Business & Social Science
IJRBS

Research in Business & Social Science

IJRBS VOL 8 NO 6 ISSN: 2147-4478

Available online at www.ssbfn.net
Journal homepage: <https://www.ssbfn.net/ojs/index.php/ijrbs>

Management commitment influence on implementation of occupational health and safety policies in water and sanitation companies in Nyeri County, Kenya

Rachel Nderitu^{a*}, Peter Mwaura^b, David Gichuhi^c

^{a,b} School of Business, Laikipia University, Department of Commerce, Kenya.

^c School of Business, Karatina University, Department of Human Resource Management, Kenya

ARTICLE INFO

Article history:

Received 15 September 19

Received in revised form 01 Oct 19

Accepted 06 October 19

Keywords:

Transformational leadership

Idealized Influence

Employee Work Value Congruence

Employee Job Performance

JEL Classification:

L19

ABSTRACT

Contemporary employees spend most of their working lives at the workplace. Work provides economic, social and psychological experiences that promote the mental wellbeing of individuals. The work environment should be devoid of hazards as much as possible to provide healthy and decent work for the workforce. However, numerous injuries, illnesses, property damages and process losses take place at different workplaces. It is unclear how effectively OSH programs are being implemented in Kenya's water sector since no study has been done. The general objective of the study was to establish influence of management commitment on Occupational Health and Safety policies implementation in Water and Sanitation Companies in Kenya, a study of water and Sanitation Companies in Nyeri County. The study was based on the theoretical foundation that comprises of two theories Leader-Member Exchange theory and Bourgeois and Brodwin's Five Models of Strategy Implementation. The target population consisted of 474 employees in all water & sanitation companies in Nyeri County. From this population a sample of 243 respondents was drawn using random sampling technique but only 188 respondents filled and returned valid questionnaire giving the study 80% response rate. The study employed both descriptive and inferential statistics to present and analyze the data. Quantitative data was analyzed using descriptive statistical tools namely frequencies, percentages, mean and standard deviation while inferential statistical tools such as multiple regression was used to determine relationship between variables. The study findings revealed that there was a statistically significant positive relationship between management commitment and implementation, the 27.9% unit change in implementation of OSH policies was explained by the management commitment. Study recommends that the water companies' management should be committed to implementation of OSH.

© 2019 Bussecon International Academy. Hosting by SSBFNET. All rights reserved.
Peer review under responsibility of Bussecon International Academy & SSBFNET.

Introduction

Organizations worldwide strive to be competitive arising from forces such as globalization, technology and competitive workforce. HRM has been positioned as one of drivers of competitiveness for modern organizations. Key among HRM objectives is to enlist occupational health and safety for the workforce. Occupational safety and health deals with prevention of work-related injuries and diseases, and the protection and promotion of healthy workers. It aims at the improvement of working conditions and environment. It entails the promotion and maintenance of the highest degree of physical and mental health and social well-being of workers in all occupations (Taderera, 2012). Occupational Safety and Health has recently gained position of higher priority in light of growing evidence of great loss and suffering caused by occupational diseases and ill-health across different employment sectors. It has also attracted concerns from managers due to increasing number of deaths and accidents occurring at work. Occupational health and safety is aimed at providing comfort whilst working and assuring a sense of security for the employees at the time of the production process and when dealing directly with their work environment (Rachmawati, 2013). Most of the world's population spend one third of their adult life at work. Work then is an important contributing factor to the wellbeing of workers but also to that of their families and society.

* Corresponding author. ORCID ID: 0000-0002-6510-7613

Peer review under responsibility of Bussecon International Academy.

© 2019 Bussecon International. Hosting by SSBFNET- Center for Strategic Studies in Business & Finance. All rights reserved.

<https://doi.org/10.20525/ijrbs.v8i6.569>

Health at work and healthy work environments are among the most valuable assets of individuals, communities and countries. OSH can be an important vehicle not only to ensuring the health of workers, but also to contributing positively to productivity, quality of products, work motivation, job satisfaction and thereby to the overall quality of life of individuals and society (WHO, 2002). Employees of an organization just like other resources need care and maintenance so as to maximize their productivity and improve performance (Makori et al, 2012). Human resource managers are thus these days faced with crucial issues of occupational health and safety than before (Makori et.al, 2012). Creating a work place that attracts, maintains and motivates the workforce is thus one of the biggest and modern challenges that organizations are facing today. This calls for the management team to explore new ways of countering this challenge by instituting drastic, accurate and up-to-date mechanisms that will make the workplace environment exciting; a work place environment where people enjoy what they do, reveal a purpose of work and give them a reason to be proud working and enabling them to reach their potential (Nowier,2009).

In a report commissioned by the European Agency for Safety and Health at Work (EU-OSHA, 2011), OHS entails investing in and protecting the human capital (employees) of an organization. Therefore, attention should be paid to behavioural aspects, social and cultural processes, in order to attain safer and healthier working environment and better general organizational performance. In a review of OHS management in organizations, Zanko and Dawson (2012) stated that, while many arenas in management are concerned, inter alia, with explaining the relationship between success or effectiveness in a specific managerial domain and some aspect of organizational performance, systematic research into how OHS management contributes towards organizational performance, even in terms of OHS outcomes, is somewhat equivocal. Hopkins (2011) had also observed that in the recent past, the risk management approach has been associated with a call for inclusion of prescriptive technical rules for operational decision-making in hazardous industries where industry good practice is agreed, where there often is a regulatory need for higher performance standards and where no level of risk is acceptable.

World Health Organization (2013) estimates that over 160 million of new cases of work-related illnesses occur every year. The International Labour Organization estimates that 2.2 million workers die every year as a result of work-related ill-health and injury, 350 thousands of these deaths are due to accidents and the rest due to occupational illness and accidents. Further on, the ILO estimates that there are 264 million non-fatal accidents occur each year that result in more than three (3) days absence from work and 160 million people suffer from work-related diseases. In economic terms, the ILO has estimated that 4% of the world's annual GDP is lost as a consequence of occupational diseases and accidents (ILO, 2013). In past one year slightly more than three (3) million US workers suffered from occupational injuries and illnesses resulting from accidents at work number of fatal accidents. This statistic results in an incidence rate of 3.3 cases per 100 equivalent to full time workers (Bureau of Labour Statistics, 2013). In the United Kingdom 2 million people are reported to be suffering from illness believed to be caused or made worse by their current or past work. Overall UK performance is better than many other European countries such as Germany, France, Italy, Spain and Poland in the key areas of injuries, fatalities and self-reported work-related ill-health (British Safety Council, 2014).

In Africa the issue of Occupational health and safety practices has been ignored by most countries and organizations. The ILO reported that 63,900 work deaths occurred in the 54 African countries and that an estimated 1,560,000 disabling work injuries occurred (ILO, 2010). The fundamental perspective on why majority of African countries and organizations struggle to foster an effective occupational health and safety workplace is that most employers put greater emphasis on productivity and profitability while compromising health and safety standards, procedures, and policies. In Kenya the status of occupational safety and health situation/conditions is an issue of growing concern by the employers, government, managers, industrialists, workers and other stakeholders. Health and safety has not been given increasing emphasis by managers, employers, employees, trade unions, employers' associations and other stakeholders in recent years (Nyakang'o, 2009). According to the Work injury and benefits Act, (2007) and the Occupational Health and Safety regulation, the employer is tasked with the responsibility to implement an occupational, health and safety program (OHS) program, to prevent injury, death or even occupational diseases which include, poisoning of lead, poisoning by benzene, anthrax, dystrophy of the corneal, subcutaneous cellulites of the hand, decompression sickness, bursitis, silicosis (WIBA, 2007).

Thobora and Thuita (2015) indicated that Statistics from Ghana, Kenya, South Africa and Zimbabwe show a large proportion of all deaths and morbidities result from accident injuries... In rural District in Kenya, 17% of all deaths among persons of ages 15-64 years in the 1980s were attributed to injuries. The right to safe and healthy working conditions has dramatically gained a lot of interest at the global, regional and national levels (Nzuve & Ayubu, 2012). From the perspective of secondary effect OSH can protect co-workers, family members, employers, customers, supporters, nearby communities and other members of public affected by workplace environment.

It is common phenomenon for institutions to have challenges in implementation of system that aimed at smoothing, operation in enterprise. Many service providing businesses, are exposed to higher risks at workplace which often than not do cause injuries to the employee or other client at place of work. Among the challenges overriding the success of the system include; Staff ignorance and negligence toward following the instruction put in place as a precaution to avoid injuries at place of work. Staffs being ignorance on the implementation of the system, as the supervise mandate to train and make a follow up this issue do not perform their duties as expected of them. Employee attitudes play a significant part in health and safety.

According to International Labour Organization (2011), while the potential of OSHMS for improving safety and health is undeniable, there are many Pitfalls which, if not avoided, can very rapidly lead the exercise toward failure. The usefulness of OSHMS has been questioned in several studies on the subject, and a number of potentially serious problems have been underlined, such as: the production of documents and records needs to be controlled carefully to avoid defeating the purpose of the system by drowning it in excessive paperwork. The focus on the human factor can be easily lost if the emphasis is more on the paperwork requirements of a formal OSHMS than people (Reese, 2008).

From the foregoing, it is evident that an effective Health and Safety Policy are vital and a must to any organization if it were to ensure a health and safe working environment. A written Policy Statement of Health and Safety Policy pinned in a manager's or Executive officer's office should be implemented for the benefit of its employees. Failure to implement the policies may lead to accidents. Accidents are very costly to both employers and employee. A successful Health and Safety Policy on the other hand would contain accidents frequently and severity. On the other hand, the employers should be trained and educated to see it as their responsibility that the Health and Safety Policy is implemented successfully. The Policy need to be reviewed constantly since methods of production keep changing and are always accompanied by new risks and hazards at place of work.

According to Manduku and Munjiri (2017) a closer scrutiny of the Occupational Safety and Health Act 2007 (OSHA) reveals that many of the dangerous occurrences and prescribed occupational diseases in the 1st and 2nd schedules may exist. Assets development and operations of water and sanitation facilities are risky assignments for contractors and operators. Practices like training and risk elimination or reduction in the workplaces introduces motivational factors that enhance ownership and productivity. WASREB Report (2015) cites the Annual Water Sector Review 2013/14 estimating investments in urban water and sanitation at Kshs 12 billion in the year 2013/14 compared to the need that stood at around Kshs. 75 billion. The report indicated stagnation in water utility performance of coverage despite increased hours of supply. In the year 2013/14 utilities were ranked on the basis of nine Key Performance Indicators (KPIs) that is water coverage, Drinking Water Quality, Hours of Supply, Non-Revenue Water (NRW), Metering Ratio, Staff productivity, Revenue collection efficiency, Operations and Maintenance (O&M) Cost coverage and Personnel Expenditure as % of O&M Costs. WASREB reported that good performance is an indication of efforts to realize human rights to water and sanitation (Impact Report 2015). In the reporting year 2013/14, the report showed that drinking water quality dropped from 92% to 91% while service hours increased to 18%. NRW improved from 43% to 42% but still bellow acceptable level of less than 25%. This translates to loss of Kshs 10.6 billion, posing great threat to sectors financial sustainability and obstructs Kenya's aspiration to higher living standards.

Globally, water and Sanitation companies play an important role towards ensuring that populations benefit from clean and safe water for domestic and industrial use. They also ensure that waste water is dispose off safely with minimum harm to the environment and the population. Therefore, the water and sanitations company staff are crucial towards achievement of these objectives but they face various risks while performing their duties such as accidents, diseases, exposure to chemicals among others. OHS policies is expected to address health and safety issues of the staff. Despite the existence of OHS policies in Kenya, their enforcement and implementation in water and sanitation companies is an area of concern owing to increased incidents of diseases and accidents among the staffs (OHS Nyeri county office 2017). Previous studies have identified that management commitment affect implementation of OHS on an organization. It remains unclear whether such factors also influence implementation of occupation health and Safety in water and sanitation companies in Nyeri County. Hence the study will investigate the management commitment influence of OSH policies implementation in water and sanitation companies in Nyeri County.

Literature Review

Theoretical Review of Literature

The study was guided by two theories which are relative to effective implementation of health and safety programs. These are Leader-Member Exchange theory and Bourgeois and Brodwins Five Models of Strategy Implementation.

Leader-Member Exchange theory

Leader-Member Exchange (LMX) theory focuses on the dyadic and quality of the relationship between leader and follower (Chen et al, 2007). In this style, a successful leader is characterized by high LMX that refers to a high quality relationship where members feel a part of in-group. As a result, they have more responsibility, decision influence, higher satisfaction, and access to valuable resources. Reciprocally, when members feel in the out-group, this relationship is characterized by low LMX. Here, the leader offers low levels of support to the member, and the person has less responsibility and ability to influence decisions. Leader-member relationships emerge as the result of a series of exchanges and interactions during which these roles develop. LMX Theory supports the development of privileged groups in the workplace, which appears unfair and discriminatory (Center for Leader Development, 2006). LMX theory does not explain how to develop trust or how members can become part of the in-group. However, this theory although could lead to biasness, allows employees to participate in decision making within the organization.

Bourgeois and Brodwins Five Models of Strategy Implementation

Bourgeois & Brodwin (1984) categorize strategy implementation into five models, namely; commander model, change model, collaborative model, cultural model, and coercive models. In the commander model, the general manager carries out exhaustive

period of strategic analysis, makes strategic decisions and presents it to top managers and instructs them to implement and the commander waits for the results. The model divides the organization into thinkers and doers. The general manager, commander has a great deal of power and access to complete information and is insulated from personal biases and political interferences.

While in the change model, after making strategic decisions, the general manager plans a new organizational structure, makes personnel changes, new planning, information measurement and compensations systems and cultural adaptation techniques to support the implementation of the strategy.

The collaborative model involves the management team in the strategic decision-making process, where the general manager employs group dynamics and brainstorming techniques to get managers with different opinions to provide their inputs to strategy making and implementation. It takes the participative elements to the lower levels of the organization as an answer to this question. The general manager guides the organization by communicating his or her vision and letting design their work in alignment with the vision.

Finally, in the coercive model the strategy comes upward from the bottom of the organization, as opposed to top-down. The general manager's role is to define the organization's broad purposes to encourage innovation and select judiciously from among those projects or strategy options that come to his/her attention.

This model provides a good foundation on looking at the policies implementation in water Companies in Kenya in view of people's involvement or just carried out by a Commander(s) at the top. One key observation from strategy implementation frameworks is that the strategy itself is not part of the framework. This model will be relevant since study looks at how employee participation, management commitment and employee training influences OSH policies in water companies and therefore this theory applies in this study.

Empirical Review of Literature

Griffin and Neal (2010) noted that when supervisors engage in safety-promoting behavior's, employees perceive a positive safety climate and get more involved in appropriate safety behavior's thus avoiding more injuries and pain, due to increased awareness and focus on safety. Employees who observe their leaders behaving safely at work will more likely behave in a safe manner, while regarding their leaders as role models (Hofmann & Morgeson, 2004) Recent research supports the value of taking a participative approach to the improvement of safety and empowering workers to manage and solve their own safety programs (safety Director's Report, 2012). The employees were trained in the basics such as hazard identification and control and were faced with identifying and reducing safety risks. The teams identified and implemented solutions such as changing purchasing procedures so that floors would be easier to clean, purchasing safer equipment and more frequent job rotation to minimize repetitive strain. After implementation, it was found that workers compensation claims rates fell by 67 percent, claim costs by 73 percent and injury duration by 43 percent. It was thus concluded that an empowered approach to safety would appear to be an effective means to improve safety and health in organizations.

Findings by Rotich (2015) who did a study on the assessment of success factors in the implementation of occupational health and safety programs in the tea sector in Kenya, identified that for successful implementation of health and safety programs, employees should be adequately trained on health and safety, in order to be equipped with knowledge, skills, abilities and attitudes necessary for effective and efficient performance, thus attaining both individual and organizational goals. Through training employees on health and safety, it will lead to acquisition of knowledge, skills and abilities, increased task expertise, reduced absenteeism levels, decreased employee turnover, decrease in injuries and death as a result of training.

Findings of a study by Seoke et al. (2014) to investigate occupational health and safety management systems- a review of practices in enterprises in Botswana, investigated these variables, existence of OHS committee, environment or exposure monitoring, existing OHS data base, OHS policy statement, found out that 72.2% of the respondents agreed that having an existing health and safety policy in the organization, showed a clear impression to the employees on what to do in the case injuries or eventualities, and this has helped employees to feel safe and committed to an organization where they feel a sense of belonging as a result of a health and safety policy mechanism in place.

A research done by Ndirangu and Namusonge (2014), established that attitude, leadership, motivation and organizational culture were significant factors affecting the implementation of occupational safety and health at Kenya vehicle manufacturers. Further, a study by Kaguathi (2013) revealed organization culture, structure, and resistance were the major factors affecting the successful implementation of occupational health and safety strategies at East African Portland Cement Company limited. Lukoko, Chege and Musiega (2014) analyzed the impact of occupational safety and health practices on employee performance at Mumias Company. Their study revealed that occupational hazards affect job performance; this was attributed to high levels of ignorance on occupational hazards at the workplace.

According to Muchoki (2011), Matters relating to occupational safety and health never used to be as prominent in the minds of most Kenyans. Not anymore. Things have since changed, tremendously. Many Kenyan companies and organizations are now keen to know more about issues appertaining to occupational safety and health. He argued that we have had a positive impact in terms of awareness creation. Today, people seem to be aware that there is something called health and safety and it's important for them, and they are even coming to us; looking for information and support in terms of developing systems that can work to help them do better, notes

the Director of Occupational Safety and Health (OSH) Services Director Mr. Pius Makhonge, and the Directorate has always been at hand to guide Kenyans in marking the World Day for Safety and Health at work on April 28 every year, in commemoration and solidarity with workers who have lost their lives or been injured in the course of their work. The day is usually preceded by a week-long campaign packed with activities meant to sensitize workers and employees on issues relating to occupational health and safety (Muchoki, 2011). OSHMS cannot function

According to Armstrong (2009), leadership is the process of inspiring people to do their best to achieve a desired result. It can also be defined as the ability to persuade others willingly to behave differently. The function of team leaders is to achieve the task set for them with the help of the group. According to Nzube (2007), to a large extent the attitude of the rank and file towards safety is a reflection of the attitude of their supervisors. Line managers should set examples not merely by telling but by demonstrating the seriousness of safety and health measures. Health and Safety policies work better if senior managers set examples and show that they are committed to their upkeep (O'Brien, 2001). The policy will not be enforced if managers set a bad example. To avoid this they should involve staff in the health and safety process, through consultation with unions or workplace committees, ensure that employees are aware of the document and the specific contents that applies to them for example newsletters and memoranda, visibly react to breaches of the policy (Kaplan Financial Times, 2009).

Accidents are partly the fault of individuals, partly of technology and partly of the result of such factors as group attitudes and improper supervision. In light of this, safety must be considered as the responsibility of the whole organization (Cullen, 2002). Any attempt to departmentalize it one common technique for reinforcing safe practices is implementing a safety incentive program to reward workers for their support and commitment to safety goals. Initially programs are set up to focus on improving short term monthly or quarterly goals or to encourage safety suggestions (Gerhart, Hollenbeck, Noe & Wright, 2008), may inevitably lead to confusion and inefficiency.

A major challenge to managers is clearly to provide a safe and Health work environment for employees. Economic and moral reasons dictate such a policy, but there is also a persuasive portfolio of legislation, regulations, codes of practice and guidance notes dealing with the occupational Health and Safety, and, as with other employment law, the HR practitioner has taken on the role of advising managers on the content and legal obligations of this (Bratton & Gold, 2009). Health and Safety policies work better if senior managers set examples and show that they are committed to their upkeep (O'Brien, 2001). The policy will not be enforced if managers set a bad example. To avoid this, they should involve staff in the health and safety process, through consultation with unions or workplace committees, ensure that employees are aware of the document and the specific contents that applies to them for example newsletters and memoranda, visibly react to breaches of the policy (Kaplan Financial Times, 2009).

According to Hall Taylor and Torrington (2005), the Health and Safety Regulations 1996, require employers to consult collectively with the employees about Health and Safety matters irrespective of whether a trade union is recognized. Consultation is defined as discussing issues with employee representatives, listening to their views and taking into account when decisions are being made which have Health and Safety implications (Mearns & Hope, 2005). Where trade unions are recognized require that their representatives are consulted. Management's first duty is to formulate a safety policy. Its second duty is to implement and sustain this policy through a loss control program such a program has four components; a safety budget, safety records, Management's personal concern and management's good example (Cascio, 2006).

Research and Methodology

Research Design and Model

This study used descriptive survey design to establish influence of management commitment influence of OSH policies implementation in water and sanitation companies in Nyeri County. Descriptive study seeks to obtain information that describes phenomena by asking individuals about their perception, attitudes, behavior or values, Crossman, (2013). The study target population was Water Companies in Nyeri County which is the focus of the study was a total of 474 employees comprising of Technicians, Field workers, management staff, administrative and support staff and 6 HR Officers (table 1).

Table 1: Target Population

Name of the Company	No. of Employees	HR
1. Nyeri Water & Sewerage Company (NYEWASCO)	111	1
2. Mathira Water and Sanitation Company (MAWASCO)	86	1
3. Othaya Water and Sanitation Company (OMWASCO)	108	1
4. Tetu Aberdare Water and Sanitation Company (TEAWASCO)	80	1
5. Narumoru Water and Sanitation Company (NARUWASCO)	56	1
6. Mutitu Water and Sanitation Co.Ltd	33	1
Total	474	6

However the study sample population was 285 determined by advanced statistics with 95 % confidence level by calculating the sample size according to various zones and where there are decimal points this was adjusted accordingly. The following sample size formula for infinite population (more than 50,000) is used to arrive at a representative number of respondents when population estimate is known (Godden, 2004).

$$n = \frac{Z^2 \times p(1-p)}{M^2}$$

Where:

n = Sample Size for infinite population

Z = Z value (e.g. 1.96 for 95% confidence level)

P = population proportion (expressed as decimal) (assumed to be 0.5 (50%))

M = Margin of Error at 5% (0.05)

To simplify the process of determining the sample size for a finite population, Krejcie & Morgan (1970), came up with a table using sample size formula for finite population. Using the Krejcie & Morgan (1970) table (Appendix I) this study sample population was 214 respondents. But in the 6 water companies, 214 is equal to 51.3% of 474 and therefore from each water company 51.3% of respondents will be selected randomly as shown in Table 2. This means that the study sample will be 243 respondents as shown in Table 3.2. The 243 employees were selected randomly while 6 HR officers were selected purposively to get the study sample population of 249 employees.

Table 2: Sample Size

Name of the Company	Pop.	Sample size (51.3%)	size
1. Nyeri Water & Sewerage Company (NYEWASCO)	111	57	
2. Mathira Water and Sanitation Company (MAWASCO)	86	44	
3. Othaya Water and Sanitation Company (OMWASCO)	108	55	
4. Tetu Aberdare Water and Sanitation Company (TEAWASCO)	80	41	
5. Narumoru Water and Sanitation Company (NARUWASCO)	56	29	
6. Mutitu Water and Sanitation Co.Ltd	33	17	
Total	474	243	

Source: Water and Sanitation Companies Nyeri County, HR records (2018)

The researcher used a questionnaire and data collection sheet to obtain primary data. A questionnaire is a data collection instrument that has a series of questions and other prompts whose purpose is to gather information from respondents. Cronbach's Alpha was used to test reliability of the proposed constructs in this study, management commitment had a coefficient of 0.846. Both qualitative and quantitative data analysis technique were used to analyze the data. Quantitative data collected was analyzed, presented and interpreted using both descriptive statistics while content analysis techniques was used to analyze qualitative data collected using interview schedules. Descriptive statistics such as frequencies and percentages were used to describe the data. The analyzed data was presented in form of tables, pie charts and bar graphs. Linear regression analysis was computed to establish the relationship between variables. Findings were presented using tables and figures.

Result and Discussion

Gender of Respondents

The study sought to find out the gender of the respondents. According to the findings in Figure 1; majority of the respondents 58% were males while 42% were females.

Figure 1: Gender of Respondents

Management Support

The study sought to establish the influence of management commitment of occupational health and safety policies in water and sanitation companies in Nyeri County, Kenya. According to study findings in Table 1 the respondents disagreed that the management are committed to sensitizing about good health and safety practices as shown by a 62.2% of the respondents; they strongly disagreed that management consults with top management conducts review about work place health and safety issues as shown by 85.1%. They agreed that managers/supervisors show interest in the safety of workers as shown by 92% of the respondents. The respondents agreed that Management considers safety to be equally important as performance as shown by 30.3%; they strongly agreed that Members of the management do not attend safety meetings as shown by 84.6% of respondents. They disagreed that they feel that management is willing to compromise on safety for increasing production as shown by a mean of 1.13 and a standard deviation of 0.631. Lastly, they strongly disagreed that management are proactive on matters of Occupational Health and Safety as shown by 92% of the respondents.

Table 1: Responses Management Support in OHS

Management Support	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Management Conducts sensitization of OHS policies	(53.2)	(9)	(14.9)	(22.9)	(0)
Top management conducts Review of OHS	(77.1)	(7.4)	(0)	(15.4)	(0)
The leadership of this institution ensures good health and safety practices	(0)	(0)	(0)	(23.4)	(68.6)
Management consults with employees regularly about work place health and safety issues	(15.4)	(17)	(14.4)	(45.7)	(7.4)
Management show interest in the safety of workers	(6.9)	(23.4)	(22.9)	(46.8)	(0)
Management considers safety to be equally important for employees as moral support	(0)	(24.5)	(45.2)	(22.3)	(8)
Members of the management attend safety meetings	(22.3)	(8)	(0)	(62.2)	(7.4)
The management is willing to support employee's health and safety for increasing performance	(0)	(8)	(7.4)	(61.7)	(22.9)
Management are proactive on matters of Occupational Health and Safety	(69.7)	(22.3)	(0)	(8)	(0)

In regards to management support it was clear that the respondents disagreed that the management are committed to sensitizing about good health and safety practices as shown by a 62.2% of the respondents, contrast to this Doherty & Tyson (2000) argue persuasively that managers are not innocent by standers with regard to employee health and wellbeing: their actions such as choice of production processes and substances, work speed –up extra work hours and performance based pay have adverse effects on employees work life balance, and their physical and mental wellbeing. This was contrast to Ongong'a (2014) who conducted a study on the factors influencing strategy implementation at Kenya Commercial Bank in Kenya and stated that participation and interaction by top management leads to commitment of employees to the firm's strategies and goals which in turn ensures a successful strategy implementation.

They strongly disagreed that management consults with top management conducts review about work place health and safety issues as shown by 85.1%. Congruent to this according to Hall Taylor & Torrington (2005), the Health and Safety Regulations 1996 require employers to consult collectively with the employees about Health and Safety matters irrespective of whether a trade union is recognized or not.

They agreed that managers/supervisors show interest in the safety of workers as shown by 92% of the respondents, these findings are in line with those of Nzuve (2007) who stated that to a large extent the attitude of the rank and file towards safety is a reflection of the attitude of their supervisors. Line managers should set examples not merely by telling but by demonstrating the seriousness of safety and health measures. Also in support Rajasekar (2014) undertook a study on the factors affecting effective strategy implementation in a service industry: a study of electricity distribution companies in the sultanate of Oman and identified that management should be very much involved in strategy implementation.

Relationship between Management Commitment and Implementation of OHS Policies

The study sought to the relationship between management commitment and implementation of OHS policies linear regressed was conducted.

Model Summary

Table 2: Model Summary for Relationship between Management Commitment and Implementation of OHS Policies

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.529 ^a	.279	.275	.1137918	.279	72.109	1	186	.000

a. Predictors: (Constant), Management commitment

The study findings in table 2 above show that the value of R Square (R^2) was 0.279 meaning that the model was able to predict 27.9%, this means that management commitment explains 27.9% of the changes in implementation of OHS policies in Water and Sanitation Companies in Nyeri County, Kenya. These results also show that 72.1% of changes in implementation of OHS policies by other factors other than Management commitment.

The study also conducted Analysis of variance (ANOVA) and the results are as shown in Table 3.

ANOVA^a

Table 3: ANOVA for Relationship between Management Commitment and Implementation of OHS Policies

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.934	1	.934	72.109	.000 ^b
	Residual	2.408	186	.013		
	Total	3.342	187			

a. Dependent Variable: Implementation of OHS Policies

b. Predictors: (Constant), Management commitment

From the results in Table 3, the results showed that the calculated F-statistic was 72.109 meaning that the model was fit in explaining relationship between management commitment and Implementation of OHS Policies. The basis of either rejecting or accepting the null hypotheses was determined by whether the p-value was greater or less than 0.05. In this study p-value was 0.000, which was <0.05 and therefore the null hypothesis was rejected, which confirms that management support is significant in predicting Implementation of OHS Policies.

The study further sought to determine the coefficients of the independent variable and the results shown in Table 4 were obtained.

Coefficients

Table 4: Beta Results for Relationship between Management Commitment and Implementation of OHS Policies

Model		Unstandardized Coefficients		Standardize d Coefficients	Sig.
		B	Std. Error	Beta	
1	(Constant)	.438	.041	10.773	.000
	Management commitment	.545	.064	.529	.000

a. Dependent Variable: Implementation of OHS Policies

The management commitment had Beta value of 0.545 this shows that management commitment has positive relationship with Implementation of OHS Policies of Water and Sanitation Companies in Nyeri County. This shows that unit change in management commitment results to 0.545 change in implementation of OHS Policies of Water and Sanitation Companies in Nyeri County.

Conclusions

The study findings showed that the regression model for the relationship between inspirational motivation and employee job From the findings and discussion most occupational safety and health policies were found to have been adopted by the organization while implementation was a continuous process that involved all levels of staff at sanitation companies. Total commitment on the part of management to making safety and health a priority is essential to a successful OSH policy in the workplace. It was found out that management commitment has a significant influence. It was found to have the strongest influence in OHS implementation in

comparison to other factors considered in this study. It is only when management plays a positive role that workers view such policies as a worthwhile and sustainable exercise.

Because occupational hazards arise at the workplace, it is the responsibility of top management to ensure that the working environment is safe and healthy. This means that they must prevent, and protect workers from, occupational risks. But top management' responsibility goes further, entailing knowledge of occupational hazards and a commitment to ensure that management processes promote safety and health at work. For example, an awareness of safety and health implications should guide decisions on the choice of technology and on how work is organized. Management should allocate sufficient resources (financial and human) for the proper functioning of the occupational safety and health programme. Dynamic management strategies need to be developed and implemented to ensure the coherence, relevance and currency of all the elements that make up Water and sanitation companies in Nyeri County, Kenya. OSH systems.

References

- Armstrong, M (2009), *Handbook of Human Resources Management Practices*, 11th edition. London :Kogan page.
- Bandura, A. (2001). Social cognitive theory: An agentic perspective. *Annual Review of Psychology*, 52, 1-26.
- Bandura, A. (1989). *Social Cognitive Theory*. In R Vasta (Ed) *Annals of Child Development*. Vol. 6. Six theories of Child Development (pp.1-60). Greenwich: CT JAI Press.
- British Safety Council (2014), *The Causes and Incidence of Occupational Accidents and Ill Health across the globe*, Communication Department, United Kingdom.
- Cascio, W. F. (2006). *Managing Human Resources, Productivity, Quality of Work Life, Profits*, 7th edition. London: Tata McGraw Hill.
- Cassio, W. (2004). *Managing Human Resources: Productivity Quality and Working life and Profit*. McGraw Hill / Irwin, New York, U.S.A.
- Cullen, J.(2002). *A job to die for; Why so Many Americans are Killed, Injured or Made Ill at Work and What to Do About It*. Monroe: Common Courage Press.
- Dohery, N. & Tyson,S. (2000). *Human Resource Management and Employee Wellbeing: Raising the Ethical Stakes in D.Winstanley and J.Woodall (eds) Ethical Issues in Contemporary Human Resource Management*. Basingstoke: Palgrave Macmillan.
- European Agency for Safety and Health at Work. (2011). *Occupational safety and health. Culture assessment - A review of main approaches and selected tools*. Luxembourg; Publications Office of the European Union.
- Gerhart, H., Hollenbeck,N., Noe ,C.& Wright,M. (2008). *Human Resource Management Gaining a Competitive Advantage*, 6th edition. London: Tata Mc Graw Hill.
- Hall,L., Taylor,S .,& Torrington, D.(2005).*Human Resource Management*, 6th edition, New Delhi: Prentice Hall.
- Hofmann D A, Morgenson F P and Gerras S J (2004). *Climate as a moderator of the relationship between leader-member exchange and content specific citizenship: safety climate as an exemplar*. J. Applied Psychology: 88; 170–178.
- International Labour Office.(2008). *Fundamental Principles of Occupational Health and Safety*, 2nd edition, Geneva.
- International Labour Organization. (2011).*Occupational Safety and Health Management System; A tool for Continual Improvements; World Day for Safety and Health at Work*. Geneva.
- ILO. (2013). International Labor Organization. Health and safety at work: Facts and figures.
- Makori, E. Nandi O.M.J, Thuo, J.K &Wanyonyi K. W. (2012). *Influence of Occupational Health and Safety Programmes on Performance of manufacturing Firms in Western Province, Kenya*. Africa Journal of History and Culture, Vol 4.
- Mbaka, R. M. & Mugambi, F. (2014). *Factors affecting successful strategy implementation in the Water Sector in Kenya*. Journal of Business and Management, 16(7), 61-68.
- Mearns,K. & Hope ,L.(2005). *Health and Wellbeing in Offshore Environment; the Management of Personal Health*, Research report no.305; London, UK: Health and Safety executive.
- Ndegwa, P.W. Guyo, W. Orwa, G. and Ng'ang'a, R. (2014). *The Influence of Management committment in the Implementation of Occupational Safety and Health Programmes in the Manufacturing Sector in Kenya*. International Journal of Academic Research in Business and Social Sciences, vol. 4, issue 9, pages 490-506.
- Nowier M. (2009). *Workplace environment and Its Impact on Employee Performance*. Leadership and Organization Development Journal, 16 (1), 5 - 12.
- Nzuve ,M.N.S .(2007). *Management of Human Resources a Kenyan perspective*, Revised edition; Nairobi, Kenya: Basic Modern Management Consultants.
- Nzuve S.N.M. & Lawrence B.A. (2012). *The Extent of Compliance with Occupational Safety and Health Regulations at Registered Workplaces in Nairobi*. International Journal of
- Nowrouzi, B., Gohar, B., Nowrouzi-Kia, B., Garbaczewska, M., Chapovalov, O., Myette-Cote, E., & Carter, L. (2016). *Facilitators and barriers to occupational health and safety in small and medium-sized enterprises: a descriptive exploratory study in Ontario, Canada*. International Journal of Occupational Safety and Ergonomics, 22(3), 360-366. PMID:26971744. <http://dx.doi.org/10.1080/10803548.2016.1158591>.
- O'Brien, P.D. (2001).*The Safety Officer's Concise Desk Reference*; London, UK: Lewis publishers.
- Occupational Safety and Health Act, (2007). *Kenya Gazette Supplement. No 111* .(Acts No. 15).

- Ongong'a, F. O. (2014). *Factors influencing strategy implementation at Kenya commercial bank limited in Kenya* (Doctoral dissertation, University of Nairobi).
- Rajasekar, J. (2014). Factors affecting Effective Strategy Implementation in a Service Industry: A Study of Electricity Distribution Companies in the Sultanate of Oman. *International Journal of Business and Social Science*, 5(9).
- Rotich, L. & Kwasira, J. (2015). *Assessment of Success Factors in the Implementation of Occupational Health and Safety Programs in Tea Firms in Kenya: A Case of Kaisugu Tea Factory*. *International Journal of Economics, Commerce and Management*; III(5), 797-811.
- Thobora, P. & Thuita, S. (2015). *Assessing the Level of Compliance of Occupational Safety and Health Risk Management Practices with Occupational Safety Legislation in Public TVET Institutions in Nairobi, Kenya*. *Researchjournalis Journal of Industrial Engineering*, 1(1).
- WHO (2013), *Healthy Workplace Framework and Model: Background and Supporting Literature and Practices*. WHO Press, Geneva, Switzerland.
- Zanko, M., & Dawson, P. (2012). *Occupational health and safety management in organizations*. *International Journal of Management Review*, 14(3), 328-344.