



Influence of occupational safety and health on
organizational performance in the selected star rated hotels
in Addis Ababa.

By : Yoseph Zeleke

Advisor: Solomon M. (PhD)

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Approved by Board of Examiners

Dr Solomon Markos

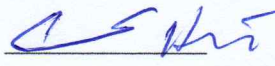
Advisor


Date


13/07/20
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Dr Atsede T.

Internal Examiner


Date

July 13/2020
Signature

 Dr. Werkneh B.

External Examiner


Date

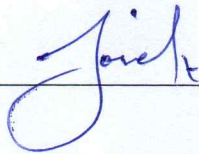
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Declaration

I, the undersigned, declare that this thesis entitled Assessment on occupational safety and health practices and its effect on organizational performance in selected star rated hotels in Addis Ababa is my original work, under the guidance and support of the research Advisor, Solomon. M (PHD) and all source materials that I used for the study have been duly acknowledged. This study has not been presented for degree in this university or any other university so far.

Yoseph Zeleke

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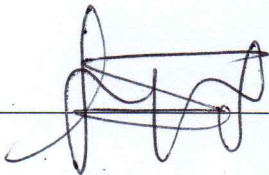


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13/07/20

Advisor Solomon .M (PHD)

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ABBREVIATIONS

| | |
|--------------|--|
| AL | : Artificial Intelligence |
| AHA | : Addis Ababa Hotel Owners Association |
| EU | : European Union |
| ESC | : Economic and Social Council |
| GCI | : Global Competitiveness Index |
| GNP | : Growth national product |
| HSE | : Health and Safety Executive |
| ICT | : Information and Communication Technology |
| ILO | : International Labor Organization |
| ISSA | : International Social Security Association. |
| MOLSA | : Ministry of labour and social Affairs Ethiopia |
| MOCT | : Ministry of culture and tourism Ethiopia |
| OECD | : Organization for Economic Cooperation & Development. |
| OHS | : Occupational Health and Safety |
| OSHA | : Occupational Safety and Health Administration |
| ROI | : Return on Investment |
| USBLS | : United state burro of labour Statistics |
| WTTC | : World Travel & tourism Council |

Abstract

Implementing occupational safety and health program in the organization has a great benefit for the organization therefore the organization promoting safer work environment and it results to improved employee's performance and the organization enhancing productivity. The objective this study was to assess the influence of occupational health and safety program on the organizational performance in the selected local star rated hotels in Addis Ababa Ethiopian. The study was considered total populations of size 1,737 and 325 participants were selected as a sample size. The sample was selected using stratified sampling technique. Among the selected 325 participants 82% of respondents respond the questionnaire. Qualitative data was analyzed by using a descriptive statistics tools using SPSS version 24 and a correlations and regression analysis were applied to determine the strength of relationship between variables and how they related to organization performance. The result of this study was revealed that strong positive and significant relationship between the dependent variable (organization performance) and the independent variable OHS training, OHS audit, OHS policy and leadership in OHS. The study concludes that local hotels doesn't have occupational health and safety policy ,lack of OHS leadership , inadequate resource allocation for OHS program, and also the study recommends the following, hotels should have occupational health and safety policy, allocate adequate resource to implement OHS program ,provide periodically OHS training to their staffs and should conduct proper OHS audit periodically.

Key words

Occupational safety & health, organization performance,, OHS training, OHS policy, OHS leadership, hotel.

Chapter I

1 Introduction

This chapter introduces the nature of the research and the overall planned approach to deal with the stated research problem. It consists of the background of the study, statement of the problem, objective of the study, significant of the study, limitation of the study and organization of the study.

1.1 Background of the Study

According to ILO (2014) annually, occupational accidents and work-related diseases cause over 2.3 million fatalities, out of which over 350,000 are caused by occupational accidents and close to 2 million by work related diseases. As a result, approximately 6,300 people die every day due to these causes: occupational accidents kill nearly a 1,000 people every day and work-related diseases provoke the death of approximately 5,400 more individuals. There were also over 313 million non-fatal occupational accidents (requiring at least four days of absence from work) in 2010, meaning that occupational accidents provoke injury or ill health for approximately 860,000 people every day. Exposure to hazardous substances at work causes nearly 900,000 deaths every year.

According to ESC (2016), Preventing occupational accidents and disease is a fundamental aspect of the right to just and favorable conditions of work, and is closely related to other Covenant rights, in particular the right to the highest attainable level of physical and mental health. States parties should adopt national policy for the prevention of accidents and work-related health injury by minimizing hazards in the working environment and ensuring broad participation in the formulation, implementation and review of such a policy, in particular of workers, employers and their representative organizations. While full prevention of occupational accidents and diseases might not be possible, the human and other costs of not taking action far outweigh the financial burden on States parties for taking immediate preventative steps that should be increased over time.

According to ISSA (2013), in developing countries, the risks that foster ill health are estimated to be 20 times higher than in developed countries. For instance it is reported that in many developing nations including Africa, the rates of industrial and occupational injury-related deaths and

disabilities are on the rise. This is mainly due to inefficient and unimplemented policies, lack of training on safety procedures and no continuous monitoring of safety of workers by their supervisors. There are over 120 million industrial accidents with over 200,000 fatalities occurring each year in the developing nations where 80 per cent of the world's labour force comes from. However, only 5-10 per cent of workers from developing countries have access to professional ergonomics and effective safety management programmes.

In Africa many countries have now developed their own national OSH profiles or programmes, including Ethiopia, ILO collaboration projects funded by the EU and Sweden have facilitated the publication of training and guidance materials on the development of national OSH programmes and on conducting audits to implement the ILO Guidelines on OSH management systems (ILO–OSH, 2001). While many African countries have established occupational safety and health services, operational and organizational challenges remain and impede improvements in workplace safety and health (ILO 2014).

Ethiopia also ratified ILO convention in January, 28, 1991 ILO convention No.155 on occupational safety and Health (OSH). Lack of implementation on occupational safety and health program in the organization employees are exposed to different occupational injury and accident. According to the Ethiopian labor proclamation 1156/11 article 95 each employer should implement occupational safety and health program in the organization, due to lack of proper inspection from the Ethiopian ministry of labor and social affairs employers doesn't implement occupational safety and health program in the organization. In Ethiopia hospitality industry is one of the industries that employee to expose on the occupational injury and accident.

Published information on the status of OSH at the national level is very limited and the amount that is available also is not updated. According to a paper published by the ministry of labour and social affairs of Ethiopia, (MOLSA, 2006), a total number of 1,968 work accidents were reported by 66 establishments; of which, 9 work accidents were fatal and 1,959 were non-fatal. Among the reported work accidents, the highest percentage (56.05%) occurred in the manufacturing industries. On the other hand, the reported work accidents for construction; and agricultural, hunting, forestry and fishing accounted for 22.25% and 20.58% respectively.

A study by Valmae J (2001) hospitality industry is a dynamic and high growth industry competing in a changing environment. In the 1980s and 1990s the growth in the industry globally was unrelenting and raised the industry into a key position in terms of economic importance (Dwyer, Murray and Mott, 1998). Tourism spending worldwide was 7.8% higher in 2000 than in 1999 (Metropolitan College of Travel, 2002). In the hospitality industry in the United States alone, the pretax profits in 2000 were \$24 billion (Blalock, 2001). The hospitality industry is a multibillion-dollar industry, serving millions of people globally, and is expected to grow significantly within the next few years. The global hotel industry is formed by various types of lodging structures and accommodation services from luxury hotels to bed and breakfast operations, inns. These establishments may be owned and/or managed by independent operators, multinational chains, insurance companies, pension funds, governments and other investors. These enormous industry, tourism and hospitality and hotel has considerable impact on social, economic, and environmental conditions around every destination in the world, and enterprises in this sector had the potential to substantially contribute to sustainable development (Hailu and Nigatu, 2015).

According to the World Travel & Tourism Council's (WTTC, 2019) annually review of the economic impact and social importance of the sector released in March Ethiopia's Travel & Tourism economy grew by 48.6% in 2018, the largest of any country in the world. Ethiopia experienced the highest tourism growth in the world, surpassing the global average growth rate of 3.9% and the African average of 5.6%. The Council stated that during the period, the sector supported 2.2 million jobs and contributed \$7.4 billion to Ethiopia's economy, an increase of \$2.2 billion in 2017. In the same manner, the Ministry of Culture and Tourism has a vision to make Ethiopia one of the top five tourist destinations by 2020. According to unofficial estimates from the Addis Ababa Hotels owners Association (AHA), approximately one hotel joins the market every month and that number may rise up to 1.5 hotels a month in the coming few years. To achieve the target which is stated by the minister of tourism and culture the work force and their working environment should be free from any work related hazard.

Published information on the status of OHS in Ethiopia in different industry is very limited. Even the limited amount that is available is not updated to accommodate the dynamics of workplace exposures and the introduction of new technologies. Therefore, the purpose of this research is to investigate the influence of OHS on the performance of the organization in the selected star rated hotels in Addis Ababa and identify knowledge gaps and challenges that may constrain the

progress of OHS management in the hotel industry. The information from this research will likely to serve hotel employers, Ministry of Culture and Tourism (MOCT), Ministry of Labor and Social Affairs (MOLSA) to develop relevant intervention and maintain a decent and safe work environment in the hospitality industry.

1.2 Statement of the Problem

Occupational accidents and injuries of workers at the work place still a major problem in the worldwide. Number of accidents and injuries of workers increases and these affect employees and their families, the organization and also the world economy. According to (ILO 2017) report the absence of reliable information about the incidence of occupational accidents and disease is a major obstacle to curbing the appalling toll of work-related deaths and injuries that continues to plague humankind. Despite enormous advances in technology, preventive medicine and the means to prevent accidents, the ILO and the World Health Organization (WHO) estimate that each year around 1.2 million work-related deaths, 250 million accidents and 160 million work-related diseases occur worldwide. Death, illness and injury on such a scale impoverish individuals and their families, and undermine attempts to improve working conditions. In addition to immeasurable human suffering, they cause major economic losses for enterprises and societies as a whole, such as lost productivity and reduced work capacity. It is estimated that around 4 per cent of the world's gross domestic product (GDP) is lost in terms of various direct and indirect costs including compensation, medical expenses, property damage, lost earnings and replacement training. The health status of the workforce in every country has an immediate and direct impact on national and world economies. Total economic losses due to occupational illnesses and injuries are enormous (WHO 1999).

The economic costs of these injuries and deaths are colossal, at the enterprise, national and global levels. Taking into account compensation, lost working time, interruption of production, training and retraining, medical expenses, and so on, estimates of these losses are routinely put at roughly 4 per cent of global GNP every year, and possibly much more. Overall spending on compensation for a group of OECD countries was estimated at US\$122 billion for 1997 alone, with 500 million working days lost as a result of accidents or health problems. If property losses from accidents, and more specifically major industrial accidents, are included, recent studies suggest that insured losses are in the vicinity of US\$5 billion annually and are on the increase, (Mitchell, 1996). In hotel work environments employees health and safety is further put at risk from wide scale manual handling, use of heavy machinery and equipment, dealing with hot surfaces and

substances, cutting equipment, use of chemicals, risks of slips, trips and falls, exposure to communicable diseases from various customers and personal security put at risk from abusive customers, employers or criminals, amongst others (HSA IE, 2013). It has been noted that hotel workers are nearly 40% more likely to be injured on the job than all other service sector workers Susan Buchanan (2010).

Studies on health hazards on hospitality industry are mainly from developed countries, 190,736 occupational accidents resulting in more than three days of absence from work and 66 fatal accidents occurred in the hotels and restaurants sector in the EU-15 in 2004 (ESAW, Eurostat 2004). These figures represent 5 % of the total amount of accidents in the economy. Twenty-six per cent of the accidents in the sector causing more than three days absence occurred, suggesting that such studies remain unexplored among developing countries including Ethiopia. Study indicates that there is a lack of information and very difficult to assessing detail occupational health and safety exposures in Ethiopia (Ethiop. J. Health Dev. 2016). A research conducted by (ILO 2017) on employment Injury Insurance in the Federal Democratic Republic of Ethiopia and reported occupational injuries from 2005-2010. According to the study in 2005 there were (41) 2006 (29), 2007 (16), 2008 (74), 2009 (113), and in 2010 (148) occupational injuries reported and recorded in the services industry.

The injury report identified gaps there is a problem on occupational health and safety management in the services industry. According to the injury report indicate that the services industry doesn't have all inclusive occupational health and safety programs. This study will determine the influence of health and safety management on the performance of the organization in the local four and five star rated hotels in Addis Ababa. It is very important hotels to have a health and safety management system in their organization to minimize occupational accidents and injuries at the work place. This gaps hotel doesn't have occupational health and safety policy to manage occupational health and safety program in the appropriate way in the hotel. According to Hughes.P and Ferrett.E (2016) a clear health and safety policy – Evidence shows that a well-considered policy contributes to business efficiency and continual improvement throughout the organization. It helps to minimize financial losses arising from avoidable accidents and demonstrates to the workforce that accidents are not necessarily the fault of any individual member of the workforce. This study will determine the influence of health and safety training on

the organization performance of local four and five star rated hotels in Addis Ababa. According to (NSW 2003) effective health and safety training supports organizational objectives and plays an important role in safety management. The management system creates a safety culture that reinforces safe and healthy work practices while training helps provide the knowledge, skills and practice necessary to sustain this culture. Objectives of safety management cannot be achieved without systematic training. Training assists the organization to identify, assess and control hazards and encourages safety as a priority when planning and undertaking any work activity. Training creates an environment within which positive change can occur and provides a forum for improving performance.

There is a lack of attention and awareness towards on occupational health and safety management program in the local star rated hotels as a result of these employees are exposed in the occupational injury and accident. Based on the clear need to prevent occupational hazards among hotel employees and the research gaps identified, there is therefore the need to undertake a study on the nature of occupational health hazards practices, working conditions, barriers and how these problems influence on the organization performance in selected local star rated hotels in Addis Ababa Ethiopia. Local star rated hotels in Addis Ababa follows general working cycle with three levels of management hierarchies and more than ten major departments such as front office, food and beverage, food production / kitchen /, housekeeping and laundry, health center /spa / and back office, sales and marketing, human resource and training, Finance and revenue management, Engineering and technical, safety and security and Information technology. The study area is a local four and five star rated hotels in Addis Ababa (22 four and five star local hotels) which covers 16% of all hotels in the city (MOCT 2018). The purpose of this research to investigate the influence of occupational health and safety management on organizational performance in the selected local star rated hotels in Addis Ababa and will forward recommendations based on the finding of the result.

1.3 Basic Research question

So during the study the research tries to find answer for the following major question (problems) that face in the hotel industry:

1. What are the practices of occupational health and safety program in the hotel industry?
2. Does the hotel management allocate adequate resource to implement OHS management?

3. Does the hotel provide occupational safety and health training for employees?
4. Does the hotel conduct workplace inspections in occupational health and safety program?
5. To what extent occupational health and safety program affect organization performance?

1.4 Objective of the Study

The Study has both General and Specific Objectives.

1.4.1 General Objective

The general objective of the study is to evaluate the influence of occupational health and safety program on the organizational performance in the selected local star rated hotels in Addis Ababa Ethiopia and come up with findings and recommendations that help to solve the problems.

1.4.2 Specific Objective

The specific objectives of the study are: -

- To assess the occupational safety and health practice in the local star rated hotels.
- To determine the influence of OHS police on organizational performance
- To determine the influence of OHS Audit on organizational performance
- To determine the influence of OHS training on organizational performance
- To determine the influence of OHS Leadership on organizational performance

1.5 Significant of the Study

Research is one of the most important instruments to solve problems that occurred in the organization and come up with a solution. This study mainly deals with influence of occupational health and safety management on performance of the organizational in the hotel industry. The findings of the study are expected to be beneficial to different stakeholders in several ways. Findings of this study will help to the hotels, to formulate and implement a more effective occupational safety and health policy to make a decent work force in the hotel and to maximize the hotel's performance and this study will help to the Ministry of labour and social affairs in Ethiopia to enforce occupational health and safety standards in all hotels and also to have a recorded data regarding to occupational injury in the hotel industry. Finally, findings of this study will help and motivate other researchers to identify the research gaps that need to be filled with the aim of promoting occupational health and safety in the study area.

1.6 Scope of the Study

The study is mainly focused on the occupational health and safety program and its influence in the performance of the hotel industry in Addis Ababa Ethiopia. This study is delimited by its geographical scope; accordingly the study was conducted in the capital city of Addis Ababa Ethiopia. In regarding to the content and coverage of the study is limited, the study conducted not on the full range of issues regarding on occupational health and safety like employee absenteeism, employee commitment, and job satisfaction, employee performance effects on occupational health and safety hazards program. As a result of this the study is limited on content of occupational health and safety practices and its effect on the organization performance. According to Ethiopian ministry of culture and tourism (MOCT 2018) hotel accreditation program report, currently the country has 365 one to five star rated hotels. Among those star rated hotels, 138 of them (38%) found in the capital city of the country Addis Ababa. The city has 8 five-star rated hotels, 21 four-star rated hotels, 34 three-star rated hotels, 33 two-star rated hotels and 42 one-star rated hotels. But this figure may fluctuate based on new star hotels joining in the market and rated at different time. In regarding to ownership of the hotel 3 five star rated hotels, and 19 four star rated hotels and the rest all other star rated hotels owned by Ethiopian investors.

The study was covered employees in the selected 22 local four and five star rated hotels in Addis Ababa Ethiopia, local hotels are hotels which are not chain / brand hotels and owned by Ethiopian owners. Employees were selected among the local four and five star rated hotels for this study. Local hotels' employees are the most vulnerable for high occupational accident and injury relative to the chain/ branded hotels' employees. There are different reasons that local hotel employee's injury than employees in the chain / branded hotels. Among those different reasons employees exposed to occupational accident are local hotel investors have limited resource to priorities for high risk on occupational safety and health program and to improve working environment, doesn't have awareness for OHS program to implement in the workplace and limited resource to allocate for proper working materials. The study focused on the effect of occupational health and safety practices and its effect on the hotel's performance in the selected local four and five star rated hotels. Even if occupational health and safety incidence impact on employee performance, employee satisfaction and employee motivation is a wide area of to be studied but this research is not the main objective to be addressed in this area and the study is not covered. Furthermore the selection criteria for this study is limited based on employment status of the local hotel,

employees were selected those who are employed permanently in four and five star rated hotels, and have worked in the hotel at least six months and above and also they should be more than 18 years of old.

1.7 Limitation of the Study

The study had certain limitation. The main limitation of the study was that there is a limitation of detailed previous study in regarding to the subject matter of occupational accident and its impact on the organizational performance in the local hotel industry. Such local prior researches could help in providing basis in the subject matter for other researchers. Furthermore the total population of the study considered only those highly vulnerable for occupational accident employees in the department of kitchen, stewarding, housekeeping, laundry and engineering at the work place but doesn't include the rest of other hotel departments like front office, food and beverage service, security, finance, marketing and HR & development and others which might a slightly impact on the finding.

1.8 Operational definition of terms

Health – the protection of the bodies and minds of people from illness resulting from the material, process o procedures used in the work place (Phil .H & Ed .F, 2016)

Safety – the protection of people from physical injury, the borderline between health and safety is ill-defined and the two words are normally used together to indicate concern for the physical and mental well- being of the individual at the place of the work (Phil .H & Ed .F, 2016)

Welfare – The provision of facilities to maintain the health and well-being of individuals at the workplace, Welfare facilities include washing and sanitation arrangements, the provision of drinking water , heating , lighting, accommodation for clothing , seating (when required by the work activity or for rest) eating and rest rooms. First aid arrangements are also considered as welfare facilities (Phil .H & Ed .F, 2016)

Occupational or work related ill- health – this is concerned with those illnesses or physical and mental disorders that are either caused or triggered by workplace activities. Such condition may be induced by the particular work activity of the individual, or activities of others in the work place, the time interval between exposures and the onset of the illness maybe short (Phil .H & Ed .F, 2016)

Accident –This is defined by the health and safety executive (HSE) as, any unplanned event that results in injury or ill- health of people or damage or loss to property, plant materials or the environment or a loss of a business opportunity other authorities define an accident more narrowly by excluding events that do not involve injury or ill-health (Phil .H & Ed .F, 2016).

Hazard – is something with the potential to cause harm (this can include article, substance, plant or machine, methods of working, the working environment and other aspect of work organization) (Phil .H & Ed .F, 2016).

Risk – is a likelihood of potential harm from that hazard being realized? Risk (or the level of risk) is also linked to the severity of its consequence. A risk can be reduced and the hazard controlled by good management (Phil .H & Ed .F, 2016)

Organization performance

Organizational performance encompasses three specific areas of firm outcomes: financial performance (profits, return on assets, return on investment, etc.), product market performance (sales, market share, etc.), and shareholder return (total shareholder return, economic value added, etc.) Richard et al. (2009)

1.9 Organization of the Study

This study outlaid in five chapters. The first chapter consists of the introductory part where the background of the study, statement of the problem, objective of the study, significance of the study, scope of the study, limitation of the study and definition of terms are illustrated. The second chapter is the literature review, which deals with the theoretical, empirical and conceptual aspect of the study. The third chapter is dedicated to description of research methodology; survey development and data collection procedure are also part of this chapter. While finding of the study are presented in chapter four; summary, conclusion, and recommendation are considered in the last chapter five.

Chapter II

Literature review

2.0 Introduction

This chapter presents a review of related literature on occupational health and safety definitions, practices and its associated factors in the hotel industry. The literature review try to examine the available of conceptual literatures from different sources which are concerning about the concepts and theories of occupational safety and health practices and empirical literatures consisting of studies which are made earlier similar to occupational health, safety practices , organizational performance and its associated factors. The chapter also covers occupational health and safety practices for the hotel staffs and effect of occupational health and safety practices on organizational performance.

Previously much more research had been conducted regarding to occupational health and safety practices in different industry. Among these studies researches focused in the manufacturing, agriculture, and mining industries. This study also continues on occupational health and safety practices and its effect on the organizational performance in the hospitality industry in Addis Ababa Ethiopia, to give more attention because there is still much to be done in reducing occupational injury and accident among at high risk in hazard employees in the hotel industry.

Studies have shown that Hotel workers are more likely to be injured on the job than all other service sector workers, they are the most vulnerable as their injuries and illnesses resulting in more days off work, more job transfers, and more medically restricted work compared to other employees in the hospitality industry [USBLS, 2005].

Therefore the research will have a great contribution in the fast developing tourism and hospitality industry in Ethiopia in general and the study area in particular. For clearer understanding, the review begins with the definition of occupational health and safety, global and Ethiopia perspective of occupational safety and healthy and common occupational hazard in the hotel industry beside this empirical literatures consisting of studies made earlier which are similar to occupational health, safety practices and associated factors.

2 Theoretical literatures

2.1 Occupational Health and Safety Definitions

Occupational safety and health is concerned with preserving and protecting human and facility resources in the workplace. It involves more than first aid activities and is far-reaching in both scope and practice. Occupational safety and health involves helping people by preventing them from being injured or becoming ill due to hazards in their workplaces. Occupational safety and health is also a field wherein professionals attempt to prevent catastrophic losses. When they conduct pre inspections, safety professionals may prevent explosions or fires that could destroy entire buildings. Occupational safety and health is also the management function in an organization concerned with improving its quality and efficiency. Safety professionals consider the way products are moved from place to place and are concerned with reducing lifting injury exposures, while minimizing product movement. They attempt to eliminate property and facility damage, waste, and costs that lessen an organization's ability to operate profitably (Mark A. and James P 2007)

The terms health, safety, and security are closely related, the broader and somewhat more nebulous term is health, which refers to a general state of physical, mental, and emotional well-being. A healthy person is free from illness, injury, or mental and emotional problems that impair normal human activity. Health management practices in organizations strive to maintain the overall well-being of individuals. Typically, safety refers to a condition in which the physical well-being of people is protected. The main purpose of effective safety programs in organizations is to prevent work-related injuries and accidents. (Robert. L and John. H 2004),

The comprehensive definition adopted by the joint ILO/WHO Committee on Occupational Health at its First Session (1950) and revised at its Twelfth Session (1995), occupational health should "aim at the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations" and the WHO occupational health strategy focused on scientific and technical aspects of occupational health services, such as the effects and control of toxic metals and vegetable dusts, the early diagnosis of occupational diseases, and training and education in occupational health. (WHO 1990 Occupational health services an overview)

A study by Buchanan et al. (2010) has found that injury rates for hotel workers are higher than those in the service sector as a whole. In a related study by Segni Bobo (2017), it was

recommended that the extent of poor OSH practices among star rated hotels housekeeping workers is currently at a level that needs immediate public health action. Implementations of basic OHS services such as trainings, ensuring strong supportive supervision systems and strengthening legal compliances, further medical checkups were few of urgently advisable interventions.

2.2 Occupational Safety and Health practices in Ethiopia

The Ethiopian Constitution is the foundation for the governance of OSH. It has numerous articles that ensure the protection of citizens and workers from environmental and work related hazards. The Ethiopian Labor proclamation has established the provisions of OSH in work places. The proclamation clearly indicates the duties and responsibilities of the three parties: employer, employee and the government inspectors as stakeholders. There are OSH directives and guidelines used by OSH inspectors and safety officers to ensure the protection of workers.

Ethiopia has had a regulation on Occupational Safety and Health (OSH) since the 1940's. The Ministry of Labor and Social Affairs (MOLSA) is the state organ that regulates workers' safety and health in work places, both private and state owned. MOLSA and its regional networks have an organizational structure lined to the periphery. Ethiopia is one among the many countries from around the world that have adopted ILO Convention No 155 of 1981 in 1991 which resulted in two major regulations: Labor Proclamation No. 377/ 2003 and Labor Proclamation No. 515/2007 on public civil servants. The national level policy on Occupational Safety and Health (OSH) has recently been developed and approved July 2014 by the Central government.

The development of policy on OSH in Ethiopia is an important step towards contributing to a healthy and safe workplace environment. The Ministry of Labor and Social Affairs has been at the forefront of initiating the development and approval of the OSH policy. The policy addresses the OSH needs in emerging industrial sectors such as flower and cement industries. Local enterprises are expected to develop a local OSH Policy that harmonizes the relationship between the industry and the worker's health on one hand, and the environment on the other hand. The heavy dependency on the collective agreement cannot bring the desired change unless preventive measures are taken on the basis of monitoring and evaluation of exposures at the work place. Collective agreement made between an employer and a Trade Union is mandatory for a factory that operates under the Labour Proclamation. The agreement document is a cornerstone that

explicitly indicates the provision of OSH at respective workplaces. OSH related agreements include responsibilities of partners, safety measures, leave (annual, sick, study, etc.), working duration and hours, fire safety, provisions of personal protective devices, sanitary facilities, and health services. Ethiopia has committed herself to exercising ILO Conventions. Twenty conventions are ratified and addressed in the labor proclamation. Selected examples of these ILO conventions include:

- Elimination of forced labor: convention 29/1930 and 105/1957
- Freedom of association and the right to collective bargaining: convention 87/1948 and 98/1949
- Abolition of child Labor: convention 138/1973 and 182/1999
- Elimination of discrimination in employment: convention 100/1951 and 111/1958
- Weekly rest (Industry): convention 14/1921 and 106/1957
- Occupational safety and health: convention 155/1981.

The Federal Government has recently approved national OSH policy. However, a lack of local policy statements at the enterprise level and the existence of inadequate awareness of the existing regulatory provisions are challenges that still require immediate attention to reflect the National level of OSH Policy. (Abera Kumiel.et, 2016).

2.3 Reason for Occupational safety and health program.

Economically, morally, and legally, occupational safety and health has become an important issue. Companies are attempting to remain profitable in an ever more competitive global economy. For these companies, addressing safety, health, and environmental issues may mean more than good business practice. For many companies, strong safety, health, and environmental programs may actually mean survival. (Mark A. and James P 2007)

According to Hughes.P (2016) there are three basic drivers for good health and safety management; these are moral, legal and financial reasons. The moral reasons are centered on the need to protect people from injury and disease while they are at work. The legal reasons are embodied in the criminal civil law with the consequent fine; compensation payments associated financial cost and even, in the extreme cases, imprisonment.

2.3.1 Moral reasons

The moral reasons are supported by the occupational accident and disease rates. Accident at work can lead to serious injury and even death. Over recent years, between 130 and 190 workers have been fatally injured at their place of work and over 20,000 others suffered major injuries such as amputations, fractures, and burns. Statistics are collected on all people who are injured at work places - not just employees- and over 350 members of the public each year have been fatally injured at places of work. These injuries figures show that there is clearly a very strong moral case for improvement in health safety performance.

2.3.2 Legal reasons

The legal reasons concerning the employer's duty of care in criminal civil law. Some statistics on legal enforcement indicate the legal consequence resulting from breaches in healthy and safety law. There have been some very high compensation awards for health and safety cases in the civil court and fines in excess of \$ 100,000 in the criminal court. Most notices are served in the manufacturing, construction and agriculture sectors. Local authorities serve 40% of all improvement notices and 20 % of all prohibition notices. The HSE (together with the procurator fiscal in Scotland) present 80% of prosecutions result in approximately & 15 million in fine in each year. Most of these prosecution were for infringements of various construction regulation (including the work at height regulations) the provision and use of work equipment regulation. There are clear legal reasons for effective health and safety management system.

2.3.3 Financial reasons

Any accident or incidence of ill- health will cause both direct and indirect costs and incur an insured and uninsured cost. It is important. It is important that all of these costs are taken in to account when the full cost of an accident is calculated. In a study undertaken by the HSE, it was shown that indirect costs or hidden costs could be 36 times greater than direct costs of an accident. In other words, the direct costs of an accident or disease represent the tipoff the iceberg when compared to the overall costs. Annually over 27 million days are lost in the UK due to injuries and work related ill- health. The total cost of illness and injuries to UK industry has been estimated as 14 billion pound - 60 % on ill- health and 40 % on injuries and fatalities.

There is clearly a strong moral, financial and legal case to do more to reduce this unacceptable level of injury and ill- health in the workplace.

2.4 Importance of occupational safety and health program in hotel industry

Employees most of their times spend at their work place at least eight hours a day they spend their time at the work place to perform their task, during stay at the work place the working environment should be decent and free from any work related hazard. Making a good working condition at the work place employees, employers, government are benefited as well as the society.

Occupational safety and health (OSH) systems are designed to identify and minimize risks at the workplace. The effectiveness of such systems also affects business performance, either in a negative way if these systems are cumbersome or bureaucratic, or positively if they are well designed and function effectively. To have a positive impact, OSH systems need to function smoothly, in tune with rather than in contradiction to the overall management of the company and the delivery of production targets and deadlines. In the light of this, it pays to remember that it is the legal (and moral) duty of employers to ensure the protection of workers' health and safety, as well as consulting workers and/or their representatives and allowing them to take part in discussions relating to safety and health at work (EU-OSHA 2012).

Due to lack of a good occupational health and safety practice at the work place there are various forms of costs might be incurred on the employees and their families, employer, and also the country. Now a day's most employers understand the importance of implementing occupational safety and health program in their organization for their employee's. In order to create conducive working environment and free from any work related hazard and to improve the organization's performance each organization should implement occupational safety and health program. Number from the annual reports of ILO and WHO indicated that lots of employees are suffering from workplace injuries caused by occupational accidents, and frequent damages to property and equipment of company resulted in reduction of economic growth to the companies.

According to ILO (2014) globally, an estimated 2.3 million workers die every year from occupational accidents and work- related diseases. In addition, many millions of workers suffer non-fatal injuries and illnesses. This represents a colossal social and economic burden for enterprises, communities and countries, not to mention an appalling human and financial problem for workers and their families. The need for prevention is both obvious and urgent. The great majority of workplace accidents and diseases are preventable, but good intentions have not

always been implemented or sustained. While some may be tempted to cut back on occupational safety and health (OSH), especially during an economic downturn, it remains true that “good safety is good business”. Prevention is part of a survival strategy; those who sustain their efforts to prevent occupational accidents and diseases will find their efforts rewarded.

Therefore, the ultimate aim of promoting occupational safety and health program at the workplace employees should be protective from any work related hazardous situations and risks on the work place before it occurred.

2.5 Healthy and safety hazard in the hotel industry.

According to World Health Organization (2002), Hazard is any source of possible hurt, injury or adverse health effects on something or an individual under certain conditions. However, occupation hazard is a risk usually arising out of the workplace. Thus, it is an injury sustained in process of carrying a job or task. A working condition can lead to illness or death. Occupational hazard is a great risk to workers’ physical or mental alertness, which occurs in certain tasks, jobs, occupations or profession. Occupation hazards result due to exposure of working environment to health hazards. Occupational hazards are usually the result of combination of factors, which may be unsafe acts of employees and equipment. In view of Kalejaiye (2013), work-place hazards are caused by unsafe work conditions and unsafe work behaviours. However, occupational hazards do not have a sole cause but multiplicity of causes that are often closely related to jobs (Rakiyal 2017).

In the hotel industry some tasks are physically challenging, employees in the housekeeping and laundry department are performing a wide range of cleaning activities as such employees have encountered occupational hazards of musculoskeletal hazards and also they used different chemicals mainly used for cleaning therefore, they are at risk of chemical hazards. Employees in the kitchen department use of ovens and deep fryers without due care can cause burns and therefore they are exposed to fire hazard, and also exposed to cuts they may occur from the use of knives and machinery in kitchens.

According to the Calvin and Joseph (2006), physical, chemical and mechanical are the main types of health and safety hazards happened in the hotel industry. Physical hazards include noise,

vibration, heat and colds stress, dangerous machinery, electricity and fire safety and lighting. Chemical hazards include acids, bases, heavy metals, solvents, fumes and highly reactive chemicals. According to the Mill and Lin (2001), hazards resulting in physical hazards and fatalities in hotel industry can be broadly categorized into the basic groups as falling from heights, struck by falling objects, accident by operation of machinery/tools, electrocution, fire/explosion, failure of temporary structures and others (e.g. slipping on the same level, oxygen deficiency in confined spaces, lightning strike, etc.). As Hassanain (2009) mentioned, fire hazard is a main hazard type with regard to hotel industry. Further, as Lind et al. (2008) stated, main hazard types are poor ergonomics in operations and physical hazards. However, European Agency for Safety and Health at Work Organization (2008) argued that, types of health and safety hazards are in terms of occupational accidents, slips, trips and falls, as well as cuts and burns represent the largest share (P. A. D. Rajini et al 2012).

A study by (Gan Joo-Ee & Quah Jo-Ee 2015) there are many risks antecedent in the work of a hospitality worker, To begin with the labour-intensive nature of hospitality employment often causes musculoskeletal disorders (MSDs) in employees. MSDs are injuries or illnesses affecting muscles, nerves, tendons and ligaments. Depending on the physical movements required of a job or the mechanical designs of a task, MSDs can affect the back, neck, upper limbs or other parts of the body (Kuorinka & Forcier, 1997). Chyuan's (2007) study on the prevalence of MSDs among commissary foodservice workers in Taiwan found that many workers claimed to suffer numbness, soreness or discomfort in their shoulders (41.1%), hands/wrists (38.2%) and lower backs (40.1%).

Scherzer, Rugulies and Krause's (2005) study on work-related pain and injury among Las Vegas hotel room cleaners showed that 75% of the respondents reported to have suffered from work-related pain. There are multiple causes of MSDs among hotel workers. First, the performance of tasks involving repetitive motions can cause MSDs in the long run. Using the laundry processing line as an example, workers are invariably assigned distinct tasks, which they perform repetitively. Workers operating the washers, dryers, folding machines, flatwork ironers and pressers become expert in their respective tasks through sheer repetitions. Unfortunately, such efficiency is often achieved at the expense of increased MSDs among hospitality workers. Proper ergonomics is important in order to minimize MSDs among laundry workers (Acton, 2008). Ergonomics is fundamentally concerned with improving a workplace to facilitate efficiency or to

minimize injuries. In the hospitality industry, ergonomics may involve job rotation, redesigning tools or workstations, training workers in MSD prevention techniques, utilization of supports, taking short/routine breaks and regular exercise (Chyuan, 2007).

Another factor that contributes to MSDs is the heavy weight of equipment/ furniture that a hospitality worker commonly handles. For example, Montross (2013) pointed out that in the US, the weight and thickness of hotel mattresses have almost doubled over the last 10 years. This was the indirect consequence of increasing the standard of accommodation luxury in premier hotels. The average mattress in a hotel exceeds 115 pounds, whereas luxury mattresses weigh in excess of 250 pounds. The awkward lifting, twisting and holding up the mattress while tucking in linens put pressure on a worker's back, thus it is not surprising that bed-making duties put housekeepers at higher risks of suffering MSDs. The prevalence of MSDs in the hospitality industry may be higher than acknowledged.

According to (Gan Joo-Ee 2015) fire risk is another occupational hazard in the hospitality industry. Hotels are categorized as high fire risk buildings as hotel operations involve a substantial use of highly flammable substances – mattresses, pillows, interior wall covering, upholstered furniture, and cabinetry - all of which that pose fire risks (Hassanain, 2009). The high concentration of occupants in a hotel building, especially in banquet halls and conference centers, means that in the event of a fire, the flow capacity of escape routes are sorely tested. A panicked crowd increases the probability of injuries or fatalities in fire emergencies (Furness & Muckett, 2007). The kitchen is a prime fire risk area in a hotel. Almost 50% of all accidental fires in hotels and restaurants start in kitchens, and most of the incidents involve liquid cooking oil or fat fires (Liu, Kim, Carpenter, Kanabus-Kaminska & Yen, 2004). Although fire risk is commonly assessed in relation to guests, it is also necessary to address the occupational hazard that fire emergencies pose to hotel workers. The above are just some of the occupational health and safety issues that can be found in the hospitality industry.

In the same study data from the US Bureau of Labor Statistics show that in 2012, homicide accounted for 34% of the fatal injuries suffered by workers in food preparation and service related occupations; whereas falls, slips and trips only caused 19% of fatal injuries among this category of workers (US Bureau of Labour Statistics, 2013b). This means that in the US, violence at work is a greater threat to workers in the food and beverage industry compared to accidents. Suffice to

note that employee health and safety is an aspect of operational risk that affects the business activities of a hotel (Bharwani & Mathews, 2012). Accordingly each hotel owner and employer should address occupational health and safety issues as a matter of risk management in the hotel industry.

2.6 Causes for health and safety hazard in hotel industry.

Adhikari. P (2015) mentioned that unhealthy work environment is also called sick building. It may contain airborne contaminants from office machines, water-damaged building materials, carpets and furnishings, cleaning products, construction activities, perfumes, cigarette smoke, latex products, insects, air fresheners, microbial growth (fungal/mold and bacterial), and outdoor pollutants (DeCenzo & Robbins, 2010). Negligence, the lack of training and awareness, alcohol consumption, drug abuse, depression, complacency, poor and ergonomically unsound equipment, lapses in the system, the pitfalls of design and engineering, etc. can constitute the causes of accidents. There are various causes of accidents such as stress and fatigue, unsafe acts, machinery and tools, workplace design, and training procedures (Mansor et al., 2011). Workplace accidents are one of the crucial issues that occur in the organization, especially for companies or industries that in their daily operations use machinery at the workplace (Mansor et al., 2011). Factors relating to individuals (e.g. drivers and pedestrians), the nature of the job (e.g. design of the workplace and vehicle), and the organization (e.g. training procedures and management systems) (Mansor et al., 2011) may be the causes of accidents.

According to Mill and Linn (2001), major causes of occupational health and safety failures are inadequate safety education, instruction, housekeeping and willful transgression. In addition, improper equipment and working platform, wrong safety attitude, lack of monitoring and supervision, lack of proper procedure and guideline and time constraints are the causes of fall accidents (Wong et al., 2007). According to Cooper (1998), some jobs require, for instance, a large degree of manual dexterity (e.g. electronic assembly work). Others require problem solving skills (e.g. a process control operator in a chemical factory). Some people are good at these tasks, others are not and therefore, inadequate training is also a factor that leads to cause health and safety hazards. A research (Hassanain, 2009) revealed that the main causes of hotel fires are arson, open flames or smoking and cooking equipment. Further, according to this research hotels can be considered as a high risk type of facility regarding fire hazard due to several number of factors. These factors are high occupancy load present at the building, especially in banquet halls

and conference centers, the high-fuel load present in hotel facilities, unfamiliarity with the building results in experiencing difficulty in finding the way out of the building in case of fire emergencies and the existence of high fire risk areas. In the same study by Hassanain (2009) identified the sources of health and safety hazards arise in hotel building are as guest rooms, hotel kitchen, laundry and etc. Potential fire hazards in guest rooms include smoking, candles, covered lamps, ash trays, coffee machines, irons, defective television sets, defective radios, and defective refrigerators, overheated hairdryers, electric blankets, fixed and portable space heaters, overloaded circuits and short circuits (Rajini.P 2012).

According to the U.S. Department of Labor Bureau of Labor Statistics (1993) the most common employee accidents are sprains and strains, bruises and contusions, fractures, cuts and lacerations, and burns. Sprains and strains are the most common type of employee accident and account for 42% of all work related injuries (Walker & Miller, 2010). According to the Bureau of Labor Statistics (1993), more than one million workers suffer back injuries each year and back injuries account for one of every five workplace injuries or illnesses. The Bureau of Labor Statistics (1993) also states that one-fourth of all workers compensation claims involve back injuries, costing employers billions of dollars. The United States Department of Labor, Occupational Safety & Health Administration (OSHA, 1993) has been looking for ways to reduce workplace back injuries related to lifting for years. It is suggested by OSHA (1993) that employers train employees to utilize lifting techniques that place minimum stress on the lower back. Physical conditioning for employees is recommended to reduce the risk of muscle strain. Lifting that occurs below the knee or above the shoulder height is more strenuous. By limiting lifting in areas, employees are less likely to suffer from a back injury. Other factors which contribute to workplace back injuries include frequency of lifting, duration of lifting, as well as individual employee variables such as, age, sex, body size, state of health, and general physical fitness (OSHA, 1993). By concentrating on preventing back injuries in the workplace, employers can reduce a significant portion of the cost associated with employee accidents.

Adhikari. P (2015), also listed there are different causes of accident at the work place among listed as the major causes of accidents in the work place is lack of awareness and training procedure. Training procedures many workplace transport accidents are associated with poor training (Mansor et al., 2011). Management support is needed to create workplace safety climate.

The role of training in preventing accidents is great. Skills for doing the job diminish over time, so occasional refreshment is necessary. Lack of awareness, lack of knowledge and unawareness cause some accidents. The farmers in Nepal are not aware of the detrimental effects of pesticides and insecticides on their health. Merely wearing gloves, masks and safety glasses or goggles would prevent many accidents.

As Lind et al. (2008) viewed there are two causes for ergonomics hazards. First, the workers may be unaware of proper working postures and methods and they may also be unwilling to give up unsafe routines, especially under pressure of time. Second, on many sites the design of machine and process or work environment is poor from the perspective of maintenance. Further, poor working postures head, neck, shoulders, upper and lower limbs, back and missing or misleading operational safety bulletins are also ergonomics related causes. In physical hazards, most typical injury risks are slipping, tripping and a person falling from height. Not using any Personal Protective Equipment (PPE) is also result in arising of physical hazards. Other risks of falling were related to occasional climbing to a high place. However, as Wlters (1998) argued, reasons for poor health and safety performance have been attributed to a variety of factors such as limited resources, limited knowledge of regulatory requirements, poor awareness of the economic advantages of health and safety, poor knowledge and understanding of safe working practices and absence of preventive services, (Rajini.P 2012)

2.7 Prevention occupational accident and disease.

Prevention of occupational injuries is a vital job for human resource management (Jovanovic, 2004). High reliability organizations expect to make errors and train their workforce to recognize and recover them. They incessantly rehearse familiar scenarios of failure and strive hard to imagine novel ones. Instead of isolating failures, they generalize them. In place of making local repairs, they look for system reforms (Reason, 2000). They are the major examples of the system approach. For these organizations, the hunt for safety is not so much about thwarting isolated failures, either human or system, as about making the system as robust as is practicable in the face of its human and operational risk factors

Unsafe acts ought to be closely monitored (Mansor et al., 2011). Occupational Safety and Health Act (OSH Act) of 1972 radically altered HRM's role in ensuring that physical working conditions

meet enough standards in US. The enforcement of such laws makes a profound impact. American employees can notify the authorities about workplace hazards, request for inspection of workplace and file a complaint if workplace is deemed unsafe. A hazard is a physical situation with a chance for human injury, damage to property, damage to the environment or some combination of these (Prevention of major industrial accidents, 1991). When performing risky tasks workers should be fully equipped with PPE such as eyewear, safety boots, gloves and glasses (Mansor et al., 2011). Engineering controls, protective equipment and technologies, management commitment to and investment in safety, regulatory controls, and education and training (Jovanovic, 2004) can be the controlling techniques of the accidents.

In the words of DeCenzo and Robbins (2010), “A company can help prevent workplace violence by ensuring that its policies are not adversely affecting employees, by developing a plan to deal with the issue, and by training its managers in identifying troubled employees. Creating a healthy work site involves removing any harmful substance, such as asbestos, germs, mold, fungi, cigarette smoke, and so forth, thus limiting employee exposure” Adhikri. P (2015). In order to reduce accidents that occurred in the hotel industry each hotel should develop and implement accident Prevention program. The accident prevention program is not only to help to minimize accidents that occurred in the hotel it is very important to reduce accident related costs , workers compensation, insurance premium and other related costs. Researches indicate that prevention of accidents in the hotel has a significant role for the hotel employees as well as to the hotel to be profitable and productive.

A research study by Wright (1998 cited Fuller, 1999, p.325) shows that non-controlling of health and safety hazards is often perceived as an area of operational management where costs exceed benefits. Further, poor health and safety performance has been reported to significant impact of organizations’ profits (Davies and Teasdale, 1994). As Cooper and Phillips (2004) pointed out, safety behaviour will result in dramatic improvements in safety performance in terms of reductions in accidents, workers compensation costs, and insurance premiums. According to Ranasinghe (2009), health and safety hazards preventive methods are important for any industry as they would result in reduced risks and losses, reduced cost, reliable operations, systematic and efficient approach to health and safety at work, low turnover of people, positive company image, reputation and compliance to rates, legislation, company standards and practices (Rajini.P 2012).

In the same study according to Mill and Linn (2001), controlling health and safety hazards by practicing of health and safety management systems is one of the main foundations that lead to the success of a business. Hence, industries need occupational health and safety management systems that help them to prevent and mitigate accidents by identifying and selecting the most critical hazards and managing them while adopting preventive measures. The International Labour Organization (2009) adopted a new convention on the prevention of major industrial hazards. This provides a framework for the establishment of a national major hazard system for the prevention of industrial hazards and to mitigate the consequences of such hazards. It requires the formulation, implementation and periodic review of a coherent national policy concerning the protection of employees, the community and environment, against risk from major hazards.

Unless given a higher attention and promoted a safety and health prevention program at the workplace, it is impossible for companies to think for achieving their goals of maximizing profitability and total productivity. According to some research studies carried out specifically in Ethiopia regarding to occupational safety and health practices, there are many problems related with the issues of workplace safety and health in various industrial sectors, which are needed to be solved. Among these sectors hospitality industries is one of the industries needed a good occupational safety and health practices.

According to the literature findings, using Personnel Protective Equipments (PPEs) (Lin, 2001; OSHA, 2000), applying fire protection methods (Hassanain, 2009), conducting health and safety programmes (Hinze, 1988 cited Mill and Linn 2001), risk assessment (Lind et al., 2008; Adebisi et al., 2007) and risk management (Cooper, 1998), forming a safety committee (Mill and Lin, 2001), adopting a health and safety management system (Lind et al., (2008), practicing good housekeeping (OSHA, 2000), maintaining equipment on schedule (OSHA, 2000), evaluation of health and safety hazards (OSHA, 2000) hazard identification (Mignanelli, 2000) and emergency procedures (Navon et al., 2007) are the major health and safety preventive measures used in hotel industry (Rajini.P 2012).

2.8 Challenges in the implementation of Health and Safety System

According to ILO (2017) Article 26 of convention No. 121 requires the government to take measures to prevent industrial accidents and occupational diseases, and to provide rehabilitation

services to facilitate resumption of gainful activity for the injured worker. Employment injury insurance therefore starts with occupational health and safety. Prevention of industrial accidents and diseases is more cost-effective for employers and the government, and better for employees from the perspective of human rights. The employer and the employees have legal obligations to comply with occupational safety and health regulations.

Take every reasonable precaution to ensure health and safety, Comply with regulations, ensure employees' compliance, maintain equipment, advise staff of hazards, provide training and supervision, provide personal protective equipment, conduct workplace inspections, report accidents, cooperate with joint health and safety committee, health and safety officers and health and safety representatives all these are employer major responsibility in regarding to implement OHS program in the organization. Furthermore Training is crucial inspections are like other audit activities and keep employers alert and aware. Regulations, health and safety programmes and policies, safe work procedures, workplace inspection programmes and monthly reports are very important. Every workplace fatality should be discussed at Board level to avoid recurrence. Education, research and training go hand in hand with inspections ILO (2017).

Despite the ILO stated and ratified a convention the government to take measures to prevent industrial accidents and occupational diseases and to implement OHS program, some organization has faced a challenge to implement the OHS program. Among the challenges overriding the success of the system include; Staff ignorance and negligence toward following the instruction put in place as a precaution to avoid injuries at place of work. Staffs being ignorance on the implementation of the system, as the supervise mandate to train and make a follow up this issue do not perform their duties as expected of them. Insufficient budget for carrying out regular inspections, conducting research activities, the characteristics of the workers, the majorities are poor, illiterate or poorly educated, poor working environment, no specific regulation/ legislation on occupational health and safety issues are common challenge to implement OHS program.

A research conducted by Demba .E and his colleague (2013) has mentioned that there are some challenges to implement OHS program in the organization. The design and control of the working environment is an important feature in Occupational Health and Safety; particularly in ergonomics. Environmental working conditions have a direct effect on human behavior at work, the degree of risk of occupational diseases and/or injuries, and on morale, management and worker relations, labour turnover and productivity. The organization of working environment, and

the prevention and control of environmental stressors are two fundamental aspects relevant to work environmental health and safety. The organization of working environment focuses on the location of workplaces, work layout, structural safety, general cleanliness and waste management, and colour; whereas the prevention or control of environmental stressors takes into consideration the temperature of the work environment, ventilation, lighting, noise and vibration. Other important considerations as challenges to OHS include:

- Inadequate training on safety procedures;
- Irregular inspections of workplace safety;
- Inefficient and unimplemented safety policies;
- Lack of monitoring of safety of workers by their supervisors;
- Fatal occupational illnesses not tracked comprehensively by national surveillance systems;
- Lack of observant and adherence of workplace safety culture environment;
- Inadequate marching of personnel.

The employer consequently has a duty to provide and maintain a working environment for all employees as far as is reasonably practicable. The employer is also duty bound to provide a safe workplace without risks to health of the employee and as well provide adequate facilities and arrangements for worker welfare at work (Demba .E 2013)

2.9 Empirical review

According to the ILO (2009) estimates, every year over 2.3 million women and men die at work from an occupational injury or disease. Over 350,000 deaths are due to fatal accidents and almost 2 million deaths are due to fatal work-related diseases. In addition, over 313 million workers are involved in non-fatal occupational accidents causing serious injuries and absences from work. The ILO also estimates that 160 million cases of non-fatal work-related diseases occur annually. These estimates imply that that every day approximately 6,400 people die from occupational accidents or diseases and that 860,000 people are injured on the job.

Furthermore, as estimates show, work-related diseases represent the main cause of death at work, killing almost six times more workers than occupational accidents. This should highlight the need for a new paradigm of prevention: one that also focuses on work-related diseases, not only on occupational injuries. The devastating effects on workers and their families cannot be fully

calculated; however, the ILO has estimated the great economic burden of not investing in OSH so as to prevent occupational accidents and diseases. The total costs amount to approximately four per cent of the world's GDP per year (roughly 2.8 trillion US dollars). Further to the economic constraints, the human costs are unacceptable; a global society has a moral obligation to reduce the human and economic costs.

Occupational accident and injury in the hospitality industry is higher than those in the other services industry, studies has shown that the hotel industry is highly vulnerable for occupational accident and injury than the other services industry. According to European Statistics on Accidents at Work (ESAW, Eurostat 2004) (1) 190 736 occupational accidents resulting in more than three days of absence from work and 66 fatal accidents occurred in the hotels and restaurants sector in the EU-15 in 2004. These figures represent 5 % of the total amount of accidents in the economy. Twenty-six per cent of the accidents in the sector causing more than three days absence occurred.

According to Buchanan et al (2010) injury rates for hotel workers are almost 40% higher than those in the service sector as a whole. They analyzed the rates of OSHA-reported injuries within 71 US hotels for a 3 year period (2003-2005), for 4 leading hotel job categories (housekeepers; cooks/kitchen workers; stewards/dishwashers and banquet servers). They found that 2865 injuries were reported, in which housekeepers had the highest overall injury rate and the highest rate of musculoskeletal disorders (approximately 7.9 and 3.2 per 100 workers respectively). They also had the highest acute trauma rates along with cooks/kitchen workers, whereas banquet servers had the lowest injury rates. They concluded that the reasons why housekeepers are the most vulnerable to injuries is because "cleaning tasks(...) demand a high level of physical effort, including high aerobic strain and repetitive movements, high static muscular loads, high frequency of unsatisfactory postures, such as stooping and crouching, and subjective experience of strenuous work" (Buchanan et al, 2010: 120).

According to (Austria Government Statisticians Office, 1994) Cafes and restaurants sectors of the recreation, personal and other services industry for the 1993/94 financial year amounted to \$7.7 million; an increase of \$1.1 million from the previous year. The total number of injuries for the industry was 3,981. Of these injuries, the rate of permanent/severe injuries is significantly higher than that of the All-industry level. For the period, July, 1993 to June, 1994 a total of 47,382 compensated work injuries involving at least one day or shift of lost time was recorded in

Queensland. Of these 7.8% (3,705) of injuries were experienced by recreation, personal and other services workers. Workplace injury and illness cost to Australian industry is approaching \$11 billion per year (CCH, 1998:28,802). In 1993/94, 101,900 days were lost in the hospitality industry due to workplace injuries resulting in temporary disabilities. It therefore makes sense to focus every effort possible on reducing the risks in the workplace to as low a level as possible to reduce suffering, increase profitability and improve business efficiency, (Valmae J 2001).

A study by Premji and Krause (2010) showed that Hispanic and hotel workers with English as a second language were disadvantaged in terms of seeking workers' compensation or treatment, although they were not necessarily disadvantaged in reporting the injuries to the employers and seeking time off from work as a consequence of the injuries. The cost of work-related injuries to the hospitality industry is significant. Lost productivity due to absenteeism, staff turnover, imposition of overtime on other workers at higher overtime rates, time and cost involved in the recruitment and training of replacement staff, and the reassigning of remaining workloads to other workers are some of the indirect effects that hotels encounter as a result of the work related injuries (Montross, 2013).

According to the US Bureau of Labor Statistics (2013a), as many as 89,480 lost workdays in the leisure and hospitality industry were attributable to MSDs. Hospitality workers also face violence at work, namely threats, verbal assaults and physical harm, from members of the public and co-workers. This issue has come to the forefront as an occupational safety and health threat (Hobson, 1996; Pitt, 2007). In the UK, the problem has yet to become acute. The Crime Survey for England and Wales: Violence at Work 2012/13 reported that workers in the leisure, travel and related personal service occupations have a 2.1% risk of encountering violence at work (Health and Safety Executive, 2013). While this percentage was higher than the national average of 1.4%, a hospitality worker faces less risk of violence at work compared to protective service workers (e.g. police officers), health professionals and social care professionals. By contrast, hospitality workers in the US seem to be at greater risk of violence at work is a greater threat to workers in the food and beverage industry compared to accidents, (Gan & Quah 2015).

In many developing nations including those in Africa, the rates of industrial and occupational injury-related deaths and disabilities are on the rise. This is mainly due to inefficient and

unimplemented policies, lack of training on safety procedures and no continuous monitoring of safety of workers by their supervisors. There are over 120 million industrial accidents with over 200,000 fatalities occurring each year in the developing nations where 80 percent of the world's labour force comes from. However, only 5-10 per cent of workers from developing countries have access to professional ergonomics and effective safety management programmes. This distressful situation is just a small tip of a much bigger issue, considering the high rate of under-reporting that goes on in many developing nations, particularly those in Africa. In Africa for instance there still remain many ill health and deaths among workers as a result of hazardous conditions at their workplaces. Most of these workers, especially women, children and physically challenged individuals are exposed to risk and unfair treatment. Added to the rapid increase of occupation diseases and injuries, globalization contributes to occupational risks to countries with weaker legislation and enforcement of health and safety measures (ISSA 2013).

In Ethiopia there is no systematized recording keeping of data and reporting system on occupational injuries in organized form at the national level. If there is the data majorly focused in manufacturing, Agriculture and other industries. Data that provided regarding to occupational safety and health accident and injury reports at the national level is by the Ministry of Labour and Social Affairs. Moreover, there are only few studies conducted to determine the magnitude of occupational injuries and accident in the hotel industry workers.

Accordingly studies indicate that OHS accident report in Ethiopia majorly focused in the manufacturing, Agriculture ,construction and other industry whereas the hospitality industry is not consider in the study, according to (MOLSA 2006) there was a total number of 1,968 work accidents were reported by 66 establishments; of which, 9 work accidents were fatal and 1,959 were non-fatal. Among the reported work accidents, the highest percentage (56.05%) occurred in the manufacturing industries. On the other hand, the reported work accidents for construction; and agricultural, hunting, forestry and fishing accounted for 22.25% and 20.58% respectively.

In order to bring an accelerated sustainable economic and social development in Ethiopia especially in the hospitality industry, occupational accident and injury should record in appropriate way analyzed and report at the national level, beside this each institution in Ethiopia should have a health and safety certified workforce to make a decent work force and to improve

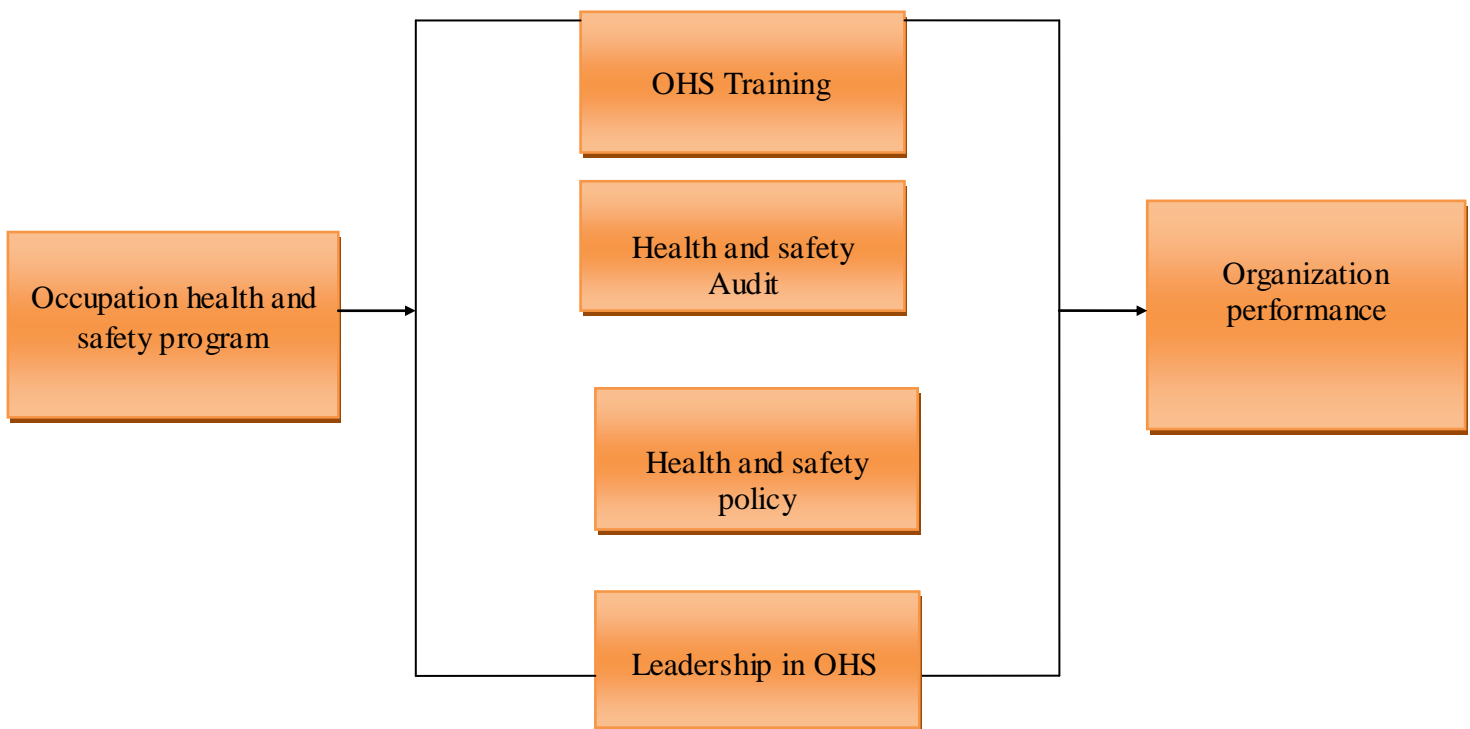
the organization productivity. A decent work force, safe workplace and effective health and safety practice system in the organization is necessary for minimizing plenty of suffers and increasing productivity. Generally promotion and protection of safe work and good health and safety practice is the mandatory aspect for industrial development.

2.10 Conceptual frame work

Organization performance is functions of various variables, among these are occupational safety and health practices in the organization. Decent work environment maintain the highest degree of physical, mental and social well-being of workers in all occupations, prevention amongst workers of departures from health caused by their work conditions, protection of workers in their employment from risks resulting from factors adverse to health. Therefore, good practices of health and safety program in regarding to occupational health and safety policy, leadership in OHS, health and safety audit, and health and safety training can reduces the number of accidents at work place, it reduces the level of sickness, and absence of committed employees and this results in physically and mentally healthy employees ,and high productivity, good performance and produce quality product and services, therefore the organization become high profitable.

Figure 2.1 (Conceptual frame work)

Factors affecting on occupational safety and health effect on organizational performance



The conceptual frame work is adopted from (Jacklyne and Simiyu, 2016) influence of occupational health and safety program on organizational performance. The conceptual framework will show the relationship how occupational health and safety practices impact on organization performance. It contains five clear areas of occupational safety and health impact on organizational performance. Each of the five areas will be considered individually and suggestions made as to how such a framework can be applied to an occupational safety and health program in the hotel industry.

1. OHS Training

According to Hughes.P & Ferrett.E (2016), OHS risk management training is based on and severity of potential outcomes and determining the control measures that should be implemented to eliminate or reduce the risk. All training should take account of the hazards, risks and control measures identified by the risk assessment process, the nature of the work, workplace and individual job factors. Employees that are trained in the principles of risk management can use basic tools to assist in this process and can contribute to the overall health and safety of the organization. Effective health and safety training supports organizational objectives and plays an important role in safety management. The management systems create a safety culture that reinforces safe and healthy work practices, while training helps provide the knowledge, skills and practice necessary to sustain this culture.

A research study by (Valmae J, 2001) on occupational health and safety issue for small business in the Australian hospitality industry has shown that there is an urgent need for occupational health and safety training and education due to the level of contact with customers in the workplace, and the type of injuries that currently occur (Patterson et al; 1994).With the increased growth of the industry and the fact that the industry is very labour intensive, the need to identify clearly and address workplace health and safety issues is essential. The industry is a major employer of young workers and this, as reflected in the most recent accident statistics has highlighted a need to instigate strategies to improve accident rates and management tools at the workplace level along with general awareness programs).

(Valmae J, 2001) adds occupational health and safety is a major concern in the hospitality industry. Work related injuries apart, hospitality workers risk psychological or emotional stresses.

Moreover, violence at work has become an occupational health and safety concern. Work-related injuries and non-fatal injuries sustained due to violence at work in turn lead to an increase in compensation payments and consequently, rising insurance cost (Montross, 2013). In addition, hotels and restaurants suffer from lost productivity due to absenteeism attributable to such injuries, not to mention higher turnover and negative impact on the establishment's image (Hobson, 1996).

OHS has been assigned a low priority both in the past and currently. Research has shown that there is an urgent need for occupational health and safety training and education due to the level of contact with customers in the workplace, and the type of injuries that currently occur (Patterson et al; 1994). With the increased growth of the industry and the fact that the industry is very labour intensive, the need to identify clearly and address workplace health and safety issues is essential. The industry is a major employer of young workers and this, as reflected in the most recent accident statistics a need to instigate strategies to improve accident rates and management tools at the workplace level along with general awareness programs (Valmae J, 2001).

To give occupational safety and health training for employees in the hotel industry the training will contribute to minimize occupational hazard that occurred in the hotel and also contribute to maximize the organization performance. According to (NSW 2003), mentioned that effective health and safety training supports organizational objectives and plays an important role in safety management. The management system creates a safety culture that reinforces safe and healthy work practices while training helps provide the knowledge, skills and practice necessary to sustain this culture. Objectives of safety management cannot be achieved without systematic training. Training assists the organization to identify, assess and control hazards and encourages safety as a priority when planning and undertaking any work activity. Training creates an environment within which positive change can occur and provides a forum for improving performance. The OHSMS is best viewed as an organizing, framework that provides effective direction for an organization's OHS activities in response to changing internal and external factors. As the organization develops changes to procedures, programs and technologies can be implemented to further improve OHS performance. As the OHSMS matures, OHS considerations should be integrated into all business decisions NSW (2003).

2. Occupational health and safety Audit

According to Hughes.P and Ferrett.E (2016), the Safety Management System (SMS) Audit is a major exercise, typically carried out every 2–4 years, as a means of assessing the adequacy of the whole organization's SMS. The SMS Audit may benefit from being undertaken by a person or persons independent of the organization and should, where practicable, be carried out in real time. Over time, it is inevitable that control systems will decay and may even become obsolete as things change. Auditing is a way of supporting monitoring by providing managers with information. It will show how effectively plans and the components of health and safety management systems are being implemented. In addition, it will provide a check on the adequacy and effectiveness of the management arrangements and risk control systems (RCS).

Audit is an important tool to improve OSH services in the industries by identifying any deficiency in the management METHOD. - Systems and procedures. Nevertheless, the development of the audit system in OSH is still under evolution and development processes as different countries approach the OSH audit system differently. Traditionally, OSH audit assessment was conducted only to serve OSH standard without considering the need of company survival issue. As a result, OSH approach is seemed as an isolated approach, and getting less top management attention. Occupational safety and health performance should be measured together with other business function (Mercer 1998; Saunders & Wheeler 1991). Thus, OSH auditor should move into the new paradigm by integrating OSH measurement into the organization main stream and helping the top management to view OSH as part of a survival approach. One of the tools that could assist for this paradigm shift is by adopting the TQM principle. In short, multi disciplinary skills, sound technical and management knowledge are vital to become an effective auditor. Integration with other discipline especially the main business functions is important to gain the concern of top management, (Kang Eng (2004).

Valmae J(2001) explained that Health and safety auditing in Queensland became prominent with the enacting of the Workplace Health and Safety Act in 1989. Up to this time, workplace health and safety was governed by numerous other items of legislation. Under the new Act, inspectors from the Division of Workplace Health and Safety were authorized to conduct compliance audits on any workplace. Employers were also obligated to audit or examine the policies and procedures in their workplaces. The importance of health and safety auditing was being realized. A health

and safety audit systematically and critically examines each area of the company's nonfinancial activities to minimize loss to the company (Horrigan, 1995; ILO, 2001). Each element of the total management system should be examined. The audit should expose strengths and weaknesses, highlight the high risk issues and be conducted by appropriately qualified persons who prepare a formal report and formulate and evaluate an action plan (Northage, 1991)

Health and safety auditing is a proactive performance measure as it looks at all aspects of the health and safety programme and gives a quantifiable result which allows future comparison (Dunlea, 1994c). When identifying the standards applicable to the organization, the "elements of the duty of care" should be used as part of the framework (Quinell, 1991:1). Quinell (1991:2) defines auditing as "...the application of standards to a situation to establish the difference between what is and what should be and set out necessary corrective action..." This applies equally to the organizational standards as well as the operational standards.

Betts (1991) adds that auditing identifies problem areas and provides needs analysis for safety training. CCH (1999: 16,002) also has found that the audit process has a significant effect in improving workplace communications, industrial relations and increases employee participation in workplace health and safety management. Harrison (1995: 32) includes an increased health and safety management effectiveness and "feeling of increased comfort and security" as benefits of auditing. This author also believes the focus and reasons for auditing vary as the sophistication of the management programmes increases and performance improves. The focus shifts from problem identification to verification of compliance to confirming the absence of areas of deficiency (Valmae J, 2001).

Employers in the hospitality industry have extra risks peculiar to their business. This stems from the fact that the majority of people in the workplace are not employees, but patrons and guests. These people are owed the same duty of care as the employees under Common Law and the same obligation under the WHS legislation. It is therefore very important for employers in this industry to know the areas of vulnerability in their organizations. An incident where a large number of people could be affected, arising from a single cause, could strain the liability insurance to the limit and result in the closure of the business. Auditing of these workplaces is essential for ensuring compliance with this duty of care related to employees, patrons, guests and visitors (Network, 1992).

Commonly, about 77% of most companies that practice OSH program are mainly focus on compliance to laws and regulation and did not aim for worker's safety, health and welfare (Veltri 1991). This resulted that the whole audit process does not add any true value to worker safety and health protection. In such challenging situation, the conventional function of OSH audit that merely meeting compliance to laws and standard procedure should be eliminated, and to move to real benefits with proactive action and integration with other business functions (Dyjack & Levine 1996). However, in the Malaysia context, it is still highly dependence on regulation to push the industries to pay high attention on workplace safe using the same experience in quality model, Fletcher (1999) said ISO 9000-based standards are an excellent starting point for organizations working to improve their performance, but it should be viewed as the first step. To achieve world-class performance, organizations must move beyond ISO 9000. Therefore, OSHMS serves as the minimum requirement with the ultimate goal is to go beyond the OSH-MS standard. The Penang Port Sdn Bhd, for instance, is the best example to proof that off-job injury and health problem is in fact more serious compared to workplace problem Lastly, the Penang Port case study proofs that conventional compliance audit become suspicious in its effectiveness which only focus the 20% of the overall safety and health problem, Kang Eng (2004).

To be effective as an OHS auditor in the hospitality industry, an understanding of the dynamics and the specific OHS issues in the industry is essential. Business management experience in the industry is desirable. Specific training should include business communications, OHS training including legislative requirements, and principles of auditing

3. Health and safety policy

According to Hughes.P and Ferrett.E (2016) a clear health and safety policy – Evidence shows that a well-considered policy contributes to business efficiency and continual improvement throughout the organization. It helps to minimize financial losses arising from avoidable accidents and demonstrates to the workforce that accidents are not necessarily the fault of any individual member of the workforce. Such a management attitude could lead to an increase in workforce cooperation, job satisfaction and productivity. This demonstration of senior management involvement offers evidence to all stakeholders that responsibilities to people and the environment are taken seriously by the organization.

According to (Valmae.J 2001) occupational health and safety programme relates to the strategic function of the executive management in relation to the formulation of the Health and Safety Policy, organizational goals and the general performance indicators and standards for the workplace. Burdeu and Mclean (1994) believe that when management is committed to the health and safety of their employees, the employer and employees reap rewards in the form of good relations, increased productivity and fewer accidents. They agree that this commitment is a key factor to successful management.

Work safe Australia (1994a) found that companies where occupational health and safety was considered as equal to other corporate objectives also had improved productive performance and improved employee relations which had a positive effect in reduction of the incidence of accidents and injuries and a reduction in the direct and indirect costs of injuries and accidents while reducing turnover of staff (Valmae J, 2001). A good health and safety policy helps to ensure that there is a systematic approach to risk assessment and sufficient resources, in terms of people and money, have been allocated to protect the health and safety and welfare of the workforce. It can also support quality improvement programmes which are aimed at continual improvement.

4. Leadership in OHS

The management level of the occupational health and safety program requires that controls are in place to ensure the strategies are operational (Dunlea, 1995). This includes responsibility statements for all positions; recruitment, selection and promotion policies; written standards for all tasks; regular performance appraisals; training of supervisory staff and the selection and training of OHS personnel. The majority of these elements are an integral part of other management functions in the workplace (Me Carthy and Stone, 1986; Stoner, Collins and Yetton, 1985). Health and safety should be incorporated into these functions for a successful OHS program. Management and supervisor training must include all relevant aspects of the OHS policy, systems, risk management programme including accident investigation, procedures and organisation plans as well as regular updates of amendments to standards, legislative requirements and planned amendments (CIDA, 1994; CCH, 1993; OHS A, 1994 (Valmae.J 2001).

According to (EU-OSHA 2012) recent research in accident prevention has shown that compliance with safety and health regulation has only a minor effect on reducing accident rates. The main merit of regulation has been seen as that of putting safety and health on the agenda and reminding employers of their responsibility to keep employees safe and healthy (Walker, 2010). Once companies have implemented a safety and health system that ensures compliance with regulations, they can find it difficult to drive down accident rates still further. Walker (2010) says that: ‘... 80 to 90% of accidents are due to unsafe acts by individuals or groups, rather than unsafe conditions.’ So leadership in OSH has to go further than merely enforcing compliance with regulations. Scientists agree that a significant reduction in accident rates can only be achieved by creating a safety culture which leads to a shift in the attitudes of both leaders and employees, improving their safety behaviour. Leaders who encourage safety participation (in addition to safety compliance), by creating a safety culture in which employees are continuously engaged in safeguarding their own safety and that of others, are more likely to achieve a reduction in accident rates (Broadbent, 2004).

Leaders at all levels must act consistently and in a coordinated way regarding the implementation of OSH policy (Gordon & Yukl, 2004). Top management can only implement major changes if they are supported by leaders at lower levels. The power and impact of a single leader will not be sufficient to profoundly change the OSH performance of the organization (Bel, 2010). A research by Angela O’Dea and Rhona Flin (2003) on the role of managerial leadership in determining workplace safety outcomes mentioned that the HSE have long recognized senior managers as a key influence on organizational safety. In their recent publication, they cited “poor management and ignorance of good practices” as the primary reasons for health and safety failures within UK organizations, (HSC, 2000, pg. 19). They emphasize the importance of pro-activity on the part of senior managers in establishing the safety culture with organizations. “Senior management commitment is crucial to a positive health and safety culture. It is best indicated by the proportion of resources (time, money, and people) and support allocated to health and safety management and by the status given to health and safety.” (HSE, 1999, pg. 46). The nuclear power industry (IAEA, 1997, pg.10) also emphasize that managers should frequently emphasize the importance of safety. “On a personal basis, managers’ at the most senior level demonstrates their commitment by their attention to regular review of the processes that bear on nuclear safety, by taking direct interest in the more significant questions of nuclear safety or product quality as they arise, and by frequent citation of the importance of safety and quality in communications to staff”. Yet while

the regulator and other agencies exhort about the value of senior management, there is limited evidence to support such exhortations.

(Ashby & Diacon, 1996; Smallman & John, 2001), have been very useful in illuminating the current state of directors' thinking about health and safety. Smallman and John (2001) describe a research study conducted at the behest of the British Safety Council by MORI. It was observed that firms seem to evolve through a number of stages of maturity in health and safety practice, moving from 'compliance', stemming from a desire to limit the costs of liability, though to 'enlightened paternalism' which emerges from a sense of duty to employees and other stakeholders, and on to 'external competitiveness' which is related to a sense of pride in the organization. Overall, the survey revealed that directors view OHS as a significant performance determinant (Angela O'Dea & Rhona Fli, 2003).

According to Dianne Dyck (2004), organizations, corporations, and individuals who direct others to perform work or have the authority to do so must take reasonable and practicable steps to provide a safe and healthy workplace, and to protect workers and the public from potential harm as a result of the work. They also must be able to provide evidence of their actions (Keith, 2004). Lapses in corporate OHS duty can have severe consequences for organizations and their leaders. In addition to the risk of sizable financial penalties and social embarrassment, front line supervisors, managers, executives, and directors of corporations can be held legally accountable for preventable workplace injuries and death. Leading edge companies know that an ideal defense is a sound offense. By establishing a robust OHS management system, corporations can "bulletproof" themselves (Keith, 2004). The key elements of an OHS management system are: management leadership and commitment, hazard identification and management, worker training, OHS communication, incident investigation, program evaluation and continuous improvement. Safety professionals and researchers not only agree this is the ideal OHS management structure (Germain, 1998), but also recognize that 85% of the safety failures in the workplace stem from system problems that only management can address (Bird, 1996).

Therefore industrial hazards and accidents are risk of hospitality industries suffering their productivity through loss of life, equipment or property damage. In this case the concepts health and safety practices linked to organization performance through the reducing accidents, disease,

death, and compensation costs. From the literature reviewed, it is revealed that researchers conducted studies on impact of occupational health and safety on organization performance in the hospitality industry.

2.11 OHS influence on organizational performance

Organizations often fail to manage health and safety effectively because they see it as something distinct from other managerial tasks. The principles and approach to managing health and safety are exactly the same as those required for managing quality or the environment. Well-managed health and safety is important in business terms because stakeholders are influenced by any bad publicity resulting from poor health and safety standards. There is good evidence that good health and safety management also produces good quality products at a reasonable cost. However, the practical implications of health and safety must be carefully thought through to avoid conflict between the demands of policy and other operational requirements. Insufficient attention to health and safety can lead to problems with production. The considerable advances in information technology have been very helpful in the development of health and safety management systems. It has enabled the rapid identification of data that is critical to the management of health and safety (e.g. accident and ill-health trends, health and safety performance variations between departments within the organization). It has also simplified the collection and analysis of essential data. Research by the HSE found that ‘in many organizations the visible leadership and emphasis on continual improvement with respect to health and safety lagged behind that for quality of a product or service, (Phil. H 2016).

According to (Pirzada .A et.al 2018), show that OHSM should play a very important role for long term survival and sustainable development of firms. On the study which is impact of Occupational Health and Safety Management on organizational Performance in the Pharmaceutical Industry, firms should give more attention on the occupational safety and health program in the organization unless the organization will not be profitable. On the study show that good level of OHSM has a positive influence on the performance of an organization. They add occupational health and safety are an integral part which is implemented and ensured by the top management. The top management’s aim is to boost the organizational performance for which the implementation of health and safety measures is necessary because it reduces the expenses of the organization and increase the motivation of employees as well which ultimately influences their

performances. The implementation of OHSM helps organizations to increase profitability, reduce costs and increase performance as well (Bakri, et al., 2006). Good level of OHSM has a positive influence on the performance of an organization in terms of financial, Competitive and safety (Fernández. et al., 2009). Organizations that do not implement OHSM show less performance when compared to the firms that implement organizational Health and safety measures (Bottani, et al., 2009).

A study by Valmae J (2001) a "Best Practice" project to demonstrate the correlation between better OHS practice and improved productivity and profitability. Seven large companies with proven health and safety performance and productivity records were comprehensively reviewed. A common trend emerged from the study. Each of these companies rated occupational health and safety on an equal basis to other corporate objectives, such as customer satisfaction, continuous improvement of product quality, profitability, sales and marketing performance. They have found this approach had a positive effect on productive performance employee relations and morale. Results have included a reduction in the incidence of accidents and injuries and a reduction in the direct and indirect costs of injuries and accidents while retaining valued and skilled employees in the workforce.

Therefore occupational health and safety program in the organization is concerned with protecting the safety, health and welfare of people engaged in work and employment. The goals of occupational health and safety and health programs include, fostering a safe and healthy work environment which may also protect co-workers, family members, customers and many other who might be affected by the workplace environment. In addition to this health and safety program reduces the number of accidents at work, it reduces the level of sickness and absence and this results in healthy employees and high productivity, good performance and produce quality product and services, therefore the organization become high profitable.

Research variables

Dependent and independent variables will use to conduct this research study. Organization performance is used as a dependent variable while occupational health and safety policy, Health and safety audit, Occupational safety and healthy training and leadership OHS, are taken as an independent variable under occupational health and safety management practices.

Chapter III

Research Methodology

3.0 Introduction

This chapter describes the research methodology used for the study. It contains description of the study area, research design, research approach, population and sample size, source of data, type of data, data collection instrument, data collection procedures validity and reliability test , ethical consideration, and data analysis. In general the study analyzed the practices of occupational health and safety program and its effect on the organization performance in the selected local four and five star rated hotels in Addis Ababa. The main issue discussed here are the research approach, research design, research population, sample and sampling technique, type and source of data, data collection procedure and method of data analysis. Measure of occupational health and safety practices and its effect on organizational performance has been made using (Jacklyne and Simiyu, 2016) questionnaire. Responses on each item are arranged on a five point Likert determined scale data analysis questionnaire.

3.1 Research design

A research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure. In fact, the research design is the conceptual structure within which research is conducted; it constitutes the blueprint for the collection, measurement and analysis of data. As such the design includes an outline of what the researcher will do from writing the hypothesis and its operational implications to the final analysis of data (Kothari, 2004).

The research design for this study is a descriptive research to assess the influence of occupational health and safety management on the organizational performance. In order to achieve the study objective the researcher used correlation research design in determining the relationship between occupational safety and health practices and its effect on organizational performance. Different literatures and related references are reviewed to gain insight and background information about the practices of occupational healthy a safety program and its influence on the performance of the organizational.

3.2 Research Approach

According to Kothari, (2004), there are two basic approaches to research, namely, quantitative and qualitative approaches; Quantitative research is based on the measurement of quantity or amount. It is applicable to phenomena that can be expressed in terms of quantity. Qualitative research, on the other hand, is concerned with qualitative phenomenon, i.e., phenomena relating to or involving quality or kind. In addition to this quantitative research one is helpful in quantifying variables which is gathered through closed ended questions and gathering and interpreting statistical data, on the other hand qualitative research is concerned with qualitative phenomenon, i.e., phenomena relating to or involving quality or kind. This aims at discovering the underlying motives and desires, using in depth interviews for the purpose. Such an approach to research generates results either in non-quantitative form or in the form which are not subjected to rigorous quantitative analysis. Accordingly the study used a quantitative research approach in order to collect data for the study influence of occupational health and safety program on organizational performance in the selected local four and five star rated hotels in Addis Ababa Ethiopia. The study used a descriptive research approach and it describes the relationship between occupational safety and health management and organizational performance through the research.

3.3 Population and Sampling

The target population of the study was employees those who are working in different departments in the selected local four and five star hotels. According to the ministry of tourism and culture (2018) there are 138 star rated hotels found in Addis Ababa, among these 19 four stars and 3 five stars local hotels. The total number of employees in the hotel is determined by the available number of rooms. According to the MOTC there are 2,218 numbers of rooms in the local four and five star hotels, therefore in the local four and five star hotels there are more than 4,343 employees. The most vulnerable departments for occupational accidents are housekeeping, laundry, stewarding, kitchen and engineering departments, data from the human resource department of the hotel these departments are covered 40 % of the total number of employees in the hotel.

Table 3.1 1 Local Four and Five Star rated hotels in Addis Ababa Ethiopia

| <i>No</i> | <i>Name of hotels</i> | <i>Star</i> | <i>No. of Rooms</i> | <i>Total Number of staffs</i> | <i>40% of staffs</i> |
|-----------|---------------------------------|-------------|---------------------|-------------------------------|----------------------|
| 1 | Capital hotel | 5 | 114 | 350 | 140 |
| 2 | Ellele international hotel | 5 | 155 | 336 | 134 |
| 3 | Gatefam Hotel | 5 | 115 | 230 | 92 |
| 4 | AZZEMAN HOTEL | 4 | 79 | 120 | 48 |
| 5 | Grand Eliana Hotel | 4 | 80 | 260 | 104 |
| 6 | SAPPHIRE ADDIS Hotel | 4 | 129 | 206 | 83 |
| 7 | NEGA BONGER HOTEL | 4 | 120 | 144 | 58 |
| 8 | Magnolia Hotel | 4 | 86 | 150 | 60 |
| 9 | Debre damo hotel | 4 | 102 | 163 | 65 |
| 10 | Dream liner Hotel | 4 | 96 | 154 | 61 |
| 11 | Friendship hotel | 4 | 104 | 166 | 67 |
| 12 | Harmony Hotel | 4 | 150 | 298 | 119 |
| 13 | Intercontinental Hotel | 4 | 194 | 355 | 142 |
| 14 | Jupiter int. Hotel (kazanchis) | 4 | 102 | 205 | 82 |
| 15 | Jupiter Int. Hotel (Bole) | 4 | 40 | 102 | 41 |
| 16 | Momona Hotel | 4 | 60 | 96 | 38 |
| 17 | Nazra hotel | 4 | 57 | 91 | 36 |
| 18 | Nexus hotel | 4 | 152 | 250 | 100 |
| 19 | Saromaria hotel | 4 | 96 | 325 | 130 |
| 20 | Sarem International Hotel | 4 | 85 | 136 | 54 |
| 21 | Washington hotel | 4 | 70 | 120 | 48 |
| 22 | Tegen Guest Accommodation Hotel | 4 | 32 | 85 | 34 |
| | Total | | | 4343 | 1737 |

Accordingly the target population of the study will be more than 1,737 employees those who are working in the 22 local four and five star hotels under the house keeping, laundry, stewarding, kitchen and engineering departments. For this study the samples size is determined by the sample size determination formula which is developed by (Taro Yamane, 1967). It is the most popular

formula and a simplified formula, the sample size is determined at 95% confidence level with acceptable sampling error of 5%.

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

Where;

n = Sample size

N = Total population size

e = Acceptable level of error (that is 5%).

By considering the above formula the total study populations of 1,737 targeted employees and 325 employees were selected as a sample size. Consequently, in order to address fair and adequate representation of sampling from each hotel the researcher applied stratified sampling technique because by this method the strata divided into twenty two heterogeneous strata based on their number of employees in each hotel.

$$n = \frac{1,737}{1 + 1,737 (0.05)^2} = 325$$

Table 3.2 1 Sample size distribution

| <i>No</i> | <i>Name of hotels</i> | <i>Star</i> | <i>Total population</i> | <i>Sample Size</i> | <i>Remark</i> |
|-----------|---------------------------------|-------------|-------------------------|--------------------|-----------------|
| 1 | Capital hotel | 5 | 140 | 26 | (325/1737)* 140 |
| 2 | Ellele international hotel | 5 | 134 | 25 | (325/1737)* 134 |
| 3 | Gatefam Hotel | 5 | 92 | 17 | (325/1737)* 93 |
| 4 | AZZEMAN HOTEL | 4 | 48 | 9 | (325/1737)* 48 |
| 5 | Grand Eliana Hotel | 4 | 104 | 19 | (325/1737)* 104 |
| 6 | SAPPHIRE ADDIS Hotel | 4 | 83 | 15 | (325/1737)* 83 |
| 7 | NEGA BONGER HOTEL | 4 | 58 | 11 | (325/1737)* 58 |
| 8 | Magnolia Hotel | 4 | 60 | 11 | (325/1737)* 60 |
| 9 | Debre damo hotel | 4 | 65 | 12 | (325/1737)* 65 |
| 10 | Dream liner Hotel | 4 | 61 | 11 | (325/1737)* 61 |
| 11 | Friendship hotel | 4 | 67 | 12 | (325/1737)* 67 |
| 12 | Harmony Hotel | 4 | 119 | 22 | (325/1737)* 119 |
| 13 | Intercontinental Hotel | 4 | 142 | 27 | (325/1737)* 142 |
| 14 | Jupiter int. Hotel (kazanchis) | 4 | 82 | 15 | (325/1737)* 15 |
| 15 | Jupiter Int. Hotel (Bole) | 4 | 41 | 8 | (325/1737)* 8 |
| 16 | Momona Hotel | 4 | 38 | 7 | (325/1737)* 38 |
| 17 | Nazra hotel | 4 | 36 | 7 | (325/1737)* 36 |
| 18 | Nexus hotel | 4 | 100 | 19 | (325/1737)* 100 |
| 19 | Saromaria hotel | 4 | 130 | 24 | (325/1737)* 130 |
| 20 | Sarem International Hotel | 4 | 54 | 10 | (325/1737)* 54 |
| 21 | Washington hotel | 4 | 48 | 9 | (325/1737)* 48 |
| 22 | Tegen Guest Accommodation Hotel | 4 | 34 | 6 | (325/1737)* 34 |
| | Total | | 1737 | 325 | |

Source; Own survey 2019

3.4 Data Source and Types of data

Both primary and secondary source of data were obtained as a source of data for this study. The major source of a primary data was collected from employees through structured questionnaires and the questionnaires measuring influence of occupational safety and health management on the organizational performance. Other essential secondary data was extracted from different books, academic journals, related articles contributed by different authors, research documents, internet based information which contains relevant information related to the subject of the study in the hotel industry and also other relevant documents to the study.

3.5 Data gathering tools

The researcher used both primary and secondary source of data to conduct the research. One of the tools to gather primary source of data was questionnaires which are originally collected through questionnaire and filled by employees of the hotel and it contained both open and ended questions with a five point Likert scale of 5 levels ranging from 1- (strongly disagree) to 5- (strongly agree) to elicit information from respondents on the independent variables. The rationale behind selecting such variety respondents is perhaps to consolidate the reliability of information. As far as secondary data are concerned to the subject matter, the research reviewed relevant different books, written documents, literature about occupational health and safety practices, documents from the hotel and other related books; beside this the research used website and other relevant available sources as a tools of gathering the data.

3.6 Validity, Ethicality and Reliability of the study.

Before conducted this research, the researcher fully discussed the issue of anonymity and confidentiality with participants and assured them that their identities would not be disclosed in the study findings or any study-related publications. In addition to this the all reference materials 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 questionnaire scale of measurement for relevance and acceptability. To measure the reliability of the instrument Cronbach's coefficient alpha was used in this study. This scale reliability is typically calculated by using Cronbach's coefficient alpha and found to be above acceptable level.

Table 3.3 1Result of reliability analysis

| No | Statement | Cronbach's Alpha | N of Item |
|----|----------------------------|------------------|-----------|
| 1 | Health and safety Training | .713 | 6 |
| 2 | Health and safety Audit | .751 | 6 |
| 3 | Health and safety policy | .703 | 7 |
| 4 | Leadership in OHS | .787 | 6 |
| 5 | Organization performance | .748 | 5 |
| 6 | Overall | .846 | 30 |

Source SPSS output

3.7 Methods of Data Analysis tools and interpretation.

All collected questionnaires were manually screened and sorted out on the basis of completeness of data. Consequently, those that did not have complete data were discarded. Those with complete quantitative data were coded and data entered into the statistical package for social sciences (SPSS 24.0). Quantitative data which was derived from the questionnaires was analyzed using descriptive statistical method such as, frequencies, average mean, percentage and standard deviation while inferential statistical tools such as a correlation and regression was used to determine and explain variable relationship through SPSS finally, the researcher enhanced the reliability of the findings.

Chapter IV

Data analysis interpretation and discussion

4.0 Introduction

This chapter presents the findings of the study. The purpose of the study was to determine the influence of occupational safety and health management on organizational performance in the selected star rated hotels in Addis Ababa. The findings of the study were presented under the following sub headings: demographic of respondents, descriptive analysis of open-ended questions, were analyzed using Means and Standard deviation. Furthermore research objectives were analyzed using Pearson correlation coefficient and regression were used to test viability and internal consistency of the measures. Data were collected from employees through questionnaires in 22 selected local four and five star rated hotels in Addis Ababa. The researcher distributed 325 questionnaires to the respondents and 265 questionnaires was retrieved which represented 82% of the total sample of the study.

Table 4.1 1 percentage and frequency distribution of demographic characteristics

| No | Item | Respondent characteristics | Frequency | percent |
|----|--------------------|----------------------------|------------|--------------|
| 1 | Sex of Respondents | Male | 150 | 56.6 |
| | | Female | 115 | 43.4 |
| | | Total | 265 | 100.0 |
| 2 | Age of respondents | below 20 years | 19 | 7.2 |
| | | 20-29 years | 138 | 52.1 |
| | | 30-39 years | 71 | 26.8 |
| | | 40-49 years | 37 | 14.0 |
| | | above 50 years | 0 | 100.0 |
| | | Total | 265 | 200.0 |
| 3 | Marital Status | Never married | 68 | 25.7 |
| | | married | 197 | 74.3 |
| | | Total | 265 | 100.0 |
| 4 | Educational status | grade 9-12 | 27 | 10.2 |
| | | Certificate | 146 | 55.1 |
| | | Diploma | 64 | 24.2 |
| | | Degree and above | 28 | 10.6 |
| | | Total | 265 | 100.0 |
| 5 | Type of employment | permanent | 265 | 100 |
| | | Contract | 0 | 0 |
| | | Total | 265 | 100 |
| 6 | Work experience | 1-2 years | 26 | 9.8 |
| | | 3-5 years | 107 | 40.4 |
| | | 6-10 years | 87 | 32.8 |
| | | above 10 years | 45 | 17.0 |
| | | Total | 265 | 100.0 |
| 7 | Type of hotel | 4 star | 219 | 82.6 |
| | | 5 star | 46 | 17.4 |
| | | Total | 265 | 100.0 |

Source own survey 2020

4.1 Percentage and frequency distribution of demographic characteristics

The study required to find out the demographic characteristic of respondents. According to the findings, in regarding to gender of the respondent's majority of the respondents 56.6% were males while 43.4% were female. Employees who are in the age group majority of respondents 52.1 % were in 20-29 years old, 26.8% were 30 to 39, 14% of respondent were 40 to 49 and 7.2 % of respondents were below 20 years old therefore the hotel industry required most young employees. The table also indicates the marital statuses of the respondent 74.3 % of respondents are married while 25.7 % are single employees. In regarding to educational status 55.1 % of

respondents had attained certificate education, 24.2 % of respondents are diploma holder, 10.6 % of respondents are degree and above and the rest 10.2 % of respondents are high school completions. In terms of employment status all employees are permanent employees. In terms of respondent's length of services year in the hotel industry 40.4% of the respondents had worked three to five years, 32.8 % of respondents had worked six to ten years, and 17% of respondents had worked more than ten years while 9.8 % had worked less than two years. In regarding to star rated employer 82.6% respondents are hired in four star hotels while 17.4 % of respondents are hired in five star hotels. Thus one can deduce that most of the respondents participate in this study were male, married, certified, permanent employees , hired in four star hotels and have been working three to five years in the industry.

4.2 Descriptive analysis on Selected OSH measure

In order to measure the perception of participants about the occupational health and safety practices and its effect in the hotel industry, the researcher used a detailed descriptive analysis with a standard deviation (SD) and mean (M). The mean shows that the agreement and the disagreement level of respondents towards to each statement that given on the survey questionnaire. Furthermore lower mean indicate that more disagreement of respondents on the statement and higher mean indicate that respondents agreement towards to the given the statement.

Table 4.2 1Assessment of Occupational Health and Safety Training

| No | Items on effectiveness of Health and Safety Training | N | Mean | Std. Deviation |
|----|---|-----|------|----------------|
| 1 | Employees are trained on OHS issue in the hotel. | 265 | 2.41 | 0.95 |
| 2 | Management ensures that employees attend on the OHS workshop in the organization | 265 | 1.80 | 0.75 |
| 3 | Provide frequent OHS training leads to increase organization performance | 265 | 2.40 | 0.95 |
| 4 | There is a healthy and safety training policy in the hotel | 265 | 1.82 | 0.76 |
| 5 | New employees are trained on health and safety program to enable them learn the safety rules and procedures | 265 | 2.47 | 0.95 |
| 6 | Employees acquire relevant knowledge and skill from the OHS training that enable them to perform their duties | 265 | 1.95 | 0.85 |
| | Health and safety Training | 265 | 2.14 | 0.56 |

Source own survey 2020

4.3 Health and Safety Training

Training is very important for employees working in the organization to improve the organization performance. Accordingly the researcher conducts a training awareness and importance questions to hotel employees in order to understand and obtain inputs regarding occupational safety and healthy training and its influence on the performance of hotel. There are six statements included on the survey questionnaire to measure the subject matter. The study findings on employees are trained on OHS issue in the hotel most of the respondents were respond on disagreed by a mean $M=2.41$ and a standard deviation 0.95. this gives an insight for management of the hotel to provide occupational safety and healthy training for their staffs .In regarding to management ensures that employees attend on the OHS workshop in the organization 87.2 % of respondents strongly disagreed by a mean $M = 1.80$ and a standard deviation 0.75. Among the whole respondents 49.4 % of respondents strongly disagreed that frequent health and safety training leads to increased organization performance as indicated by a mean of $M= 2.40$ and standard deviation of 0.95 while 39.2 % of respondents neutral on the statement and the remaining 11.3% of respondents agreed on the statement; There is a healthy and safety training policy in the hotel was the other statement forwarded to the respondents and the mean score obtained $M=1.82$ and a standard deviation 0.76 close to 86.8% of respondents have disagreed to the statement only 4.2% of respondents agreed on the statement the rest 9.1 % neither agreed or not for the statement. The other survey question was new employees are trained on health and safety program to enable them learn the safety rules and procedures. This statement scored a mean of $M= 2.47$ and a standard deviation 0.95 among the total respondents 47.2% of respondents disagreed on the statement new employees are trained on health and safety program to enable them learn the safety rules and procedures while 13.2% of respondents are agreed on the statement and the 39.6 % of respondents were neutral. The last question of in this survey was employees acquire relevant knowledge and skill from the OHS training that enable them to perform their duties. The mean score obtained from the survey is $M= 1.95$ and a standard deviation 0.85. In this perspective 82.6% of respondents disagreed on the statement that employees acquire relevant knowledge and skills which enable them to perform their duties efficiently while 8.3% of respondents are agreed on the statement and the rest 9.1% of respondents neutral.

Table 4.3 1 Assessment of Occupational Health and Safety Audit

| No | Items on Effectiveness of Health and Safety Audit | N | Mean | Std. Deviation |
|----|---|-----|------|----------------|
| 1 | The organization conduct a healthy and safety audit | 265 | 1.83 | 0.77 |
| 2 | The Managements conduct risk assessment to ascertain hazards in the organization. | 265 | 2.42 | 0.95 |
| 3 | The working conditions in the organization are checked periodically | 265 | 2.42 | 0.95 |
| 4 | Managers communicate any possible hazards in the hotel. | 265 | 1.82 | 0.76 |
| 5 | Accidents and hazards are investigate thoroughly in the hotel | 265 | 2.48 | 0.95 |
| 6 | The audit report is available for employees to read it. | 265 | 1.96 | 0.84 |
| | Health and Safety Audit | 265 | 2.16 | 0.59 |

Source own survey 2020

4.4 Health and Safety Audit

Under healthy and safety audit there are six statements to measure occupational health and safety audit practices in the hotel and to make certain the influence of health and safety audit on the performance of the hotel. Based on the survey result as stated in the above table 4.3 respondents have rated on the OHS audit practice to be favorable in this regard. According to the study findings 50.9 % disagreed and 35.5% of respondents strongly disagreed on the statement that the hotel conducts health and safety audits by a mean of 1.83 and a standard deviation of 0.77. In regarding to managers conduct risk assessment to ascertain hazards in the organization 48.7% of respondents disagreed on the statement by a mean $M= 2.42$ and a standard deviation 0.95 while 12.1 % of respondents agreed and the remaining 39.2 % of respondents were neutral. The working conditions in the organization are checked periodically is the other statement to measure occupational health and safety audit practices in the hotel and the mean scored by $M = 2.42$ and a standard deviation 0.95. Among the total respondents 48.7% of respondents disagreed on the statement while 12.1 % of respondents agreed and the remaining 39.2 % of respondents were neutral on the statement. Based on the survey finding 86.4 % of respondents answered that Managers didn't communicate any possible hazards in the hotel while 4.2 % agreed on the statement Managers communicate any possible hazards in the hotel and the remaining 9.4 % of respondents were neutral. In regarding to accidents and hazards are investigate thoroughly in the hotel 46.8 % of respondents were disagreed on the statement by mean $M= 2.48$ and a standard

deviation 0.95 while 14% of respondents agreed on the statement and the remaining respondents 39.2 % were neutral. The last question in regarding health and safety audit of this survey was the audit report is available for employees to read it. In this statement the mean score obtained M= 1.96 and a standard deviation 0.84 accordingly 81.1 % of respondents disagreed on the statement while 7.5 % of respondents agreed on the statement and the remaining 11.3% of respondents were neutral. Overall the aggregate result in all area of health and safety audit mean is below the acceptable level.

Table 4.4 1Assessment of Occupational Health and Safety policy

| No | Items on Effectiveness of Health and Safety policy | N | Mean | Std. Deviation |
|----|---|-----|------|----------------|
| 1 | There is a health and safety police in the hotel. | 265 | 1.42 | 0.54 |
| 2 | The organization doesn't provides protective equipment such as gloves, mask safety shoes to its employees | 265 | 4.49 | 0.61 |
| 3 | Employees like the hotel due to its health and safety policy and they have no intention of quitting. | 265 | 1.51 | 0.69 |
| 4 | Employees are encouraged to develop and apply their skill and knowledge in order to improve organizational safety | 265 | 1.50 | 0.69 |
| 5 | There is occupational health and safety office in the hotel | 265 | 1.38 | 0.49 |
| 6 | Employees to adhere to safety regulation in the performance of their duty. | 265 | 1.47 | 0.64 |
| 7 | Employees ideas and suggestions are incorporated in the safety policy of the organization | 265 | 1.48 | 0.64 |
| | Health and Safety Policy | 265 | 1.51 | 0.39 |

Source own survey 2020

4.5 Health and Safety Policy

Under healthy and safety policy there are seven statements to measure occupational health and safety policy in the hotel and require to ascertain the influence of health and safety Policy on the performance of the hotel. As portrayed in the table 4.4 respondents have rated on the OHS policy to be favorable in this regard. According to the study findings 99% of respondents disagreed that the organization has a health and safety policy by a mean of 1.42 and a standard deviation of 0.54 while 1% agreed on the statement. In regarding to the organization doesn't provides protective equipment such as gloves, mask safety shoes to its employees 97 % of respondents agreed on the

statement by a mean 4.49 and a standard deviation 0.61 while 3 % of respondents disagreed on the statement. Employees like the hotel due to its health and safety policy and they have no intention of quitting is other survey question to understand employee’s interest regarding to the OHS practice in the hotel 96 % of respondents disagreed on the statement by a mean M= 1.51 and a standard deviation 0.69 while 4% of respondents agree on the statement. Employees are encouraged to develop and apply their skill and knowledge in order to improve organizational safety is also another measurement of OHS policy in the hotel 96% of respondents disagreed on the statement by a mean M= 1.50 and a standard deviation 0.69 while the remaining 4% were agreed on the statement. In regarding to there is occupational health and safety office in the hotel on the survey finding whole respondents disagreed on the statement by mean M = 1.38 and a standard deviation 0.49. Employees to adhere to safety regulation in the performance of their duty are other statement in the survey questionnaire among the total respondents 97 % of respondents disagreed on the statement while 3 % of respondents agreed. In the last question on health and safety policy survey question employees were requested to rate their participation on the OHS policy in the hotel. About 97 % of respondents disagreed on the statement by mean of M=1.95 and a standard deviation 0.64 overall respondents in all area of health and safety policy mean is below the acceptable level.

Table 4.5 1 Assessment of leadership on occupational Health and Safety

| No | Items on effectiveness of leadership on Health and Safety | N | Mean | Std. Deviation |
|----|--|-----|------|----------------|
| 1 | Leadership of this hotel is not committed in ensuring good health and safety practices. | 265 | 4.29 | 0.74 |
| 2 | Management doesn't consult with employees regularly about workplace health & safety issue | 265 | 3.51 | 1.62 |
| 3 | Managers / supervisors do not show interest in the safety of workers. | 265 | 4.51 | 0.58 |
| 4 | Management doesn't considers employee safety to be equally important as production | 265 | 3.55 | 1.36 |
| 5 | Members of management do not attend safety meeting. | 265 | 4.54 | 0.55 |
| 6 | Employees feel that management is not willing to Compromise on safety for increasing production. | 265 | 3.67 | 1.29 |
| | Leadership in OHS | 265 | | |

Source own survey 2020

4.6 Leadership in OHS

Under leadership in OHS there are six items to measure the leadership practices in regarding to occupational safety and health and its influence on the organization performance of the hotel. Based on the survey findings among the whole respondents 87 % of respondents agreed that the leadership of the hotel is not committed in ensuring good health and safety practices by a mean of 4.29 and a standard deviation of 0.74 while 2 % of agreed on the statement and 11 % of respondents were neutral. In regarding to the survey questionnaire of management doesn't consults with employees regularly about workplace health & safety issue 65.7% of respondents agreed by a mean $M= 4.51$ and standard deviation 0.58 while 21.9 % of respondents were agreed on the statement and the remaining 12.5% of respondents were neutral on the statement. In perspective of managers / supervisors show interest in the safety of workers 48.7% respondents agreed on the statement by mean 2.42 and a standard deviation 0.95 and 39.2 % of respondents were neutral on the statement it is indicate that managers being lenient towards such kind of behavior. Management doesn't considers employee safety to be equally important as production is another statement to measure managers their leadership towards OHS in the survey questionnaire hence 72.4 % of respondents agreed that Management doesn't considers safety to be equally important as production by a mean of 3.55 while 17.4% of respondents agreed on the statement and the remaining 4.9 % of respondents were neutral on the statement. In the item of Members of management attend safety meeting 46.8% respondents disagreed that Members of management attend safety meeting by a mean $M= 2.48$ and a standard deviation 0.96 while 14% of respondent were agreed on the statement the reset respondents 39.2 % of respondents neutral on the statement. In the last question employees were requested to rate their participation employees feels that management is not willing to compromise on safety for increasing production 72.4 % of respondents agreed on the statement while 17.4% of respondents disagreed and the remaining 4.9% of respondents neutral on the statement by mean $M= 3.67$ and a standard deviation 1.29 overall respondent's response regarding to leadership in health and safety program in the local hotel is below the acceptable level.

Table 4.6 1 Assessment of OHS influence on organization performance

| No | Items on OHS influence on organization performance | N | Mean | Std. Deviation |
|----|---|-----|------|----------------|
| 1 | Employees are satisfied with the OHS program of the hotel | 265 | 1.60 | 0.81 |
| 2 | Customers are satisfied for the hotel services | 265 | 2.42 | 0.97 |
| 3 | Employee's main goal is to make customers happy and satisfied through giving exemplary services | 265 | 4.52 | 0.55 |
| 4 | Number of hotel's customers has increased tremendously | 265 | 2.44 | 0.96 |
| 5 | This hotel has achieved high profitable? | 265 | 2.45 | 0.95 |
| 6 | Organizational Performance | 265 | 2.67 | 0.59 |

Source own survey 2020

4.7 Organizational Performance

Under organizational performance five measures given to measure the organization performance in different perspective. Based on the study findings among the whole respondents 96.2 % of them respond disagreed on the statement that employees are satisfied with health and safety programs of the hotel by a mean $M=1.60$ and a standard deviation 0.49. In regarding to Customers are satisfied for the hotel services 99% of respondents disagreed on the statement while 1% agreed on the statement. In regarding to employee's main goal is to make customers happy and satisfied through giving exemplary services all respondents agreed that on the statement by mean of $M= 4.52$ and a standard deviation of 0.58. Number of hotel's customers has increased tremendously is other measurement of the organization performance 48.3 % of respondents disagreed while 12.8 % of respondents agreed on the statement the rest 38.9 % of respondents neutral by mean $M=2.45$ and a standard deviation 0.95. In the last question on the survey finding employees were requested to rate the achievement of the hotel and only 12.5 % of respondents confirmed that the hotel achieved a profit while 47.5 % of respondents disagreed on the statement and the remaining 40% of respondents were neutral on the statement.

Table 4.7 1Group Mean value of Variable

| No | Statement | N | Mean | Standard Deviation |
|----|----------------------------|-----|------|--------------------|
| 1 | Health and safety Training | 265 | 2.14 | 0.56 |
| 2 | Health and safety Audit | 265 | 2.16 | 0.59 |
| 3 | Health and safety policy | 265 | 1.89 | 0.37 |
| 4 | Leadership in OHS | 265 | 4.01 | 0.77 |
| 5 | Organization performance | 265 | 2.67 | 0.59 |

Source own survey 2020

Group mean and standard deviation value of Health and safety Training, Health and safety Audit, Health and safety policy, Leadership in OHS and organization performance. As shown in the above table 4.7 indicates the overall mean and a standard deviation value of the questions that to address the existing practices of occupational safety and health program in the local star hotels in Addis Ababa and the finding show below the average mean. Health and safety policy is the least one with the mean $M=1.89$ tells that respondents almost inclined to accord to strongly disagreed and disagreed to items provided. In regarding Health and safety Audit with the mean scored $M=2.16$ indicate employees' position towards disagreement zone. Leadership in OHS is another area of independent variable with a mean $M=4.01$ where respondents expressed agreed on the current OHS leadership in the local hotels. Health and safety Training having a mean score of $M=2.14$ respondents disagreed on the statement. All result based on the finding management should give attention occupational safety and health program to enhance the existing OHS practices in the local star rated hotels.

Table 4.8 1 Correlation Analysis

| Variables | | Health and safety Training | Health and safety Audit | Health and safety Policy | Health and safety Leadership | Org. performance |
|------------------------------|---------------------|----------------------------|-------------------------|--------------------------|------------------------------|------------------|
| Health and safety Training | Pearson Correlation | 1 | .908** | .056 | .038 | .724** |
| | Sig. (2-tailed) | | .000 | .362 | .542 | .000 |
| | N | 265 | 265 | 265 | 265 | 265 |
| Health and safety Audit | Pearson Correlation | .908** | 1 | .104 | .018 | .742** |
| | Sig. (2-tailed) | .000 | | .090 | .775 | .000 |
| | N | 265 | 265 | 265 | 265 | 265 |
| Health and safety Policy | Pearson Correlation | .056 | .104 | 1 | .052 | .221** |
| | Sig. (2-tailed) | .362 | .090 | | .395 | .000 |
| | N | 265 | 265 | 265 | 265 | 265 |
| Health and safety Leadership | Pearson Correlation | .038 | .018 | .052 | 1 | .129* |
| | Sig. (2-tailed) | .542 | .775 | .395 | | .036 |
| | N | 265 | 265 | 265 | 265 | 265 |
| Org. performance | Pearson Correlation | .724** | .742** | .221** | .129* | 1 |
| | Sig. (2-tailed) | .000 | .000 | .000 | .036 | |
| | N | 265 | 265 | 265 | 265 | 265 |

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

Source own survey 2020

4.8 Correlation Analysis

The correlation analysis indicates the degree of association between two or more variables simultaneously. The above 4.8 table described that the relationship between the dependent variable (Organization Performance) and independent variables that is (Health and Safety Training, Health and Safety Audit, Health and safety Policy and Leadership in OHS). The findings revealed that there is strong positive relationship which is statistically significant between Health and safety Training and organization Performance, There is strong positive relationship which is statistically significant between Health and Safety Audit and organization Performance, There is strong positive relationship which is statistically significant between Health and safety Policy, There is weak positive relationship between Leadership in OHS and organization Performance.

The study findings were statistically significant between the dependent variable organizational performance and the independent variables. This means that in regarding to health and safety training, employees should get relevant occupational health and safety knowledge, skills and abilities at the work place in order to efficient and reduction of occupational accidents and

mistakes in the workplace. In regarding to health and safety audits, it will mean that the management should be committed and inspect all potential occupational hazards in the workplace in order to reduce occupational accident and to make sure a decent working environment in the hotel to maximize productivity. In the aspect of a health and safety policy in the firm, each hotel should develop and formulate occupational health and safety policy, rules and regulations, practices and procedures that will guide employees to perform their duties thus minimize occupational accident and injuries and also to maximize the organization performance. In regarding to leadership in OHS programs in the firm, will mean that the top management and supervisors should be committed, implemented and support the OHS programs in order to minimize occupational accident and injuries and also motivate employees to obey occupational health and safety policy and also encourage employees to participate for the occupational health and safety program.

Table 4.9 1 Regression Analyses

| Model | Un standardized Coefficients | | Standardized Coefficients | t | Sig. | R | R square | Adjusted R square | |
|-------|------------------------------|------------|---------------------------|-------|-------|-------|-------------------|-------------------|------|
| | B | Std. Error | Beta | | | | | | |
| 1 | (Constant) | 0.249 | 0.183 | | 1.364 | 0.174 | .774 ^a | 0.59 | 0.59 |
| | Health and Safety Training | 0.322 | 0.099 | 0.307 | 3.259 | 0.001 | | | |
| | Health and safety Audit | 0.446 | 0.095 | 0.445 | 4.702 | 0.000 | | | |
| | Health and safety Policy | 0.241 | 0.063 | 0.152 | 3.826 | 0.000 | | | |
| | Leadership in OHS | 0.077 | 0.030 | 0.101 | 2.571 | 0.011 | | | |

a. Dependent Variable: Org. performance

Source own survey 2020

4.9 Regression Analysis

Regression analysis was applied in order to determine statistical significance between the independent variables (Health and Safety Training, Health and Safety Audit, Health and safety Policy and Leadership in OHS) and dependent variable (Organization Performance) in the hotel. Accordingly the regression analysis in the above table 4.9 at 5% level of significance described the amount of contribution by the selected constant variable. Therefore occupational health and

safety management have 59 % of variation on the organizational performance of the hotel. Such difference indicates that independent variable has a significant predictor of organizational performance while 41% indicate that there are some factors not studied in this study that influences the organization Performance.

4.10 Discussions

The study observed that the practices of occupational health and safety program in the local star rated hotels in Addis Ababa through different measurements and also the influence of occupational health and safety practices on the organizational performance actors such as knowledge and general health and safety practices influence on the performance of the organization. The main research question in the study was to examine the influence of occupational safety and health practices on the organization performance. The study also addressed important and wider ranges of OSH issues among randomly selected hotels and participants. The main area was influence of occupational health and safety program on the organization performance such as OHS training, OHS audit, OHS policy, OHS leadership and organization performance addressed through review of respondents respond and other documents related to the study matter.

The study tried to explore the OHS training influence on the organization performance through Employees are trained on OHS issue in the hotel, management ensures that employees attend on the OHS workshop in the organization, Provide frequent OHS training leads to increase organization performance, there is a healthy and safety training policy in the hotel, new employees are trained on health and safety program to enable them learn the safety rules and procedures, Employees acquire relevant knowledge and skill from the OHS training that enable them to perform their duties. All of those factors were computed into one composite score to measure the general occupational health and safety training practices, and its influence on the organization performance of the study. The study result showed that practices of occupational health and safety training in the local star rated hotels showed that there is no an intensive occupational health and safety training for employees in the hotel and these indicate that hotels needs to implement occupational health and safety training in the local hotels and this finding similar to the study done in Australia that there is an urgent need for occupational health and safety training and education due to the level of contact with customers in the workplace, and the

type of injuries that currently occur (Patterson et al; 1994). With the increased growth of the industry and the fact that the industry is very labour intensive, the need to identify clearly and address workplace health and safety issues is essential (Valmae J, 2001).

This study depicts that the OHS health and safety audit influence on the organization performance through different measurements does the hotel conduct a healthy and safety audit periodically to minimize the occupational hazard and to make sure a decent work place for employees and also to make sure OHS audit contribute for the hotel productivity and the study result 48.7% of respondents agreed that local hotels didn't conduct a risk assessment to ascertain hazards in the organization. This study similar to a research conducted by Kang Eng Thye (2004) titled a review of international developments in occupational safety and health auditing practices and the findings of the study indicated that about 77% of most companies that practice OSH program are mainly focus on compliance to laws and regulation and did not aim for worker's safety, health and welfare (Veltri 1991). This resulted that the whole audit process does not add any true value to worker safety and health protection. According to this study, the assessment of occupational health and safety leadership in the local hotel industry and its influence on the organization performance and the study revealed that 84% of respondents agreed that the leadership of the hotel is not committed in ensuring good health and safety practices in the local hotel and a contrary result was reviewed from the study conducted on EU-OSHA by (Walker 2010) accident prevention has shown that compliance with safety and health regulation has only a minor effect on reducing accident rates. The main merit of regulation has been seen as that of putting safety and health on the agenda and reminding employers of their responsibility to keep employees safe and healthy.

This study also demonstrated that most of the hotels do not have occupational health and safety policy according to the study findings 99% of respondents agreed that hotels doesn't have a health and safety policy to manage occupational safety and health program these situation has a contribution for occupational accident and injuries in the organization whereas other companies occupational health and safety policy consider as a major task to implement occupational health and safety management in the organization. The implementation of OHSM helps organizations to increase profitability, reduce costs and increase performance as well (Bakri, et al., 2006). Good level of OHSM has a positive influence on the performance of an organization in terms of

financial, Competitive and safety (Fernández. et al., 2009). Organizations that do not implement OHSM show less performance when compared to the firms that implement organizational Health and safety measures (Bottani, et al., 2009).

Based on this study, the organization performance has been measured through different measures and the study findings 96.2 % respondents agreed that employees are not satisfied with health and safety programs of the hotel as a result of this employee are not motivated and safe to work their duties, on the study finding only 12.5 % of respondents confirmed that the hotel achieved a profit while the rest are not. This result is reverse to the study conducted by (Valmae J, 2001) found that companies where occupational health and safety was considered as equal to other corporate objectives also had improved productive performance and improved employee relations which had a positive effect in reduction of the incidence of accidents and injuries and a reduction in the direct and indirect costs of injuries and accidents while reducing turnover of staff (Valmae J, 2001). In Ethiopian hospitality industry especially in the local hotel employees was identified very little research attention on occupation health and safety program relative to the other industries in the country and local hotel employees was identified as an under researched.

CHAPTER V

Findings, Conclusion and Recommendations

This final chapter presents the major findings deriving from the data analysis. Based on these findings forward a conclusion and recommendations mainly based on the survey result, which have been discussed in the previous chapter. This study explored the effect of occupational health and safety on organizational performance.

5.1 Summary of findings

- From the total respondents' majority (56.6%) of them were men. In addition to others demographic such as employee age, educational status, work experience and employment were found to be significant to provide appropriate data for occupational health and safety study. 52 % of Employees in the 20 to 29 years old groups, 73.2 % of respondents work experience of 3-10 years and all respondents' permanent workers were exposed more for this study.
- Influence of health and safety training on organizational performance the study discovered that respondents strongly disagreed that they were trained on health and safety issues in the organization as indicated by a mean of $M=2.41$ and standard deviation of 0.95. In regarding to management ensures that employees attend on the OHS workshop in the organization respondents strongly disagreed by a mean $M = 1.80$ and a standard deviation 0.75. further they strongly disagreed there is a healthy and safety training policy in the hotel shown by the mean $M=1.82$ and a standard deviation 0.76 in general the average mean in regarding to OHS training is below the acceptable level and this gives an insight for management of the hotel to provide occupational safety and healthy training for their staffs and new hired employees to enhance the organization performance.
- Under the health and safety audit on organizational performance the study discovered that respondents disagreed that the hotel conducts health and safety audits by a mean of 1.83 and a standard deviation of 0.77. In regarding to the managers conduct risk assessment to ascertain hazards in the organization respondents disagreed on the statement by a mean $M= 2.42$ and a standard deviation 0.95 respondents answered that Managers didn't

communicate any possible hazards in the hotel they agreed on the statement Managers didn't communicate any possible hazards in the hotel by mean $M= 1.82$ and a standard deviation 0.76 Overall the average mean result in all area of health and safety audit the average mean is below the acceptable level.

- Under the healthy and safety policy the study discovered that respondents disagreed the organization has a health and safety policy by a mean of 1.42 and a standard deviation of 0.54 In regarding to the organization provides protective equipment such as gloves, mask safety shoes to its employees some of respondents disagreed on the statement by a mean 1.83 and a standard deviation 0.77 . Respondents strongly disagreed that employees are encouraged to develop and apply their skill and knowledge in order to improve organizational safety is also another measurement of OHS policy by a mean $M= 1.50$ and a standard deviation 0.69 .
- In order to measure and ensure management's commitment regarding to occupational health and safety program practices, audits and inspection in the hotel Leadership in OHS was conducted. According to the study findings respondents strongly disagreed that the leadership of the hotel is committed in ensuring good health and safety practices by a mean of 1.88 and a standard deviation of 0.78 . The respondents strongly disagreed on management consults with employees regularly about workplace health & safety issue by a mean $M= 1.85$ and standard deviation 0.75 . Respondents strongly disagreed that Management considers safety to be equally important as production as shown by a mean of 1.94 and a standard deviation of 0.79 .
- The correlation analysis on the study confirmed that there is a moderate and a positive relationship between organization performance and occupational safety and health program in the organization. In the finding there is weak positive relationship between Health and safety Training, and organization Performance beside that health and safety audit also has a weak positive relationship with organizational performance. But Health and safety Policy has a stronger positive relationship with the organization performance.

5.2 conclusions

The main objective of this research was to assess the practice of occupational safety and health practices and its effect on the origination performance. From the research findings presented in chapter four and summary above the study concludes the following:

In this study

- Employees confirmed that they did not trained on occupational health and safety training, and the organization doesn't have a safety and health police beside this the management don't ensures that all employees attend health and safety workshops in the organization. This leads to employees to expose occupational accident at the workplace.
- Employees confirmed that the organization didn't conduct any risk assessment to ascertain hazards on occupational safety and health issues in the hotel and also they agreed that management didn't assess working condition periodically in the hotel beside this they didn't communicate any possible occupational hazard in the hotel.
- Employees confirmed that there is no occupational safety and health policy in the organization and also some hotels doesn't provides basic personal protective equipment like gloves and face mask safety shoes to its employee's beside this there is no system to encourage employees to develop and apply their own skills and knowledge to enhance the organization safety. Moreover employees agreed that there is no safety office and expert in the hotel.
- Employees strongly disagreed that the leadership of the organization is committed in ensuring good health and safety practices and employee confirmed that the management doesn't give an opportunity for them to consults regularly about workplace health and safety issues. In addition to this management don't considers safety to be equally important as production.
- The organization performance is influenced by the OHS management of the hotel and employees confirmed that they are not satisfied with the OHS program of the hotel and also they confirmed that the local hotels didn't achieve a profit.

5.3 limitation of the study and recommendation for future studies.

Due to the state of emergency and pandemic Covid -19 year 2020 was a time of despair for the hospitality industry in Ethiopia. As a result of this there have been periods of declines the inflow of tourist in the country and declined any meeting and event. As a result of this most hotels totally and partial closed and employers were lying of their employees because of depleting the business volume, which caused job insecurity and scared on the covid-19 pandemic. This research was conducted when the fever of this situation was still high. Therefore collection of data from respondents was very challenging and 18% of respondents questionnaire were not return for the study. Furthermore the qualitative data was impossible to collect from respondents therefore it is recommended that future researchers to be conducted when the situation are safe and normal circumstance.

5.4 Recommendation

- Management of the hotel should give attention on occupational safety and health program and develop a health and safety training policy and based on the policy the organization should give OHS training for existing staffs and for new hired employees to protect themselves from any work related accident in the organization and it help the organization to boost its productivity and to became a profitable.
- Management should conduct a risk assessment to ascertain hazards of on occupational safety and health periodically in the hotel and take corrective action immediately and also managers should communicate any possibility of hazards, accidents and hazards were thoroughly investigated and if audit reports were made employees should have an access to read the audit report this activities will have some contribution to minimize any possible work accident in the hotel.
- The management of the hotel should ensure to consult its employees through suggestion in order to improve on the occupational health and safety programs in the organization thus boosting productivity and worker participation in OHS programs. Moreover managers of the organization should attend safety meetings, with their employees in order to address employee request in regarding to occupational safety and health issue and thus OHS programs enhancing productivity and they should also be proactive on matters of OHS by providing solutions to problems on OHS programs.

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Addis Ababa University
School of commerce
Human resource department

Survey Questioner to be field by employees

Date March /2020

Dear Sir/Madam,

My name is **Yoseph Zeleke** I am a student at Addis Ababa University currently pursuing a MA Degree in human resource management in school of commerce. I am carrying out a study on effect of occupational safety and health program on the organizational performance in the selected local four and five star hotels in Addis Ababa Ethiopia.

This is a study that aims at investigating the extent to which occupational health and safety practices affect the hotel performance in the local hotel four and five star hotels in Addis Ababa Ethiopia.

I kindly request your participation in the study by filling in the questionnaires. Any information given by you relating to the study will be treated confidentially and will not be used against you in any way. Findings from this study will benefit the country and by extension the organization you work in through policy issues that are favorable to you as an employee. If you have any questions regarding the study, you can reach the investigator on 0911 86 90 83 or email – [joye1891@ gmail.com](mailto:joye1891@gmail.com).

Sincerely

Questionnaire for Hotel employees

Effect of OHS practices on the organizational performance in local four and five star rated hotels in Addis Ababa Ethiopia.

This is a study that aims at investigating the extent to which occupational health and safety practices affect the organization performance in the local four and five star hotels in Addis Ababa Ethiopia. The questions are for research purposes only and the responses will be treated with strictly **confidential**.

INSTRUCTIONS: Please tick the most appropriate response for each item

SECTION A: DEMOGRAPHIC INFORMATION

1. Gender

| Male | Female |
|------|--------|
| | |

2. Indicate your age bracket

| Less than 20 years | 20 – 29 years | 30 –39 years | 40 – 49 years | 50 – 59 years | 60 years + |
|--------------------|---------------|--------------|---------------|---------------|------------|
| | | | | | |

3. Marital statuses

| Never married | Married | Widowed | Divorced |
|---------------|---------|---------|----------|
| | | | |

4. Indicate your highest level of education

| No formal education | Primary school 1-8 | High school 9-12 | Certificate | Diploma | Degree |
|---------------------|--------------------|------------------|-------------|---------|--------|
| | | | | | |

5. Types of employment

| Permanent | Contract |
|-----------|----------|
| | |

6. Work experience in the hotel industry

| | | | |
|---------------------|--------------------------|-----------------------|-----------------|
| One year –two years | three years – Five years | six years – ten years | Above ten years |
| | | | |

7. In which star hotel are you working?

| | |
|--------------|--------------|
| 4 star Hotel | 5 star Hotel |
| | |

Section B: Health and safety Training in the hotel

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)

| No | Health and safety Training | 1 | 2 | 3 | 4 | 5 |
|----|---|---|---|---|---|---|
| 1 | Employees are trained on OHS issue in the hotel. | | | | | |
| 2 | Management ensures that employees attend on the OHS workshop in the organization | | | | | |
| 3 | Provide frequent OHS training leads to increase organization performance | | | | | |
| 4 | There is a healthy and safety training policy in the hotel | | | | | |
| 5 | New employees are trained on health and safety program to enable them learn the safety rules and procedures | | | | | |
| 6 | Employees acquire relevant knowledge and skill from the OHS training that enable them to perform their duties | | | | | |

Section C: Health and safety Audit in the hotel

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)

| No | Health and safety Audit | 1 | 2 | 3 | 4 | 5 |
|----|---|---|---|---|---|---|
| 1 | The organization conduct a healthy and safety audit | | | | | |
| 2 | The Managements conduct risk assessment to ascertain hazards in the organization. | | | | | |
| 3 | The working conditions in the organization are checked periodically | | | | | |
| 4 | Managers communicate any possible hazards in the hotel. | | | | | |
| 5 | Accidents and hazards are investigate thoroughly in the hotel | | | | | |
| 6 | The audit report is available for employees to read it. | | | | | |

Section D: Health and safety policy in the hotel

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)

| No | Health and safety policy | 1 | 2 | 3 | 4 | 5 |
|----|---|---|---|---|---|---|
| 1 | There is a health and safety police in the hotel. | | | | | |
| 2 | The organization doesn't provides protective equipment such as gloves, mask safety shoes to its employees | | | | | |
| 3 | Employees like the hotel due to its health and safety policy and they have no intention of quitting. | | | | | |
| 4 | Employees are encouraged to develop and apply their skill and knowledge in order to improve organizational safety | | | | | |
| 5 | There is occupational health and safety office in the hotel | | | | | |
| 6 | Employees to adhere to safety regulation in the performance of their duty. | | | | | |
| 7 | Employees ideas and suggestions are incorporated in the safety policy of the organization | | | | | |

Section E: Leadership in OHS in the hotel

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)

| No | Leadership in OHS | 1 | 2 | 3 | 4 | 5 |
|----|--|---|---|---|---|---|
| 1 | Leadership of this hotel is not committed in ensuring good health and safety practices. | | | | | |
| 2 | Management doesn't consult with employees regularly about workplace health & safety issue | | | | | |
| 3 | Managers / supervisors do not show interest in the safety of workers. | | | | | |
| 4 | Management doesn't considers employee safety to be equally important as production | | | | | |
| 5 | Members of management do not attend safety meeting. | | | | | |
| 6 | Employees feel that management is not willing to Compromise on safety for increasing production. | | | | | |

Section F: Organization performance in the hotel

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)

| No | Organization performance | 1 | 2 | 3 | 4 | 5 |
|----|---|---|---|---|---|---|
| 1 | Employees are satisfied with the OHS program of the hotel | | | | | |
| 2 | Customers are satisfied for the hotel services | | | | | |
| 3 | Employee's main goal is to make customers happy and satisfied through giving exemplary services | | | | | |
| 4 | Number of hotel's customers has increased tremendously | | | | | |
| 5 | This hotel has achieved high profitable? | | | | | |

Open ended question

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

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

አዲስ አበባ ዩኒቨርሲቲ
የንግድ ስራ ትምህርት ቤት
ሰው ሀብት ስራ አመራር የትምህርት ክፍል
መጠይቅ ለሆቴል ስራተኞች

የሴኛ ዘለቀ እባላለሁ በአዲስ አበባ ዩኒቨርሲቲ የንግድ ስራ ትምህርት ቤት በሰው ሀብት ስራ አመራር የትምህርት ክፍል ስር ሁለተኛ ዲግሪዬን እያጠናው የምገኝ ስሆን ለዚሁ ትምህርት ማሟያ በአዲስ አበባ ከተማ በሚገኙ የሀገር ውስጥ ባለ አራት እና አምስት ኮከብ ሆቴሎች በስራ አካባቢ ላይ የሙያ ደህንነትና ጤንነት ዙርያ እየተተገበረ ያለውንና ያጋጠሙ ተግዳሮቶችን እያካሄድኩ እገኛለሁ። የጥናቱም ዓላማ በስራ ቦታ ላይ ከስራ ጋር በተያያዘ የሚደርሱ የስራ ላይ አደጋ ምክንያቶች ፣ የሙያ ደህንነት ለመተግበር ያሉ ተግዳሮቶች በሆቴሉ ያሉ የሙያ ደህንነት እና ጤንነት ፖሊስ እና ስልጠናዎች በሆቴሉ በምን አይነት ሁኔታ እየተተገበረ እንዳለ፣ ያጋጠሙ ችግሮችን እና በሆቴሉ ውጤታማነት ላይ ያለውን ተጽእኖ በማጥናት የመፍትሄ ሀሳቦችን መጠቀም ነው።

በመሆኑም ከዚህ በታች የተዘጋጁትን መጠይቆች በጥንቃቄ በመመልከት መልሶቻቸውን በትዕዛዙ መሠረት እንድትሞሉ ትብብራችሁን እጠይቃለሁ። አንድም የጥያቄዎቹ መልስ ከጥናቱ ዓላማ ውጪ አይውልም። ለሁሉም ጥያቄዎች የሰጣችኋቸው መልሶች በሚስጢራዊነት ይጠበቃሉ። በዚህ መጠይቅ መሳተፍ ሙሉ በሙሉ በፍቃደኝነት ላይ የተመረከዘ ነው። ከመጠይቁ ጋር ተያይዞ መብራራት ለምትፈልጉት ማናኛውንም ጥያቄ /ማብራሪያ በስልክ ቁጥር 0911869083 ወይም በኢሜል joye1891@gmail.com መጠየቅ ትችላላችሁ ።

ከሰላምታ ጋር

መጠይቅ ለሆቴል ሰራተኞች

የዚህ ጥናት ዋናው ዓላማ በአዲስ አበባ በሚገኙ እና በተመረጡ ባለ አራት እና አምስት ኮከብ ሆቴሎች ያለውን የሥራ አካባቢ ጤንነት እና የሙያ ደኅንነትን አተገባበር እና በሆቴሉ ውጤታማነት ላይ ያለውን ተጽእኖ በሆቴሉ ያሉ የሙያ ደህንነት እና ጤንነት ፖሊሲ እና ስልጠናዎች በሆቴሉ በምን አይነት ሁኔታ እየተተገበረ እንዳለ፣ ያጋጠሙ ችግሮችን በማጥናት የመፍትሄ ሀሳቦችን መጠቀም ነው። አንድም የጥያቄዎቹ መልስ ከጥናቱ ዓላማ ውጪ አይውልም ለሁሉም ጥያቄዎች የሰጣችኋቸው መልሶች በሚስጠራዊነት ይጠበቃሉ።

ከፍል አንድ: የግለሰቡ/ቧ መሰረታዊ መረጃዎች

1. ፆታ ?

| | |
|-----|----|
| ወንድ | ሴት |
| | |

2. ዕድሜ ?

| | | | | | |
|--------------|--------------|--------------|--------------|-------------|------------|
| ከ 20 ዓመት በታች | ከ20 – 29 ዓመት | ከ30 – 39 ዓመት | ከ 40- 49 ዓመት | ከ50- 59 ዓመት | 60 ዓመት በላይ |
| | | | | | |

3. የጋብቻ ሁኔታ?

| | | | |
|---------|-------|------------|-------|
| ያላገባ /ች | ያገባ/ች | በሞት የተለየበት | የፈታ/ች |
| | | | |

4. የትምህርት ደረጃ ዎ?

| | | | | | |
|-----------------------|----------------------------------|------------------------------|--------|------|-----------------|
| መጻፍና ማንበብ የሚችል/ የምትችል | የመጀመሪያ ደረጃት ምህርት (1-8) ያጠናቀቀ/ች | ሁለተኛ ደረጃ ትምህርት(9-12) ያጠናቀቀ/ች | ስርተፍኬት | ዲፕሎማ | ዲግሪና እና ከዚያ በላይ |
| | | | | | |

5. የቅጥር ሁኔታ

| | |
|---------|------------|
| ቋሚ ሠራተኛ | ኮንትራት ሠራተኛ |
| | |

6. በሆቴል ኢንደስትሪ ምን ያህል ዓመት አገልግላለዋል ?

| | | | |
|------------------|-------------------|--------------------|--------------|
| ከ1 ዓመት አስከ 2 ዓመት | ከ 3 ዓመት አስከ 5 ዓመት | ከ 6 ዓመት አስከ 10 ዓመት | ከ 10 ዓመት በላይ |
| | | | |

7. እርሶ የሚሰሩበት ሆቴል ባለ ስንት ኮከብ ሆቴል ነው ?

| | |
|----------------|-----------------|
| ባለ አራት ኮከብ ሆቴል | ባለ አምስት ኮከብ ሆቴል |
| | |

ክፍል ሁለት የሥራ አካባቢ ጤንነት እና የሙያ ደህንነትን ስልጠና

በዚህ ክፍል ለእያንዳንዱ ነጥብ የተቀመጡትን መለኪያዎች የሚሰማሙትን የ[x] ምልክት በማስቀመጥ ይምረጡ፡- መለኪያዎቹም፡- በጣም አልሰማማም፡(1),አልሰማማም (2)፣አልወሰንኩም (3)፣ እስማማለሁ (4) እና በጣም እስማማለሁ(5) ስለዚህ ስለ የሥራ አካባቢ ጤንነት እና የሙያ ደህንነትን ስልጠና ያለዎትን ግንዛቤ ቀጥለው ለተቀመጡት ነጥቦች በመለኪያዎቻቸው አማካኝነት የ [x] በማድረግ ያመልክቱ

| ተ.ቁ | የሥራ አካባቢ ጤንነት እና የሙያ ደህንነትን ስልጠና | 1 | 2 | 3 | 4 | 5 |
|-----|--|---|---|---|---|---|
| 1 | ሰራተኞች የሙያ ደህንነት እና ጤንነት አጠባባቅ ስልጠና በሆቴሉ አግኝተዋል? | | | | | |
| 2 | ሰራተኞች የሙያ ደህንነት እና ጤንነት አጠባባቅ ስልጠና በሆቴሉ መውሰዳቸውን ማኔጅመንቱ ያረጋግጣል | | | | | |
| 3 | በተደጋጋሚ ለሰራተኞች የሙያ ደህንነት እና ጤንነት አጠባባቅ ስልጠና መስጠት ሆቴሉን ወደ ላቀ አፈጻጸም ያመጣዋል ? | | | | | |
| 4 | የሙያ ደህንነት እና ጤንነት አጠባባቅ ስልጠና ፖሊሲ መኖሩ ለሆቴሉ ውጤታማነት አስተዋጾ አለው ? | | | | | |
| 5 | አዲስ የሚቀጠሩ ሠራተኞች የሙያ ደህንነት እና ጤንነት አጠባባቅ ስልጠና መውሰዳቸው በሆቴሉ ስላለው ደህንነት እና ጥንቃቄ መመሪያ እንዲያውቁ ይረዳቸዋል ? | | | | | |
| 6 | ስለ ሙያ ደህንነት እና ጤንነት አጠባባቅ የሚሰጠው ስልጠና ሰራተኞች በቂ እውቀት እና ግንዛቤ አግኝተው ስራቸውን በተገቢው ሁኔታ እንዲሰሩ ያስችላቸዋል ? | | | | | |

ክፍል አምስት የሥራ አካባቢ ጤንነት እና የሙያ ደኅንነትን አዲት

በዚህ ክፍል ለእያንዳንዱ ነጥብ የተቀመጡትን መለኪያዎች የሚስማሙትን የ[x] ምልክት በማስቀመጥ ይምረጡ፡- መለኪያዎቹም፡- በጣም አልስማማም፡(1)፣አልስማማም (2)፣አልወሰንኩም (3)፣ እስማማለሁ (4) እና በጣም እስማማለሁ(5) ስለዚህ ስለ የሥራ አካባቢ ጤንነት እና የሙያ ደኅንነትን አዲት ያለዎትን ግንዛቤ ቀጥለው ለተቀመጡት ነጥቦች በመለኪያዎቻቸው አማካኝነት የ[x] በማድረግ ያመልክቱ

| ተ.ቁ | የሥራ አካባቢ ጤንነት እና የሙያ ደኅንነትን አዲት | 1 | 2 | 3 | 4 | 5 |
|-----|---|---|---|---|---|---|
| 1 | ሆቴሉ የሥራ አካባቢ ጤንነት እና የሙያ ደኅንነትን አዲት ያደርጋል ? | | | | | |
| 2 | የሆቴሉ ማኔጅመንት የሥራ ላይ አደጋ ስጋት በሆቴሉ መኖሩን በማጥናት ያረጋግጣሉ | | | | | |
| 3 | የስራ አካባቢውን እና የስራ እንቅስቃሴውን ሆቴሉ በመደበኛነት ይከታተላል? | | | | | |
| 4 | የሆቴሉ ስራ አመራር አደጋ ሊያስከትሉ የሚችሉ መንስኤዎችን ለሰራተኞች ያሳውቃል። | | | | | |
| 5 | ሆቴሉ የስራ ላይ አደጋ እና የአደጋ መንስኤዎችን ይመረምራል። | | | | | |
| 6 | የአዲት ረፖርት ሰራኛው ሊያነበው እና ሊያውቀው በሚያስችል መልኩ ማግኘት ይቻላል። | | | | | |

ክፍል ሶስት የሥራ አካባቢ ጤንነት እና የሙያ ደኅንነትን ፖሊሲ

በዚህ ክፍል ለእያንዳንዱ ነጥብ የተቀመጡትን መለኪያዎች የሚስማሙትን የ[x] ምልክት በማስቀመጥ ይምረጡ፡- መለኪያዎቹም፡- በጣም አልስማማም፡(1)፣አልስማማም (2)፣አልወሰንኩም (3)፣ እስማማለሁ (4) እና በጣም እስማማለሁ(5) ስለዚህ ስለ የሥራ አካባቢ ጤንነት እና የሙያ ደኅንነትን ፖሊሲ ያለዎትን ግንዛቤ ቀጥለው ለተቀመጡት ነጥቦች በመለኪያዎቻቸው አማካኝነት የ[x] በማድረግ ያመልክቱ

| ተ.ቁ | የሥራ አካባቢ ጤንነት እና የሙያ ደኅንነትን ፖሊሲ | 1 | 2 | 3 | 4 | 5 |
|-----|---|---|---|---|---|---|
| 1 | ሆቴሉ የሥራ አካባቢ ጤንነት እና የሙያ ደኅንነትን ፖሊሲ አለው | | | | | |
| 2 | ሆቴሉ ለሰራተኞቹሁ የአደጋ መከላከያ እና የሙያ ደኅንነትና ጤንነት መጠበቂያ ቁሳቁሶችን ለሰራተኞቹሁ አይሰጥም | | | | | |
| 3 | ሆቴሉ ባለው ሥራ አካባቢ ጤንነት እና የሙያ ደኅንነትን ፖሊሲ የሆቴሉ ሰራተኞች ደስተኛ በመሆናቸው ሆቴሉን ለመልቀቅ አይፈልጉም | | | | | |
| 4 | የሆቴሉን የሥራ አካባቢ ጤንነት እና የሙያ ደኅንነትን ለማሻሻል ሠራተኞች ያላቸውን እውቀት እና ችሎታ ተጠቅመው ተግባራዊ እንዲያደርጉ አይበረታቱም | | | | | |

| | | | | | | |
|---|---|--|--|--|--|--|
| 5 | የሥራ አካባቢ ጤንነት እና የሙያ ደኅንነትን ቢሮ በሆቴሉ ይገኛል | | | | | |
| 6 | ሰራተኞች ስራቸውን ሲያከናውኑ የሆቴሉን የሙያ ደኅንነትን እና ጤንነት መመሪያን ይከተላሉ | | | | | |
| 7 | የሥራተኛው ሃሳብ እና አስተያየት በሆቴሉ የሥራ አካባቢ ጤንነት እና የሙያ ደኅንነትን ፖሊሲ ውስጥ ይካተታሉ | | | | | |

ክፍል አራት የሥራ አካባቢ ጤንነት እና የሙያ ደኅንነትን አመራር

በዚህ ክፍል ለእያንዳንዱ ነጥብ የተቀመጡትን መለኪያዎች የሚስማሙትን የ[x] ምልክት በማስቀመጥ ይምረጡ፡- በጣም አልስማማም፣(1)፣አልስማማም (2)፣አልወሰንኩም (3)፣ እስማማለሁ (4) እና በጣም እስማማለሁ(5) ስለዚህ ስለ የሥራ አካባቢ ጤንነት እና የሙያ ደኅንነትን አመራር ያለዎትን ግንዛቤ ቀጥለው ለተቀመጡት ነጥቦች በመለኪያዎቻቸው አማካኝነት የ [x] በማድረግ ያመልክቱ

| ተ.ቁ | የሥራ አካባቢ ጤንነት እና የሙያ ደኅንነትን አመራር | 1 | 2 | 3 | 4 | 5 |
|-----|---|---|---|---|---|---|
| 1 | ማኔጀርስ / ሱፐርቫይዘር በሆቴሉ ምቹ የሆነ የሥራ አካባቢ ጤንነት እና የሙያ ደኅንነትን ትግበራ መኖሩን አያረጋግጡም፡፡ | | | | | |
| 2 | ማኔጀርስ በመደበኛነት ከሰራተኞቻቸው ጋር ስለ ሥራ አካባቢ ጤንነት እና የሙያ ደኅንነትን ጉዳይ አይመከሩም ፡፡ | | | | | |
| 3 | ማኔጀርስ / ሱፐርቫይዘር ለሰራተኞቻቸው ስለ ሥራ አካባቢ ጤንነት እና የሙያ ደኅንነትን ትኩረት አይሰጡም፡፡ | | | | | |
| 4 | የሆቴሉ ስራ አመራር የሰራተኛውን የሥራ አካባቢ ጤንነት እና የሙያ ደኅንነትን ለሆቴሉ እንግዶች ትኩረት አንደሚሰጠው አገልግሎት አይመለከቱትም ፡፡ | | | | | |
| 5 | የሆቴሉ ስራ አመራር ስለ ሥራ አካባቢ ጤንነት እና የሙያ ደኅንነትን በሚያደረጉት ስብሰባ ላይ አይገኙም ፡፡ | | | | | |
| 6 | የሆቴሉን ውጤታማነት ለማሳደግ ማኔጀርስ / ሱፐርቫይዘር የሰራተኞቻቸው የሥራ አካባቢ ጤንነት እና የሙያ ደኅንነትን ለመጠበቅ አይተባበሩም ፡፡ | | | | | |

ክፍል አምስት የሆቴሉ ውጤታማነት

በዚህ ክፍል ለእያንዳንዱ ነጥብ የተቀመጡትን መለኪያዎች የሚስማሙትን የ[x] ምልክት በማስቀመጥ ይምረጡ፡- በጣም አልስማማም፣(1)፣አልስማማም (2)፣አልወሰንኩም (3)፣ እስማማለሁ (4) እና በጣም እስማማለሁ(5) ስለዚህ ስለ የሆቴሉ ውጤታማነት ያለዎትን ግንዛቤ ቀጥለው ለተቀመጡት ነጥቦች በመለኪያዎቻቸው አማካኝነት የ [x] በማድረግ ያመልክቱ

| ተ.ቁ | የሆቴሉ ውጤታማነት | 1 | 2 | 3 | 4 | 5 |
|-----|---|---|---|---|---|---|
| 1 | ሰራተኛው ሆቴሉ ባለው የሙያ ደህንነትን እና ጤንነት አጠባበቅ ፕሮግራም ደስተኛ ነው | | | | | |
| 2 | ሆቴሉ በሚሰጠው የሆቴል አገልግሎት እንግዶች ደስተኛ ናቸው | | | | | |
| 3 | የሰራተኛው ዋና ዓላማ ለአንጻራዊ የተሻለ እና ጥሩ አገልግሎት በመስጠት አንጻራዊን ማስደሰት እና ማርካት ነው :: | | | | | |
| 4 | የሆቴሉ እንግዶች ቁጥር እየጨመረ ይገኛል :: | | | | | |
| 5 | ሆቴሉ በሚሰጠው አገልግሎት ከፍተኛ ትርፋማነት አስመዝግቧል ? | | | | | |

ተጨማሪ አስተያየት

የሆቴሉን የሥራ አካባቢ ጤንነት እና የሙያ ደህንነትን ሆኔታ ለማሻሻል ምን አስተያየት አሎት

በሆቴል ውስጥ ምን አይነት ሆኔታዎች በስራ ላይ የስራ አደጋ እንዲከሰት አስተዋጾ ያደርጋሉ ?
