STATUS OF OCCUPATIONAL SAFETY AND HEALTH WITHIN SELECTED BANKS IN NAKURU COUNTY, KENYA

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Status of Occupational Safety and Health within Selected Banks in Nakuru County, Kenya

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DECLARATION

This thesis is my original work and has not been submitted for a degree in any other University.

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This thesis has been submitted for examination with our approval as university supervisors.

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DEDICATION

To the almighty God who has favoured and brought me this far. To my dear parents, Mr James Oduory and the late Rosemary Nanjira, My dear husband Bernard Otieno, my children Rachael, Basil, Anysia & Tehillah.

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF APPENDICES

ACRONYMS AND ABBREVIATIONS

ATM: Automated Teller Machine

BBK: Barclays Bank of Kenya

CBA: Commercial Bank of Africa

CBK: Central Bank of Kenya

Co-op Bank: Cooperative Bank

ERFs: Ergonomic Risk Factors

FRBSF Federal Reserve bank of San Francisco

GoK: Government of Kenya

KCB: Kenya Commercial Bank

MDs: Musculoskeletal Disorders

NACOSTI: National Commission of Science, Technology and Innovation

OSH: Occupational Safety and Health

OSHA: Occupational Safety and Health Act

OSHMS: Occupational Safety and Health Management System

RSI: Repetitive stress injury

SPSS: Statistical Package for Social Sciences

Stanchart: Standard Chartered Bank

UNESCO: United Nations Educational, Scientific and Cultural Organization

VIF: Variance Inflated Factors

WHO: World Health Organization

WIBA: Work Injury Benefits Act

ABSTRACT

There are different types of risks which face staff working with commercial banks, which are aggravated by how the local banking industry has expanded. The persistently rising demands of the banking industry and the working environment poses serious hazards to the banking staff. It is with this understanding that this study purposed to evaluate the status of occupational safety and health in commercial banks focusing more precisely on tier one banks operating in Kenya. The specific objectives of the study included the assessing of the workplace hazards facing bank employees; identification of the current OSH practices; and also, determination of the level of awareness of employees in regard to risks in their working environment. The theory of reasoned action, and iceberg theory guided the study. A cross-sectional survey research design and a quantitative approach were both embraced by the study. The study was carried out amongst tier 1 commercial banks in Nakuru County. The staff working in tier one commercial banks in Kenya constituted the target population. A total of 589 staff working with the aforesaid banks in Nakuru County comprised the accessible population. A sample of 163 staff was drawn from the study population using stratified random sampling technique. A self-designed structured questionnaire was used for data collection. The research questionnaire was pilot-tested with the view of assessing its validity and reliability. The Statistical Package for Social Sciences Version 24.0 program facilitated analysis of the collected data. Data was reported through descriptive and inferential statistics. The results of the study were presented in form of graphs, charts and tables. Study results revealed that the correlation between hazards in banks and OSH status was negative, weak and not statistically significant ($r = -0.076$; $p > 0.05$). The correlation between OSH practices and OSH status was positive, moderately strong and statistically significant ($r = 0.657$; $p < 0.05$). More so, the relationship between employee awareness of risks and OSH status in banks was found to be positive, moderately strong and statistically significant even at 95% confidence level ($r = 0.35$; $p < 0.05$). Regression analysis established that 47.8% of variance in status of OSH in commercial banks could be explained by hazards in banks, OSH practices, and employee awareness of workplace hazards. Of the foregoing factors, OSH practices were found to be the most critical in determining the status of OSH in commercial banks operating in Nakuru County. The results conclude that workplace hazards are likely to undermine the status of OSH in banks if and when they are unchecked. The study also found that there are several OSH practices that are executed by commercial banks. These include amongst others, medical examinations of employees, elimination of the sources of hazards, work shifts, rest breaks and job rotation. Furthermore, it was concluded that employees' awareness of risks would ensure that they take deterrent measures, therefore, improving the status of OSH in commercial banks. The study recommended that banks should compensate employees in case of injuries and also cater for associated hospitalization costs. It was further recommended that banks ought to develop a framework that guides implementation of OSH practices and compliance with OSH legislation in order to avoid litigation costs and bad corporate image. Further

studies are recommended on OSH in other financial institutions such as Saccos and microfinance institutions, and also in other sectors such as the hospitality industry.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

The banking industry is on the forefront of critical financial players in the world. The objective of banks is to accumulate capital gains while simultaneously seeking to minimize losses. Commercial banks play a crucial role in the financial system. They mobilize funds from depositors and use the same to extend, in form of loans, to borrowers. The largest proportion of banks' revenue is the interest emanating from credit facilities extended to borrowers. Commercial banks provide diverse financial services which increases the efficiency of the overall economy (FRBSF, 2001).

All the banks in Kenya are categorized as either Tier 1, Tier 2 or Tier 3. This is guided by a weighted index of all their net assets, capital and reserves, deposits, number of loans and accounts. According to the Central Bank of Kenya, Tier 1 banks have a weighted index of five percent or more, Tier 2 banks have an index ranging from one to five percent while Tier three banks below 0 percent.

Occupational Safety and Health (OSH) practices over the years received minimal attention with regard to research in the banking sector. As a result, OSH has continued to remain outside mainstream organizational and management researches (Barling, Loughlin & Kelloway 2002). Not only the banking sector, but most industries hardly appreciate OSH practices as a crucial determinant of national development. Therefore, mainstreaming OSH into national agenda becomes a vital consideration for both developing and developed countries (Katsoulakos & Katsoulacos, 2007). Apart from little research attention on occupational health and safety issues in general, there is also minimal literature on these matters. Most nations in Africa, particularly, are struggling

with the aforementioned practices since only countable attempts from the industries and the governments have been noted (World Health Organization, 2004).

The expansion of the banking industry and the service sector, in general, has brought to the fore new risks. There has also been widening of spread of work-related risks and increased their interaction with non-work factors in ill health, such as environmental pollution (Loewenson, 2001). The ever-increasing demands which characterize work have resulted in various problems, which include digestive disorders, sleep difficulties and musculoskeletal problems among the bankers (Loewenson, 2004). The banking sector has experienced intense restructuring process and automation which has resulted in changes that reflect on the workers' health. (Silva & Navarro, 2012). The increased demand for banking services in Kenya has obliged commercial banks to expand with the view of reaching more customers. The expansion is linked to increment in staffing. The impact of this on occupational safety and health status of the workers, therefore, necessitates investigation. Commercial banks in Kenya ensure the stability and growth of the agriculturally based economy. In recent years, retail banking has increasingly gained popularity in Kenya due to various changes in the market (Ashcraft, 2005). In spite of the pressure on banks to improve their efficiency with the view of maximizing returns, the increasing internal and political pressure force them to increase the breadth of their products (Rutto, 2013).

Banking work involves the use of computers and is characterized by repetitive movement of some body parts and may, therefore, result in accumulation of fatigue and eventual development of work-related musculoskeletal injuries and illnesses such as carpal tunnel syndrome, lower back pain, and computer vision syndrome. Indeed, limited computer-user employees' involvement in schedule selection, long working hours and low physical activity are all linked to work-related injuries and illnesses (Kerin & Kerin, 2004). Studies have shown that these work-related injuries and illnesses may lead to poor work performance such as decreased bank profits due to increased

employee compensation costs, medical claims, and lost work time (Gale Group Inc, 2001). Studies such as those by Fenety and Walker (2002), Khan and Siddiqui (2005) and, Kietrys, Galper and Verno (2007) noted that these injuries could be prevented.

Over the years, the banking sector has witnessed swift and striking amendments like policy changes due to globalization and liberalization, growing competition due to the entrance of more private/corporate sector banks, downsizing and introduction of new and innovative technologies (Kakoty & Jain, 2005). Owing to these changes, the banking sector employees are experiencing a high level of pressure and stress. It is further reported that the advent of new technological revolution spread through all walks of life coupled with globalization, privatization policies has drastically changed the conventional patterns in sectors (Kakoty and Jain, 2005). The banking sector is not an exemption.

There are other work-related risk factors in the banking sector. These include high workload, high work pressure, diminished job control, inadequate employee training in the use of new technology, poor supervisory relations, and fear for job security, technology breakdowns, technology slowdowns, and electronic performance monitoring (Anderson, Ones & Sinangil, 2001). Other factors encompass characteristics which relate to individual basic skills and abilities, amount of training and experience, anatomy and physiology, age, gender and also temperaments. Moreover, work-related risk factors are medical in nature and include among others, trauma, arthritis, diabetes, gout, and use of spectacles (Liao & Drury 2000).

1.2 Statement of the Problem

There are many ergonomics issues in banks as the type of work that is carried out is sedentary for long periods, often with time demands, and sometimes in a multi-role capacity with little breaks during the working hours. The design of the workstation or work environment is key to improving the situation. Most employees in the banks spend

more hours indoors, which greatly influence their physical status, actions, abilities and performance. The expansion of banking industry has introduced new risks, widened the spread of work-related risks including musculoskeletal disorders, lifestyle diseases and other ergonomic issues, despite the impression that banks are relatively safe places to work. There are increased cases of absenteeism and loss of manpower due to occupational illnesses and/or diseases among bankers. This has affected the productivity of bankers and hence the profitability of banks. The foregoing outlines some of the key problems associated with OSH in the banking industry and their effect on commercial banks. Studies have shown that these work-related illnesses and injuries may lead to poor work performance such as decreased bank profits due to increased employee compensation costs, medical claims, and lost work time (Gale Group Inc, 2001). A study by Kietrys, Galper and Verno (2007) noted that these injuries could be prevented through employee participation in ergonomic exercises. It is indicated that more than 156,000 cases of repetitive strain injuries are reported each year, where 80% of these cases occurred in businesses such as manufacturing, assembly, and service jobs. (Tella *et al* ,2011) Most of the bank workers suffer from various musculoskeletal injuries and illnesses. A majority of the bank employees are not aware of the work-related risk factors, and the applicability of ergonomic exercises in the banking institutions (Waiganjo, Mwisukha & Onywera, 2012). Hitherto, there is scarce, if any, empirical evidence, on various factors affecting OSH in the local banking sector.

Considerable research, therefore, is still required to understand the ergonomics needs of the banking industries given that they are expanding the branches, having more customers and working for so many hours to understand fully the operational issues specific to that environment. Despite OSH status being an important ingredient to employee productivity, there is limited empirical research that has been conducted on the subject matter in relation to commercial banks in Kenya. This study, therefore, sought to assess the status of OSH in selected commercial banks operating in Nakuru County. In particular, it assessed the various workplace hazards facing employees in the

banking industry, identified the current OSH practices in banks in Nakuru and also determined the level of awareness of bank workers on risks in their environment.

1.3 Main Objective

To determine the status of Occupational safety and health within selected banks in Nakuru County, Kenya.

1.3.1 Specific Objectives

i. To assess workplace hazards facing employees within selected banks in Nakuru County
ii. To identify the current OSH practices within selected banks in Nakuru County
iii. To determine the level of awareness of bank workers in Nakuru county on risks in their working environment.

1.4 Research Questions

i. What workplace hazards face bank employees in Nakuru County?
ii. What are the current OSH practices in selected banks in Nakuru County?
iii. What is the level of awareness of bank workers in Nakuru County on risks in their environment?

1.5 Justification

Banks have been incurring huge losses as a result of workplace related injuries and illnesses. This is as a result of increased costs due to prolonged absence of employees and hence the resultant increased bills would hamper their expansion as well as prevent employees to exercise their skills. This would run into millions of Kenya shillings if not checked. Since banks like any other business requires optimum productivity, it is imperative for them to ensure that their staff are working in conditions devoid of

hazards. Thus, development of a proper working environment will enable them to mitigate pertinent financial losses. The findings, conclusions and recommendations of the study if adopted will contribute to protection and promotion of the health of bank employees, safe work, safe work environments and safe work organizations. The implementation of the recommendations will lead to enhancement of physical, mental and social well-being of workers and support for the development and maintenance of their working capacity, as well as professional and social development at work enabling workers to conduct socially and economically productive lives and to contribute positively to sustainable development.

1.6 Scope of the Study

The research aimed at assessing the status of OSH in selected banks in Nakuru County. Tier 1 banks namely, Cooperative Bank, Barclays Bank, Standard Chartered Bank, Equity Bank, Kenya Commercial Bank (KCB), and Commercial Bank of Africa (CBA) in Nakuru County constituted the scope of the study. The study area was chosen due to its high numbers of banks and consequently had large numbers of employees working in the banking sector. Moreover, Tier 1 banks were selected due to the fact that they control more than 50% of the banking sector's asset base and customer base. The study was also delimited to a set of four variables. These included workplace hazards, OSH practices, level of risk awareness among the employees, and status of OSH in commercial banks. The first three variables constituted predictor variables whereas the latter was the criterion (dependent) variable. The study was carried in a span of approximately ten months.

1.7 Limitations of the Study

Majority of the respondents in this study had a busy schedule at work hence they could hardly get time to fill in the questionnaires which made the study more expensive as it took a longer time than initially planned. This study was based on self-reported cases of

occupational illnesses and symptoms of Musculoskeletal Disorders (MSDs). Self-reported cases may be under-estimated or over-estimated. Some of the respondents were out of the work stations for marketing, trainings and business meetings, so some issued questionnaires could not be traced back hence the response rate was 81.6% and not 100%.

1.8 Conceptual Framework

Figure 1.1 displays the conceptual frame work of the study. The independent variable include: OSH practices, hazards facing employees, and employees awareness of risks. The dependent variable is status of OSH in banks with the government policies on being moderating variable.

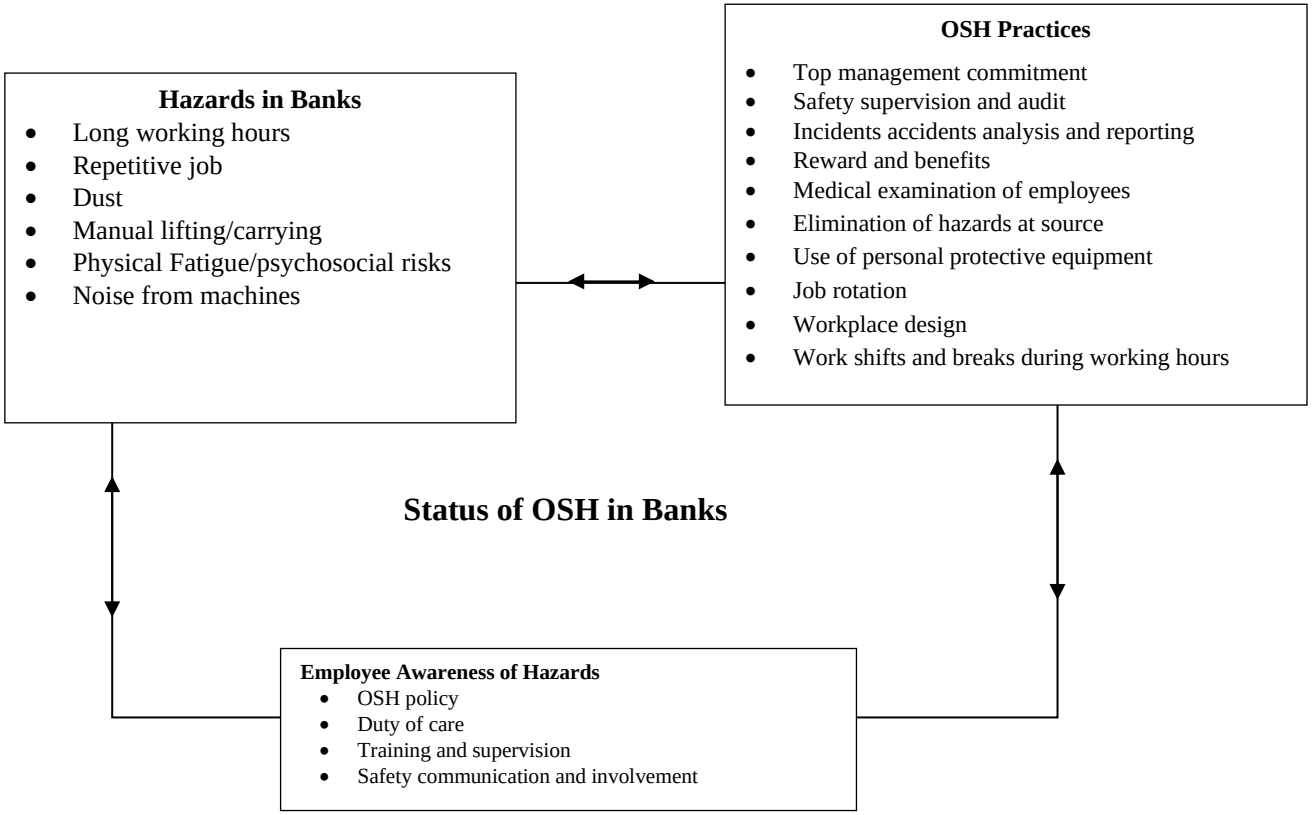


Figure 1.1: Conceptual framework

CHAPTER TWO

LITERATURE REVIEW

2.1 Overview

This chapter presents a review of the literature on OSH status in terms of its meaning and importance. It also covers the current OSH practices in banks, workplace hazards facing employees in banks, and the level of awareness of bank workers on risks in their environment

2.2 Theoretical Principles

Theoretical principles outline the various theories that guided the study. According to Davidson (2008) a theory is a set of properly argued ideas intended to explain a phenomenon by specifying variables of the laws that relate the variables to each other. This study was modeled on theory-based evaluations. The reviewed theories were used to explain occupational health and safety. The theories reviewed include the Theory of Reasoned Action, and Iceberg Theory.

2.2.1 Theory of Reasoned Action

The theory of reasoned action was proposed by Fishbein and Ajzen (1967). The theory states that an individual's decision to engage in a particular action is based on the expected outcome that is likely to result from performing the behaviour or action. The theory explains the relationship between attitudes and behaviour within human action. The theory also holds that individuals behave based on the pre-existing attitudes and behavioral intentions. It proposes that the intention of a person to perform a given behaviour is the main determinant of whether the person performs that behavior or not (Ajzen & Madden, 1986).

The limitation of the theory is that it is relatively difficult to distinguish between a goal intention and a behavioral intention. The theory alone is also not sufficient in predicting human behaviour. The theory further ignores the link between individuals' interpersonal and social relations in which they act. Moreover, the theory ignores the social structures which govern an individual's action (Deborah, Gallois & Mccamish, 1993). The major determinants of intention go beyond attitudes towards the behaviour and subjective norms to include one's sense of right and wrong as well as one's beliefs surrounding the moral obligation (Schwartz & Tessler, 1972). The repetitive performance of a certain behaviour reduces the role of intention on the performance of that action (Baggozzi, 1981).

In relation to the theory of reasoned action, employees working in banks should develop the right attitudes towards their work and the environment at their respective workstations in order to promote efficiency and ensure career development. Banks should come up with measures to curb risks that may result in huge financial losses. This is in conformity to the stipulations of the Occupation Health and Safety Act 2007. It is paramount for commercial banks to put in place sound OSH procedures and communicate the same to all employees with the view of effectively addressing potential hazards prior to their resulting in significant losses.

2.2.2 Iceberg Theory

The theory is also known as the theory of omission and was developed by Hemingway (1923). The theory states that aggregated data can hide important information which may hinder the appropriate evaluation of a situation. The theory is a systemic thinking tool which helps an individual or a group to develop and discover the patterns of behaviour, supporting structures and mental models which underlie a specific event. The theory holds that an individual only deals in and focuses on that which they can see or perceive. The theory further postulates that after making a decision about the perceived

problem, then new problems and questions which were not taken into account when the decision was being made, come to light (Hairs & Ortinau, 2003).

According to Zaborek (2015), the iceberg principle implies that just like the way only about 10% of the iceberg is visible above the water, it is quite often that only a small part of the true problem that managers of an organization are aware of. What managers may be privy to may be only the observable causes and not that real problem. In order to avoid wrong diagnosis, the manager should think critically by identifying the pre-existing assumptions, examine whether the assumptions are correct and factual as well as exploring new ideas on the real cause of the problem (Daoshan & Shuo, 2014).

Human resource managers can ensure that the staff selection process is not only done in accordance with the candidate's knowledge and skills reflected in their academic qualifications, but also consider their core competencies and ability to cope with the demanding nature of the banking sector. In relation to the iceberg theory, the banks' management should critically evaluate the environment in which their staff carry out their duties. This would enable them to desist from focusing on the face-value of the situation, and instead have a better understanding of occupational health and safety issues pervading their respective banks. Consequently, both prevalent and emerging hazards are bound to be timelier and effectively addressed.

2.2.2 Banking Industry and Related Legislation in Kenya

The Companies Act, the Central Bank of Kenya (CBK) Act, and the Banking Act primarily regulate the operations of the banking Industry in Kenya. These Acts are used together with the prudential guidelines which CBK issues from time to time. Central Bank of Kenya is tasked with formulating and implementation of monetary and fiscal policies. Central bank is the lender of last resort in Kenya and is the banker to all other banks. The CBK ensures the proper functioning of the Kenyan financial system, the liquidity in the country and the solvency of the Kenya shilling (CBK, 2015). The Kenya

Bankers Association (KBA) is a forum which has been created by banks operating in the country to address common challenges affecting them. There are a total of 43 licensed commercial banks in Kenya and a mortgage finance company, that is, Housing Finance. The locally-owned banks are 31 while the rest (13) are foreign owned (CBK, 2015). Examples of major foreign-owned banks include ABSA Bank, Citibank and Habib Bank. The government of Kenya has a substantial stake in three of Kenya's commercial banks. The remaining local commercial banks are largely family owned. Commercial banks in Kenya accept deposits from individuals and turn a profit by using the deposits to offer loans to businesses with a high interest rate (Central Bank of Kenya, 2017).

The OSH services in Kenya are governed by two pieces of legislation. These are the Occupational Safety and Health Act, 2007 and the Work Injury Benefits Act, 2007 abbreviated as OSHA and WIBA respectively. OSHA 2007, outlines how the security, safety and welfare of workers should be ensured at their workstations. The Act also seeks to protect from risks other people who be affected but are not employees. The purpose of WIBA 2007 is to provide compensation to employees in the event they get injured and contract diseases at their workplaces.

In tandem with safety and health of employees at the workplace, the OSHA, 2007 seeks to regulate all activities at the workplace. Therefore, the objective of the Act to ensure that the workers are safe, healthy and their general welfare is addressed whenever they are at their respective workstations. The Act further provides for protection against imminent risks of other persons who are not part of an organization’s staff. The protection is against risks to safety and health arising out of, or in connection with, the activities of persons at work (Government of Kenya, 2007). Kenya has enough guidelines and regulations on safety. However, the lack of proper and strict supervisory authority means that the policies exist only on paper.

With the enactment of the Occupational Safety and Health Act 2007, banks, like other business sectors, are statutorily required to provide a work environment that is safe. Although few of the employees in the banking industry may seem to work in a relatively stable environment, they are exposed to some significant risk of bodily injury and ill-health. They are also exposed to common OSH challenges which they encounter as they engage in their day-to-day's work (Hong Kong labor department, 2007). The authors further state that bank employees are valuable assets hence injury at work and ill-health of an employee may lead to loss of working days, or business opportunity. Even worse, it may affect corporate image. A safe and healthy workplace in the banks can enhance employees' morale and improve productivity. In the long run, with the continued need for banking services as economies grow, improving safety and health at work is a good investment with promising returns

2.2.4 The Work Injury Benefits Act

The Work Injury Benefits Act (WIBA) 2007 is an Act of Parliament which stipulates that employers should provide compensation to employees for work related injuries and diseases contracted in the course of their employment. The act holds that if the services of an employee are temporarily lent or let for hire to another employer the employer is still deemed as the employer while the employee is still working for another person. The employer in this case includes the manager and any other duly authorized employee or agent of the employer (Republic of Kenya, 2012).

The Act applies irrespective of whether the contract is implied, in writing or oral and whether the remuneration is by time, by work done or by day, week, month or any other period and whether the same is in cash or recognized legal tender. In case of death of the employee the compensations and benefits should be payable to the dependents or employees' representatives. The act requires the employer to obtain and maintain an insurance policy in respect of any liability that the employer may incur. In case the

employer fails to obtain an insurance policy he/she is liable to a fine not exceeding Kenya shillings 100,000 or imprisonment for a term not exceeding 3 months or both upon conviction (Republic of Kenya, 2012).

In cases where the employee is injured and disabled and is not able to perform any essential functions of life without assistance from another person the director shall grant an allowance in addition to any other benefit provided. The Act also stipulates that if an employee gets an occupational disease the compensation shall be calculated on the basis of the employees' earnings. A person who threatens an employee in a manner which compels the employee to take an action which will result to the employee being deprived of his/her benefits then the individual has committed an offence. The employee is required to give a written or verbal notice to the director within 24 hours of the accidents occurrence after which the director makes inquiries about the same. The employee is then required to submit a medical examination as directed by the director. A claim for compensation should then be lodged by the claimant or on his behalf within 12 months after the date of the accident (Republic of Kenya, 2012).

2.3 Empirical Review

This section presents a review of past studies on occupational health and safety particularly in the banking sector.

2.3.1 Workplace Hazards in the Banking Sector

Risk, danger or potential to harm are the description of workplace hazards. With regard to occupational health and safety, hazard is defined as the potential source of harm or adverse health effect on an individual. There are several studies which have been conducted in the past with regard to hazards. A case in point, is a study conducted by Mannocci et al, (2018) which focused on employee stress, job perception and positivity in the banking sector in Italy. The study was observational in nature. Cross sectional

research design was adopted where a total of 384 employees were considered. Questionnaires were used to collect data. In the study, it was established that there was the risk of robbery, and pressure to achieve business targets. It was further noted that high-job demands posed the risk of development of occupational stress in the banking sector. It was recommended that the banks in Italy should implement strategic interventions for well-being of employees.

An empirical study carried out by Khattak et al, (2011) looked into the occupational stress and burnout in Pakistan's banking sector. The main objective of the study was to determine the occupational stress and burn out in the banking sector of Pakistan. The study considered bankers from different commercial banks. Questionnaires were used to collect data. The study found out that long working hours and huge workload were some of the sources of occupational stress and burnout. It was further revealed that burnout led to back pains, extreme tiredness, head ache and sleep disturbance. The study recommended that the elements which create stress leading to burnout ought to be attended to by the management of the surveyed banks.

In Rwanda, Kanyenyeri, Asiimwe, Mochama, Nyiligira and Habtu (2017) investigated the prevalence of back pain and associated factors among bank staff in selected banks in the country's capital, Kigali. The aim of the study was to determine the prevalence and factors associated with back pain among bank staff in the City. A cross-sectional research design was adopted where quantitative approach was employed. A total of 144 employees from two selected banks constituted the unit of analysis. The study established that there was a high prevalence of back pain among bank staff resulting from long working hours without a break. The study also noted that working with computers influenced development of musculoskeletal system pain, back and neck pains. The study recommended that proper break periods and proper ergonomics should be implemented to relieve or prevent back pains among the employees.

A study carried out by Asumeng, Acquah-Coleman and Dadzie (2015) addressed psychological hazards and how to improve employee psychological wellbeing in the Ghanaian banking industry. The study was guided by action research model. Data was collected through interviews, observations, and by use of questionnaires. The study found that employers in the banking sector in the country had not prioritized safe and healthy psychosocial work environment. The bank employees continued to work in deleterious psychosocial environment thus resulting in their suffering from work-related stress. The study concluded that psychosocial risk assessment is supposed to be carried out periodically with the view of examining the aspects of the work that could result in harm or injury. This inference is drawn with regard to the nature of work in the banking industry.

A study conducted by Mberia (2013) assessed the occupational health and safety programmes in the banking industry in Kenya. One of the aims of the study was to determine the hazards perceived by the banks to affect the health and safety of the employees. The study considered all the commercial banks in Kenya. Questionnaires were used to gather data from the selected employees of the banks. It was noted that hazards such as long working hours, crammed workplace, high job demands, and huge workload posed a threat to the health of employees. Moreover, the mental and physiological hazards identified were not given much consideration by the surveyed banks. The study underscored the need to review legislation on occupational health and safety and enlighten employers on the importance of self-regulatory health and safety programmes.

Tellers work with money in form notes on daily basis and sometimes in form of coins. Thus, exposure to dust and noise among cashiers can be seen to occur mostly when money is being counted, either with the aid of a counting machine or manually. (Aisuodionoe *et al, 2016).* The continuous exposure to dust from money, which is a mixture of mineral and chemical dust in banks without proper ventilation and personal

protection, may lead to respiratory diseases. Ahmed *et al*, 2012, in their study on dust exposure and respiratory symptoms among cement factory workers in the United Arab Emirates reported that exposure to any dust particles or foreign chemical substances poses serious health hazard.

2.3.2 Occupational Safety and Health Practices in the Banking Sector

Occupational safety and health practices are the initiatives taken by an individual or organization in ensuring that workers or employees are safe in their workstations (Ministry of Health Kenya, 2014). Relative to the foregoing, there are several studies which have been reviewed especially in the context of the banking sector globally, regionally, and in Kenya. A study conducted by Bunn and Guthrie (2009) assessed the occupational health and safety in the banking sector. The study examined banks operating in Australia. The objective was to analyze cases that had been initiated against the said banks over time. The study established that banks in the country have a duty to provide a safe working environment for their employees. It was further noted that some of the banks in Australia have been in breach of providing practices in respect of safety and health of employees. In addition, it was revealed that, though the banks are charged for breaching the occupational safety and health practices, employees that suffer from harm or injury rarely get compensated.

A study carried out by Micallef (2014) sought to determine the new and emerging risks in occupational health and safety among leading banks in Malta. The objective was to unearth how commercial banks in the country addressed emerging risks in tandem with occupational health and safety regulations. The study carried out face-to-face interviews with health and safety managers and human resource managers of the surveyed banks. Several issues such as stress, harassment in the workplace, and musculoskeletal disorders were examined. It was found out that, despite managers being abreast of

occupational health and safety in their workplaces, the banks only moderately complied with the occupational health and safety legislation in the country.

In Nigeria, Eberendu et al, (2018) assessed the workplace health risks, associated diseases, and health promotion in the banking sector. The main aim was to establish the common workplace health risk, health problems and the practice of workplace health promotion in the sector. The study used descriptive research design where 165 bankers were targeted. Questionnaires were used in collecting primary data. It was noted that common workplace health risks included long working hours, excessive workload, prolonged static posture, prolonged use of computers and unhealthy eating habits at the workplace among others. Moreover, it was established that the bankers were at risk of suffering from stress-related ailments, musculoskeletal disorders, prolonged headaches, trauma, concentration problems and vision complications among others. Most importantly, it was ascertained that the surveyed banks did not practice any meaningful level of workplace health promotion.

An empirical study conducted by Mberia (2013) analyzed the occupational health and safety programmes adopted by the banking industry in Kenya. The principle objective of the study was to ascertain the occupational health and safety programmes adopted by the banks in the country. The study was a census survey. Questionnaires were used in collecting data. The findings illustrated that the banks were keen on physical and mechanical hazards that affected employees, and addressed them accordingly. However, the banks were less concerned on physiological and mental hazards, for instance, working hours, lack of social support, and strict deadlines among others. The programmes meant to address the aforesaid challenges were not well developed.

2.3.3 Level of Risk Awareness among Employees in the Banking Sector

It is imperative for workers to be aware of hazards involved in their work. Being conscious or aware of potential risks is likely to enable them address such more

effectively. Relative to risk awareness amongst employees, there are a couple of studies which have hitherto been carried out. A survey study conducted in Italy focused on employee involvement in health and safety in the country's financial sector (Mario, 2009). The purpose of the study was to determine employee involvement in occupational health and safety in the financial services sector. A total of 2100 employees in the financial service sector were considered for the survey study. The survey findings showed that employee involvement in the OHS practices was very limited. However, it was noted that employees were trained and informed on issues pertinent to task-related risk and prevention, workplace related risk and prevention, and trained in health and safety issues in general.

An empirical study carried out by Kumar, Unnikrishnan and Nagaraj (2013) delved into self-reported chronic diseases and occupational health risks among bank employees in India. The study was cross-sectional where bank employees aged 20 to 59 years in Mangalore City were involved. A total of 207 employees participated in the study. It was established that bankers were aware of the risk factors that predisposed them to chronic illnesses and diseases in respect of their work. Such risks included lack of physical activity and stress related to their work. It was noted that there was need of integrated interventions to reduce the prevalence of chronic illnesses among bankers in India.

A study conducted by Diwe, Enwere, Uwakwe, Duru and Chineke (2015) looked into the prevalence and awareness of hypertension and associated risk factors among bank workers in Owerri in Nigeria. The aim of the study was to evaluate the prevalence and awareness of hypertension and its associated risk factors among the bankers. The study relied on cross sectional descriptive design. A total of 194 bankers were selected. Questionnaires were used to gather data from the selected bankers. The study found that most of the bankers had no knowledge of the risk factors that could lead to hypertension, despite their good knowledge of hypertension, blood pressure control and general

lifestyle. The study recommended that the bankers need to be abreast of knowledge of risk factors of hypertension and lifestyle modification due to the nature of banking work.

In another study in Nigeria, Eberendu et al, (2018) addressed workplace health risks and associated diseases and health promotion in Nigerian banks. The study aimed at establishing the health risks and associated diseases and health promotion in the banking sector. It was a case study, where banks in Owerri, Imo State were considered. A descriptive survey was adopted. The bankers that participated in the study were randomly selected. A total of 165 bankers participated in the study. Questionnaires were employed to gather data from the participants. The study found that most of the bankers were aware of the workplace health risks in their respective workplaces. In the same light, it was noted that the bank management was not aware of the risks that affected the employees, and in turn affected productivity as exemplified in significant rate of absenteeism.

A study carried out by Waiganjo *et al*, (2008) assessed employees' awareness of exercise ergonomics in banking institutions in Kenya. The purpose of the study was to investigate the awareness of employees of work-related risk factors that predisposed them to musculoskeletal injuries and illnesses. The study targeted 6 banks where tellers, secretaries, clerks and officers were involved. Questionnaires were used to facilitate collection of requisite data. The study results showed that the majority of bank employees were not aware of work-related risk factors. The employees were also not aware of the applicability of ergonomic exercises in dealing with musculoskeletal injuries. The study further revealed that various cadres of employees were differently aware of the work-related risk factors in their respective banks.

2.4 Summary and Research Gaps

A summary of the reviewed studies centres on the key findings on workplace hazards, occupational safety and health practices, and level of risk awareness in relation to status

of occupation and health and safety in the banking sector. The studies are also critiqued with the objective of identifying potential research gaps. It was revealed by Mannocci et al.'s (2018) study that high-job demands posed the risk of development of occupational stress in the banking sector. A related study by Khattak et al, (2011) found that long working hours and huge workload were sources of occupational stress and burnout. Kanyenyeri et al.'s (2017) study observed that there was high prevalence of back pain among bank staff as a result of long working hours without a break. Another regional study by Asumeng et al, (2015) revealed that banks have not prioritized the health and safety of their employees. Similarly, Mberia's (2013) study indicated that hazards such as long working hours, crammed workplace, high job demands, and huge workload posed a threat to the health of bank employees. The reviewed studies, however, did not clearly illustrates the nexus between workplace hazards and status of occupational health and safety in local commercial banks.

Relative to occupational safety and health practices, there are several studies which have been reviewed. The studies have observed that some of the banks in Australia have been in breach of providing practices in respect of safety and health of their employees. It has further been revealed that albeit the fact that bank managers are conscious of occupational health and safety at their workplaces, they do not fully comply with requisite legislations. A regional study established that the commercial banks did not practice any meaningful level of workplace health promotion. Locally, a study by Mberia (2013) indicated that the programmes aimed at addressing various hazards in banks were not well developed. However, the study fell short of clearly focusing on occupational health and safety practices in commercial banks.

Various studies that have been reviewed have addressed, to some extent, the aspect of risk awareness among employees. The studies have revealed that employees were trained and informed on issues relating to different types or risks and their prevention. Another study indicated that bankers were aware of the risk factors that predisposed

them to chronic illnesses and diseases (Kumar et al., 2013). Yet, it has been found that in Nigeria, most of the bankers had no knowledge of the risk factors that could result in various health-related issues (Diwe et al., 2015). A contradicting study indicated that bankers in the country were aware of the workplace health risks in their workplace (Eberendu et al., 2018). In Kenya, a study conducted by Waiganjo (2008) observed that various cadres of employees with differently aware of the work-related risk factors. Yet, the studies hitherto reviewed particularly in the local context have not adequately addressed the connection between employee awareness of risks and status of occupational health and safety. The identified research gaps are addressed in the latter chapters of this study.

CHAPTER THREE

MATERIALS AND METHODS

3.1 Study Design

A study design is the blueprint that guides how a study should be carried out (Kothari, 2004). It outlines the procedure of conducting a research study. The study employed a cross-sectional survey research design. Mugenda and Mugenda (2003) defined survey research as an attempt to collect data from members of a population in order to determine the current status of the population with respect to one or more variables. The choice of this design was based on the fact that similar to characteristics of such a survey, requisite data were collected over a specific period of time to represent a larger population (Owens, 2002). In addition to the research design, a quantitative approach was adopted. This implies that the data collected and subsequently analyzed were numerical.

3.2 Study Area and Population

3.2.1 Study Area

The study was carried out amongst commercial banks operating in major urban areas within Nakuru County. These included Nakuru town, Naivasha town, Molo town and Gilgil town. Nakuru County lies between Latitude 0° 13' and 1° 13' South, and Longitude 35° 28' 00' and 35° 36' East as illustrated in Figure 3.1. The County borders Baringo, Laikipia, Nyandarua, Kericho, Bomet, Narok, Kajiado and Kiambu Counties. The choice of Nakuru County was premised on the fact that, it is one of the major business hubs in Kenya besides having many agricultural activities, and tourist attractions. The foregoing makes it ideal to investors including commercial banks. The County has branches of 30 out of the 43 commercial banks in Kenya.

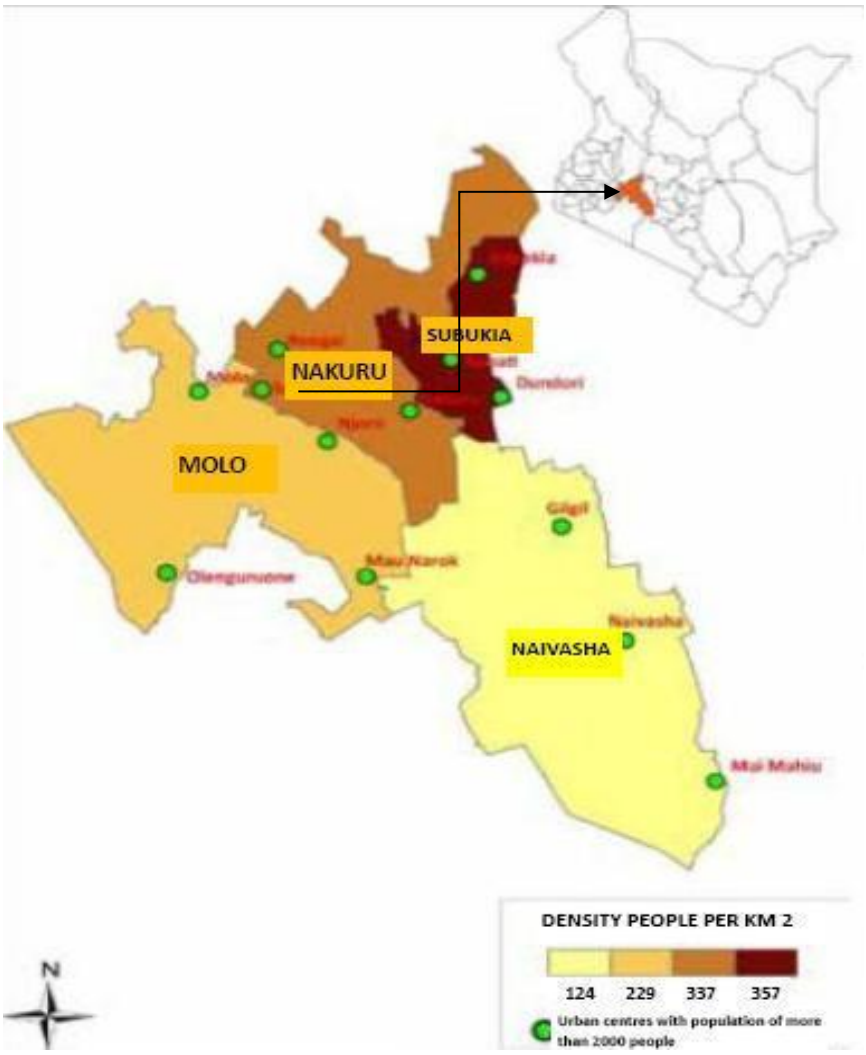


Figure 3.1: Map of Nakuru County

3.2.2 Population

The target population constitutes elements, objects, subjects, entities, or individuals sharing similar or related characteristics. (Yaya, 2014). The staff working with commercial banks in Kenya constituted the target population. However, narrowing down further is the accessible population which is a subset of the target population. In respect of the present study, the accessible population comprised of the aforementioned staff

working with the leading commercial banks in Kenya and which have branches in Nakuru County. This means the staff working with Tier 1 commercial banks were selected. These banks included Equity Bank, Kenya Commercial Bank (KCB), Cooperative Bank (Co-op Bank), Standard Chartered Bank (Stanchart), Barclays Bank of Kenya (BBK), and Commercial Bank of Africa – CBA (Cytonn Investments, 2017). A list of the commercial banks is shown in Appendix A6.

The distribution of the employees working with these banks is illustrated in Table 3.1.

Table 3.1: Distribution of Bank Staff across Tier 1 Commercial Banks in Nakuru County

Tier 1 Commercial Banks	Number of Employees
Cooperative Banks	156
Standard Chartered Bank	16
Equity Bank	213
Kenya Commercial Bank	104
Barclays Bank	76
Commercial Bank of Africa	24
Total Population	**589**

Source: Kenya Bankers Association (2018)

According to the distribution of employees shown in Table 3.1, the accessible population comprised of a total of 589 staff.

3.3 Sampling Method

A multi-stage sampling technique was adopted. This involved both purposive and stratified random sampling methods. Employees working in commercial banks were purposively obtained from the Tier 1 banks operating in Nakuru County. This was followed by randomly selecting representatives of each of the stated banks according to the size of their workforce. This constituted stratified random sampling which is

occasioned by heterogeneity in distribution of staff across the 6 strata (commercial banks). The latter method ensured that there was both fair and equitable distribution of employees across the 6 purposively selected banks as shown in Table 3.2.

3.4 Sample Size Determination

In order to determine a representative sample, Nassiuma's (2008) formula was employed as shown below.

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

Where n represents sample size

N represents study population (589)

C represents coefficient of variation (21% - 30%)

e represents error margin (0.02 - 0.05)

The above equation is substituted as follows:

$$n = \frac{589(0.3)^2}{0.3^2 + (589-1)0.02^2}$$

n = 163.0

n = 163 bank staff

Thirty percent coefficient of variation was used to ensure that the sample was wide enough to justify the results being generalized for the Nakuru county. Two percent margin of error was used to make the estimates more precise.

Taking the proportion of each bank, the sample size for each bank was as indicated in Table 3.2.

Table 3.2: Sample Distribution

Commercial Bank	N	Sampling Ratio	n
Cooperative Bank	156	0.26	42
Standard Chartered Bank	16	0.03	5
Equity Bank	213	0.36	59
Kenya Commercial Bank	104	0.18	29
Barclays Bank	76	0.13	21
Commercial Bank of Africa	24	0.04	7
Total Population	**589**	**1.00**	**163**

3.5 Research Instruments

A self-designed structured questionnaire was used to assist in data collection in conformity to the quantitative research approach adopted by the study. The questionnaires were also self-administered. According to Mugenda and Mugenda (2003), questionnaires are the most appropriate tools for use in collecting data in survey studies. The foregoing largely informed the choice of the instrument. The items in the questionnaire were designed to capture all the specific objectives of the study. All necessary research protocols were observed and followed as required. Permission to conduct research at Nakuru banks was sought from relevant authorities. A research permit and authorization letter were obtained from the National Commission of Science, Technology and Innovation (NACOSTI) prior to data collection. Questionnaires were issued to the sampled respondents by the researcher in person, filled, and duly collected. (see appendix A1-A5)

3.5.1 Pilot Study

A pilot study is a small-scale study which is carried out prior to the main study. According to Babbie (2004), a pilot study is conducted when a questionnaire is given to

just a few people with an intention of pre-testing the questions and assists the researcher in determining if there are flaws, limitations or other weaknesses hence necessary revisions prior to the implementation of the study. A pilot study involving 17 respondents drawn from commercial banks operating in Nyandarua County was conducted to avoid respondents being accustomed to the study. The purpose of pilot testing was to assess the clarity and deficiencies of instrument, as well as suitability of the language used in the instrument (Lancaster et al 2004).

3.5.2 Validity and Reliability Testing

Content validity of the research questionnaire was determined by consulting the assigned University supervisors who verified and ascertained that the questions/data items therein would sufficiently facilitate collection of data pertinent to study objectives. Half-split method was employed to test the reliability of the data items under half study construct. The correlation between each set of questionnaires was determined. The researcher followed the half-split method steps as follows:

1. Selected an appropriate group subject from banks in Nyandarua county where the pilot study was carried out.
2. Administered the test to subjects.
3. At random divided the scored items into two categories
4. The scores from both categories were computed and correlated.

3.6 Data Processing and Analysis

Data analysis is the process of evaluating data using analytical and logical reasoning to examine each component of the data provided. It includes classifying, coding, and tabulating information needed to perform quantitative or qualitative analyses according to the research design and appropriate to the data. The collected data was edited, entered, coded and analyzed in line with the objectives of the study. In order to facilitate data

analysis, the Statistical Package for Social Sciences (SPSS) Version 24.0 was employed. Data in this study was analyzed using descriptive statistics which included means, frequencies, percentages, standard deviations and coefficient of variation. The inferential statistics used included Pearson's correlation, regression analysis as well as analysis of variance (ANOVA). Pearson correlation was used to draw inferences between the dependent and independent variable. The coefficient of determination (R^2) shows the proportion of the variance in the dependent variable that is predictable from the independent variable. F-statistic was used to test the ratio of the variance explained by regression and that not explained by the regression. ANOVA was used to test the significance of regression.

The results were presented in tables and charts for easier interpretation. The following regression models were adopted.

Equation 1: $y = \beta_0 + \beta_1 X_1 + \varepsilon$

Equation 2: $y = \beta_0 + \beta_2 X_2 + \varepsilon$

Equation 3: $y = \beta_0 + \beta_3 X_3 + \varepsilon$

Equation 4: $y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \varepsilon$

Where;

У = Status of OSH in banks

β_0 = Constant

$\beta_1 \ldots\ldots \beta_{3d}$ = Parameter estimates

X_1 = Hazards in banks

X_2 = OSH practices in banks

X_3 = Employees awareness of the hazards

ε = Margin of error with normal distribution assumption

3.7 Data Validation

The rationale of validating the data was to ensure that there was consistency and accuracy. Data validation is described as the process of determining whether or not the value of given data items comes from the given set of acceptable values, finite or infinite (Di Zio et al., 2016). Simon (2013) operationally define the same as the activity that seeks to ensure the correspondence of the final or published data tally with a given number of quality characteristics. With regard to the present study the collected data weas ensured to be significantly accurate and consistent with the research objectives. Content validation of the data was ensured by seeking the expert opinion of the assigned University supervisors.

CHAPTER FOUR

RESULTS AND DISCUSSIONS

4.1 Introduction

This chapter presents the research findings relating to the status of occupational safety and health in selected banks in Nakuru County. The findings are presented according to the following the specific study objectives. These are; the workplace hazards facing bank employees, the current OSH practices in selected banks, and the level of risk awareness among employees working in selected banks in Nakuru County, Kenya.

4.2 Response Rate

A total of 163 questionnaires were distributed out of which 133 were duly filled and returned. This translated to a response rate of 81.6%. This was considered adequate as per the stipulations of Mugenda and Mugenda (2003) that a response rate above 70% is sufficient to be considered in a survey study.

4.3 General Information of Bank Staff

The study sought the background information of the selected banks' staff. The information was in respect of the gender, age, job designation, working experience and the level of education. The results and explanations thereof are presented systematically hereafter.

4.3.1 Gender of Bank Staff

The study categorized the selected staff in respect of their gender. Gender was considered important in OSH systems of the banks.

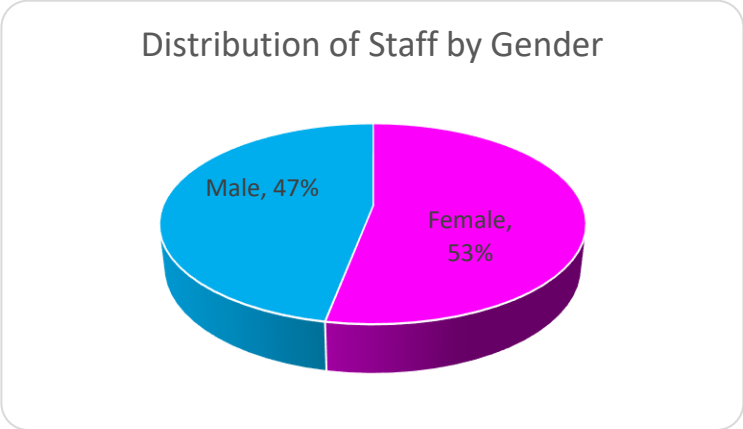


Figure 4.1: Distribution of Staff by Gender Parity

As illustrated in Figure 4.1, the majority (53%) of bank staff were female. The rest (47%) were male. Since banks are relatively free of intense exposure to occupational hazards, this explain why female employees prefer to work in environments that are less risky as compared to male workers who have been demonstrated to prefer hard work and high risk tasks, according to Jeanne (2007) and WHO (2010). Females tend to lean towards occupations that guarantee their safety. Banks have over time demonstrated to be a choice of employment since the key skills required are work experience and good customer relation. They find jobs in banks more attractive and more suitable to their nature (Mathur-Helm, 2006). These results indicated that the banks were compliant with the affirmative action that requires at least 30% gender representation at the workplaces. The findings were in line with Waiganjo *et al* (2012) study which established that majority of the bank employees were female when they assessed employees' awareness of exercise ergonomics in banking institutions in Nairobi, Kenya. This could have been attributed to the fact that commercial banks tend to engage more female employees in computer related work than males.

4.3.2 Age of the Respondents

The results on respondents' age are illustrated in Figure 4.2.

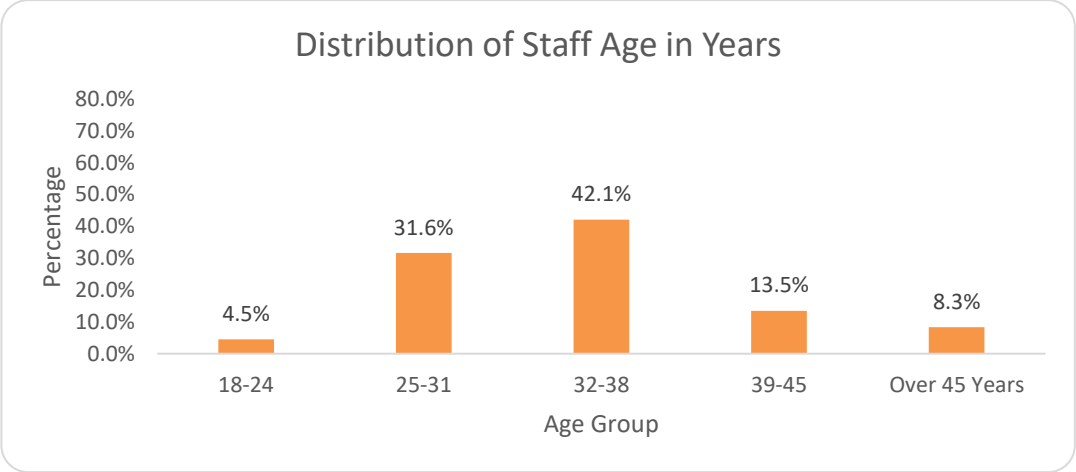


Figure 4.2: Distribution of Staff by Age in Years

The results showed that most (42.1 %) of the bank staff were in the age bracket of 32 to 38 years. It was further noted that 31.6% of the bank staff were aged between 25 and 31 years. As such, it was noted that banks, generally, tend to retain employees aged between 25 to 38 years, due to their experience and affordable remuneration. This category of bank employees is also energetic and flexible with regard to bank tasks and responsibilities which require speed and attention to detail as opposed to the aged workers (Williams et al., 2011). Late development is characterized by differential patterns of change and stability with a linear reduction of performance in tasks that are dependent on speed (Verhaeghen et al., 2003). Only 4.5% of the selected bank staff was aged from 18 to 24 years. It was found that the banks, at the time of conducting the study did not recruit fresh graduates or restrained from recruiting employees with paucity of experience. The study found out that 8.3% of the bank staff were above 45 years of age. Presumptively, the employees over 45 years were in management position

due to their wealth of experience. The foregoing results were in line with Gitahi, Waiganjo and Koima (2014) study that found that 42.1% of the bank staff were mostly aged from 30 to 39 years. The age of workers is very important since, older workers are prone to diseases and they normally take less risk. Employees who have worked for many years are exposed to different kinds of occupational diseases since the nature of work in banks is repetitive sedentary, of high work load and high targets. Relative to the results shown in Figure 4.2, diversity plays a vital role in the success of business if it is managed properly. Age diversity is the heterogeneity in the organization in terms of age. In every organization, there is a conflict between the mindset of generations (Kumar & Singh, 2017). The results on respondents age shows there is diversity in terms of age among bank workers in Nakuru County and that the staff are relatively young. Similar results were reported by Kumar and Singh, (2017) where they analyzed age diversity in the workplace among private sector bank employees. Age diversity has a positive impact on organizations. Gellner and Veen's (2013) study indicated that age diversity has positively influenced the company's productivity if a company participates in brainstorming tasks or decision problems rather than routine work.

4.3.3 Job Designation

The study sought to determine the designation of staff working with commercial banks in Nakuru County. The pertinent findings are presented in Figure 4.3.

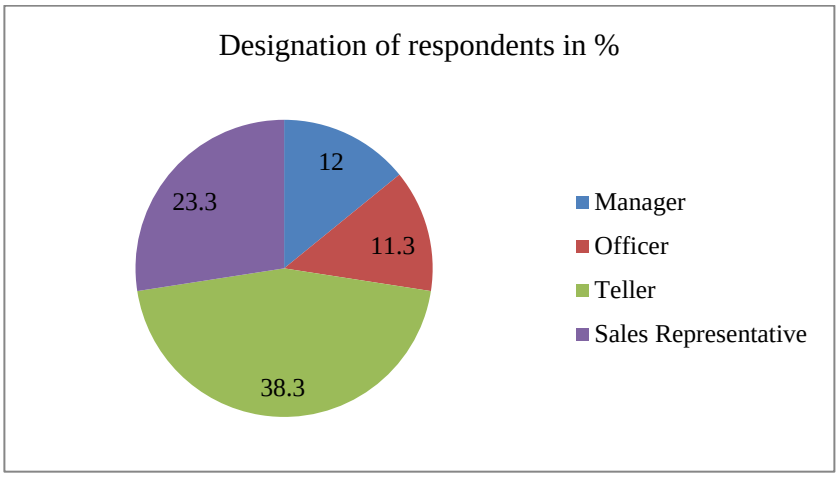


Figure 4.3: Distribution of Staff by Job Designation

The results shown in Figure 4.3 indicated that most (38.3%) of the bank staffs were tellers. This could be attributed to the fact that the tellers are in direct contact with a large number of bank clients over the counters thus necessitating banks to recruit them in large numbers in order to facilitate effective service delivery. Similarly, Waiganjo (2008) reported that there were more tellers than any other occupational group in banks when he investigated the employees' awareness of exercise ergonomics in banking institutions in Nairobi, Kenya. The staff responsible in management and leadership, that is, managers constituted only 12% of the total selected bank staff. A good number (23.3%) were sales representatives. The foregoing number reflected the significant efforts by the banks in creating awareness and selling products to customers, both current and prospective. The large number of sales representatives was a reflection of the stiff competition for customers in the financial services sector in Kenya.

4.3.4 Working Experience

The results with regard to the working experience of the bank staff are shown in Table 4.1.

Table 4.1: Distribution of Bank Staff by Work Experience

Number of Years in Employment	Frequency	Percentage
Less than 1 year	27	20.3
1-5 years	64	48.1
5-10 years	38	28.6
over 10 years	4	3.0
Total	133	100.0

The majority (48.1%) of the staff as illustrated in Table 4.1 were found to have work experience ranging from 1 to 5 years. 28.6% of the respondents had worked for a period of between 5 and 10 years. Only 20.3% and 3% of the total bank staff had work experience of less than a year and over 10 years respectively. The results underpinned the fact that banks have high employee turnover. This could have been occasioned by workers exiting banks due to lack of job satisfaction, high targets, job insecurity, retrenchment and voluntary early retirement (Abdalla et al, 2014). These exits could also be dependent on financial performance of respective banks. New employees are engaged as cheap labour to replace older ones who are considered costly to be retained by the banks. Similarly, Kariuki (2015), in her study on the factors affecting employee turnover in the banking industry in Kenya established that majority of the bank employees had working experience of 1 to 5 years. Bankers who have worked for many years are more knowledgeable in terms of their profession and hence maintain safe work practices. Bankers with less work experience are prone to accidents and near miss. On the other hand, employees who have worked for many years also are prone to occupational diseases such work-related Musculoskeletal Disorders, especially if they are exposed for many years. (Smith et al. 2014).

4.3.5 Level of Education

In relation to the foregoing, the present study examined the distribution of bank staff with regard to their level of education. With regard to the present study, the distribution of respondents according to their level of education is presented in Figure 4.4.

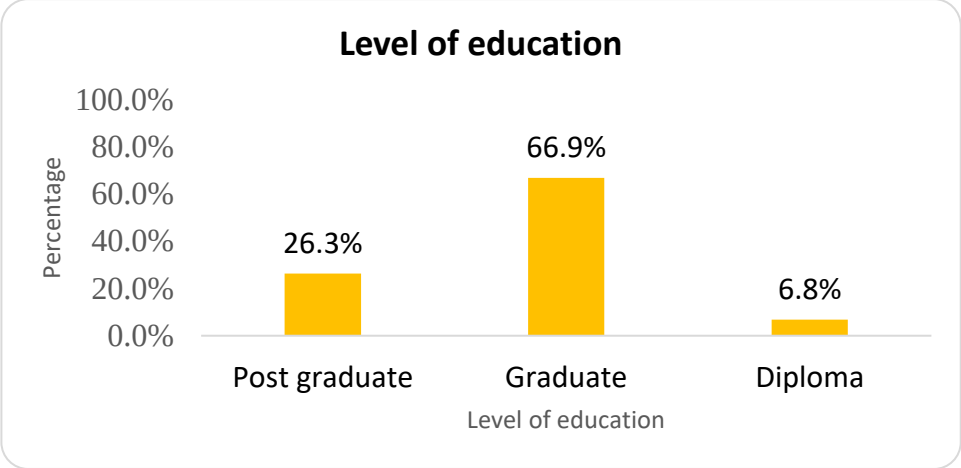


Figure 4.3: Level of Education

As illustrated in Figure 4.4 majority of the aforementioned staff had a first degree (66.9%) while only 6.8% had attained diploma level of education. A notable of number (26.3%) were postgraduates. The findings underlined the great emphasis of banks in respect of the minimum level of education for recruitment of staff. It has been reported that over 66% are graduates hence bankers are highly educated therefore they are able to understand safe work procedures and also interpret safety laws. The education level of bank employees determines the decision they are prone to make and also how they will understand safety instructions (UNESCO 2005). Education promotes the development of the knowledge, skills, understanding, values and action required to create a safe work environment which will ensure prevention of Ergonomic Risk Factors (ERFs) and Musculoskeletal Disorders (MSDs) occurrences. Education plays a critical role in determining the level of awareness in work environment. Different researchers have

pointed out the impact of education level on health and safety risk management. Mombeki (2006) observed that employers with a low level of education found it difficult to interpret contract documents and health and safety laws. Therefore, this leads to a poor understanding of many issues concerning the health and safety of workers.

4.4 Organizational Profile

The study further put into perspective the organizational profile of commercial banks operating in Nakuru County particularly in respect of their business focus. The results to this effect are presented in Table 4.2.

Table 4.2: Focus of Commercial Banks

Focus of the Bank	Frequency	Percentage
Income generation	133	100.0
Enterprise development	70	52.6
Employment creation	58	43.6
Livelihood improvement/Poverty alleviation	53	39.8
Natural resource management	5	3.8

In order to understand why banks had less input on OSH issues, the study looked at the focus of commercial banks. All the selected bank staff (100%), as shown in Table 4.2 was of the opinion that the banks focused on income generation. A substantial number (52.6%) of the bank staff felt that banks focused on enterprise development. It was further noted that 43.6% of the selected employees believed that the focus of the banks was to create employment while 39.8% felt that the banks were focused on poverty alleviation. A very marginal number (3.8%) opined that natural resource management was part of commercial banks' focus. The results were in cognizant to the fact that financial performance of companies is often assumed to be associated with OSH

adjustments in the workplace in general (Dragano et al., 2018), and sometimes to OSH management practices in particular (Larsson et al., 2007). The assumption is that if humans operate in a good working environment that is safe, healthy, ergonomically sound, creative, and so on, these beneficial factors will be reflected in the financial performance of the company. Heath (2006) in his study on effect of perceived work environment on employee's job behavior and organizational effectiveness, found out that the biggest goal of all the business organization are to increase their performance, thus making high profits.

4.5 Descriptive Findings

This section presents the descriptive results with regard to hazards that bank employees are exposed to in their workstations, OSH practices in banks, employee risk awareness, and also status of OSH in banks respectively.

4.5.1 Workplace Hazards in Banks

The results in respect of the workplace hazards that bank employees are exposed to, are presented in Table 4.3.

Table 4.3: Workplace Hazards Exposed to Employees

Health Issue/Risk	Yes	No
Long working hours	100%	0%
Repetitive job	100%	0%
Stress	94%	6%
Dust from money	91.7%	8.3%
Glare from computer screen	99.2%	0.8%
Manual handling/lifting/tying/counting	82.7%	17.3%
Fatigue/psychosocial risks	99.2%	0.8%
Hazardous substances	59.4%	40.6%
High performance targets & Strict deadlines	100%	0%
Difficult customers	100%	0%
Long queues	96.2%	3.8%
Fires	97.0%	3.0%
Slippery floor	98.5%	1.5%
Cold server/ATM room	75.9%	24.1%

It was noted as shown in the Table 4.3, that all (100.0%) the selected bank staff concurred that they worked for long hours, their jobs were repetitive and demanding and that they faced difficult customers. It was further established that the majority (94%) of the bank staff suffered occupational stress. This shows that the bank as a workplace is a source of stress for bankers as noted by Jamshed *et al*., (2011). It was generally believed by 91.7% of the selected bank staff that the dust from money posed a health risk. Furthermore, 99.2% of the bank employees agreed that they suffered from fatigue and glare from computer screen. It was also believed that the employees were exposed to other hazards, indeed, 97.0 and 98.5% of the bank employees admitted that they were exposed to fires and slippery floors. Slippery floors may contribute to falls in the bank. Similar results were reported by Mberia, 2001, where all the respondents were at a risk of slips and falls in the banks. Approximately three quarter of the employees stated that there operated in cold ATM rooms that exposed them to health risks such as illnesses.

4.5.1.1 Body Parts affected

The findings in Table 4.4 shows the body parts affected as a result of the workplace hazards the bank employees were exposed to.

Table 4.4: Distribution of Affected Body Parts

Area that bothers the most	Frequency	Percentage
Neck	89	66.9
Shoulder	83	62.4
Elbow/forearm	83	62.4
hand/Wrist	67	50.4
Fingers	44	33.1
Upper back	59	44.4
Low back	67	50.4
Thigh/knee	65	48.9
Lower leg	43	32.3
Ankle/foot	42	31.6

The results presented in Table 4.4 established that majority (66.9%) suffered neck pain. A total of 62.4% indicated that they felt discomfort in the forearm and shoulders. It was further noted that the 50.4% of the employees experienced pain in the lower back and wrist. In addition, it was noted that the employees suffered pain in the upper back and the fingers. The results indicate that indeed, bank employees are exposed to health risks and suffer excruciating pain as a result of either repetitive movements or awkward positions while serving customers. This predisposes them to a risk of developing Repetitive Strain Injury (RSI). Indeed, the bank employees work for long hours, and their nature of job is too demanding and repetitive in nature. These results conformed to those of Tella *et al* (2011), who investigated the prevalence of neck and upper extremity

repetitive stress injury among bank workers and the associated risk factors among bank workers of Lagos and found out neck and upper extremity repetitive stress injury is prevalent among bank workers.

4.5.1.2 Type of Discomfort Experienced

The discomforts experienced by the sampled staff as a result of work are shown in Figure 4.5.

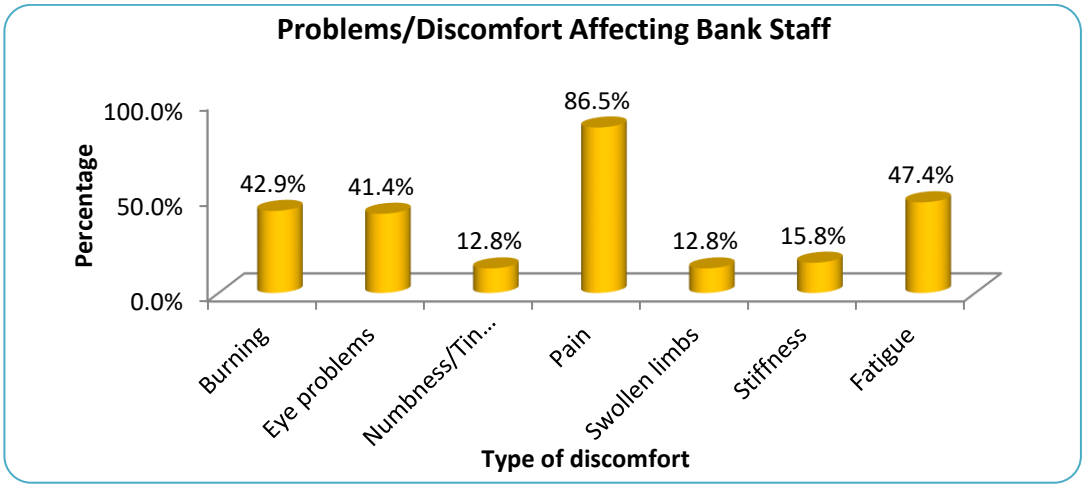


Figure 4.5: Problems/Discomfort Affecting Bank Staff

The majority (86.5%) of the staff as shown in Figure 4.5, described the discomfort as pain while 12.8% explained it as swollen limbs or numbness. A significant number (42.9%) described the discomfort as burning whilst 47.8% stated it as fatigue. A section (15.8%) of the selected bank staff further indicated their discomfort was stiffness. The various forms of discomfort that the employees experienced and suffered from portray the occupational health and safety practices were less adhered to in the surveyed banks.

4.5.1.3 Workplace Related Illnesses

The types of illnesses the bank employees experienced as a result of their work are summarized in Table 4.5.

Table 4.5: Work-related Diseases/Ailments

Diseases	Yes	No	Total
Acidity/ulcers	57.1%	42.9%	100.0%
Eye problems	12%	88%	100.0%
Forced to use glasses after straining eyes	34.6%	65.4%	100.0%
body pain	52.6%	47.4%	100.0%
High blood pressure	51.1%	48.9%	100.0%
Respiratory disorders such as sneezing coughing, asthma	68.4%	31.6%	100.0%
Stress	72.9%	27.1%	100.0%

The percentage of the employees that suffered from acidity/ulcers as shown in Table 4.5 stood at 57.1%. A total of 12% of the bank employees stated that they suffered from eye problems while 34.6% were forced to use glasses as a result of the eye problems. Majority of the respondents (52.6%) indicated that they experienced body pain whilst 51.1% had high blood pressure. It was further noted that 68.4% suffered from respiratory disorders such as sneezing, coughing and asthma. A total of 72.9% suffered from stress related problems. This could be attributed to the nature of work at the bank, where employees have high target and work load coupled with strict deadlines so as to meet the market demands. Similarly Mannocci et al, (2018) noted that high-job demands posed the risk of development of occupational stress in the banking sector.

The foregoing results were in agreement with Reolofs and Straker's (2002) study which found that bankers were at risk of musculo-skeletal disorders since they work within constrained postures, have limited opportunity to move away from their work stations during working hours and undertake tasks that are essentially repetitive in nature. These

results are evidence of occupational stress among bank workers. This is due to the high mental workload that demands speed and accuracy, difficult customers, long customer queues, and security concerns.

4.5.1.4 Treatment of Workplace Illnesses

The responses on whether the sampled bank employees had been treated for the diseases or illnesses suffered as a result of work are presented in Figure 4.6.

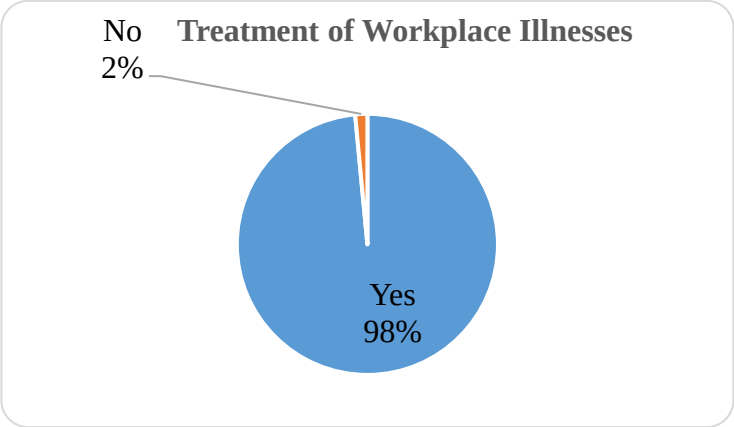


Figure 4.6: Treatment of Workplace Illnesses

It was revealed (Figure 4.6) that majority (98.5%) of the bank staff agreed to have sought medical treatment for work-related illnesses while only 1.5% of the employees had not.

4.5.1.5 Sick leave as a result of work-related illnesses

The study further examined how bank staff had taken sick leave as a result of work-related illnesses. The results to this effect are shown in Figure 4.7.

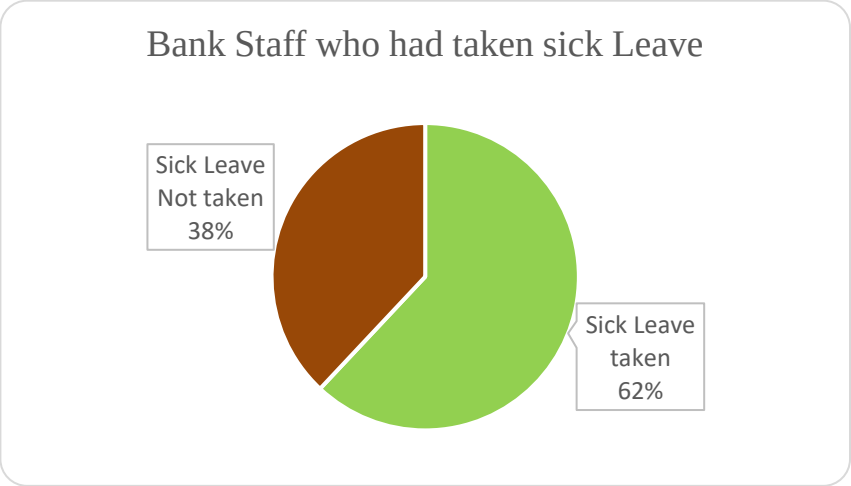


Figure 4.7: Bank Staff Who Had Taken Sick Leave

Out of 129 staff who responded, as shown in Figure 4.7, 62% stated that the banks had allowed them sick leave while 36.8% were not at the time of conducting the study. The results showed that despite the prevalence of work-related illnesses, the bank could not allow some of the employees to go on sick leave. Probably, this could have been due to the demanding nature of the work. When the bank employees are sick their productivity goes down therefore affecting profitability of the banks.

4.5.1.6 Frequency of Discomfort among Bank Employees

The study further put into perspective the views of bank employees regarding how often they felt discomfort at their workstations. The results to this effect are presented in Table 4.6.

Table 4.6: Frequency of Experienced Discomfort

Hazard	Always	Sometimes	Rarely
Back pain	32.3%	53.8%	13.8%
Swollen feet	14.6%	36.6%	48.8%
Leg pain	14.1%	19.5%	66.4%
Shoulder and neck pain	46.5%	49.6%	3.9%
Sleep problem	4.3%	20.9%	74.8%
Average	**22.4%**	**36.1%**	**41.5%**
Standard deviation	**16.9%**	**15.8%**	**31.5%**
Coefficient of Variation	**75.4%**	**43.9%**	**75.8%**

The results indicated in Table 4.6 showed that 32.3% of the surveyed bank employees always experienced back pain while slightly more than half (53.8%) of the said employees sometimes experienced back pains. On average, it was noted that 22.4% of all the participating bank employees always experienced back pains, swollen feet, leg pains, shoulder and neck pains and sleep problems. The shoulder and neck pains were the most common among the selected bank employees. In addition, it was noted that, generally, 36.1% of the bank employees indicated that sometimes they felt back pains, experienced swollen feet and leg pain, shoulder and neck pain and mores so, sleep problems. These results are similar to those of Kanyenyeri *et al*, (2017). The study established that there was high prevalence of back pain among bank staff resulting from long working hours without a break on average, a total of 41.5% of the employees rarely experienced the foregoing discomfort at their work places. These results confirm that work in the banks is increasingly characterized by a high level of pressure with little control over the nature and content of the work, leading to sleep difficulties and musculoskeletal problems among the bankers as cited by Loewenson (2001).

4.5.1.7 Hospitalization as a Result of Sickness

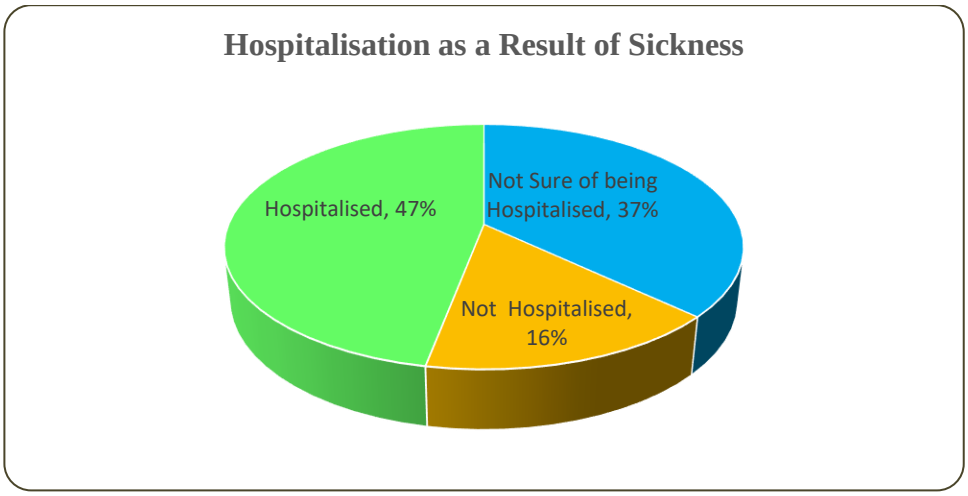


Figure 4.8: Hospitalization as a Result of Sickness

The results on whether the banks employees had ever been hospitalized as a result of health hazards and risks are outlined in Figure 4.8. The study revealed that 47.4% had been hospitalized as a result of diseases and illnesses while 15.8% had not. The rest (36.8%) were not sure whether they had been hospitalized for work-related illnesses and disease or not. A big proportion of the employees had been hospitalized which translated to increase in medical costs for the banks.

4.5.2 OSH Practices in Commercial Banks

This section presents the results in relation to the current OSH practices in selected banks in Nakuru County, Kenya. The descriptive findings are specific with regard to OSH policy, OSH committee, hours worked per week, number of hours on the computer, measures taken to address OSH risks, first aid provision, and machines and equipment maintenance in the banks,

4.5.2.1 OSH Policy

The OSH status of individuals in any setup determines the productivity of workers. The findings are presented in Figure 4.9

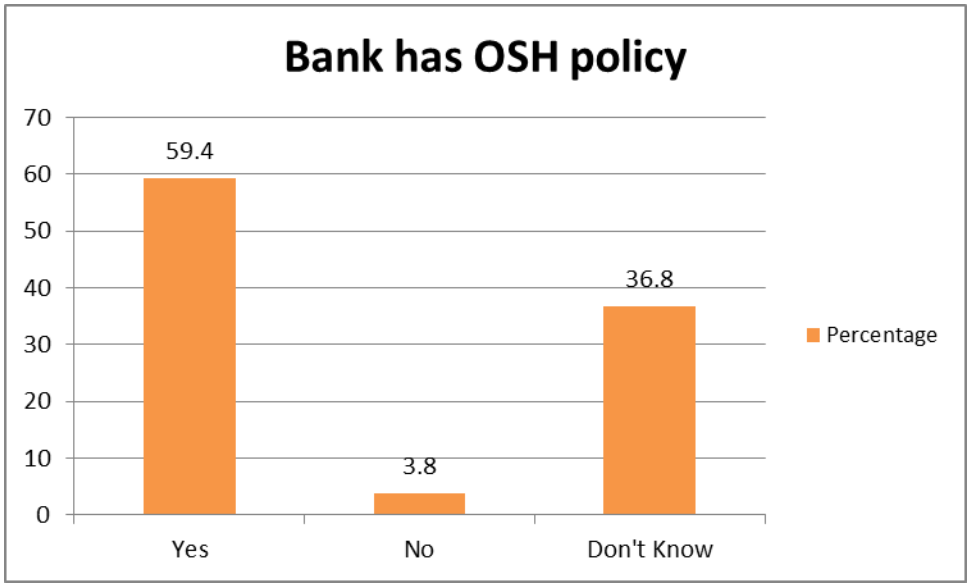


Figure 4.9: OSH Policy in Banks

The results shown in Figure 4.9 indicate that more than half (59.4%) of the participating bank employees reported the existence of OSH policy in their banks. A substantial number (36.8%) were not sure whether such a policy existed or not. Furthermore, 3.8% of the employees were not aware of the existence of OSH policy in their banks. The foregoing findings showed that banks have OSH policy even though some employees are not conversant with it. This shows that there's lack of commitment to the laid down OSH policy. This is in concurrence to Muchiri, (2003) who noted that there was no senior management commitment to OSH and no resources are allocated to implementation of OSH

.4.5.2.2 OSH committee

The existence of OSH Committee in Commercial Banks is key to improving conditions of the work environment. The findings are presented in Figure 4.10

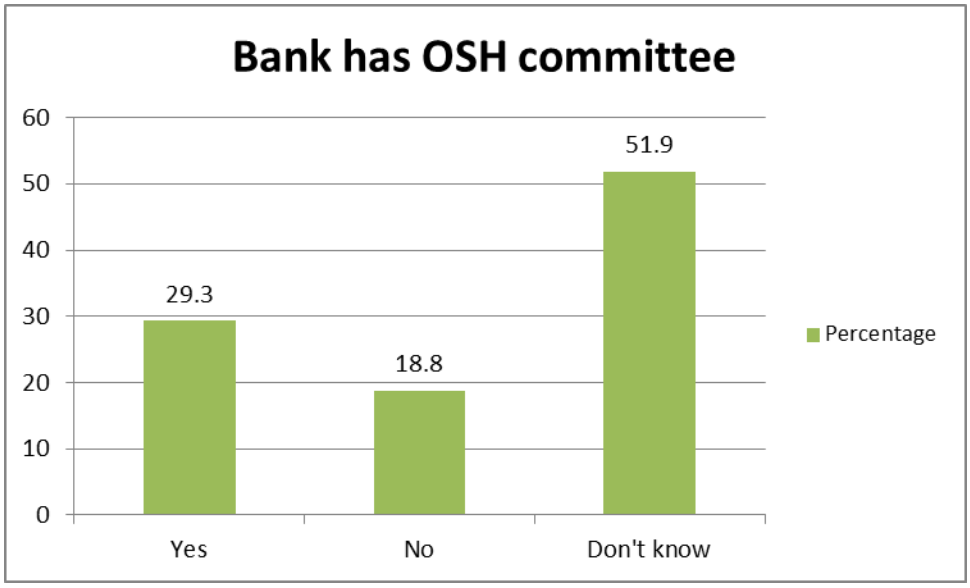


Figure 4.10: Existence of OSH Committee in Commercial Banks

The OSH Act requires that every occupier to establish a safety and health committee at the workplace in accordance with regulations prescribed by the Minister if there are twenty or more persons employed at the workplace; or the director directs the establishment of such a committee at any other workplace (OSHA, 2007). Through the Directorate of Occupational Safety and Health, the government introduced the Health and Safety committee Rules through a legal Notice No. 31 of 2004. These rules are a subsidiary legislation established through section 65(A) of the factories and other places of work act. The safety and health committee rules give guidelines on the running of the safety and health committees. In this subsidiary legislation, recognition has been made that training of the employer and employee is necessary to create awareness of hazards and need for both parties to take charge of their safety and health at the workplace

(OSHA, 2007). The issue was examined by this study and whose empirical results are presented in Figure 4.10. The results outlined shows that 29.3% of participating bank employees agreed that the bank has an OSH committee while the majorities (51.9%) were not sure of the existence of the OSH committee or not. Only 18.8% of the employees disputed that the banks had the OSH committee

4.5.2.3 Hours Worked per Week

In respect of the present study, the results shown in Figure 4.11 illustrates the working hours of bank staff

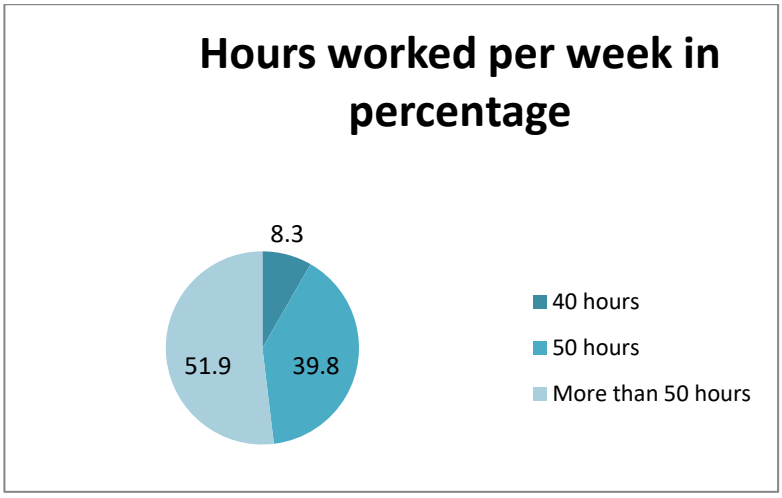


Figure 4.11: Weekly Hours Worked

Fatigue may even lead to serious occupational accidents resulting in injury to workers and even loss of lives. It was indicated that majority (51.9%) of the selected bank employees 51.9% worked for more than 50 hours a week while 39.8% worked for 50 hours over the same period. Only 8.3% of the employees worked for 40 hours in a week. According to Lee et at 2007, the Britons work the longest hours in the European Union because they work not less than 50 hours in a week. This compares very well with bank

employees in Nakuru County who must report to work at 0800 hours and, in most cases, leave between 1730 and 1830 hours or even extend beyond this time depending on work demands. This indicates that the bankers generally work for long hours. The banks have also downsized their employees in order to reduce their operating costs. This has left the employees with a bigger workload which causes physical and psychological fatigue. Long working hours exposes workers to work-related injury and illnesses (Lockley et al., 2007). According to the Labor Act 2007, workers are required to work for 8 hours a day. Working long hours continuously without any break causes fatigue as well as safety and health problems. Fatigue impairs workers ability to perform. It affects judgment, productivity, work efficiency and quality (Roger 2004). A study done by Beecroft et al., (2008) found that workers who have control over their working hours have job satisfaction, Long working hours had a significant negative impact on mental well-being of workers as demonstrated by Akello (2013). In this study majority 91.7% of the respondents worked for 50 hours or more in a week hence they are prone to fatigue, job dissatisfaction and other negative consequences of working long hours as reported by earlier by previous studies

4.5.2.4 Staffing levels

The study further assessed the levels of staffing in commercial banks operating in Nakuru County. The pertinent descriptive results are illustrated in Table 4.7.

Table 4.7: Repetitiveness of Work and Workload When Staffing

Response	Frequency	Percentage
No	116	87.2
Yes	17	12.8
Total	**133**	**100.0**

As presnted in Table 4.7, majority (87.2%) of the sampled bank employees agreed that the banks, while determining the number of staff, did not consider the nature of work, that is, the repetitiveness and workload.

4.5.2.5 Rest-breaks at Workplace

The responses on whether rest breaks were allowed are indicated in Figure 4.12.

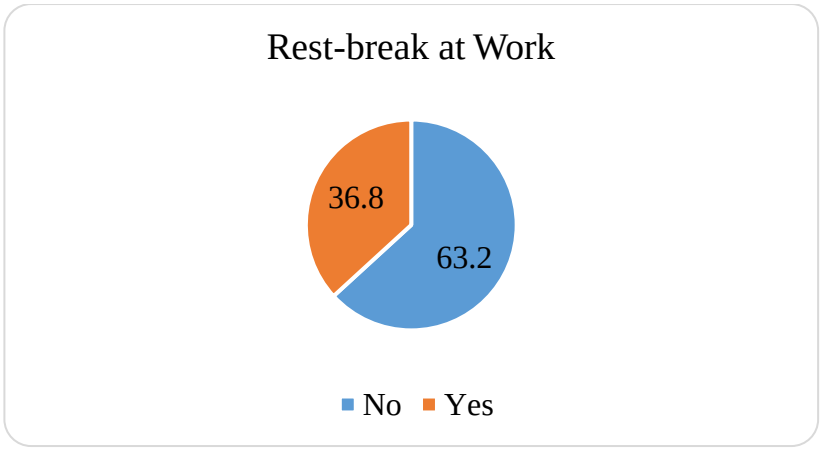


Figure 4.12: Rest-break at Work

It was established (Figure 4.12), that 63.2% disagreed that rest breaks were allowed, while 36.8% agreed that the breaks were allowed. This illustrates that the work at the banks is demanding and is a source of employee physical and psychological fatigue. A break is a vital element in every work productivity. The above results on working hours, staffing levels and rest breaks are evidence that banker's work for long periods, often with time demands, and sometimes in a multi-role capacity with little breaks during the working hours. It is hence feared that most of the employees are at a risk of occupational diseases as reported in a study by Conway, Pompeii, Roberts, Follis and Gimeno (2016) that long working hours, particularly 46 hours per week or more increases the long-term risk of cardiovascular diseases such as heart attack. The nature of job in the banking

industry is repetitive. Rest breaks and job rotation are necessary in respect of the OSH of employees. Working for long hours without breaks and job rotation increases the chances of a worker developing Musculoskeletal Disorders, (MSDs) (NIOSH, 1997). Best practices like job rotation have been found to reduce the cases of MSDs among workers in highly repetitive jobs with heavy workloads (Mathiassen, 2006). This has been shown to help in cost reduction and promotion of health of workers (Keir *et al*., 2011). The health promotion for workers occurs through switching between different tasks with different levels of exposure, which in theory reduces the cumulative and or average exposure that should in turn promote the reduction of musculoskeletal and cognitive overloads (Keir et al., 2011). OSHA, (2007) requires that employees be given breaks in between working hours and shorter shifts for strenuous activities in order to rest but this study found the opposite hence the law is being violated by banks in Nakuru County.

It is evident that most of the employees working with commercial banks in Nakuru County were not conversant with OSH policy, and that the bank management was not committed to OSH issues as more than 50% of the bank employees were not aware of work delegation in regard to OSH. The mechanism to review OSH performance is not clear to the employees. In addition, more than 50% of employees were not sure of the existence and effectiveness of OSH committees in the banks. This clearly confirms that there are poor OSH practices in the banks. This could be due to weak OSH infrastructures, untrained and inadequate OSH professionals, and lack of proper monitoring and surveillances for occupational health and safety diseases and injuries. This supports a previous study conducted by Muchiri (2003) which had found that, poor OHS infrastructure and funding, insufficient number of qualified occupational health and safety practitioners and the general lack of adequate information are among the main drawbacks to an effective OHS practices.

4.5.2.6 Measures taken to address OSH Risk

The study analyzed occupational safety and health practices in commercial banks operating in Nakuru County. The relevant results are presented in Table 4.8.

Table 4.8: Measures Taken to Address OSH Risk

Measures	Very Frequent	Frequent	Not frequent	Not aware
Medical examination of employees	0%	6.8%	60.9%	32.3%
Elimination of hazard at source	10.5%	20.3%	43.6%	25.6%
Use of personal protective equipment (PPE)	7.5%	36.8%	51.9%	3.8%
Job rotation	0%	9.0%	78.2%	12.8%
Workplace design	0.8%	5.3%	64.7%	29.3%
Safety training	2.3%	9.8%	47.4%	40.6%
Team work	4.5%	57.9%	34.6%	3.0%
Work shifts and breaks during working hours	0.8%	25.6%	66.2%	7.5%
Average	3.3%	21.4%	55.9%	19.4%
Standard Deviation	3.9%	18.3%	14.1%	14.4%
Coefficient of variation	118.0%	85.6%	25.3%	74.2%

As shown in the Table 4.8, on average, 3.3% of the surveyed employees stated that the banks very frequently took measures to address OSH risks and hazards. These measures were taken at differing levels and included the medical examination of employees, elimination of hazard source, use of personal protective equipment, job rotation, workplace design, safety training, team work, and work shifts and breaks during working hours. In the same context, the banks were more inclined in eliminating hazards than other OSH practices. This is because 10.5% of the employees indicated that the banks very frequently dealt with it.

It was further observed that 21.4% averagely admitted that the banks frequently took the aforementioned measures to address the occupational safety and health risks and hazards. A total of 36.8% of the employees agreed that the banks encouraged use of protective equipment while 57.9% concurred that the banks advocated for team work as measures to curbing OSH risks and hazards. In addition, more than half (55.9%) of the bank employees, on average, agreed that the banks did not frequently take measures of curbing OSH risks and hazards. Notably, 60.9% indicated that the banks did not often authorize medical examination of employees while 66.2% felt that the neither did the banks frequently give employees breaks during work hours nor did it authorize work shifts. On average, 19.4% of the employees were indifferent of whether the banks undertook the foretasted OSH measures to curb the risks and hazards or not.

The results suggested that the banks lacked institutional framework responsible for health and safety standards and hence OSH problems in the banks. The results were supported by Kheni, Dainty and Gibb, (2008) who noted that the status of OSH in small and medium enterprises was wanting due to inefficient institutional frameworks for health and safety standards. Additionally, insufficient OSH education has been one of the challenges facing occupational health and safety practices as reported by the Ministry of Health (Ministry of Health Report, 2007).

4.5.2.7 First Aid Provision

First aid kits allow victims to be attended to before comprehensive medical attention is sought. The study examined a number of critical issues in reference to first aid provision by commercial banks in operating in Nakuru County. The pertinent results are demonstrated in Figure 4.13.

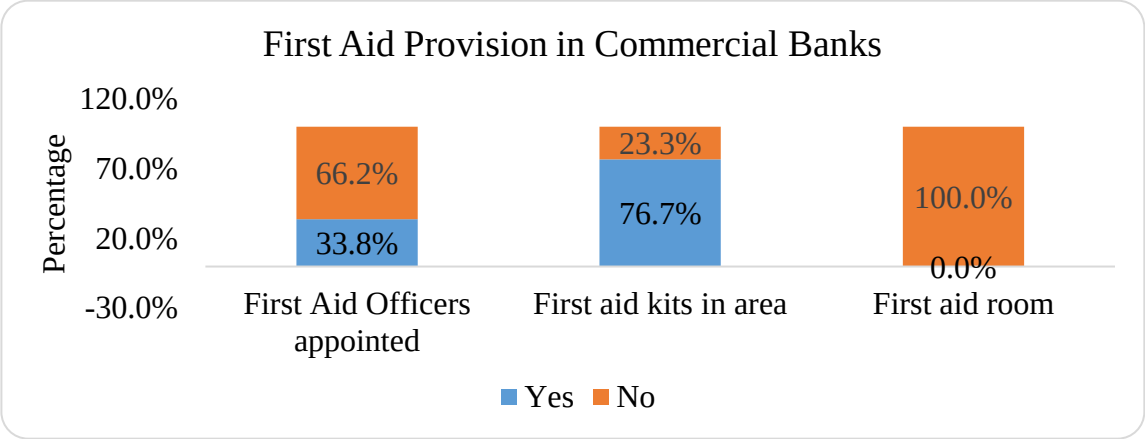


Figure 4.13: First Aid Provision in Commercial Banks

The study as illustrated in Figure 4.13, established that the banks in Nakuru County had first aid boxes in place. A total of 66.2% disagreed that there were first aid staff appointed by the banks to aid them during accidents or discomfort in their workplace. The study further noted that 76.7% concurred that there were first aid kits in the bank premises. All (100.0%) of the selected bank employees admitted that there were no first aid rooms within the bank premises. Similarly, Ndiwa, 2018 in a study on ergonomic risk factors in building construction sites in Mombasa county, established that there were first aid kits at the construction sites, though they were ill equipped.

4.5.2.8 Machine and Equipment Maintenance

The results illustrated in Table 4.9 show the responses of bankers with regard to frequency of machine and equipment maintenance.

Table 4.9: Maintenance of Machine and Equipment

Machine/Equipment	Maintained	Not Maintained
Air conditioning	98.5%	1.5%
Fire-fighting equipment	100%	0.0%
Security equipment	92.5%	7.5%
Cleaning equipment – for windows, internal areas	66.9%	33.1%
Note counters	99.2%	0.8%
Photocopiers & printers	100%	0.0%
Cash sealing machine/strapper	80.5%	19.5%
Computers	100%	0.0%
Dust Blower	92.5%	7.5%

The findings in Table 4.9 indicated that 98.5% admitted that air conditioning equipment were regularly maintained while all (100.0%) concurred that fire-fighting, alarm systems photocopiers, printers and computers were regularly maintained. The study further noted that 92.5% of the employees stated that the banks regularly maintained dust blowers while 80.5% indicated the cash sealing machines were checked and maintained regularly. In addition, it was found out that 99.2% of the employees believed that the note counters were maintained. These results showed that what the banks attempted to address are physical hazards by regularly maintaining the equipment and machines. These results are similar to those of Mberia (2001) who found out that banks are very keen on mitigating physical and mechanical hazards that affect employees. These hazards are easily recognized by the management and adequately addressed. However, physiological and mental hazards such as workload, workplace, working hours, lack of social support, computers, strict deadlines, and high targets have not been given a lot of consideration hence the systems meant to address them are not well developed.

4.5.2.9 OSH Practices within Banks

The results shown in Table 4.10 represent the opinions of the selected bank employees regarding OSH status within the banks.

Table 4.10: OSH Practices in Commercial Banks

OSH practice	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
Bank employees are notified on health and safety hazards at the workplace	6.8%	57.9%	12.8%	21.8%	0.8%
Employees of the bank are trained to protect themselves from hazards in their working environment	3.8%	13.5%	27.8%	53.4%	1.5%
Health and safety performance are an essential ingredient of performance appraisal	1.5%	12.8%	3.0%	59.4%	23.3%
The bank makes all reasonable efforts to identify and correct health and safety hazards	1.5%	39.8%	14.3%	42.9%	1.5%
Employees of the bank are encouraged to report workplace hazards	3.0%	46.6%	3.8%	45.1%	1.5%
The bank has spelt out clearly its responsibility and that of employees towards ensuring health and safety at the	3.0%	32.3%	15.8%	48.1%	0.8%

workplace					
Employees are involved in health and safety matters	1.5%	27.8%	11.3%	57.1%	2.3%
Average	**3.0%**	**33.0%**	**12.7%**	**46.8%**	**4.5%**
Standard Deviation	**1.9%**	**16.7%**	**8.3%**	**12.6%**	**8.3%**
Coefficient of variation	**63.6%**	**50.5%**	**65.5%**	**26.9%**	**184.3%**

It was noted that the 64.7% of the employees admitted that they were notified on health and safety hazards at their workplace; howbeit, 22.6% disagreed with the foregoing statement. It was further noted that most (82.7%) of the bank employees disputed that health and safety performance was an ingredient of performance appraisal in their banks. A total of 14.3% agreed with the stated view. It was further established that 44.4% of the participating bank employees disagreed that the banks did not make reasonable efforts to identify health and safety hazards; nevertheless, 41.3% believed that the banks did so. The study furthermore ascertained that 46.6% of the said employees disputed that they were encouraged to report workplace hazards while 49.6% admitted that they were encouraged by the management to do so. It was disagreed by majority (48.9%) of the employees that the bank spelt out clearly its responsibility and that of employees towards ensuring health and safety at the workplace; however, 35.3% concurred with the stated assertion. In addition, it was noted that 59.4% of the employees were involved in health and safety matters in their workplaces while 29.3% stated that they were not involved. These results clearly show that OSH practices are overlooked. Safety and health practices in the bank should be nurtured as an obligation as stated by Prichard (2004). On the contrary, according to Barling *et al*. (2002), occupational health and safety practices have generally been given little attention. As a result, occupational health and safety has continued to remain outside the mainstream goal of organizations and management.

4.5.2.10 Banks Compliance with OSH Legislation

The findings illustrated in Table 4.11 outline the views of the selected employees of the banks concerning the compliance of the banks with OSH legislation.

Table 4.11: Commercial Banks' Compliance with OSH Legislation

Compliance	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
Orientation on health and safety legislation	2.3%	12.8%	8.3%	75.2%	1.5%
Copies of health and safety policy availed	2.3%	12.0%	15.0%	67.7%	3.0%
Adequate health and safety training	2.3%	13.5%	3.8%	58.6%	21.8%
Adequate PPE	3.8%	71.4%	8.3%	13.5%	3.0%
Supervision on Use of PPE	1.5%	8.3%	22.6%	44.4%	23.3%
Provision of safe system for work	3.0%	60.2%	20.3%	15.0%	1.5%
Sufficient toilet facilities provided	12.8%	80.5%	1.5%	3.8%	1.5%
Wholesome drinking water provided	12.0%	79.7%	0.8%	6.8%	0.8%
Fire-fighting equipment in place	15.8%	83.5%	0.8%	0.0%	0.0%
Compensation benefit on injuries	4.5%	71.4%	16.5%	7.5%	0.0%
Average	**6.0%**	**49.3%**	**9.8%**	**29.3%**	**5.6%**
Standard Deviation	**5.3%**	**33.1%**	**8.3%**	**29.1%**	**9.0%**
Coefficient of variation	**88.8%**	**67.1%**	**84.5%**	**99.3%**	**160.3%**

According to the results, most (76.7%) of the employees disagreed that commercial banks provided orientation on health and safety legislation; howbeit, 15.3% agreed with the opinion. It was agreed by 15.3% of the employees that the banks had made available the copies of health and safety policy; nevertheless, 70.7% disagreed with the said assertion. The study further discovered that only 17.8% of the bank employees agreed

that the bank provided adequate health and safety training. The majority (80.4%) disputed the aforementioned notion. It was admitted by most (75.2%) of the employees that the bank provided adequate personal protective equipment. However, 16.5% disagreed with the said proposition. It was established that a mere 9.8% of the bank employees concurred that the banks supervised the use of personal protective equipment while the majority (67.7%) disagreed with the view. Furthermore, 63.2% admitted that the banks provided safe workplace systems; nevertheless, 16.5% disagreed with the assertion. A total of 20.3% were unsure whether the banks provided safe workplace systems or not. The findings further indicated that 93.3% of the employees agreed that the banks provided sufficient toilet facilities while 5.3% disputed the argument. In addition, 91.7% admitted that the banks provided adequate wholesome drinking water. A small number (7.6%) of the employees disagreed the stated proposition. It was generally agreed by most (99.3%) of the employees that the banks provided fire-fighting equipment. The majority (75.8%) concurred that the banks provided compensation in cases of injuries; howbeit, 7.5% disagreed while 16.5% were not sure. In relation to the aforesaid results, it is inferred that enforcement of regulations is very vital in ensuring the efficacy of regulations. Thus, various researchers (Anderson 2007; Idubor & Osiamoje 2013) opine that regulations without proper enforcement are tantamount to no laws. In that case, Idubor & Osiamoje (2013) postulated that lack of strict enforcement of OSH regulations enables non- compliance to OSH regulations. Whereas non-compliance to OSH regulations is a major contributor to the poor state of OSH.

4.5.3 Employee Awareness

This section outlines the findings in relation to the level of employee awareness on risks at their work places. The key variables analyzed under this objective were the level of awareness of the risks, level of awareness of hazardous conditions and employee training in respect of the foregoing.

4.5.3.1 Level of Awareness of Risks

The study examined the views of respondents with regard to the level of their risk awareness. The results to this effect are presented in Table 4.12

Table 4.12: Level of Awareness of Risks

Risk in the working environment	Very much	Aware	Little	Not aware
Occupational diseases	6.8%	63.2%	25.6%	4.5%
Accidents at work	9.0%	54.1%	30.8%	6.0%
Occupational stress	31.6%	63.2%	5.3%	0%
Use of computers	17.3%	57.1%	17.3%	8.3%
Use of note counters	30.1%	48.1%	12.8%	9.0%
Fire	31.6%	47.4%	21.1%	0%
Relationships	18.0%	30.1%	35.3%	16.5%
Use of copiers and printers	6.0%	45.1%	20.3%	28.6%
Use of coin counters	12.8%	36.8%	18.8%	31.6%
Average	18.1%	49.5%	20.8%	11.6%
Standard Deviation	10.6%	11.3%	9.0%	11.6%
Coefficient of variation	58.4%	22.8%	43.5%	100.2%

As indicated in Table 4.12, most (70.0%) of the selected bank employees were aware of occupational hazards in their workplaces. Only 4.5% of the employees were not aware of the diseases associated with their work. The study further established that the majority (94.7%) of the employees were aware of the occupational stress as a health risk. It was also observed that 51.8% of the surveyed staff held the opinion that they were either not

aware or had very little awareness regarding relationship risks at their respective workstations. Averagely the level of awareness of bankers of risks in their working environment is high as confirmed by 67.6% of respondents. This may be attributed to their level of education as majorities are graduates.

4.5.3.2 Level of Awareness of Hazardous Conditions

The findings in relation to the employee level of awareness of hazardous conditions at their workplaces are shown in Table 4.13.

Table 4.13: Level of Awareness of Hazardous Conditions at the Workplace

Hazardous condition	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
I have been exposed to hazardous chemicals in the bank	3.0%	15.8%	3.0%	54.1%	24.1%
I am aware of some practices that pose health hazards to me.	3.8%	84.2%	4.5%	7.5%	0.0%
Extreme temperatures are threat to my health	2.3%	85.7%	5.3%	5.3%	1.5%
Poor lighting system constitute health hazards to my job	3.0%	88.0%	6.8%	1.5%	0.8%
Poor work posture pose a threat to my job	6.0%	69.2%	5.3%	19.5%	0.0%
I have developed certified health problems since I was employed	0.8%	46.6%	19.5%	32.3%	0.8%
Average	**3.2%**	**64.9%**	**7.4%**	**20.0%**	**4.5%**
Standard Deviation	**1.7%**	**17.4%**	**6.1%**	**20.1%**	**9.6%**
Coefficient of variation	**53.8%**	**23.3%**	**81.8%**	**100.7%**	**213.4%**

It was revealed (Table 4.13), that 18.8% of the employees believed that they were had been exposed to hazardous chemicals the banks; however, the majority (78.2%) indicated that they had not. It was further noted that most (88.0%) of the employees were abreast of the health hazards practices that the banks carried out. The minority (7.5%) disputed the stated assertion. Furthermore, 88.0% of the selected banks employees were aware that extreme temperatures posed a health risk. It was further noted that 75.2% were aware of inappropriate posture while working as health hazard; nevertheless, 19.5% disagreed with the said proposition. A total of 46.6% admitted that there were health problems at the work places while 33.1% disputed the notion. A significant number (19.5%) were not sure whether there were health problems at work or not.

These results were contrary to those of an earlier study by Waiganjo *et al* (2008) that noted that a majority of the bank employees (51.4%) are not aware of the work-related risk factors, (47.98%) of the employees were not aware of the applicability of ergonomic exercises in the banking institutions, while more than (63.86%) suffered from various musculoskeletal injuries and illnesses when he assessed employees' awareness of exercise ergonomics in banking institutions in Nairobi, Kenya.

4.5.3.3 Training

The results on training in respect of the present study are illustrated in Table 4.14.

Table 4.14: Area of Training

Area of training	Trained	Not Trained
Occupational Hazards at work	31.6%	68.4%
Task related risks	30.1%	69.9%
Task related risk prevention	29.3%	70.7%
Health and safety related issues	24.8%	75.2%

According to the descriptive results shown in Table 4.14 most (68.4%) of the participating employees working with commercial banks in Nakuru County stated that they were not trained on occupational hazards at their workplaces while about a third (31.6%) indicated that they had been trained on the same. Furthermore, it was noted that 69.9% were not trained on task related risks; however, close to a third (30.1%) of the employees had been well trained. It was further established that 70.7% of the participating employees had not been trained on task related risk prevention. It was further indicated that 29.3% were trained on the stated issue. In regard to health and safety related issues, only 24.8% had been well trained while 75.2% were not trained at all.

The findings of this study were in agreement with the observation made by a past study conducted among animal workers who had very good knowledge of occupational hazards at their work place in South Western Nigeria (Babafela et al., 2013). However, the results differed from the findings of a study conducted among Petrochemical Complex workers in Iran (Nasab et al., 2008), and barber workers in Gondar town, Northwest of Ethiopia where the knowledge of occupational hazard and safety at workplaces were relatively poor (Beyen et al., 2012). These results confirm that commercial banks in Nakuru County have failed in their duty to provide training on OSH. On the contrary, the general duties of employers around OSH include providing

information on instruction, training and supervision as may be necessary to ensure the employees' health and safety at work. Employers are required to take a proactive 'risk management' approach in deciding on what training and supervision is appropriate with regard to general duty to provide a healthy and safe workplace. Apart from induction, employers must also provide training to employees exposed to a risk, ensuring that he or she is 'informed of the risk, and is provided with any information, instruction and training necessary to ensure the person's health and safety. Training and induction facilitated by commercial banks inculcate a positive health and safety culture. Armstrong (2009) stated that health and safety training is key part of the preventive programme and should start as part of induction courses. Safety trainings hence spell out the rules and provide information on potential hazards and how to avoid them. Smallwood (2007), states that health and safety education and training are necessary to develop surface and core competencies. Induction training should always be provided to new employees to enhance their awareness with reference to health and safety policy of the organization. The employees should be aware of their responsibility for health and safety, the accident reporting procedures of the organization, the fire and other emergency procedures.

4.6 Inferential Analysis

The study sought to determine the status of occupational safety and health in the commercial banks. The study further sought the relationship and effect of occupational hazards, occupational safety and health practices and employee risk awareness on the status of occupational safety and health in selected commercial banks. The foregoing was determined by using correlation and regression analyses.

4.6.1 Relationship between Occupational Hazards and OSH Status in Banks

It was established that there existed a relationship between occupational hazards and status of occupational safety and health in banks. The collected data were analyzed and the results of correlation analysis are presented in Table 4.15.

Table 4.15: Correlation between Hazards in Banks in OSH Status in Banks

		OSH Status in Banks
Hazards in Banks	Pearson Correlation	-.076
	Sig. (2-tailed)	.387
	N	133

As shown in Table 4.15, the relationship between the occupational hazards and status of occupational safety and health was negative, weak and not statistically significant ($r = -0.076$; $p > 0.05$). This meant that the existence of hazards in banks pose potential harm to employees, and therefore was likely to undermine the status of occupational safety and health in the banks.

4.6.2 Relationship between OSH Practices and OSH Status in Banks

The study further established the existing relationship between OSH practices and OSH status in selected commercial banks. The results to this effect are presented in Table 4.16.

Table 4.16: Correlation between OSH Practices in OSH Status in Banks

		OSH Status in Banks
OSH Practices	Pearson Correlation	.657**
	Sig. (2-tailed)	.000
	N	133

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

The results illustrated in Table 4.16 revealed that the practices of occupational safety and health in banks had a positive, moderately strong and statistically significant at 95% confidence level ($r = 0.657$; $p < 0.05$). The results implied that enhancing OSH practices such as ensuring a well-defined OSH policy in the banks would enhance the status of employees' occupational safety and health. Ensuring that OSH practices are followed by bank management would further enhance the health and safety of those working in the banks.

4.6.3 Relationship between Employee Risk Awareness and OSH Status in Banks

The relationship between employee risk awareness and OSH status was ascertained, and the relevant results are shown in Table 4.17.

Table 4.17: Correlation between Employee Awareness in OSH Status in Banks

		OSH Status in Banks
Employee Awareness	Pearson Correlation	.350**
	Sig. (2-tailed)	.000
	N	133

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

The results shown in Table 4.17 indicated that there was a positive, moderately strong and statistically significant relationship ($r = 0.350$; $p < 0.05$) between the aforesaid variables. There was a likelihood that enhancing employee risk awareness would enhance their safety and health at their workplace. The foregoing is premised on the fact that employee awareness of risks such as developing musculoskeletal injuries due to a given sitting posture or repetitive movements would ensure that they take recourse to ensuring their safety and health.

4.6.4 Univariate Regression Analysis

The effect, in isolation, of workplace hazards, occupational safety and health practices and employee risk awareness on status of occupational safety and health in banks was ascertained. Linear regression analysis was used.

4.6.4.1 Effect of Hazards in Banks on Status of OSH in Banks

As indicated in Table 4.18, the coefficient of determination (R^2) shows the proportion of the variance in the status of OSH that is predictable from the workplace health hazards.

Table 4.18: Model Summary for Hazards and Status of OSH in Banks

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.076[a]	.006	-.002	.37086

a. Predictors: (Constant), Hazards in Banks

The R^2 depicts that 0.6% of the variance in the status of OSH in banks is explained by workplace health hazards.

The results illustrated in Table 4.19 were used to gauge whether the collected data fitted the following regression model; $\mathbf{Y = \beta_0 + \beta_1 X_1 + e}$.

Table 4.19: ANOVA for Hazards and Status of OSH in Banks

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.103	1	.103	.752	.387[a]
	Residual	18.017	131	.138		
	Total	18.121	132			

a. Predictors: (Constant), Hazards in Banks

b. Dependent Variable: OSH Status in Banks

The F-statistics show that the effect of workplace health hazards on the status of occupational health and safety was not statistically significant ($F = 0.752$; $p > 0.05$). As such, the linear model adopted was not fit to be used in determining the effect of work place health hazards on the status of occupational safety and health in the commercial banks. Hence, no further analysis could proceed.

4.6.4.2 Effect of OSH Practices on Status of OSH in Banks

The study further determined the effect of occupational safety and health practices on the status of OSH in the surveyed banks.

Table 4.20: Model Summary for OSH Practices and Status of OSH in Banks

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.657[a]	.431	.427	.28049

a. Predictors: (Constant), OSH Practices

The results illustrated in Table 4.20 showed that 43.1% of the variance in the status of OSH in banks was associated with the practices of OSH adopted by the banks. The results implied that the status of OSH exemplified the safety and health of bank workers.

Table 4.21: ANOVA for OSH Practices and Status of OSH in Banks

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	7.814	1	7.814	99.322	.000[a]
	Residual	10.307	131	.079		
	Total	18.121	132			

a. Predictors: (Constant), OSH Practices

b. Dependent Variable: OSH Status in Banks

The results shown in Table 4.21 indicated that the sampled data fitted the regression model linking OSH practices adopted by banks and status of OSH ($F = 99.322$; $p < 0.05$). Therefore, the regression model: $\mathbf{Y = \beta_0 + \beta_2 X_2 + e}$ was found to be appropriate to be adopted in examining the effect of OSH practices on the status of OSH in commerical banks in Nakuru County.

Table 4.22: Beta Coefficients for OSH Practices and Status of OSH in Banks

		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Std. Error	Beta	t	Sig.
1	(Constant)	1.509	.131		11.517	.000
	OSH Practices	.405	.041	.657	9.966	.000

a. Dependent Variable: OSH Status in Banks

The regression model $\mathbf{Y = \beta_0 + \beta_2 X_2 + e}$ is explained using the results shown in Table 4.22 as shown below.

$$\boldsymbol{Y = \beta_0 + \beta_2 X_2 + e}$$

Therefore,

$$\boldsymbol{Y = 1.509 + 0.405 X_2}$$

The status of OSH in banks (Y) is subject to a constant factor (**β_0**) which is 1.509 and 0.405 unit change in OSH practices. In other words, a unit variation in the status of OSH in commercial banks was found to be as a result of constant factor of 1.509 and 0.405 unit variation in OSH practices. It was further noted that the effect of OSH practices on the status of Osh in banks was positive and statistically significant ($t = 9.966$: $p < 0.05$).

4.6.4.3 Effect of Employee Risk Awareness on Status of OSH in Banks

The study further sought to determine the effect of employee risk awareness on the status of OSH in banks. The pertinent results are illustrated in Table 4.23.

Table 4.23: Model Summary for Employee Risk Awareness and Status of OSH in Banks

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.350[a]	.123	.116	.34838

a. Predictors: (Constant), Employee Risk Awareness

The results of coefficient of determination ($R^2 = 0.123$), as illustrated in Table 4.23, indicated that employee risk awareness at the workplace contributed to 12.3% of the variation in the status of occupational safety and health. The analysis of variance was conducted to determine the effect of employee risk awareness on status of OSH in banks, and whether the linear regression model '**$Y = \beta_0 + \beta_3 X_3 + \varepsilon$**' was fit to be used.

Table 4.24: ANOVA for Employee Risk Awareness and Status of OSH in Banks

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2.222	1	2.222	18.304	.000[a]
	Residual	15.899	131	.121		
	Total	18.121	132			

a. Predictors: (Constant), Employee Risk Awareness

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2.222	1	2.222	18.304	.000[a]
	Residual	15.899	131	.121		
	Total	18.121	132			

a. Predictors: (Constant), Employee Risk Awareness

b. Dependent Variable: OSH Status in Banks

The pertinent results as shown in Table 4.24 revealed that the effect of employee risk awareness on status of OSH was statistically significant ($F = 18.304$; $p < 0.05$). The linear regression model was, therefore, found fit to be used in establishing the effect of employee risk awareness on OSH status in commercial banks.

Table 4.25: Beta Coefficients for Employee Risk Awareness and Status of OSH in Banks

		Unstandardized Coefficients		Standardized Coefficients		
Model		**B**	**Std. Error**	**Beta**	**t**	**Sig.**
1	(Constant)	1.827	.228		8.027	.000
	Employee Risk Awareness	.374	.087	.350	4.278	.000

a. Dependent Variable: OSH Status in Banks

The linear regression model was further expounded using the results shown in Table 4.25 as explained below.

The model $\boldsymbol{Y = \beta_0 + \beta_3 X_3 + e}$

Was substituted as:

$$\boldsymbol{Y = 1.827 + 0.374 X_3}$$

According to the above results, a unit change in the status of OSH in commercial banks was subject to 0.374 unit change in employee risk awareness while other factors were held constant (β_0 = 1.827). The findings also showed that there was a statistically significant linear relationship between employee risk awareness and OSH status in commercial banks in Nakuru County (t = 4.278; p < 0.05).

4.6.5 Multivariate Regression Analysis

The study further determined the combined effect of workplace health hazards, employee risk awareness and OSH practices on the status of OSH in banks. The foregoing was determined using multiple regression.

Table 4.26: Model Summary for Multivariate Regression Analysis

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.692[a]	.478	.466	.27070

a. Predictors: (Constant), Hazards in Banks, OSH Practices, Employee Awareness

As illustrated in Table 4.26, the general correlation (R) shows that there was a positive and strong relationship between workplace hazards, employee risk awareness and OSH practices, and status of OSH in banks (R = 6.92). The foregoing relationship was also found to be statistically significant as shown in Table 4.33 (p < 0.05). Notably, the coefficient of determination (R^2 = 0.478) further illustrated that 47.8% of the variance in the status of OSH in banks could be attributed to workplace hazards, employee risk awareness and OSH practices. The remaining 52.2% was attributed to other factors not investigated by the study.

Table 4.27: ANOVA for Multivariate Regression Analysis

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	8.668	3	2.889	39.430	.000[a]
	Residual	9.453	129	.073		
	Total	18.121	132			

a. Predictors: (Constant), Hazards in Banks, OSH Practices, Employee Awareness
b. Dependent Variable: OSH Status in Banks

The results illustrated in Table 4.27 shows that the effect of workplace hazards, employee risk awareness and OSH practices on the status of OSH in banks was positive and statistically significant ($F = 39.430$; $p < 0.05$). This meant that the aforesaid variables largely influenced the status of occupational safety and health in the banks. It was also noted that the multiple regression model adopted ($\mathbf{Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + e}$) was significant and thus fit to be used in determining the effect of workplace hazards, employee risk awareness and OSH practices on the status of OSH in banks. Pertinent diagnostic statistics were examined with the view of testing the extent of multicollinearity amongst the predictor variables.

Table 4.28: Beta Coefficient for Multivariate Regression Analysis

	Unstandardized Coefficients		Standardized Coefficients			Collinearity Statistics	
Model	**B**	**Std. Error**	**Beta**	**t**	**Sig.**	**Tolerance**	**VIF**
1 (Constant)	1.040	.243		4.275	.000		
Hazards in Banks	-.024	.069	-.022	-.344	.731	.949	1.053
OSH Practices	.374	.041	.606	9.165	.000	.925	1.081
Employee Awareness	.240	.071	.225	3.403	.001	.925	1.081

a. Dependent Variable: OSH Status in Banks

As shown in Table 4.28, all the variables returned variance inflated factors (VIF) less than 10.0. This was interpreted to mean that the multicollinearity problems were within

the acceptable range (Littell et al., 2000). On the same perspective, further multiple regression analysis was conducted.

The regression model adopted was

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + e$$

Substituting the values in Table 4.33;

$$Y = 1.040 - 0.024X_1 + 0.374X_2 + 0.24X_3$$

Interpretatively, a unit change in the status of OSH in banks (Y) was dependent on -0.024 unit change in workplace hazards, 0.374 unit variation in occupational health and safety practices and 0.24 unit change in employee risk awareness when other factors are held constant ($\beta_0 = 1.040$). The study further noted that the effect of workplace hazard on the status of OSH in banks was negative and not statistically significant ($t = -0.344$; $p > 0.05$). It was further noted that OSH practices had statistically significant effect on the status of OSH in banks ($t = 9.165$; $p < 0.05$). In addition, employee risk awareness had a statistically significant effect on the OSH status in banks ($t = 3.403$; $p < 0.05$). The occupational safety and health practices were noted to be the most important factors in determining the status of OSH in commercial banks in Nakuru County. The existence of the practices, particulalry the bank management implementing the practices, was vital in enhancing saftey and health of staff at their respective workstations.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The current study looked into the status of occupational safety. the workplace hazards that bank employees were exposed to, the current OSH practices and the level of risk awareness among bank employee's health in selected banks in Nakuru County. This chapter provides a summary of the major findings, conclusions drawn and the recommendations

5.2.1 Workplace Hazards and Status of OSH in Banks

The study established that bank employees worked for long hours on repetitive jobs. The employees further faced difficult customers in the course of their work. The employees suffered occupational stress. The selected bank employees were further exposed to health risk emanating from dust from money, fatigue, slippery floors, fires, cold ATM rooms, and prolonged glare on the computers.

It was further discovered that as a result of the aforementioned workplace hazards, the selected bank employees suffered neck, lower back and wrist pains, discomfort in the forearm and shoulders and were at risk of developing RSI as a result of repetitive movements and awkward positions while working. Furthermore, it was indicated that most of the employees suffered from illnesses such as acidity ulcers, eye problems, musculoskeletal disorders, and respiratory problems such asthma. As a result of the illnesses and the frequency of the illnesses suffered, most of the bank employees were hospitalized.

It was noted that the relationship between workplace hazards and the status of occupational safety and health was negative, weak and not statistically significant ($r = -0.076$; $p > 0.05$). The existence of workplace hazards posed potential harm to the bank employees and likely undermined the status of occupational safety and health in the commercial banks.

5.2.2 OSH Practices and Status of OSH in Banks

It was established that the commercial banks did not frequently take measures to address OSH risks and hazards as averagely noted by most of the employees. The measures taken at varying degree were medical examination of employees, elimination of the source of hazards, encouragement of the use of protective equipment, job rotation, workplace design, safety training, work shifts and breaks. It was further noted that the banks lacked institutional frame work in respect of the occupational health and safety. This resulted in neglect of OSH in the surveyed commercial banks.

It was further ascertained that the banks had first aid boxes and first aid kits in the quest to address the occupational safety and health. However, it was disagreed that there were first aid officers appointed by the banks to aid employees. The study further discovered that the air conditioning equipment, fire-fighting, alarm systems, dust blowers, cash sealing machines and computers were regularly maintained. It was established that the banks attempted to address the physical hazards by maintaining the equipment and machines in good shape. The findings illustrated that the relationship between OSH practices and OSH status in selected commercial banks was positive, moderately strong and statistically significant at 95% confidence level ($r = 0.657$; $p < 0.05$).

5.2.3 Employees' Level of Risk Awareness and Status of OSH in Banks

The results showed that most of the bank employees were not aware of OSH policy in banks. It was further established that the majority of the employees were aware of hazards in their working environment. The majority employees were also aware of the extreme temperatures as health risk and inappropriate working posture as health hazard. The employees generally agreed that had developed health problems as a result of work. The study results indicated that most of the banks employees were not trained on occupational hazards, task related risks and risk prevention. In general, the selected bank employees were not trained on health and safety related issues. The correlation results showed that the awareness of occupational hazards in banks had a positive, moderately strong and statistically significant relationship with status of OSH in banks ($r = 0.657$; $p < 0.05$).

5.2.4 Status of OSH in Banks

The majority of the bank employees stated that there was OSH policy in banks though some employees were not aware of such a policy while most of the employees were unsure of the existence of OSH committees in the banks showing lack of commitment of the banks in occupational health and safety.

It was ascertained that most of the bank employees worked for more than 50 hours a week against the stipulations of the Labor Act of 2007, employees are supposed to work for 8 hours a day. The bankers generally work for long hours which contribute physical and psychological fatigue. Furthermore, the majority of employees agreed that rest breaks were not allowed amid the cumbersome nature of the work and the fact that rest breaks reduces musculoskeletal and cognitive disorders.

The findings indicated that most of the employees disagreed that the banks provided orientation on health and safety legislation and that the banks made available copies of

health and safety policy. It was further disagreed that the banks provided adequate health and safety training. It was noted that the banks provided adequate personal protective equipment but did not supervise their use. The banks further provided safe workplace systems, sufficient toilet facilities, fire-fighting equipment and compensation in cases of injuries.

The regression results showed that 47.8% of the change in the status of occupational safety and health in the surveyed commercial banks was associated with workplace hazards, employee risk awareness and OSH practices. The foregoing variables of OSH were fundamental in influencing the status of OSH in banks.

5.3 Conclusions

The study made various inferences from the results. It was concluded that bank employees were exposed to hazards in their workplaces. The hazards included slippery floors, prolonged working hours, cold ATM rooms, dust from money, fires, and glare from computers screens. The study further concluded that employees suffered musculoskeletal disorders and respiratory problems among other illnesses as a result of exposure to the hazards. The workplace hazards if remained unchecked undermined the status of OSH in banks.

It was inferred that the commercial banks did not frequently, to a large extent, take measures to address OSH risks and hazards. The banks lacked frameworks to address occupational safety and health issues. The banks did not prioritize the OSH. However, there were various OSH practices that the banks undertook but to a small extent. These measures include medical examinations of employees, elimination of the sources of hazards, job rotation, work shifts, rest breaks and job rotation. OSH practices and its implementation were likely to enhance the status of OSH in banks.

The study concluded that the bank employees were aware of health hazard practices that the banks carried out. The employees were aware of health risks such as excessive heat and inappropriate working postures. It was concluded that there were health problems among banks employees in Nakuru County. The study further inferred that the employees were not trained on occupational hazards, task related risks, risk prevention and health and safety issues. The employees' awareness of risks would ensure that they take mitigating measures and hence improve the status of OSH practices in banks.

5.4 Recommendations

Based on the findings, the study recommends that commercial banks should take mitigation measures on identifying the workplace hazards to limit illnesses and the frequency of the illnesses suffered, most of the bank employees were hospitalized. Banks to institute regular checkups to identify employees suffering from illnesses such as acidity ulcers, eye problems, musculoskeletal disorders, and respiratory problems such asthma including employing first aid officers.

The study recommends banks to put measures in place to limit employee exposure to health risk emanating from dust from money, fatigue, slippery floors, fires, cold ATM rooms, and prolonged glare on the computers The banks to implement rest breaks, sick leave and exercise job rotation to avoid physical and psychological fatigue..

The study recommends that banks should employ adequate employees and ensure employees don't work more than 40 hours per as stipulated in the Labor Act of 2007, employees are supposed to work for 8 hours a day. The study further recommends that the banks should embrace sound occupational safety and health practices to ensure that their workforce remain healthy. The banks should develop a framework that guides implementation of OSH practices.

The study further recommends that all employees should be trained on occupational hazards, the task related risks and how to prevent such risks and employees orientated during onboarding on health and safety legislation and that the banks made available copies of health and safety policy.

The banks should also ensure employees use the protective equipment provided to minimize risks of illnesses. The employees should be abreast on their roles in mitigating occupational risks and hazards. It is important for the banks in general to be compliant with OSH legislation to avoid litigation costs and bad corporate image.

5.5 Areas for Further Research

The study suggests that an investigation should be carried out to determine how occupational health and safety influences the bank performance. It is further suggested that a similar study be conducted in other financial institutions such as deposit taking Saccos and microfinance institutions. A study on occupational safety and health should be conducted to determine how the foregoing influences employee performance in other industries such as hospitality should be conducted in Kenya. The results of the suggested studies would aid in policy formulation in regard to OSH in Kenya.

REFERENCES

Abdalla S, Apramian SS, Cantley L.F. (2014). Occupation and Risk for Injuries. In: Mock CN,NugentR, Kobusingye O, et al., editors. Injury Prevention and Environmental Health. 3rd edition. Washington (DC): The International Bank for Reconstruction and Development / The World Bank; 2017 Oct 27. Chapter 6. Retrieved from: https://www.ncbi.nlm.nih.gov/books/NBK525209/ doi: 10.1596/978-1-4648-0522-6/ch6

Ahmed HO, Abdullah AA. Dust exposure and respiratory symptoms among cement factory workers in the United Arab Emirates. *Ind Health.* 50(3), 214-222.

Aisuodionoe M. E, Ogu G. I. Oguzie C. A. (2016)**.** Awareness Pattern of Occupational Hazard and Attitude to Preventive Measure among Bank Cashiers in Oshimili South Local Government Area of Delta State, Nigeria International *Journal of Science and Healthcare Researc, 1*(2)

Ajzen, L., & Madden, T. (1986). Prediction of goal directed behavior, attitudes, intentions and perceived behavioral control. *Journal of Experiajzemental Social Psychology, 22*, 453-474.

Akello, J. M. (2013). Analysis of Musculoskeletal Disorders amongst Nurses: a case study of Kenyatta National Hospital. Unpublished MSC Thesis, Juja: JKUAT.

Anderson, J. (2007). Health and safety—matching legislation and enforcement. *Proceedings of the Institution of Civil Engineers-Management, Procurement and Law*, *160*(1), 11-15.

Andersen H.J, Heming H., & Heming, L. (2006). Intervention Trials on Upper Body Pain among Computer Operators. *Journal of Occupational and Environmental Medicine, 63*, 297-298.

Anderson, N., Ones, D.S., Viswesvaran, C., & Sinangil, H.K (2001). The SAGE Handbook of Industrial, Work & Organizational Psychology. (2nd Ed.). Thousand Oaks, California: SAGE Publishing.

Ashcraft, A. B. (2005). Are Banks Really Special? New Evidence from the FDIC-Induced Failure of Healthy Banks. *American Economic Review, 95*(5), 1712-30.

Asumeng, M.A., Acquah-Coleman, R., & Dadzie. J.J. (2015). Addressing Psychosocial Hazards and Improving Employee Psychological Wellbeing in the Ghanaian Banking Industry: Application of Organization Development Intervention Using Action Research Model. *American Journal of Applied Psychology, 4 (5),* 120-128.

Babafela Awosile, & Oseni, Saheed & Omoshaba, Ezekiel. (2013). Hazards Exposures of Workers of Animal Related Occupations in Abeokuta Southwestern, Nigeria. Journal of *Veterinary Advances*. *3*, 9-19.

Babbie, E. (2004). *The Practice of Social Research*. Belmont, CA: Wadsworth.

Baggozi , R. (1981). Attitudes, Intentions and Behaviour. *Journal of Personality and Social Psychology, 41*, 607-627.

Barling, J., Loughlin, C., & Kelloway, K. (2002). Development and test of a model linking safety-specific transformational leadership and occupational safety. *Journal of Applied Psychology*, *87*, 488-496.

Beecroft, P.C., Frederick, D. & Madé, W. (2008). Turnover intention in new graduate nurses: a multivariate analysis. *Journal of Advanced Nursing*; *62*(1), 41–52.

Beyen, T.K., Tulu, K.T., Abdo, A.A. et al. (2012). Barbers' knowledge and practice about occupational biological hazards was low in Gondar town, North West Ethiopia. BMC Public Health 12, 942

Bradley & Ronchetti, Matteo & Buresti, Giuliana & Di Tecco, Cristina & Iavicoli, Sergio. (2018). Young Workers' Access to and Awareness of Occupational Safety and Health Services: Age-Differences and Possible Drivers in a Large Survey of Employees in Italy. International Journal of Environmental Research and Public Health. 15. 1511.

Bunn, A., & Guthrie, R. (2007). *Occupational Health and Safety in the Banking Industry*. School of Business Law and Taxation Curtin University of Technology.

Central Bank of Kenya (2017). Report on Commercial Banks in Kenya. Nairobi: Central Bank of Kenya.

Central Bank of Kenya (2015). Report on Commercial Banks in Kenya. Nairobi: Central Bank of Kenya.

Conway, S.H., Pompeii, L.A., Roberts, R.E., Follis, J.L., Gimeno, D. (2016). Dose–response relation between work hours and cardiovascular disease risk: findings from the panel study of income dynamics. *J Occup Environ Med*., *58*(3), 221-6.

Cytonn Investments, (2017). *Kenya Listed Commercial Banks Analysis: Cytonn H1'2017 Banking Sector Report – Transitioning to a More Disciplined and Efficient Sector*. Nairobi: Cytonn Investments.

Daoshan, M., & Shuo, Z. (2014). A discourse study of the iceberg principle.Afarewell of arms. *Studies in Literature and Language , 8*(1), 80-84.

Deborah, T. J., Gallois, C., & McCamish, M. (1993). The theory of reasoned action: Its application to aid preventative behaviour. *Psychology Press*, 240-255.

Diwe, K.C., Enwere, O.O, Uwakwe, K.A., Duru, C.B., & Chineke, H.N. (2015). Prevalence and awreness of hypertension and associated risk factors among bank workers in Owerri, Nigeria. *International Journal of Medicine and Biomedical Research, 4*(3), 142-148

Di Zio, M., Fursova, N., Gelsema, T., Gießing, S., Guarnera, U., Petrauskienė, J., ... & Walsdorfer, K. (2016). Methodology for data validation 1.0. *Essnet Validat Foundation, Brussels, Belgium*, 1-76.

Dragano, Nico & Barbaranelli, Claudio & Reuter, Marvin & Wahrendorf, Morten & Wright,

Eberendu, E.F., Ozims, S.J., Agu, G.C., Ihekaire, D.E., Obioma-Elemba, J.E., et al., (2018). Work place health risks associated diseases and health promotion in the Nigerian banking sector. *International Journal of Advanced Research in Biological Sciences, 5(2),* 197-208.

Federal Reserve Bank of San Francisco. FRBSF Economic Letter. No. 2001-09. Apr. 6, 2001. (8-22-01)/publications/economics/letter/2001/el2001-09.html

Fenety A., & Walker J. M. (2002). Short- Term Effects of Workstation Exercises on Musculoskeletal Discomfort and Postural Changes in Seated Video Display Unit Workers. *Journal of Physical Therapy; 82*(6), 578-589.

Fishbein, M., & Ajzen, I. (1967). Theory of planned behaviour and post-partum smoking relapse. *Journal of Nursing and Scholarship, 33*(4), 337.

Gale Group Inc. (2001). The Encyclopedia of Business and Finance.

Gellner, U.B., & Veen, S. (2009). The impact of aging and age diversity on company performance. *SSRN Electronic Journal*, 1-34.

Gitahi, N.S., Waiganjo M., & Koima J. (2014). Effect of workplace environment on the performance of commercial banks employees in Nakuru Town. *International Journal of Managerial Studies and Research, 3*(12), 76-89.

Government of Kenya. The Work Injury Benefits Act, 2007

Graves, P.R. (1999). Ergonomics Products and Equipment Improve Safety and Performance. *Occupational Safety and Administration.*

Hairs, R. B., & Ortinau, D. (2003). *Marketing Research With a Changing Information Enviroment*. (2nd ed.). New York: McGraw Hill.

Heath, B. (2006). Effect of perceived work environment on employee's job behaviour and Organizational effectiveness, Journal of Applied Psychology Banarashindu, University, Varanasi.

Hemingway, E. (1923). *The Art of a Short Story*. Durham: Duke University Press.

Hong Kong Labour Department. (2007). *Occupational Safety and Health Guidebook for the Banking and Finance Industry*.

Idubor, E. E., & Oisamoje, M.D. (2013). An exploration of health and safety management issues in Nigeria's efforts to industrialize. *European Scientific Journal, 9*(12), 154-169.

Jamshed K. K., Muhammad A. K. Ayaz U.H., Muhammad A., & Amjad A.M. (2011). Occupational stress and burnout in Pakistan's banking sector. *African Journal of Business Management, 5*(3), 810-817.

Jeanne M.S., (2007). Encyclopedia of Occupational Health and Safety, (3rd ed.). Geneva: ILO.

Kakoty A., Jain P.K (2005). An analysis of the workplace stressors and its relationship with the employee's job-performance- a comparative study of the public and private sector bank officials. *DRIEMS Business Review, 2*(1).

Kanyenyeri L, Asiimwe B, Mochama M., Nyiligira, J., & Habtu, M. (2017). Prevalence of back Pain and associated factors among bank staff in selected banks in Kigali, Rwanda: A Cross Sectional Study. *Health Science Journal, 11*, 3.

Kariuki, P., 2015. *Factors Affecting Employee Turnover in the Banking Industry in Kenya: A Case Study of Imperial Bank Limited*. Executive Masters in Organization Development research project, United States International University, Nairobi, Kenya.

Katsoulakos, T., &Katsoulacos, Y. (2007). Integrating corporate responsibility principles and stakeholder approaches into mainstream strategy: A stakeholder-oriented and integrative strategic management framework. *Corporate Governance, 7*(4) 355–69.

Keir, P.J, Sanei, K., & Holmes, M.W.R. (2011). Task rotation effects on upper extremity and back muscle activity. *Applied Journal of Ergonomics, 42*(6), 814 –819.

Kerin, K., & Kerin, A. ((2004). Ergonomics Risks, Myths, and Solutions for Extended HoursOperations. Retrieved from http://www.circadian.com

Khan, M.Y., & Siddiqui, M.A. (2005). Prevalence of low back pain in computer users. *Pakistan Journal of Medical Sciences, 21*(2), 159-63.

Khattak, J.K., Khan, M.A., Haq, A., Arif, M., & Minhas, A.A. (2011). Occupational stress and burnout in Pakistan's banking sector. *African Journal of Business Management, 5*(3), 810-817

Kheni, N.A., Dainty, A.R.J., & Gibb, A.G.F. (2008). Health and safety management in developing countries: a study of construction SMEs in Ghana. *Construction Management and Economics, 26*(11), 1159-1169.

Kietrys, M.D., Galper, J.S., & Verno, V. (2007). Effects of at-work exercises on computer operators. *Work, 28*(1), 67 -75.

Kumar R., & Singh, R. (2017). Age diversity in the workplace: A study on private sector banks Employees. *International Journal of Research, 5*(8), 120-126.

Kumar, S.G., Unnikrishnan, B., & Nagaraj, K. (2013). Self-reported chronic diseases and occupational health risks among bank employees of Southern Karnataka City, India. *Indian Journal of Community Medicine, 38(1),* 61-62

Lancaster GA, Dodd S, Williamson PR. (2004). Design and analysis of pilot studies: recommendations for good practice. *J Eval Clin Pract*., *10*((2), 307–312

Larsson, T., Mather E. and Dell G. (2007). To Influence Corporate OHS Performance Through the Financial Market. *International Journal of Risk Assessment and Management, 7*(2), 263-271

Lee Sangheon, Deirdre McCann and Jon C. Messenger.(2007). Working time round the world: trends in working hours, laws and policies in a global comparative perspective/. Published in Switzerland by the International Labour Office 1211 Geneva 22, Switzerland www.ilo.org/publns ISBN: 978–92–2–119311–1

Liao M.-H. & Drury C. G. (2000) Posture, discomfort and performance in a VDT task, Ergonomics, 43:3, 345-359.

Lockley, S.W., Barger, L.K., Ayas, N.T., Rothschild, J.M., Czeisler, C.A. & Landrigan, C.P. (2007). Effects of Health Care Provider Work Hours and Sleep Deprivation on Safety and Performance; *Joint Commission Journal on Quality and Patient Safety, 33*(1), 7-18(12).

Loewenson, R. (2001). Globalization and occupational health: a perspective from southern Africa. *Bulletin of the World Health Organization, 79,* 863–868.

Loewenson, R. (2004). Epidemiology in the era of globalization: Skills transfer or new skills? International *Journal of Epidemiology*, *33*(5), 1144-1150.

Mannocci, A., Marchini, L., Scognamiglio, A., Sinopoli, A., Sio, S., Sernia, S., & La Torre, G. (2018). Are bank employees stressed? Job perception and positivity in the banking sector: An observational study. *International Journal of Environmental Research and Public Health*, *15* (4)

Mario, G. (2009). *Employee Involvement in Health and Safety in Financial Sector*. *Eurofound*. Retrieved from https://www.eurofound.europa.eu/publications /article/2009/employee-involvement-in-health-and-safety-in-financial-sector

Mathiassen, S.E. (2006). Diversity and variation in biomechanical exposure: what is it, and why would we like to know? *Applied Ergonomics, 37*(4), 419– 427.

Mathur-Helm, B. (2006). Women and the glass ceiling in South African banks: an illusion or reality? *Women in Management Review*. *21*(4), 311-326

Mberia, A.M. (2013). *A Survey of the Occupational Health and Safety Programmes Adopted by the Banking Industry in Kenya.* Unpublished MBA Project, University of Nairobi, Nairobi, Kenya.

Micallef, C. (2014). *New and Emerging Risks in Occupational Health and Safety among the Leading Financial Banks in Malta.* Unpublished executive MBA Project.

Ministry of Health Kenya. (2014). Occupational safety and health policy guidelines for the health sector in Kenya

Mombeki, F. (2006). Roles of Stakeholders, Partnering in Enhancing Health and Safety in Construction Sites. Tanzania Experience and Way Foward, Conference proceeding CIB W99, Global unity for safety and health in construction 28-30 June 2006, Beijing.

Muchiri, F.K. (2003). Occupational health and development in Africa, challenges and the way forward. *African Newsletter on Occupational Health and Safety*, 13.

Mugenda, O., & Mugenda, G. (2003). Research Methods: Quantitative and Qualitative Approaches. Nairobi: Acts Press

Murphy, P. (2003). *Bank Hold-Ups Lose Their Old Cost- Benefit Appeal*. Melbourne: The Age.

Nassiuma D.K (2008). *Survey Sampling: Theory and Methods*. Nairobi: University of Nairobi Press.

Ndiwa S.C.,Gatebe E., Mwenda A.(2018) Ergonomic risk factors in building construction sites in mombasa county

Ogula, P.A. (2005). *Research Methods*. Nairobi: Catholic University of East Africa Publications.

Owens, Linda. (2002). Introduction to Survey Research Design.

Prichard, R. (5 – 6 September, 2004). *Owner safety leadership*. International Risk Management Institute, Inc. Paper presented at the proceedings of the 6th Asia-Pacific Structural Engineering and Construction Conference (APSEC 2006), Kuala Lumpur, Malaysia.

Roelofs, Andrea & Straker, Leon. (2002). The experience of musculoskeletal discomfort amongst bank tellers who just sit, just stand or sit and stand at work. Ergonomics. 14.

Republic of Kenya. (2012). *Work injury benefits act, chapter 236.* Nairobi: National council for law reporting.

Roger, W. (2004). *Do Long Working Hours Lead To More Workplace Injuries? Evidence from Australian Industry-Level Panel Data.* Melbourne: The University of Melbourne.

Ruttoh, S.K. (2013). *A Survey of Factors Influencing Customer Growth of Commercial Banks in Major Towns in Kenya: Case Study of Migori Township*. Unpublished Master of Business Administration research project, Kenyatta University, Nairobi.

Schwartz, S. H., & Tessler, R. C. (1972). A test of a model for reducing measured attitude-behavior discrepancies. *Journal of personality and Social Psychology, 24*(2), 225-236.

Silva J. L., Navarro V. L. (2012). Work organization and the health of bank employees. *Rev Lat Am Enfermagem*, *20*(2), 226-34.

Simon, A. (2013) Definition of validation levels and other related concepts v01307. *Working Document*. Retrieved from https://webgate.ec.europa.eu/fpfis/mwikis /essvalidserv/images/3/30/Eurostat_-_definition_validation_levels_and_ other_related_concepts_v01307.doc

Smallwood, John & Haupt, Theo. (2007). Impact of the South African Construction Regulations on construction health and safety: Architects' perceptions. Journal of Engineering, Design and Technology. 5. 23-34.

Smith P, Bielecky A, Koehoorn M, Beaton D, Ibrahim S. others. 2014. "Are Age-Related Differences in the Consequence of Work Injury Greater When Occupational Physical Demands Are High?" American Journal of Industrial Medicine 57 (4): 438–44.

Tella, B.A., Akodu, A.K., & Fasuba, O.O. (2011). The Prevalence of neck and upper extremity repetitive stress injury among bank workers in Lagos, Nigeria. *The Internet Journal of Rheumatology*, *6*(2**)**, 1-6.

Verhaeghen, P. (2003). Aging and vocabulary score: A meta-analysis. Psychology and Aging, 18(2), 332–339.

Waiganjo, L.B. (2008). *Assessment of Employees' Awareness of Exercise Ergonomics in Banking Institutions in Nairobi, Kenya.* Unpublished MSc research project, Kenyatta University, Nairobi, Kenya.

Waiganjo L.B., Mwisukha, A., Onywera, V. (2012). Work related musculoskeletal injuries and conditions suffered by computers-user employees in the banking institutions in Nairobi, Kenya. *African Journal for Physical Health Education, Recreation & Dan, 18*(2), 344.

WHO. (2010). Global goals for occupational health and safety. Federation health safety Internationale. IntOcc J, 3(1), 84-7.

Williams, E.Y; Gibb, A.G.F; Gyi, D.E; & Haslam, R.A. (2011). Constructive Ageing: A Survey of Workers in the Construction Industry, cib W099 international conference, August, Washington DC, Virginia Tech publishing, CD, 14pp, Retrieved from http:// www.workinglate-owl.org

World Health Organization (August 30 – September 3, 2004). *Eleventh General Programme of Work 2006-2015*. Paper presented at the Regional Committee for Africa, Brazzaville, Republic of Congo.

Yaya Japhet A. (2014). A comprehensive guide to research methodology. (part1). Tips for sampling and sampling techniques

Zaborek, P. (2015). *Elements of Marketing Research.* Warsaw: Warsaw School of Economics.

APPENDICES

Appendix I: Approval from NACOSTI to conduct research

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone: 020 400 7000,
0713 788787,0735404245
Fax: +254-20-318245,318249
Email: dg@nacosti.go.ke
Website: www.nacosti.go.ke
When replying please quote

NACOSTI, Upper Kabete
Off Waiyaki Way
P.O. Box 30623-00100
NAIROBI-KENYA

Ref. No. **NACOSTI/P/18/35237/20805**

Date: **16th January, 2018**

Dorothy Awinde Girisa
Jomo Kenyatta University of Agriculture & Technology
P.O. Box 62000-00200
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on ***"Status of occupational safety and health within selected banks in Nakuru County"*** I am pleased to inform you that you have been authorized to undertake research in **Nakuru County** for the period ending **16th January, 2019.**

You are advised to report to **the County Commissioner and the County Director of Education, Nakuru County** before embarking on the research project.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit **a copy** of the final research report to the Commission within **one year** of completion. The soft copy of the same should be submitted through the Online Research Information System.

BONIFACE WANYAMA.
FOR: DIRECTOR-GENERAL/CEO
Copy to:

The County Commissioner
Nakuru County.

The County Director of Education
Nakuru County.

Appendix II: Approval from Ministry of Education to conduct research

MINISTRY OF EDUCATION
STATE DEPARTMENT OF EARLY LEARNING OF BASIC EDUCATION

Telegrams: "EDUCATION",
Telephone: 051-2216917
When replying please quote
Email:cdenakurucounty@gmail.com
Ref.CDE/NKU/GEN/4/1/21 VOL.VII/73

COUNTY DIRECTOR OF EDUCATION
NAKURU COUNTY
P. O. BOX 259,
NAKURU.

14th August, 2018

TO WHOM IT MAY CONCERN

RE: RESEARCH AUTHORIZATION –DOROTHY AWINDE GIRISA
PERMIT NO. NACOSTI/P/18/35237/20805

Reference is made to letter NACOSTI/P/18/35237/20805 dated 16th January, 2018.

Authority is hereby granted to the above named to carry out research on ***"Status of occupational safety and health within selected banks in Nakuru County"*** *for* a period ending ***16th January, 2019.***

Kindly accord her the necessary assistance.

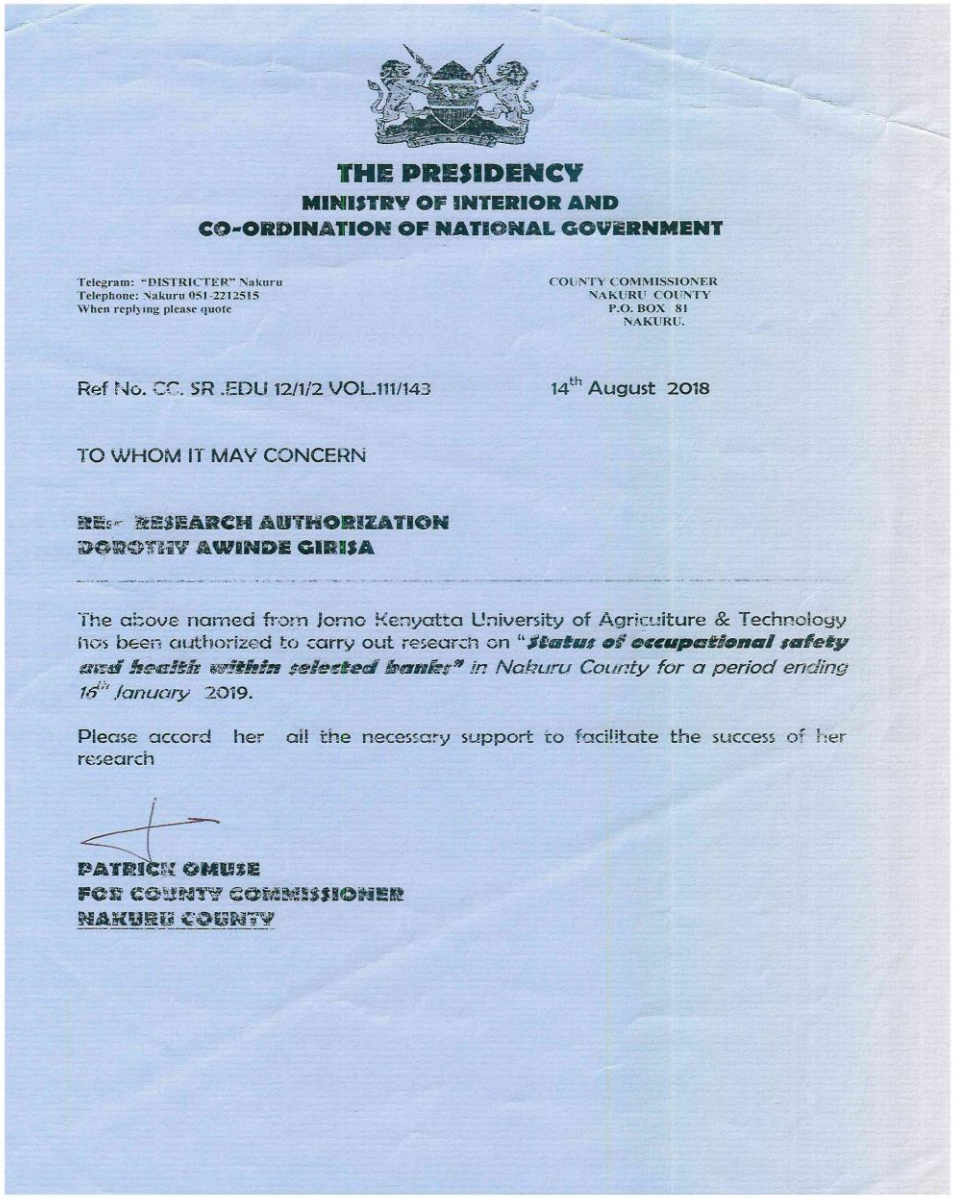
For: COUNTY DIRECTOR OF EDUCATION
NAKURU COUNTY

G.N. KIMANI
FOR: COUNTY DIRECTOR OF EDUCATION
NAKURU

Copy to:

- Jomo Kenyatta University of Agriculture & Technology
  P.O Box 62000-00200
  NAIROBI

Appendix III: Approval from Ministry of Interior to conduct research



THE PRESIDENCY
MINISTRY OF INTERIOR AND
CO-ORDINATION OF NATIONAL GOVERNMENT

Telegram: "DISTRICTER" Nakuru
Telephone: Nakuru 051-2212515
When replying please quote

COUNTY COMMISSIONER
NAKURU COUNTY
P.O. BOX 81
NAKURU.

Ref No. CC. SR .EDU 12/1/2 VOL.111/143

14th August 2018

TO WHOM IT MAY CONCERN

RE: RESEARCH AUTHORIZATION
DOROTHY AWINDE GIRISA

The above named from Jomo Kenyatta University of Agriculture & Technology has been authorized to carry out research on "***Status of occupational safety and health within selected banks***" *in Nakuru County for a period ending 16th January* 2019.

Please accord her all the necessary support to facilitate the success of her research

PATRICK OMUSE
FOR COUNTY COMMISSIONER
NAKURU COUNTY

Appendix IV: University letter of introduction

JOMO KENYATTA UNIVERSITY
OF
AGRICULTURE AND TECHNOLOGY

INSTITUTE OF ENERGY AND ENVIRONMENTAL TECHNOLOGY

P.O. BOX 62000, Nairobi, Kenya. Tel: (067) 52251/52711/52181-4, Fax: (067) 52164 Thika, Email: director@ieet.jkuat.ac.ke

TO WHOM IT MAY CONCERN **DATE: 3RD SEPTEMBER, 2015**

SUBJECT: DOROTHY GIRISA - EET32-C007-1685/2011

The above named person is a postgraduate student at the Institute of Energy and Environmental Technology (IEET) in Jomo Kenyatta University of Agriculture and Technology pursuing the Master of Science degree in Occupational Safety and Health. She is currently in her second year of study and her research is on ***"Status of occupation safety and health in selected banks in Nakuru County, Kenya."***

Any assistance given to her will be highly appreciated and the information given thereof shall be treated professionally and shall only be used for the purpose of producing the thesis. The student has undertaken to follow the research ethics as stipulated by the Institution.

Thank you for your assistance.

PROF. R. KINYUA
DIRECTOR, INSTITUTE OF ENERGY AND ENVIRONMENTAL TECHNOLOGY

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Setting trends in Higher Education, Research and Innovation

Appendix V: Research questionnaire and consent form

Introduction and consent form

Hallo, my name is Dorothy A. Girisa a student at Jomo Kenyatta University of Agriculture and Technology, pursuing a master's degree in Occupational Safety and Health (OSH). I am conducting a research on status of occupational safety and health within selected banks in Nakuru county.

I would like to ask you some questions related to occupational safety and health associated with your work. The information that you will give in this questionnaire will be kept strictly confidential. You don't need to write your name.

Do I have your permission to proceed? Yes ☐ No ☐

Instructions for completing the questionnaire

i. The information you provide on this questionnaire will be handled with utmost confidentiality and only used for the purpose of this study.
ii. Indicate your response by ticking the appropriate box and providing details where required. Kindly objectively answer the questions as they apply to your current organization.
iii. If any of the questions may not be appropriate to your circumstances, you are under no obligation to answer.

PART A: GENERAL INFORMATION

1. Indicate your gender Male ☐ Female ☐

2. Select your age bracket

Age bracket	Tick
18-24	

25-31	
32-38	
39-45	
Over 45	

3. How long have you worked for the bank?

Duration	**Tick**
Less than 1 year	
1-5 years	
6-10 years	
Over 10 years	

4. What is your current title/ position in the bank? Tick appropriately

Manager ☐ Secretary ☐ Officer ☐

Teller ☐ sales represe☐ veOther (Specify) ……..

5. For how long have you been working in this position?

Less than a year ☐ 1-5 years ☐ 5-10 years ☐ Over 10 years ☐

6. Please tick your level of education

Level of Education	Tick
Post graduate	
Graduate	

Diploma	
Certificate	
Secondary	
Other (Specify)	

7. In its development work, what is the focus of your bank? Tick all that apply

Focus	**Tick**
Income Generation	
Enterprise Development	
Employment creation	
Livelihood improvement/ Poverty Alleviation	
Natural Resource Management	
Other (specify)	

Organisational Profile

8. Does your organisation have an occupational safety and health (OSH) policy?

Yes ☐ No. ☐ Don't know ☐

9. Who delegates work for OSH?

Board ☐ Managers ☐ Staff ☐ don't know ☐

10. What would be the most appropriate mechanism for management to review OSH performance?

Management meeting ☐ Reports ☐ Don't know ☐

11. What would be the review frequency?

Very frequent ☐ Frequent ☐ Never ☐ Don't Know ☐

12. Does your organisation had or does have an OSH management Committee?

Yes ☐ No. ☐ Don' know ☐

13. How effective has it been in your opinion?

Effective ☐ Ineffective ☐ Don't know ☐

14. Does your organisation have an Occupational safety and health management system (OSHMS) which enables the integration of OSH into an organisation's management systems?

Yes ☐ No. ☐ Don't know ☐

15. How many hours do you work a week? Tick appropriately

40 hours ☐ 50 hrs ☐, More than 50 hrs ☐

16. Do staffing levels take repetitiveness into account?

No☐ Yes ☐

17. Are rest breaks away from the computer allowed and encouraged?

No☐ Yes

Risk management

18. What is the level of your awareness of each of the following risks in your working environment?

Risk	**Very Much**	**Aware**	**Little**	**Don't Know**
Occupational diseases				
Accidents at work				
Stress				
Use of Computers				
Use of note counters				
Fire				
Relationships				
Use of copiers and printers				
Use of coin counters				

19. Which of the following occupational safety and health issues/risks are you likely to experience or has experienced e.g. identified through workplace inspections or reported incidents?

Health Issue/Risk	**Tick**
Long working hours	
Repetitive job	
Stress	
Dust from money	
Glare from computer screen	
Manual handling/lifting/tying/	
Fatigue/psychosocial risks	
Hazardous substances	

High performance targets	
Difficult customers	
Long queues	
Fires	
Slippery floor	
Cold machine/ATM room	

20. Have you had any pain or discomfort during the last year? □ Yes □ No

21. If YES, carefully select each area below which bothers you the MOST:

Check area: □ Neck □ Shoulder □ Elbow/Forearm □ Hand/Wrist □ Fingers

□ Upper Back □ Low Back □ Thigh/Knee □ Lower Leg □ Ankle/Foot

22. Please put a check by the word(s) that best describes your problem:

a) Aching/Cramp d) Numbness/Tingling g) Stiffness

b) Burning e) Pain h) Weakness

c) Loss of Color f) Swelling of limbsi) Other

23. Have you or other employees experienced any of the following diseases as a result of work?

Diseases	**Yes**	**No**
Gastrointestinal disorders/ulcers		
Eye problems		
Forced to use glasses after straining eyes		

Musculoskeletal disorders		
High blood pressure		
Respiratory disordersi.e sneezing coughing, asthma		
Stress		

24. .If yes (a) Have you/them had medical treatment for the above problem? □ Yes □ No

(b)Have you/them lost time/taken sick leave from work in the last year because of these problems? Yes □No □

25. How often do you face the following job hazards?

Hazard	Always	Sometimes	rarely
Back pain			
Swollen feet			
Leg pain			
Shoulder and neck pain			
Sleep problem if working at night			

26. Are there any hospitalization as a result of above diseases?

YES ☐ NO ☐ DON'T KNOW ☐

27 Are there any deaths resulting from the diseases?

YES ☐ NO. ☐ DON'T KNOW ☐

28. Any dismissal due to sickness?

YES ☐ NO ☐ DON'T KNOW ☐

29.How frequent are the following measures taken to address OSH risks/hazards at your work place

Measures	**Very Frequent**	**Frequent**	**Not Frequent**	**Don't Know**
Medical examination of employees				
Elimination of hazards at source				
Use of personal protective equipment, ggloves,dustmasks,dust coats				
Job rotation				
Workplace design				
Safety training				
Team work				
Work shifts and breaks during working hours				

30. Is there any involvement of employees during the purchase things like desks, chairs, computer equipment or other equipment that may impact OSH?

Yes ☐ No ☐ Don't know ☐

31. Please indicate whether your organization engages these service providers? Tick

Service Provider	**Yes**	**No**
Cleaners		
Consultants		

Fumigators		

32. Does your organization carry out facility management?

Type of facility	**Yes**	**No**
Building repairs		
Testing of equipment e.g. electrical		
Firefighting equipment		
Alarms		

33. What first aid provisions are in place? (Please Tick yes or no next to the items below)

First aid provisions	**Yes**	**No**
First Aid Officers appointed		
First aid kits in area		
First aid room.		

34. What type of plant and equipment do you have which requires maintenance?

(Please indicate by ticking yes or no to each item below)

Plant/Equipment	**Yes**	**No**
Air conditioning		
Firefighting equipment and alarm systems		
Security equipment		
Cleaning equipment – for windows, internal areas		
Note counters		
photocopiers & printers		
Cash sealing machine		

Computers		
Blower		

35. Do you think that OSH management is important in the following (tick appropriately)?

Importance	**yes**	**No**	**Don't know**
Operational cost savings			
Improving performance through heightened and employee morale			
Reducing work-related accidents ill health and the costs associated with them,			
Reinforcing a responsible and well-managed reputation with customers, stakeholders and communities.			
Clear demonstration of legal and regulatory compliance			
Improved corporate image.			

36.Please tick the option applicable Statement

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
Bank employees are notified on health and safety hazards at the workplace					
Employees of the bank are trained to protect themselves from hazards in their working					

environment					
Health and safety performance are an essential ingredient of performance appraisal					
The bank makes all reasonable efforts to identify and correct health and safety hazards					
Employees of the bank are encouraged to report workplace hazards					
The bank has spelt out clearly its responsibility and that of employees towards ensuring health and safety at the workplace					
Employees are involved in health and safety matters					

37. The Bank's compliance with OSH Legislation. Please tick the option applicable

	Strongly	Agree	Not	Disagree	Strongly

	agree		sure		disagree
The bank has provided adequate orientation on health and safety legislation					
The bank has made available copies of health and safety policy to employees					
Adequate health and safety training is provided to employees of the bank					
The bank supply at no cost to theemployee adequate personal protective equipment (e.g. helmet, wellington boots, goggles, nose mask, gloves, overcoats etc)					
Authorities supervise the use of personal protective equipment					
The bank has provided for the workplace system of work that is safe and without risk tohealth					

Sufficient toilet facilities are provided to employees of the bank					
The bank provides adequate wholesome drinking water at the workplace					
The bank has provided fire-fighting equipment at the workplace					
Compensation benefit is paid to employees who sustain injuries at the workplace					

38 Level of employees awareness of hazardous conditions at the

workplace

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
I have been exposed to chemicals in the bank					
I am aware of some practices that pose health hazards to me.					
Extreme temperatures are a threat to my health					

Poor lighting system constitute health hazards to my job					
Poor work posture pose a threat to my job					
I have developed certified health problems since I was employed					

39what certified health problems have you developed as a result of your

work? Please tick what is applicable.

a) Work related Stress

b) Backaches

c) Eye injury

d) Chest pains

e) Repetitive strain injury

Training & Resources

40. Who is responsible for identifying the training needs of all levels of position holders?

41 Have you ever been trained on the following?

Area of training	**Yes**	**No.**	**Don't know**
Occupational Hazards at work			
Task related risks			
Task related risk prevention			
Health and safety related issues			

42. Are training programs with OSH content mainly developed and delivered, tick appropriately

Mode of training	**Yes**	**No**
In house		
External providers		

Challenges facing implementation of effective OSHMS

43. Identify challenges to implementation of an effective OSHMS among the following

Challenge	**Tick**
Implementation costs (the bank perceives it as expensive)	
language and educational barriers (on OSH matters)	
Fear of change	
Imposed by senior management without Consultation	
Inadequate resources	
Limited accountability mechanisms	
Words unsupported by practice	

OHS activities marginalized	
OHS restricted to ‘technical’ experts	
Selective employee involvement at management’s discretion	

Appendix VI: List of commercial banks in Nakuru county

1 ABC Bank

2. Bank of Africa

3. Barclays Bank

4. Bank of Baroda

5. Chase Bank

6. Consolidated Kenya

7. Commercial Bank of Africa

8. Co-operative Bank

9. CFC Stanbic Bank

10. Credit Bank

11. Diamond Trust Bank

12. Equity bank

13. Ecobank Kenya Ltd

14. Family Bank

15. First Community Bank

16. GT Bank

17. Guardian Bank

18. I&M Bank

19. Jamii Bora Bank

20. Kenya commercial bank

21. National Bank of Kenya

22. M Oriental Bank

23. NIC Bank

24. Prime Bank

25. Spire Bank

26. Standard chartered bank

27. Sidian Bank
28. Trans-National Bank
29. Equatorial commercial bank
30. Gulf African bank