



LEADERSHIP ROLE IN HEALTH AND SAFETY AT THE WORKPLACE IN THE CONTEXT OF COVID-19 IN ZIMBABWE

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Abstract: The purpose of the study is to assess the role of leadership in occupational health and safety practices in the context of Covid-19 . Most employers fail to put in place adequate health and safety measures at their workplace to safeguard not only the employees but also clients/customers and other stakeholders who might have some kind of interest in the company or institution. Ineffective occupational health and safety policies have a negative effect on the organization as well as the workforce. Being a health institution, the hospital staff, management, patients and other stakeholders are exposed to several risks and hazards. The research aimed among other things to identify systems put in place by hospital management in the implementation of health and safety activities. Literature review reveals that the employer has both the legal and moral obligation of protecting and promoting the health and safety of workers at their workplaces. It states that, employees also have a role in promoting their health and well-being as they adhere to or comply with health policies put in place by the management. The benefit is that if the workers' well-being is protected, that in-turn ensures the protection and well-being of their families and the society at large. The descriptive cross-sectional survey was used for the purpose of discovering the safety measures provided by the management during the Covid-19 Pandemic. The questionnaire, interview guide and personal observation checklist were used for collection of data. The researcher used the probability sampling techniques which are stratified and simple random. Analysis of data was done using both qualitative and quantitative tools. With the quantitative tools, the current version of EPI Infor version 7.1.3.10 was used to analyse data and qualitative data was analysed using NVIVO package. The results of this study therefore signifies that instituting workplace safety policies and enforcing them is a major step towards promoting the health and safety of workers. The study revealed that although the hospital management had in place most of the safety systems for health and safety implementation there were not adequate. The study showed that both the employer and the employee plays a critical role in health and safety activities at the workplace. Staff commitment and compliance to health and safety rules was seen to be low. From the findings of this study, it was therefore concluded that there cannot be an effective occupational health and safety policy if both employers and employees fail to perform their respective responsibilities. Staff should be made to understand that safety and health practices are the responsibility of both the employer and the employee. Management on the other hand, should continue organizing trainings, workshops, seminars on health and safety for staff, publish materials on safety and many other steps to inculcate safety consciousness in the minds of workers. The employee is required to comply with all health and safety rules, knowing that the person ultimately responsible for his/her health and safety is himself/herself.

Keywords: assess, role, leadership, health, safety, workplace, Covid-19, protection, implementation

1. INTRODUCTION

In many African countries infection prevention and control (IPC) practices aimed at preventing infections in health facilities are still not being fully implemented. When WHO assessed clinics and hospitals across the continent for these measures, only 16% of the nearly 30

000 facilities surveyed had assessment scores above 75%. Many health centres were found to lack the infrastructure necessary to implement key infection prevention measures, or to prevent overcrowding. Only 7.8% (2213) had isolation capacities and just a third had the capacity to triage patients.

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The legal and policy framework places responsibility for ensuring Occupational Safety and Health (OSH) clearly on the employer. Council Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health of workers at work (Council Directive, 1989:8-13) defines this responsibility in Article 5: “The employer shall have a duty to ensure the safety and health of workers in every aspect related to the work”. The employer may enlist “competent external services or persons”, but “this shall not discharge him from his responsibilities in this area”. Article 6 states that: “within the context of his responsibilities, the employer shall take the measures necessary for the safety and health protection of workers, including prevention of occupational risks and provision of information and training, as well as provision of the necessary organization and means”. Employers must also have regard to the right of workers to be involved in the management of safety and health at work, established by Article 11 of the directive.

2. LITERATURE REVIEW

Lack of attention given to health and safety, work-related accidents and diseases have become common in almost all parts of the world especially in developing nations (Clarke; Zimmer, 2008). Work-related accidents and/or diseases can cost a fortune to an organization. Zimmer argues that such accidents and diseases directly or indirectly affects the lives of employees and their families as well as the general community. Therefore combined effort from both the employer and the employee is necessary to ensure that these accidents are minimized at all costs through adhering to safety precautions.

For this study, Protection Motivation Theory (PMT) is used. (Camp; Liehr & Smith, 1999; Rogers, 1985; 1975). Theories aim to give a summary, organize the prevailing ideas in a particular field of study, clarify and provide understanding to previously isolate empirical findings. It should therefore be noted that the theoretical framework used in this study provided a map and a direction by highlighting the inter-connection between the dependent variable (safety practice) and independent variables (safety policy

enforcement, safety training/education, PPE and safety facilities).

Broadbent (2004) says, “the safety behaviour of employees has two aspects: ‘safety compliance’ and ‘safety participation’.” He says safety compliance concerns what employees are required to do to stay safe in the workplace (such as adhering to standard operating procedures or wearing protective clothing while performing their duties). Safety participation refers to actions to help develop a safer environment more generally. Thus the employee also has a responsibility of adhering to safety rules prescribed by the employer and ensuring that his/her actions does not affect either the patient’s, visitor’s or workmate’s health and safety at the workplace

The laws and regulations demand from employers the responsibilities to provide for their employees’ health and safety (Asogwa; Jensen, 2005). Employers have both the legal and moral duty to provide conducive, safe and healthy working environments for their employees. The provision of a safe and conducive working environment promotes health and well-being, reduces the rate of accidents and increases productivity. Bel, 2010; Bramming et al., 2009 support this statement when they say, “Overall, effective leadership has been shown to strengthen employee commitment to the organisation and to improve the work climate, enhance innovation and increase productivity”

Mental health, though key factor in labor market, has been a long-neglected issue and now identified as one of the most imperative modifiers to performance and production (OECD, 2015). Work is generally a protective factor for individuals, but many a time unless addressed properly, it can become a risk factor, affecting the mental well-being of people (OECD, 2015; Quinodoz & Weller, 2018). Poor work–life balance, lack of opportunities for advancement, heavy workload, high expectations, and long hours are some of the risk factors for poor mental health outcomes (Tausig & Fenwick, 2011).

Main Objective

- To assess the role of leadership in the Health and Safety at the workplace in the context of Covid-19.



Hypothesis

H₀: Leadership role has no relationship in the safeguarding of employees' health and safety at the workplace

H₁: Leadership role has no relationship in the safeguarding of employees' health and safety at the workplace

3. METHODOLOGY

This study uses the pragmatism research philosophy that accepted concepts to be relevant only if they supported action. The pragmatism approach accepts both positivism and interpretivism approaches to research. The research used both quantitative and qualitative research methods which promoted triangulation as two methods were used in the evaluation process of the data that was generated in the research process

A mixed methods approach was deemed most suitable for addressing the research objective of assessing the role of leadership in the Health and Safety at the workplace in the context of Covid-19. The abductive approach was utilized for this research, which is both deductive and inductive. An abductive research approach seemed most suitable given the nature of the research objective. Unlike inductive and deductive reasoning, abductive research explained, developed and changed the theoretical framework before, during and after the research process.

The descriptive cross-sectional survey was used for the purpose of discovering the safety measures provided by the management of Marondera Provincial Hospital during the Covid-19 Pandemic. The research design made use of both qualitative and quantitative tools. A questionnaire was used in collecting quantitative data, the interview guide and personal observation checklist were used for collecting qualitative data.

Through the survey research method the researcher was able to come up with a practical solution for data gathering and a more accurate sample to gather targeted results, draw conclusions and finally make important decisions on measures to implement for the safety of employees.

The researcher adopted the probability sampling techniques which are stratified and simple random sampling techniques.

4. DATA ANALYSIS PLAN

The analysis of the data collected was done at the end of the data collection. The responses were classified and summarized on the basis of the information provided by the respondents. The analysis was done using both qualitative and quantitative tools. With the quantitative tools, the current version of EPI Infor version 7.1.3.10 was used. The responses with qualitative data were sorted and analysed using NVIVO. Summaries were presented as proportions and frequencies.

Data cleansing was important to get the collected data into appropriate order before analysis began. The data was coded (Yes/No) and statistically analysed by the researcher. The current version of EPI Infor version 7.1.3.10 was used for the analysis. In addition, the analyses were done objective by objective. Descriptive statistics of frequencies and percentages were calculated to assess the role of the leader in the health and safety at the workplace.

Five two-point Likert scale items were used to collect data to find out the role, duty and responsibility of the employer in health and safety (Objective 1) and to assess the safety measures put in place to address health and safety issues at the workplace (Objective 3). Three two-point Likert scale items were used obtaining data on the roles, duties and responsibilities of the employee (Objective 2) and assessment of the availability of psychosocial support (Objective 5), Finally a two two-point Likert Scale was used for the assessment of level of compliance to safety issues (Objective 4). Tables were used to present the results of the analyses. Qualitative data was analysed using the NVIVO package and graphs were used to present the results of the analyses.

The findings on the quantitative research were supplemented by qualitative research findings and were aimed to drive an in-depth explanation on the quantitative result. Used along with quantitative methods, qualitative research helped the researcher to interpret and better understand the health and safety



measures implemented at the hospital and their implications on quantitative data.

5. RESULTS AND DISCUSSION

5.1 The roles, responsibilities and duties of the employer in the implementation of health and safety programmes at the workplace.

Frequency and percentage distributions were calculated to identify the roles, duties and responsibilities of the employer in health and safety. (See Table 4.1 for details).

The results of this study relates to Zohar and Luria (2003) findings that the increase in the support supervisory visits and interaction with employees consequently improved the workers' safety behaviour and safety climate scores at the various organizations. In the same sentiment, Zohar and Luria, Scholz and Gray (1990) found that 10% increase in the enforcement of workplace safety regulation will

decrease by about 1% the rate of injury occurrence among the workers.

The roles, responsibilities and duties of the employee in the implementation of health and safety programmes at the workplace.

From the study, 82% of the respondents practice high safety procedures while at work as they always adhere to safety rules at work, and 18.46 confirmed that they sometimes ignore safety rules just to get work done.

According to this study, 94% of the respondents had acquired tertiary level of education (Table 4.1). Fang et al. (2006) and Gyekye and Salminen (2009) in separate studies found that educational attainment accounted for some small but statistically insignificant differences in the safety behaviours of some workers. In addition, higher educated workers recorded the best perceptions on safety.

Table 4.1 Demographic characteristics of health care workers at Marondera Provincial Hospital

Variable	Number	Percentage %	
Sex	Female	34	52.31
	Male	31	47.69
Age	20 – 30 years	14	21.54
	31 – 40 years	21	32.31
	41 – 50 years	22	33.85
	51 - 60 years	8	12.31
Level of Education	Secondary	4	6.15
	Tertiary	61	93.85
Period in Service	0 – 5 years	5	21.74
	6 – 10 years	10	43.48
	11 – 15 years	7	30.43
	16 – 20 years	1	4.35
Professional Category	Clinical	39	60
	Non-clinical	26	40



Table 4.2 Frequency data on the roles, responsibilities and duties of the employer in the implementation of health and safety programmes at the workplace.

Subscales	Yes		No	
	Frequency	Percentage %	Frequency	Percentage %
Instituting health and safety policy	48	73.85	17	26.15
Establishment of a multi-disciplinary committee	51	78.46	14	21.54
Hold regular meetings on health and safety	38	58.46	27	41.54
Monitoring of compliance to health and safety	47	72.31	18	27.69
Orientation of new staff members on health and safety issues of their job	35	53.85	30	46.15

5.3 Measures/systems in place to address health and safety problems at the workplace.

Findings of this study indicated that a total of 89% had received training in Infection Prevention and Control (IPC) and only 11% had not been trained in IPC.

The results of this study are in agreement with Clarke (2008) and Geller (2005) that education or training equips workers with appropriate knowledge, techniques and procedures that are important for taking precautionary measures necessary to reduce injury occurrence at work. Accordingly, education also increases workers confidence to take actions necessary to correct unsafe work operations

5.4 The level of compliance with occupational health and safety practices by employees during Covid-19 pandemic.

From the study, it was revealed that more than half of the respondents 54% went through the Covid Screening unit set up at the main gate for screening of fever and other ailments before proceeding to their workplaces and 46% do not comply with this requirement.

From the above findings it was revealed that most of the workers had more than six years in service, thus they complied with safety measures and did not ignore safety rules and this reduced the rate of accidents and contracting infections at the hospital. These findings are in agreement with Thomason and Pozzebbon (2002) who found that the more experienced workers had the

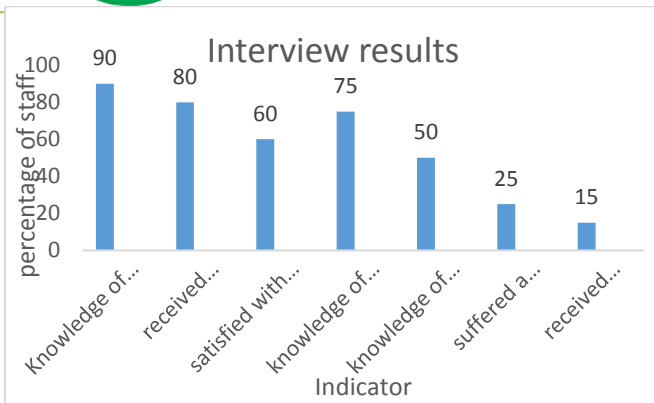
less workplace injuries than the less experienced workers.

5.5 Assess whether staff receive mental health and psychosocial support in times of illness, stress and/or burnout

From the above findings it was revealed that most of the workers had more than six years in service, thus they complied with safety measures and did not ignore safety rules and this reduced the rate of accidents and contracting infections at the hospital. These findings are in agreement with Thomason and Pozzebbon (2002) who found that the more experienced workers had the less workplace injuries than the less experienced workers.

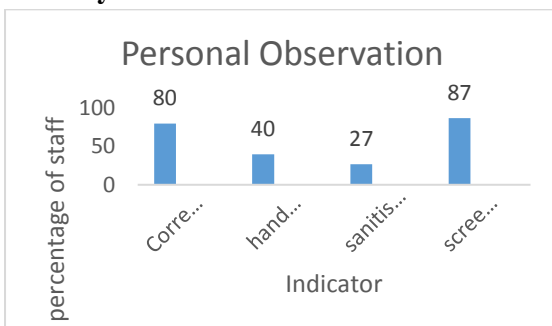
Mayor (2001) (as cited in Joseph, 2012), in one of the studies, also supports the above statement when he said the counselling service to the employees made remarkable changes in their work-related symptoms, sickness absence and relationship issues.

Figure 4.3.1 Shows results of findings from interviews conducted with respondents on health and safety at the workplace



Findings from the interviews with hospital management team indicated that most of the team members had been trained on health and safety issues and were aware of their responsibilities as leaders and those of their subordinates in the implementation of health and safety programme. A few of the management team members had at one time contracted a disease as a result of their work activities and had received psychosocial support.

Figure 4.3.2 Shows results on the observations made by the researcher.



Findings from the observation indicates that most of the health care workers complied with the health and safety systems put in place by the hospital management in the implementation of health and safety activities and a few were ignorant of the regulations.

6. CONCLUSION

6.1 The roles, responsibilities and duties of the employer/leader in the implementation of health and safety programmes at the workplace.

The results of this study revealed that to have a comprehensive occupational health and safety extends beyond the security for employees and employers to third parties or other stakeholders. From this study, a

remarkable general safety and health precaution that was put in place by the hospital management and which cut across all departments is the Infection Prevention and Control policy that every employee of the hospital should adhere to and is to report if he or she suspects his/her health has been compromised in any way in the discharge of his/her duties for immediate action to be taken. The results of the findings of this research reveal that the employer plays a critical role in the implementation of health and safety programmes at the workplace. These findings relates to what Lovato et al., 2006 points out that instituting safety policies, enforcing the policies and providing workers with PPE or appropriate safety facilities are core mandates of employers.

6.2 The roles, responsibilities and duties of the employee in the implementation of health and safety programmes at the workplace.

From the results of the findings it is clear that employees are conscious about their health and safety at the workplace as most of them complied with the requirements of the health and safety regulations. These results relate to Bender et al., 2006 when he stated that employees think differently about their feelings of personal susceptibility to risks. It is expected that those who perceive the risk to be high are the ones who often adhere to the recommendations that lead to prevention or reduction of injury.

6.3 Measures/systems in place to address health and safety problems at the workplace.

Findings of this research indicate that the hospital had in place most of the safety systems for implementation of health and safety activities. The results of this study are in agreement with Clarke (2008) and Geller (2005) that education or training equips workers with appropriate knowledge, techniques and procedures that are important for taking precautionary measures necessary to reduce injury occurrence at work.

The study also revealed that although the hospital management had in place most of the systems for health and safety implementation there were not adequate as there were other systems which were still lacking. This was also supported by the responses from the interviews held with the hospital management



which indicated that quite a number of the hospital management team were also not satisfied with the available systems in place.

6.4 Assess the level of compliance of occupational health and safety practices by employees during Covid-19 pandemic.

From the findings of this research it can be concluded that respondents were mindful of health and safety practices at their workplace as well as their own health as most of them made sure they were screened at the main gate before commencing work. These findings relates to Bender et al. (2006), who says such belief positively influences workers to take action that will reduce the risks and diseases workers perceive can negatively affect their health.

Results from the observation indicated that although the hospital had in place hand washing facility, alcohol hand rubs, screening unit and offered face masks to staff on a daily basis still some health care workers chose not to comply with the regulations in place. Carpenter, Lee, Gunderson and Stueland (2002) found in their studies that the availability and use of PPE in spite of being readily accessible, there was very minimal use of the devices. According to the authors, the availability of PPE does not necessarily translate into increased utilization of such devices among workers.

6.5 Assess whether staff receive mental health and psychosocial support in times of illness, stress and/or burnout

The above findings could be a result that those who received psychosocial support could be the ones who at one time had fallen sick, stressed or had burnout due to work commitments and were able to cope and return back to work after the counselling sessions. Otherwise most of the respondents were aware of the availability of a counselling department and counsellors although they themselves had not yet received any counselling. These findings relates to what according to Mayor (2001) (as cited in Joseph, 2012), in one of the studies said the counselling service to the employees made remarkable changes in their work-related symptoms, sickness absence and relationship issues. These published works evince that the counselling at

workplace is an effective strategy; some researchers also advocate for legalizing such services in the organizational practices for better work–life balance (Zheng et al., 2016), which can enable individuals, organizations and society to function effectively.

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JUSTIFICATION OF THE STUDY

This research is conducted to provide guidance to leadership on measures to implement on the prevention of the spread of Covid-19 disease to health care workers. Since Covid-19 is a new disease with few researches having been undertaken to date, the research will assist in providing current information on health and safety guidelines. The research will also act as a learning platform since the disease is ongoing.

Since the start of the COVID-19 outbreak prices of personal protective equipment (PPE) increased. These include surgical masks, N95 respirators, gowns etc. Suppliers are taking long to deliver their supplies due to the Covid lockdown restrictions and market manipulation is widespread, with stocks frequently sold to the highest bidder.

The research is important as it will address the high demand for personal protective equipment and/or weak infection prevention and control practices in hospitals

which has thus raised the risk of health worker infection. Shortage of protective equipment as well as travel restrictions during the Covid-19 era have triggered supply shortages. Lack of adequate training, heavy workloads which results in fatigue, burnout and not following the standard operating procedures has also raised risks to health workers. All these factors have contributed to shortage of PPE in hospitals and led to health care workers' infection hence the need for this research.

SIGNIFICANCE OF THE STUDY

The importance of this study can be seen in different ways. The study is expected to enable readers understand the role played by leadership in the provision of a safe working environment at the workplace. It will also provide bases for the formulation of effective occupational health and safety policies at the workplace. The piece of work will provide the opportunity for subordinates, management to identify their specific roles in health and safety issues. It will also provide bases for other health institutions in Mashonaland East to adopt the recommendations in the formation of effective health and safety measures in their institutions as well.

This discussion will help to develop recommendations for leaders to overcome these challenges, ensure patient safety, and retain a resilient healthcare workforce during and beyond the pandemic period. The study is expected to also serve as reference material for future studies with similar concern and for policy makers in making decisions concerning health and safety practices and policies.