazard detection, prevention and control activities” indicated with a mean score of 3.70. The two statements of the section that were rated low were “Employees involve in development or review of policy statement” and “Employee contribute in the design of work processes” which received a meant score of 2.82 and 2.89 respectively. This indicates that employee involvement is less and they tend to contribute in different levels of OSHMS of the hotel. Similarly, this has been manifested in the spaces provided for comments in the survey. Employees demand the need for participation, as they are the ultimate interpreters of the policies in the work place.
- ❖ Training and awareness is a measure that was on highest level of agreement with a mean score of 4.11. All statements were rated by respondents above 4.0, but one, “Employees understand the procedures for reporting injuries, incidents potential hazards”, with the mean score of 3.96. This a well-commended gesture of the management that need to maintained towards better achievement.
- ❖ The average level of agreement on leadership commitment was found to have a mean score of 3.68. “First aid supplies are available and are easily accessible” is the top scoring with a mean score of 4.21. In this regard, almost all respondents affirmed that

these first aid supplies are in abundant and easy to get. “Employees engaged in hazardous work get medical examination as the case requires” is second highest from the given fifteen items where respondents agreed to rate with a mean score of 4.03. The rest items are with above moderate level of agreement, according to the survey under leadership commitment. Consequently, the survey result envisages that a considerable room for improvement.

- ❖ A mean score of 2.97 was awarded to challenges in implementing OSHMS. According to the survey result, among five items in the variable, only two were rated to almost moderate while the rest were below average. “Inadequate resources to carry out the program” was the least with the mean score of 2.81 reflecting negative feelings of employees. This is a critical moment for Sheraton Addis management to look inwards in order to address the concern before growing worse.
- ❖ The last variable measured during the survey was organizational commitment and was granted an average mean score of 3.55. However, with the breakdown of the three distinct forms, i.e. Affective commitment got a mean score of 3.45, Continuance commitment 3.76 and Normative commitment 3.44. Though respondents remained positive with the rest of statements under continuance commitment, item reading as “It wouldn’t be too costly for me to leave my organization now” was left with a mean score of 2.07. In this particular statement, 88% of the respondents agreed and arrived at the given result. In accordance with the survey result, respondents have higher tendency to have continuance commitment with the hotel compared to affective or normative commitment.
- ❖ The correlation analysis on the study confirmed that there is a moderate and positive relationship between occupational health and safety management variables and organizational commitment. Training and awareness also proved to have positive correlation with affective and normative commitments. In the same fashion, leadership commitment has a stronger relationship with affective commitment. As a result, employees have shown positive attitude towards leadership commitment in regards to occupational safety and health management of the hotel, their emotional/psychological bond and identification of oneself with the organization becomes solid. At the end, it is about the well-being of employees in the workplace

developing an affective commitment towards their employer. As well, the regression analysis indicated that occupational health and safety management had a significant impact on organizational commitment.

5.2 Conclusion

The main objective of this research was to examine the effects of occupational safety and health practices on organizational commitment.

Thus,

- ❖ In this study, effects of occupational safety and health practices on organizational commitment have been proved to exist. Employee involvement, Training and awareness on OHS and Leadership Commitment on the same subject, has been asserted to have positive contribution towards organizational commitment.
- ❖ The moderate and above average agreement of respondents on occupational safety and health practices variables attests the contribution of such elements to organizational commitment. Besides, Training and awareness on OHS found to be the most contributing occupational safety and health trait in the prediction of employees organizational commitment. Therefore, the more the hotel management pays attention to training and awareness the better the employees commitment will be.
- ❖ Similarly, the results of correlation analysis revealed that occupational safety and health practices variables were positively correlated with organizational commitment. Therefore, sound occupational health and safety management is a stimulant for employees to be committed in any of the three organizational commitment forms.

5.3 Limitations of the Study and Recommendations for Future Studies

- ❖ Due to lack of peace and instability, Year 2017 and 2018 was a time of despair for the hospitality industry in Ethiopia. Following this, there have been periods of declines in the in-flow of tourists to the country. This research was conducted when the fever of this situation was still high. And such uncertainty would potentially affect the responses of the respondents which might have an impact on the survey result. Particularly, in certain areas of the country, employers were laying off their

employees because of depleting volume of business, which caused job insecurity to prevail among employees. Therefore, collection of data at such time is possible for employees to contemplate about the management that it is assessing their commitment to the hotel through the survey questionnaire. Therefore, it is recommended that future researches be conducted when conditions are natural and stable. Also future studies should include other star rated hotels with the involvement of Labor Inspection Bureau of Addis Ababa City Administration.

5.4 Recommendation

- ❖ The interest of this study was to explore the effects of occupational safety and health practices on organizational commitment in Sheraton Addis. Analysis of the data indicated that occupational safety and health practices are positively associated with the three dimensions of organizational commitments. Employee involvement was observed to be low as per the survey result, hence, the management is required to have input of employees before and during implementation of policies. In addition, employees are the closest to the job and it is strongly recommended to encourage their participation in the design and layout process.
- ❖ Leadership commitment is moderately favored, according to the survey result. This was clearly depicted in the “Challenges in implementing OSHMS” section of measures. In this particular case the commitment of the management was not strong. Therefore, in order to have committed employees, the management must tackle all the challenges in relation to OHS and be exemplary in its leadership commitment. Compared to other measures, training and awareness on OHS was relatively appreciated by employees. Despite this fact, there is still a room for management to enhance the subject knowledge of the employees.
- ❖ Thus, it is strongly recommended that the hotel management recognize the fact that employees who feel healthy and safe in the performance of their duties develop emotional attachment towards their organization. Moreover, they build sense of ownership, develop positive attitude of obligation to serve the hotel. In conclusion, the management can improve the commitment of its employees by effectively managing the health and safety practices in the hotel premises.

References

- Armstrong, M. (2006) *A Handbook of Human Resource Management Practice*. 10thedn., London: Cambridge University Press
- Allen N J and Meyer J P (1990), "The Measurement and Antecedents of Affective, Continuance and Normative Commitment to the Organization", *Journal of Occupational Psychology*, Vol. 63, pp. 1-18. *Profits*, 8th edition.
- Allen, N.J. & Meyer, J.P. (1993). Organizational commitment: evidence of career stage effects. *Journal of Business Research* , 26, 49-61.
- Becker H (1960), "Notes on the Concept of Commitment", *American Journal of Sociology*, Vol. 66, pp. 32-42.
- Blau, G., & Boal, K. (1987), Conceptualizing how job involvement and organizational commitment affect turnover and absenteeism. *Academy of Management Review* , 12(2), 288-300.
- Blau, G.J. & Boal, K.B. (1989). Using job involvement and organizational commitment interactively to predict turnover. *Journal of Management*, 115-127.
- Boyd C. (2003), *Human Resource Management and Occupational Health and Safety*, London: Routledge
- Charles D. Reese (2003), 'Occupational Health & Safety Management', A Practical approach
- Chow, R. (1994). Where Have All the Natives Gone? In Mongia, P. (Ed). *Contemporary postcolonial theory*. London: Arnold.
- Christensen, L.B. (1997), *Experimental Methodology*. Massachusetts: Allyn & Bacon.
- Cohen, A. & Hudecek, N. (1993). Organizational commitment and turnover relationship across occupational groups. *Group & Organization Management*, 18(2), 188-212.

- Collins, F. & Seller, R.E. (1988). Management of an accounting practice: creating organizational loyalty. *CPA Journal* , 58 (4),98-101.
- Dailey, Robert (2016), *Organizational Behavior* 8thedn., Edinburgh: Edinburgh Business School Heriot-Watt University
- Dalton, D.R. & Tudor, W.P. (1993). Turnover, absenteeism: An interdependent perspective. *Journal of Management* , 19,193-219.
- Darwish Abdulrahman Yousef - Organizational Commitment, Job Satisfaction and Attitudes toward Organizational Change: A Study in the Local Government
- David A.D and Stephen P.R, (1999): Human Resource Management, Concepts and Application, USA: Regressive International Technologies
- Debbie, L.S. Ang., Yazid, M.Y., and Meor, M. F. (2014) 'Employees' Perception toward Conducive Working Environment in Malaysia Offices', *International Conference on Business, Sociology and Applied Sciences (ICBSAS'14)* March 26-27, 2014 Kuala Lumpur (Malaysia)
- Etzioni, A. (1961). A comparative analysis of complex organizations. Glencoe, IL: Free Press
- Eva, D. and Oswald R. (1981), *Health and Safety at Work*, London :Pan Books.
- Federal Civil Servants Proclamation 515/2007
- International Training Centre of the ILO, www.itcilo.org, VialeMaestri del Lavoro, 10
- Jackson, J.H. and Mathis, R.L. (2010) *Human Resource Management*. 13thedn., Mason: South-Western Cengage Learning
- Jaros, S.J., Jermier, J.M., Koehler, J.W. & Sincich, T. (1993). Effects of continuance, affective and moral commitment on the withdrawal process: An evaluation of eight structural equation models. *Academy of Management* , 36, 951-960.
- Greenhaus, J. H., Gary N. Powell (2017) Making Work and Family Work: From hard choices to smart choices, 1st Edition

- Greenhaus, J.H. (1971), An investigation of the role of career salience in vocational behavior. *Journal of Vocational Behavior*, 1 , 209-16.
- Hall, K. (1970). An r-dimensional quadratic placement algorithm. *Management Science* . 17 (3), 219-229.
- Johnston , G.P. &Snizek, W.E. (1991), Combining head and heart in complex organisations: A test of Etzioni's dual compliance structure hypothesis. *Human Relations* , 44, 1255-1272.
- Judge, T.A. and Robbins, S.P. (2013),*Organizational Behavior*. 15thedn., New Jersey: Pearson Education, Inc.
- Kondalkar, V.G. (2007) *Organizational Behavior*. New Delhi: New Age International (P) Ltd., Publishers
- ILO-OSH, (2001). Guidelines on Occupational Safety and Health Management Systems, International Labour Office, Geneva.
- International Journal of Public Administration
ISSN: 0190-0692 (Print) 1532-4265 (Online) Journal homepage:
<http://www.tandfonline.com/loi/lpad20>
- Kelman, H.C. (1958), Compliance, identification, internalisation: Three processes of attitude change. *Journal of Conflict Resolution* , 2, 51-60
- Labour Proclamation No. 377/2003. (NegaritGazeta, 26 February 2004, 10th Year No. 12, pp. 2476-2477)
- Lee, R. & Miller, T. (2001).Evaluating the performance of the Lee-Carter approach to modeling and forecasting mortality.
- Lydia Cheron, August 2011 'Occupational Accidents in Hotels within Eldoret Town, Kenya': Awareness and Prevention by: (B.ED, Home science and Technology, Moi) H60/OL/15945/06
- Lloyd L.Byars and Leslie W.Rue, (2008).*Human Resource Management*, New York :McGraw-Hill/Irwin, 2008
- Meyer J P, Allen N J and Smith C (1993), "Commitment to Organizations and

Occupations: Extension and Test of a Three-component Conceptualization”,
Journal of Applied Psychology, Vol. 78, pp. 538-551.

Meyer, J. P., & Herscovitch, L. (2001). Commitment in the workplace: Toward a general model. *Human Resource Management Review* , 11, 299-326.

Michael A. (2006), *A handbook of Human Resource Management Practice*, London: KoganPage Ltd

Miller, J. (2003). Critical incident stress debriefing and social work: Expanding the frame. *Journal of Social Service Research* , 30(2), 7-25.

Mirels, H.L. & Garret, J.B. (1971), The Protestant ethic as a personality variable. *Journal of Consulting and Clinical Psychology* , 36, 40-44.

Morrow, P.C. (1983). Concept redundancy in organizational research: The case of work commitment. *Academy of Management Review*, 8 (3) , 486-500.

Mouton J & Marais H.C. (1994). Basic concepts in the methodology of the social sciences. Pretoria: Human Sciences Research Council.

Mowday, R. T., Porter, L. M. and Steers, R. M. (1982). *Employee-Organizational Linkage*, Academic Press, New York

Mobarakabadi, H., Samudi, S., and Slambolchi, A. (2016) ‘A Literature Review on Organizational Commitment: A Comprehensive Summary’, *Applied Mathematics in Engineering, Management and Technology*, 4(3), pp. 47-57

O’Reilly, A.C. (1989). People and organizational culture: A profile comparison approach to assessing person-organization fit. *The Academy of Management Journal* , 34 (3), 487-516.

Oludeyi, O.S. (2015) ‘A Review of Literature on Work Environment and Work Commitment: Implication for Future Research in Citadels of Learning’, *Journal of Human Resource Management*, 8(2), pp. 32-46

O’Reilly, C.A., & Chatman, J. (1986). Organizational commitment and psychological attachment: The effects of compliance, identification, & internalization on prosocial behaviour. *Journal of Applied Psychology* , 71(3), 492-499.

- Palmer S, (1989), *Occupational-stress:The Safety and Health Practitioner*, August, pp16-18
- Patchen, M. (1970). Participation, achievement, and involvement on the job. UK: Academic Press.
- Pirani M. and Reynolds J, (1976).*Gearing up for Safety, Personnel Management*
- Porter, L.W., Steers, R.M., Mowday, R.T. & Boulian, P.V. (1974). Organizational commitment, job satisfaction, and turnover among psychiatric technicians. *Journal of Applied Psychology* , 59, 603-609.
- Proclamation of the Constitution of the Federal Democratic Republic of Ethiopia No. 1 (NegaritGazeta, 21 August 1995, 1st Year No. 1, p. 6)
- Reichers, A.E. (1985). A review and reconceptualization of organizational commitment. *Academy of Management Review* , 10, 465-476.
- Robert L. Mathis and John H. Jackson, 2010. *Human Resource Management: Melisa Acuna Stevens*, R.S. (1978). Music in State-Supported Schools in New South Wales and Victoria . Unpublished PhD thesis. University of Melbourne.
- Susan M. Heathfield, updated October 22, 2017 ‘The Power of Positive Employee Recognition’
- Tsui, A.S. and Gomez-Mejia, L.R. (1988), *Evaluating Human Resource Effectiveness in Human Resource Management, Evolving Roles and Responsibilities*, ed L Dyer, Washington: Bureau of National Affairs
- Yamane, T. (1967). *Statistics: An Introductory Analysis*, 2nd Ed., New York: Harper and Row
- Wayne F. Cascio, (1992) ‘Managing Human Resources’, *Productivity, Quality of Work Life*,
- Wiener Y. (1982). Commitment in organizations. A normative view. *Academy of Management Review*. 7(3). 418-428.
- Zangaro, G.A. (2001). Organizational commitment: A concept analysis. *Nursing Forum*, 36(2), 14-22.

SUMMARY OF INJURY REPORT

Table 1: summary of injury report year 2015

Hazard Type	SUMMARY OF INJURY REPORT YEAR 2015												
	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
FALLS							1	1	1				3
CUTS	1			1	1			1		1	1	1	7
MUSCLE SPRAIN/STRAIN													
SKIN BURNS						1				2			3
HIT BY OBJECTS			2	1	2	3	1	1			1		11
CHEMICAL INJURY		1								1			2
ELECTRIC SHOCK													
BACK INJURY													
TOTAL No. OF INIURY	1	1	2	2	3	4	2	3	1	4	2	1	26
Total No.of lost days	32	17	8	6	12	65	16	5	6	13	16	18	214

Table 1: summary of injury report year 2015

Hazard Type	SUMMARY OF INJURY REPORT YEAR - 2016												
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
FALLS	2		1	3	1	1				1			9
CUTS		1	1		2				1		1		6
MUSCLE SPRAIN/STRAIN		1									2		3
SKIN BURNS			1		1	1					1		4
HIT BY OBJECTS	1		1	1	1				1		1	1	7
CHEMICAL INJURY													0
ELECTRIC SHOCK													0
BACK INJURY					1				1	1			3
TOTAL No. OF INJURY	3	2	4	4	6	2			3	2	5	1	32
Total No.of lost days	215	22	9	59	7	17			10	12	11	5	367

Hazard Type	SUMMARY OF INJURY REPORT YEAR - 2017												
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
FALLS	1			3		1			1				6
CUTS					1								1
MUSCLE SPRAIN/STRAIN			1	1	2	2	2	2	3		2		15
SKIN BURNS		1									1	1	3
HIT BY OBJECTS	2												2
CHEMICAL INJURY			1				1	1					3
ELECTRIC SHOCK							1						1
BACK INJURY	1								1				2
TOTAL No. OF INJURY	4	1	2	4	3	3	4	3	5	0	3	1	33
Total No.of lost days	8	1	5	12	88	26	26	57	80		14	7	324

Table 2: summary of injury report year 2016

Table 3: summary of injury report year 2017

Source: Human Resource department

Survey questionnaire to be filled by employees

Date: August 15, 2018

Dear respondents,

I am conducting this thesis research for a partial fulfillment of my study in Masters of Arts degree in Human Resources Management. My study is entitled“Effects of Occupational Safety & Health on Organizational Commitment.”

I sincerely appreciate should you kindly take a little of your time and concern to complete the attached questionnaire which ultimately benefits employees and the Sheraton Addis hotel in its entirety. The information you supply in this questionnaire is confidential, anonymous and the collected data will only be used for the specific purpose of the research study. The outcome of this research may be applied as an input, as the case requires, to enhance occupational safety and health management practices (OSHMS) and promote favorable work environment in the hotel. This questionnaire consists of nine sections:

- Section A. Employee involvement
- Section B. Training and awareness on OHS
- Section C. Leadership commitment
- Section D. Challenges in implementing OSHMS
- Section E. Causes of occupational hazards
- Section F. Affective commitment
- Section G. Continuance commitment
- Section H. Normative commitment
- Section I. Open ended questions

I kindly request you to read the instruction of each section before responding. Please complete each section and answer all the questions and in doing so you are not required to identify yourself, hence, remain anonymous. Please hand in the completed questionnaire to the researcher or to the appointed person. I take this opportunity to thank you in advance for your kind participation and timely return of the completed questionnaire. Should you desire further explanation, please do not hesitate to contact me through my e-mail address – kiflemideksa@hotmail.com. Once again, I thank you for your consent to take part in this survey.

Sincerely,

General Directions

Put the symbol (X) that you think is the right choice.

Part 1: Respondent’s Personal information

1. Sex: Male Female
2. Age in years: 18-25 26-34 35-45 46-50 > 51
5. Education: Degree Diploma Certificate High School
4. Marital Status: Married Single Others
5. Work experience at Sheraton Adds: 0-5 years >5=10 years >10 years

Part 2: Put ‘X’ mark in the given boxes to show your ratings as given below:

5=Strongly agree, 4=Agree, 3=Neutral, 2=Disagree, 1=Strongly disagree

A	Employee involvement	5	4	3	2	1
1	Employees involve in audits of the efficiency, effectiveness and reliability of the health and safety system					
2	Employees participate in workplace health and safety risk assessment and inspections.					
3	Employees involve in development or review of policy statement					
4	Employee contribute in the design of work processes					
5	Employees participate in hazard detection, prevention and control activities.					

Comments: _____

B	Training and awareness on OHS	5	4	3	2	1
1	Employees are well aware of the use of personal protective equipment and are compliant to apply.					
2	Employees understand the elements of the work place safety and health practices and know how to contribute.					
3	Employees are well versed with equipment/machineries they are working with.					
4	Employees understand the procedures for reporting injuries, incidents potential hazards.					
5	Employees are aware about what to do during the time of emergency situation.					

Comments: _____

C	Leadership commitment	5	4	3	2	1
1	Managers/supervisors pay attention to workplace safety					
2	Managers/supervisors are not tolerant with an employee working in an unsafe manner.					
3	First aid supplies are available and are easily accessible					
4	Management of the hotel assigns responsibility and accountability for the implementation and maintenance of the OHS program.					

5	Managers/supervisors regularly meet with employees to discuss safety issues.					
6	The management communicates its employees of health and safety goals and expectations.					
7	Employees are supplied with the appropriate personal protective equipment to do their job.					
8	Work stops immediately, if safety is compromised.					
9	The management had undertaken any initiative in last 12 months to reduce stress in the work place					
10	The hotel has a written safety and health policy to maintain safe work environment.					
11	The hotel does regular audit for monitoring its safety and health practices.					
12	The occupational safety and health committee of the hotel is actively working with all parties concerned.					
13	The management registers employment accident and occupational diseases and maintain records.					
14	Employees engaged in hazardous work get medical examination as the case requires.					
15	Management allocate sufficient resource for the implementation of OS&H program					

Comments: _____

D	Challenges in implementing OSHMS	5	4	3	2	1
1	Lack of demonstrated commitment from management					
2	Inadequate resources to carry out the program					
3	Lack of employee awareness about safety and health practices					
4	Scarcity of professional expertise					
5	Absence of continuous information exchange					

Comments: _____

E	Causes of occupational hazards	Yes	No
1	Design and layout of work process/flow		
2	Poor ventilation, lighting and pressure		
3	Non-compliance of employees with basic applications of personal protective equipment.		
4	Stress		
5	Inefficient equipment, machineries, devices and tools		
6	Poor Housekeeping/sanitary practices		
7	Excessive noise		

8	Inconvenience/uncomfortable/ergonomic work factor		
9	Lack of personal protective equipment		
10	Unsafe application of chemicals		
11	Long working hours		
12	Repetitive motion/body movement work pattern		
13	Working shift		
14	Transmissible biological contagious infection		
15	Unsafe/unprotected equipment		

Comments: _____

Organizational Commitment

F	Affective Commitment Scale	5	4	3	2	1
1	I would be very happy to spend the rest of my career with this organization.					
2	I enjoy discussing about my organization with people outside it.					
3	I really feel as if this organization's problems are my own.					
4	I think that I could easily become as attached to another organization as I am to this one.					
5	I do not feel like part of the family at my organization.					
6	I do not feel emotionally attached to this organization.					

7	This organization has a great deal of personal meaning for me.					
8	I do not feel a strong sense of belonging to my organization.					

G	Continuance Commitment Scale	5	4	3	2	1
1	I am not afraid of what might happen if I quit my job without having another one lined up.					
2	It would be very hard for me to leave my organization right now, even if I wanted to.					
3	Too much in my life would be disrupted if I decided/ I wanted to leave my organization now.					
4	It wouldn't be too costly for me to leave my organization now.					
5	Right now, staying with my organization is a matter of necessity as much as desire.					
6	I feel that I have too few options to consider leaving this organization.					
7	One of the few serious consequences of leaving this organization would be the scarcity of available alternatives.					
8	One of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrifice -another organization may not match the overall benefits I have here.					

H	Normative Commitment Scale	5	4	3	2	1
1	I think that people these days move from company to company too often.					

2	I do not believe that a person must always be loyal to his or her organization.					
3	Jumping from organization to organization does not seem at all unethical to me.					
4	One of the major reasons I continue to work for this organization is that I believe that loyalty is important and therefore feel a sense of moral obligation to remain.					
5	If I got another offer for a better job elsewhere I would not feel it was right to leave my organization.					
6	I was taught to believe in the value of remaining loyal to one's organization.					
7	Things were better in the days when people stayed with one organization for most of their careers					
8	I do not think that wanting to be a 'company man' or 'company woman' is sensible anymore.					

Comments: _____

I. Open ended questions:

1. What do you suggest to improve hotel's occupational safety and health practices?

2. What factors do you think contributed to the occurrence of accidents/hazards in the hotel?
