

# **RESEARCH ARTICLE**

# CURRENT OCCUPATIONAL SAFETY & HEALTH PRACTICES WITHIN SELECTED BANKS IN NAKURU COUNTY, KENYA.

#### Dorothy Awinde Girisa, Prof. Erastus Gatebe and Dr. Paul Njogu.

Department of Occupational Safety and Health, Institute of Energy and Environmental Technology, Jomo Kenyatta University of Agriculture and Technology, Kenya.

# Manuscript Info

#### Abstract

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The banking sector in Kenya has undergone an intense restructuring process and automation which has resulted in changes that reflect on the workers' health. The increased number of customers requiring banking services in Kenya has seen rapid response by banks to expand inorder to capture the emerging markets. The impact of this on occupational safety and health (OSH) status of the workers needs in Nakuru County has not been documented. The purpose of this study was to investigate the current occupational safety and health practices within the banking sector in Nakuru County, which is one of the most vibrant commercial hubs in Kenya, with an aim of establishing the OSH status of the banks. Subjects for the study included managers, officers, tellers, clerks, and sales representatives in banking institutions. Five banks; National bank, Barclays bank , Equity bank, Kenya Commercial bank and Standard chartered bank, which control over 95% of the banking industry were targeted. The study employed descriptive survey study design. The five banks were purposefully selected for this study due to the large number of workers with a workforce of 304 employees. Simple random sampling was used to obtain the representative sample. Primary data was collected using structured questionnaires while secondary data was collected from banks records. Obtained data was analyzed using descriptive statistics with the assistance of Statistical Packages for Social Sciences (SPSS version 21). The full regression model was used to identify elements of OSH practices which had significant relationship with the OSH status. Out of 172 sampled, 133 responded to the questionnaires, representing a response rate of 77.3%. The findings of the study showed that there were poor OSH practices within the banks in Kenya which mainly focused on income generation and less on workers' health and safety. The study has shown that there was lack of commitment to OSH as 40.6% of employees are not aware of existence of OSH policy in banks where 91.7% of employees work for more than 40 hours in a week. Similarly63.2% of the respondents confirmed that rest breaks are not allowed, implying non conformity even with labor laws. These results have also shown that the employer has failed in his duty to provide training on OSH as 71.1% had not been trained on health and safety related issues. Further, it was established that at 95% level of

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#### Corresponding Author:-Dorothy AwindeGirisa.

Address:- Student :Jomo Kenyatta University of Agriculture & Technology, Institute of Energy and Environmental Technology (IEET), City Square, Nairobi 62000-00200, Kenya.

confidence, (p<0.05), OSH practices had statistically significant relationship with the current OSH status in the selected banks in Nakuru County The study recommends a strict supervision of the banks in terms of compliance to OSH and urgent training of both the managers and the workers.

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#### Introduction:-

#### Background of the study:-

The banking industry is a major financial center in the world. Banks aim at building up capital gains and eliminating losses as much as possible. Commercial banks play an important role as a key component of the financial system, mobilizing funds from savers to borrowers in an efficient manner. They provide specialized financial services which help to make the overall economy more efficient (Econ, 2001).

Occupational health and safety practices have generally been given little research attention. As a result, occupational health and safety has continued to remain outside mainstream organizational and management researches (Barling et al. 2002). Most countries and industries scarcely recognize occupational health and safety practices as a crucial determinant of national development. Therefore, mainstreaming occupational health and safety into national agenda has become an important consideration for not only developed countries but also for the developing countries as well (Katsoulakos&Katsoulacos, 2007). Apart from little research attention on occupational health and safety issues in general, there is also an acute lack of literature on these matters. Particularly, most African countries are struggling with occupational health and safety practices as few attempts from the industries and the governments are notable (Meredith, 1986; Regional Committee for Africa Report, 2004).

According to Prichard (2004), safety and health practices in an organization are an aspect that should be nurtured as an obligation. Therefore, safety and health practices must be cultivated. Nevertheless, it is important to determine how the safety and health practice can be promoted with positive impact. Therefore, for a bank to have an optimistic safety and health practices, the workers must be committed to work cautiously. For instance, some of these work practices include wearing Personal Protection Equipment (PPE) such as protective clothing, helmets, goggles, rubber gloves, dust masks etc.

Dennis and Gilbert (2008)established that organizations must actively cultivate a safety and health culture at the workplace and ensure their employees are involved in it. Bank employees are required to adhere to safe work practices, ensure the safety of other person at work, participating in identifying risk in the daily process, and plan the daily activities with safety in mind. They further found that the positive safety and health practices can also be influenced by rewards or incentives and compliance can be achieved through certain reinforcements and factors such as promotion, monetary rewards or recognition. The importance of OSH improvement needs in the workplaces seems to be increasing on a daily basis, because most of the workers are concerned with safety and health. Positive OSH practices are part of the effort to increase productivity, quality standards, efficiency and performance in work activities.

David (2003) argued that safety and health policies should deal with the technical aspects of managing safety such as program and risk assessment components, specific requirements for managing safety with the necessary resources. Holt (2001) suggested that OSH training programs are a priority before initiating a high risk job as the programs assist to develop safety and health practices at the workplace.

In African countries, the expansion of the service sectors has introduced new risks, widened the spread of workrelated risks and increased their interaction with non-work factors in ill health such as in environmental pollution (Loeweson, 2001). The banking industry is of no exception. Work in banking sector is increasingly being characterized by a high level of demand, with little control over the nature and content of the work, leading to sleep difficulties musculoskeletal disorders and digestive problems among the bankers. (Loewenson, 2004).

There is increased number of customers requiring banking services in Kenya and hence rapid response by banks to expand to catch the new markets. Due to the intense restructuring and automation in the banking industry the occupational safety and health (OSH) practices need to be investigated to find out the preparedness of banks in

ensuring safety of their employees. While the banks have been forced to improve efficiency, there is increasing internal and political pressure on banks to expand their products and services to the un-banked and under-banked as reported by Rutto*et al.*, 2013.

This study looked into occupational health and safety practices including current OSH practices, OSH education and awareness, with an aim of understanding key occupational health and safety issues the banking sector.

# Methodology:-

The study employed a descriptive survey research design, quantitative and qualitative approaches. The descriptive survey research design was appropriate as it provided an opportunity to obtain critical and practical understanding of the current OSH practices in the banking sector

Out of the 20 banks in Nakuru town 5 were purposefully selected for this study with a population of 304 employees out of which 172 were sampled. They included clerks, tellers, sales representatives, managers and officers; officers including computer analysts, credit officers and other managerial staff). Simple random sampling was used to obtain the representative sample. Primary data was collected using structured questionnaires. Secondary data was collected from bank records. Data was analyzed using descriptive and inferential statistics with the assistance of Statistical Packages for Social Sciences (SPSS version 21). The results were presented in tables, pie charts and bar graphs. Out of 172, 133 responded to the questionnaires, a response rate of 77.3%. This was appropriate for a finite sample

#### Study site:-

The study was conducted across various banks in Nakuru town; Nakuru County located over 200 km from Nairobi. This location was appropriate for the study since it had all major banks which are representative of the banking industry in Kenya and in a rural setup away from the banks' headquarters.

#### Sample size determination:-

The sample size was determined using the formula adopted from Mugenda and Mugenda (1999) and Rukangu (2000) as cited in Njoroge, (2002). Using the formula below:

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

Where; n = the desired sample size e =margin of error 0.05. N = estimate of the population.

The total population of employees within the 5 selected banks was 304. Substituting the above formula, the sample size was determined as follows:

$$n = \frac{304}{1 + 304(0.05)^2} = 172$$

Taking the proportion of each bank, the sample size for each bank was as follows

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Bank	Number
National	25
Standard chartered	17
Equity	61
K.C.B	44
Barclays	25
Total Population	172

Table 1:-Sample by bank

## **Results And Discussions:-**

**Respondents General Information:-**

#### Background information of the survey respondents:-

The study sought the background characteristics of the respondents, 47% of the respondents were male while 53 % were female. This information was important to understand the general demographic features of the respondents.

#### Respondents' age:-

The results on respondents' age indicated that most workers (42.1 %) were in the age bracket of 32-38 years while the least were between 18-24 years. In Kenya banks recruit fresh graduates who normally are between 20-24 years old. Those in the age bracket of 18 are mostly on internship in the banks. The distribution of respondent's age bracket was as shown in figure 1.

The results show that there is diversity in terms of age which in turn has positive impact on organization. The more bank employees work the more they are exposed to risks. Young populations are risk takers as compared to the elderly. Similarly Gellner and Veen (2013) indicated that age diversity positively influenced the company's productivity.



Fig 1:-Respondents Age

#### Designation of the respondents:-

The study sought to determine the designation of the workers in the banks. The results showed that there were more tellers than any other occupational group. 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 the large number of tellers in order to facilitate their service delivery. Similarly Waiganjo (2008) in his study reported tellers' numbers higher than any other occupational group in banks. The managers and officers are persons directing the banks and take care of complicated or sensitive issues in the banks, hence few in number. The results are summarized in Figure 2 where 12.1% were managers, 11.3% were officers, 38.3% were tellers, 23.3% were sales representatives, while 15% were clerks.



Fig 2:-Designation of respondents in percentage

## Level of education of respondents:-

The education level of workers determines the decision one is 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 ERFs and MSDs occurrences. Education plays a critical role in determining the level of awareness in work environment. The minimum entry requirement in the banking career in Kenya is currently a university degree. After being recruited a few employees proceed to postgraduate levels. This is due to the fact that the nature of the job is demanding hence majority work for long hours; therefore they are not able to balance work study life. The results show that the over 66% are graduates hence bankers are highly educated therefore they are able to understand safe work procedures and also interpret safety laws. 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. This therefore leads to a poor understanding of many issues concerning the health and safety of workers. Figure 3 shows the distribution of the employees in terms of their level of education. 26.3% are postgraduates, 66.9% are graduates while 6.8% are of diploma level.



Fig 3:-Education level

#### Focus of the banks:-

Financial performance of companies is often assumed to be associated with OSH adjustments in the workplace in general (Kelloway and Day, 2005; Rose et al., 2013; Salminen, 1998; Tompa et al., 2010), and sometimes to OSH practices in particular (Larsson et al., 2007). The assumption is that if humans operate in a good work environment that is safe, healthy, ergonomically sound, creative, and so on, these beneficial factors will be reflected in the financial performance of the company. In order to understand banks input on OSH issues, the study looked at the focus of the banks. All the respondents as shown in table 2 were of the opinion that the banks mainly focuses on income generation, a substantial number of respondents (52.6%) felt that banks focuses on enterprise development. Similarly Heath (2006) found out that the biggest goal of all the business organization are to increase their performance, thus making high profits in his study on effect of perceived work environment on employee's job behaviour and organizational effectiveness.

Table 2:-Focus of the banks

Focus of the bank	Frequency	Percentage
Income generation	133	100.00
Enterprise development	70	52.60
Employment creation	58	43.60
Livelihood improvement/Poverty alleviation	53	39.80
Natural resource management	5	3.80

#### The current OSH status and practices in selected banks:-OSH policy:-

The OSH status of individuals in any setup determines the productivity of workers as well in the current study. The results in figure 4 show that slightly over 50% of the bankers reported the existence of OSH policy, while a substantial number 36.8% had no clue that such policy exists. This implies that about 4% of all the workers are ignorant of their OSH issues. These findings confirmed that banks have an OSH policy even though some employees are not conversant with it. This shows that there's lack of commitment to OSH supporting Muchiri (2003) who noted that there is no senior management commitment to OSH and no resources are allocated to implementation of OSH.



Fig. 4:-Presence of Osh policy

#### **OSH committee:-**

The OSH Act in Kenya requires 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. The Health and Safety Committee is the forum that looks into workplace issues, including development of policies, training programs, review of maintenance schedule, employment of consultants, and so on. (DOSHS, 2007). Figure 5 shows that 29.3% of respondents agreed that the

bank has an OSH committee while majority, 51.9% were not aware of existence of an OSH committee and 18.8% confirmed nonexistence of the OSH committee.



#### Hours worked per week:-

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 worker's ability to perform; it affects judgment, productivity, work efficiency and quality (Roger 2004). Fatigue may even lead to serious occupational accidents resulting in injury to workers and even loss of lives.

The study sought to find out the number of hours the respondents worked per week of a majority 91.7% worked for more than 50 hours a week as shown in figure 6. According to Maitland (2000), as stated by Mberia (2001), 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 depending on work demands. This means approximately nine hours a weekday and they must work for at least five hours on Saturday. 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 gives the employees physical and psychological fatigue (Mberia, 2001).



Fig 6:-Hours worked per week

#### Staffing levels:-

**Table 3:-** shows that majority of respondents, 87.2% were of the opinion that staffing levels doesn't depend on the demands of the job while a minority 12.8% were agreed that staffing levels take job demands into account.

#### Table 3:-staffing levels

	Frequency	Percentage
No	116	87.2
Yes	17	12.8
Total	133	100

#### Rest breaks from computer:-

A break is a vital element in enhancing work productivity. The results on working hours, staffing levels and rest breaks are an evidence that bankers 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 the employees are at a risk occupational diseases as reported in a study by Conway *et al*, 2016 that long working hours, particularly 46 hours per week or more increases the long-term risk of cardiovascular disease (CVD) events such as heart attack. The nature of job in the banking industry is repetitive. Rest breaks and job rotation are necessary to deal with OSH issues related to repetitive work. Working for long hours without breaks and job rotation have been found to reduce the cases of MSDs among production workers in highly repetitive jobs with heavy loads (Mathiassen, 2006). This has been shown to help in cost reduction and promotion of health of workers (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 on the contrary the law is being violated by banks in Nakuru County. The responses on whether rest breaks from computer are allowed established that 63.2% disagreed that rest breaks are allowed, while only 36.8% agreed that the breaks are allowed(table 4).

#### Table 4:-Rest breaks allowed

	Frequency	Percentage
No	84	63.2
Yes	49	36.8

#### Measures taken by the bank to address OSH Risk:-

Although banks are driven by profit, in order to show semblance to compliance with the law they have put minimal measures where use of PPEs is at 40% with job rotation at a significant 9%. Of critical to the development of ERF(ergonomic risk factors) there is work shifts and breaks during working hours where less than 30% of the workers reported having some shifts and only less than 1% reported having breaks . These were mainly managers and supervisors. The responses are summarized in Table 5 shows the frequency of measures taken to review the OSH risks. Majority of the respondents reported not frequent (34% to 78%) with significant majority not aware of the measures. Its only team work which was reported at frequent review at 57.9%. On average only 3.3% reported very frequent, 55.9% reported not frequent review while 19.4% were not aware. These results suggest lack of institutional framework responsible for health and safety standards and hence OSH problems in the banks and hence supporting Kheni (2008) who conducted a survey on health and safety practices among construction SMEs and revealed serious OHS problems .Similarly Kheni, 2008 identified inefficient institutional frameworks responsible for health and safety standards and hence of the challenges to occupational health and safety practices as reported in (Ministry of Health Report, 2007).

#### Table 5:-Measures taken to address OSH Risk

Measures	Very	Frequent	Not	Don't know
	Frequent		frequent	
Medical examination of employees	0%	6.80%	60.90%	32.30%
Elimination of hazard at source	10.50%	20.30%	43.60%	25.60%
Use of personal protective equipment (PPE)	7.50%	36.80%	51.90%	3.80%
Job rotation	0%	9.00%	78.20%	12.80%
Workplace design	0.80%	5.30%	64.70%	29.30%
Safety training	2.30%	9.80%	47.40%	40.60%
Team work	4.50%	57.90%	34.60%	3.00%
Work shifts and breaks during working hours	0.80%	25.60%	66.20%	7.50%
Average	3.30%	21.40%	55.90%	19.40%
Standard Deviation	3.90%	18.30%	14.10%	14.40%
Coefficient of variation	118.00%	85.60%	25.30%	74.20%

#### First aid provisions:-

First aid kits allow victims to be attended to by first aid officers before comprehensive medical attention is sought. The study established that the banks in Nakuru County had first aid boxes in place, 66.2% reported no first aid officer hence employees are left on their own in case of accidents. On the other hand majority agreed that there existed first aid kits. First aid rooms were nonexistent The table 6 shows the opinion of respondents on the first aid provisions in their workplace.33.8% disagreed that first aid officers are appointed, 76.7% reported existence of First aid kid in the area with all bank 100% lacking first aid room.

Table 6:-First aid provisions in place

First aid provisions	Yes	No
First Aid Officers appointed	33.80%	66.20%
First aid kits in area	76.70%	23.30%
First aid room.	0.00%	100.00%

#### OSH practices within banks:-

The table 7 represents the bank employees opinion on OSH practices within the bank in percentage was as follows: Bank employees are notified on health and safety hazards at the workplace 57.9% agreed, Employees of the bank are trained to protect themselves from hazards in their working environment 53.4% disagree, Health and safety performance are an essential ingredient of performance appraisal 59.4% disagree, The bank makes all reasonable efforts to identify and correct health and safety hazards 42.9%, Employees of the bank are encouraged to report workplace hazards 46.6% agree, the bank has spelt out clearly its responsibility and that of employees towards ensuring health and safety at the workplace 48.1%, Employees are involved in health and safety matters 57.1%. On average employees opinion on bank Osh practices was 3.0% strongly agree.33.0% agree, 12.7% Not sure, 46.8% Disagree while 4.5% strongly disagreed. Safety and health practices in the bank should be nurtured as an obligation as stated by Prichard (2004). On the contrary, these results clearly show that OSH practices are overlooked hence supporting Barling*et al.* (2002), who reported that occupational health and safety practices have generally been given little attention. As a result, occupational health and safety has continued to remain outside mainstream organizational and management

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 workplace	3.0%	32.3%	15.8%	48.1%	0.8%
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%

**Table 7:-**OSH practices within the bank

#### Banks compliance with OSH legislation:-

Table 8 shows the respondents opinion on Bank's compliance with OSH Legislation in percentage as follows the bank has provided adequate orientation on health and safety legislation 75.2% disagree, the bank has made available copies of health and safety policy to employees 67.7% disagree, adequate health and safety training is provided to employees of the bank 58.6% disagree, the bank supply at no cost to the employee adequate personal protective equipment 71.4% Agree, authorities supervise the use of personal protective equipment 44.4% Disagree, the bank has provided for the workplace system of work that is safe and without risk to health 60.2% agree, Sufficient toilet facilities are provided to employees of the bank 80.5% Agree, the bank provides adequate wholesome drinking water at the workplace 79.7% agree, the bank has provided fire- fighting equipment at the workplace 83.5% Agree and compensation benefit is paid to employees who sustain injuries at the workplace 71.4%. On average the Bank's compliance with OSH Legislation was reported 6.0% strongly agree, 49.3% Agree, 9.8% Not sure, 29.3% Disagree while 5.6% strongly disagreed. Most of the responses on the bank's compliance with OSH legislation were positive with an average of 55.3%. These results confirm that the banks are non compliant to OSH legislation. Enforcement of regulations is very vital in ensuring the efficacy of regulations. Thus, researchers (like Anderson 2007; Idubor&Osiamoje 2013) opine that regulations without proper enforcement are tantamount to no laws. In that Idubor&Osiamoje (2013) postulate that lack of strict enforcement of OSH regulations enables noncompliance to OSH regulations. Whereas non-compliance to OSH regulations is a major contributor to the poor state of OSH.

Compliance	Strongl	Agr	Not	Disag	Strongly
	y agree	ee	sure	ree	disagree
The bank has provided adequate orientation on	2.3%	12.8%	8.3%	75.2	1.5%
health and safety legislation				%	
The bank has made available copies of health and	2.3%	12.0%	15.0	67.7	3.0%
safety policy to employees			%	%	
Adequate health and safety training is provided to	2.3%	13.5%	3.8%	58.6	21.8%
employees of the bank				%	
The bank supply at no cost to the employee adequate	3.8%	71.4%	8.3%	13.5	3.0%
personal protective				%	
Authorities supervise the use of personal protective	1.5%	8.3%	22.6	44.4	23.3%
equipment			%	%	
The bank has provided for the workplace system of	3.0%	60.2%	20.3	15.0	1.5%

Table 8:-The Bank's compliance with OSH Legislation in percentage

work that is safe and without risk to health			%	%	
Sufficient toilet facilities are provided to employees	12.8%	80.5%	1.5%	3.8%	1.5%
of the bank					
The bank provides adequate wholesome drinking	12.0%	79.7%	0.8%	6.8%	0.8%
water at the workplace					
The bank has provided fire-fighting equipment at the	15.8%	83.5%	0.8%	0.0%	0.0%
workplace					
Compensation benefit is paid to employees who	4.5%	71.4%	16.5	7.5%	0.0%
sustain injuries at the workplace			%		
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%	<b>99.3</b> %	160.3%

#### Relationship between Current OSH Practices and OSH status of the banks:-

This section presents the results of inferential statistics on the relationship between current OSH practices and OSH status at the selected commercial banks in Nakuru County. The variables analyzed include; engagement of service providers including consultant and fumigations, facility maintenance including repairs, testing of equipment including firefighting equipment, alarms, provision of first aid kits, provision of first aid officers, maintenance of cleaning equipment, roof access equipment, notes counters, cash sealing machines and dust blowers.

The regression model was used to identify elements of the independent variable (OSH practices) which had significant relationship with the dependent variable (OSH status). The  $R^2$  value indicates how much of the dependent variable, "OSH status", was explained by the elements of the independent variable "OSH practices". In this case, the R Squared was .416 indicating that 41.6% of the variation in OSH status is explained by the independent variable. The difference, that is, 58.4% of the variation is explained by factors that are not included in this study. Predictors "OSH practices" Dependent variable "OSH Status". The regression model predicted the outcome variable significantly with p=0.000, which was less than 0.05, and indicated that; overall, the model statistically and significantly predicted the outcome variable.

The study established that 6 elements of OSH practices "building repairs r=-.315, p=.018<.05, provision of alarms r=-.787, p=.028<.05, appointment of first aid officer r=.176, p=.026<.05, maintenance of air conditioning machine r=-.471, p=.029<.05, maintenance of cleaning equipment r=449, p=.000<.05 and the provision and maintenance of dust blowers r=-.248, p=.019<.05" had statistically significant relationship with OSH status in the selected banks in Nakuru County. Other elements of OSH practices did not have statistically significant relationship with OSH status in the selected banks in Nakuru County. They included engagement of consultants r=.013, p=.824>.05, engagement of fumigators r=.215, p=.324>.05, testing of electrical equipment r=-.067, p=.632>.05, testing of firefighting equipment r=.225, p=.439>.05, provision of first aid kits r=.054, p=.444>.05, maintenance of roof access equipment r=-.036, p=.642>.05, maintenance of note counters r=-.057, p=.857>.05 and cash sealing machine r=-.258, p=.019>.05.

The research question that, what is the current OSH practices in selected banks in Nakuru County, Kenya? was answered by the evidence that there were some OSH practices in the selected commercial banks in Nakuru County, Kenya including building repairs, provision and maintenance of alarms, appointment of first aid officers, maintenance of air conditioning, maintenance of cleaning equipment and dust blowers.

#### Training:-

Training and inductions in bank workplace helps promotion of 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 spells out the rules and provides information on potential hazards and how to avoid them. Induction training should always be provided to new employees to enhance their awareness with reference to health and safety policy of the organization, employee responsibility for health and safety, the accident reporting procedures of the organization, the fire and other emergency procedures. Table 9 shows the area of training of the respondents. 68.4% had not been trained on occupational hazards at work while 31.6 had been trained, 69.95 had not been trained on task related risks while 30.1% had been trained. A majority 75.2% had not been trained on health and safety related issues while only 24.8% had been trained. The results show that majority

had not been trained in areas of safety. These results confirm that the employer has failed in his duty to provide trainning on OSH. On the contrary according to Kheni (2008), the general duties of employers around OSH include providing 'such information, 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 to met their 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.

#### Table 9:-Area of training

Area of training	Yes	No.
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%

#### **Conclusion And Recommendation:-**

Without comprehensive OHS policy, renewed attention to OSH research and OSH investment, it would be very difficult for banks to effectively achieve and ensure safety culture in their institutions The findings of the study showed that there were poor OSH practices within the banks. The bank's main focus was on income generation as confirmed by 100% of respondents. There is lack of commitment to OSH as 40.6% of employees are not aware of existence of OSH policy in banks 91.7% of employees work for more than 40 hours a week while 63. 2% of the respondents confirmed that rest breaks are not allowed. These results also confirmed that the employer has failed in his duty to provide training on OSH as 71.1% had not been trained on health and safety related issues. Further, it was established that at 95% level of confidence,(p<0.05), OSH practices had statistically significant relationship with the current OSH status in the selected banks in Nakuru County The study recommends a strict supervision of the banks in terms of compliance to OSH and urgent training of both the managers and the worke

#### **References:-**

- 1. Anderson, J. (2007). Health and Safety- matching legislation and enforcement. Proceedings of the institute of Civil Engineers Management, Procurement and Law, 2007. Pp. 11-15. Cambridge Dictionaries Online. Cambridge University Press. Source:
- 2. http://dictionary.cambridge.org/dictionary/british/enforce?q=Enforcement. 2013
- 3. Armstrong M. (2009). Handbook of Human Resources Management Practices, 11th edition. London: Kogan page
- 4. **Barling, J., Loughlin, C. and Kelloway, K. (2002).** Development and test of a model linking safety-specific transformational leadership and occupational safety. Journal of Applied Psychology, **87:** 488–496
- 5. Conway SH, Pompeii LA, Roberts RE, Follis JL, Gimeno D. Dose-response relation between work hours and cardiovascular disease risk: findings from the panel study of income dynamics. *J Occup Environ Med*. 2016;58(3):221-6.
- 6. David, L. G. (2003). Construction safety and health. Washington, DC: Prentice Hall.
- 7. Dennis, G. W. and Gilbert, H. H. (2008). Best practice in motivation and management in the
- 8. classroom . Thomas Publisher Ltd.
- 9. **DrEcon**, (2001). What is the Economic Function of a Bank?" 2001, http://www.frbsf.org/education/activities/drecon/2001/0107. html,
- 10. Gellner, U. B., &Veen, S. (2009). The Impact of Aging and Age Diversity on Company Performance. SSRN Electronic Journal, 1-34.
- 11. **Heath, B. (2006).** Effect of perceived work environment on employee's job behaviourand Organizational effectiveness, Journal of Applied Psychology Banarashindu, University, Varanasi.
- 12. Holt, A.J. (2001). Principles of construction safety .Osney Mead, Oxford: Blackwell Science Ltd.
- 13. Idubor, E. E., and Oisamoje, M. D.(2013). An Exploration of Health and Safety Management Issues in Nigeria's Efforts to industrialize. European Scientific Journal, 2013. Vol. 9, (12), pp 154-169.
- 14. **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.

- 15. 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.
- 16. Kheni, N.A., Dainty, A.R.J. and 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.
- 17. Kelloway, E.K., Day, A.L., 2005. Building healthy workplaces: what we know so far.Can. J. Behav. Sci. 37, 223–235. http://dx.doi.org/10.1037/h0087259.
- 18. Larsson, T.J., Mather, E., Dell, G., 2007. To influence corporate OH&S performance through the financial market. Int. J. Risk Assess. Manage. 7, 263–271.
- 19. Loewenson R.(2001). Globalization and occupational health: a perspective from southern Africa. Bulletin of the World Health Organization, 2001, 79: 863–868
- 20. Loewenson R. (2004). Epidemiology in the era of globalization: skills transfer or new skills?
- 23. International Journal of Epidemiology, Volume 33, Issue 5, 1 October 2004, Pages 1144–1150, https://doi.org/10.1093/ije/dyh112
- 24. Maitland A. (2000), Striving for the Right Balance; Financial Times: Business Health and Safety. P07-08.
- 25. 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
- 26. **Mberia A.M. (2001).** A survey of the occupational health and safety programmes adopted by the banking industry in Kenya, Unpublished MBA Thesis, University of Nairobi
- 27. Meredith, T. (1986). Workers' health in Africa. Review of African Political Economy, 13(36), 24 29.
- 28. 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.
- 29. Muchiri, F.K. (2003). Occupational health and development in Africa, Challenges and the way forward. *African Newsletter on Occupational Health and Safety*, 13.
- 30. Mugenda, O. M. and Mugenda, A. G. (1999). Research Methods: Quantitative and Qualitative Approaches. Nairobi:Acts Press
- 31. **Njoroge, B. (2002).** Relationship between Mathematical Language and Students Republic of Kenya, Central Bureauof Statistics (CBS) (1999). Ministry of Planning and National Development: The Population and HousingCensus. Nairobi: government Printer.
- 32. Occupational Safety and Health Guidebook for the Banking and Finance Industry .2007 Occupational Safety and Health branch of the labour department. Hong kong. https://www.labour.gov.hk/eng/public/os/D/bank.pdf
- 33. **Prichard, R. (2004).** The value of safety . International Risk Management Institute, Inc. Prichard, R. (2004). Owner safety leadership . International Risk Management Institute, Inc.
- 34. **Roger W** (2004)*Do long working hours lead to more workplace injuries? Evidence from Australian industrylevel panel data.* Melbourne institute of applied economic and social research. The university of Melbourne:3-5 https://www.dtl.unimelb.edu
- Rose, L.M., Orrenius, U.E., Neumann, W.P., (2013). Work environment and the bottom line: survey of tools relating work environment to business results. Hum. Factors Ergon. Manuf. Serv. Ind. 23, 368–381. http://dx.doi.org/10.1002/hfm.
- 36. **RuttohS.K**, **Bett S.**, **Muathe S. M. (2013).** A survey of factors influencing customer growth of commercial banks in major towns in kenya: *case study of migori township*
- 37. Salminen, S., (1998.) Why do small company owners think larger companies have fewer accidents? J. Occup. Heal. Saf. Aust. New Zeal. 14, 607–614
- Tompa, E., Dolinschi, R., de Oliveira, C., Amick, B.C., Irvin, E., (2010). A systematic review of workplace ergonomic interventions with economic analyses. J. Occup. Rehabil. 20, 220–234. http://dx.doi.org/10.1007/s10926-009-9210-3.
- 39. UNESCO (2005). Education for all: The quality imperative. Available in www.unesdoc.unesco.org/image/pdf
- 40. Waiganjo L. B., Mwisukha, A, Onywera, V.(2008) Assessment of employees' awareness of exercise ergonomics in banking institutions in nairobi, Kenya.