OCCUPATIONAL HEALTH AND SAFETY PRACTICES AND PUBLIC SECTOR COMMITMENT OF LAGOS STATE HEALTH SERVICE COMMISSION [LSHSC], LAGOS STATE, NIGERIA

AKPARORUE, O. Samson
Centre for Environment and Science Education,
Lagos State University, Ojo, Lagos

OMOTAYO, Olalekan Abdul-Rasaq
Department of Industrial Relations and Human Resource Management,
Lagos State University, Ojo, Lagos

And
AJALA, A. Anthony
Corresponding Email: **akparorue@gmail.com**

Abstract

This study focused on the effect of occupational health and safety (OHS) practices on public sector commitment with reference to Lagos State Health Service Commission. The objective was to investigate the relationship between health and safety practices and public sector commitment and to examine if absence of health and safety policy affects the performance of employees in Lagos State Health Service Commission (LSHSC) among others. Consequently, data were sourced from both primary (that is, primary data involved the use of questionnaire and informal interview methods) and secondary methods (this also involved the use of the library including journal articles, workplace health and safety related texts and other publications including government gazette, newspapers, monographs amongst others). A survey descriptive design was employed to select one hundred copies of questionnaire. Data were subjected to simple regression method using the Statistical Package for the Social Sciences (SPSS). The findings revealed that there was significant effect of health and safety practices on public sector commitment. Results obtained also showed that there was significant effect of health and safety policy on commitment of employees. The study therefore recommended that go-getting assessment goals and relative successes in areas of health, safety practices, strategies and policies should be stressed while effectively managing safety.

Key Words: Occupational health & Safety policy, Job stressors, Illnesses/injuries, Physical fitness, Employee commitment.

Introduction

Recent advances in the concept and practice of workplace health and safety are known to be supportive of an all-inclusive, as well as a technical body of knowledge (Assaf & Alswalha, 2016). Also, continuous improvement in workplace health, and safety has seen substantial reductions overtime in work-related disease, including injuries and illnesses, in developing economies and globally (Health and Safety Professionals Alliance, 2017). This, therefore means

that the introduction of globalization and the relative changes in advanced technology, techniques used by management, structure of the work, and its processes are recurrently introducing occupational health and safety threats, related risks, with related challenges for both regulators and employers of labour (Awolusi, 2019; Assaf & Alswalha, 2016).

Consequentially, the strategy (ies) used to identify and control workplace health and safety hazards with relative risks are very crucial. Studies validate a significant relationship between an organization's work-related injury and illness prevention efforts and the subsequent severity of injury to individuals at work. Relevant, reliable and valid health and safety performance data is crucial to informing the operational and strategic decisions by driving management of health and safety effectively (Borys, Else & Leggett, 2019). 'Occupational safety', therefore is defined as freedom from the risk of injury and 'health' as freedom from the risk of illness (Hornby, 2001). A safe and healthy workplace is therefore one in which those hazards that pose a potential risk to the health and safety of employees (and others in the workplace) are eliminated or controlled/ managed effectively (Hopkins, 2005).

Nigerian organizations have achieved considerable success in improving health and safety over recent decades. However, ongoing rates of work-related injury and illness provide evidence as to the ongoing challenge that health and safetyposes for Nigerian workers, business and the broader economy. The failure to control occupational hazards contributes to work-related injuries and illness, including more serious injury cases (National Occupational Health and Safety Commission, 2004). These cases not only inflict varying levels of pain and suffering on workers but also impose a significant financial burden on workers, businesses and external stakeholders (Borys, 2010). Costs of work-related illness and injury involve lost wages; medical treatment; compensation for pain and suffering; legal fees; fines and penalties; lost productivity; poor morale; and expenditures associated with retraining, recruitment and the hazard mitigation to prevent recurrence.

Consequently, the rate of measuring the outcome of injury has been at the centre of health and safety performance appraisal. In particular, lost time injury rates have, over time, become the keystone of typical injury reporting and the standard against which organization, industry and national assessments are made. In fact, loss of time of injury rates is being pragmatic to informing an ever-growing range of health and safety issues and decisions; they have a restricted importance. It is poorly correlated with loss of time and injuries with human, as well as economic consequences of work-related illness and injury. This means that the provision is not valid for enhanced performance measurement for the primary aim of assessing the health and safety consequences, for failure, and or, for the success of work health related and safety measures (Akintayo, 2018).

The increased reliance on time lost related injury measures in health and safety performance management and reporting has purportedly left stakeholders increasingly dissatisfied (Hopkins, 2005). Additionally, increasing circumstantial claims of individuals seeking to manage the measure, rather than to manage performance, have pointed to practices of deliberate handling and under-reporting of lost time injury data. Thus, the search for more expressive alternatives to lost time injury remains challenged. Among the most promising is a severity framework that classifies injuries based on impact on worker life, rather than on organizational productivity. This approach aligns more closely with models adopted by

governments rather than those traditionally used by industry and provide superior insight into the magnitude of damage that results from workplace health and safety failure.

Eventually, injury procedures inform about specific incidents of health and safety system failure, however they cannot provide a valid measure of health and safety system integrity. Consequently, additional positive (leading) indicators have been strongly advocated as tools to better inform decisions regarding workplace health and safety risk and the effectiveness of hazard control initiatives. Hence, the success of an occupational health and safety practices is dependent on the level of commitment and the support all employees have towards the programme. It is critical that all employees are committed and constantly promoting a safe work environment.

Commitment is a linkage that people may develop towards multiple features of their job environment. It can be decreed either as behaviour or an attitude, or as a requisite force (Miedaner, Kuntz, Enke, Roth, & Nitzsche, 2018). Commitment in organization could be analyzed in connection with a wide range of foci - the organization, team work, or group, and work itself, with career, and trade unions, amongst others. Therefore, it can be thought of as a set of commitments where each one has some intervening as well as consequents, correlate and antecedents, which could be shared between such commitments (Meyer & Herscovitch, 2001). Hence, factors affecting one dimension of commitment may also impact the other dimensions (Morrow, 2011).

The concept of organizational commitment is derived from studies that discovered the nexus between employees and organizations. The main reason for such studies was the credence that committed workers have greater possibility for reducing absenteeism, increasing performance, and labour turnover (Mowday, 1998). Commitment in organizations was considered in Mowday, Porter and Steers (1982) by a three-factor: an acceptance of organization's values and goals; strong belief, the slyness to exert effort on behalf of it; and of course, a strong desire to retaining organizational membership. These scholars and their assertions go beyond the submissive concept of loyalty, which result into active relationship with the aim of providing welfare of the organization and Lagos State Health Service Commission (LSHSC) in particular.

The Health Service Commission is a Human Resource Agency empowered by the Lagos State Health Sector Reforms Law of Year 2006 to ensure the provision of highly skilled and motivated workforce with the right attitude towards the delivery of qualitative healthcare services at the Secondary Health Facilities for the people of Lagos State. The introduction of Health Sector Reforms gave autonomy to State General Hospitals, and issues of recruitment, promotion, discipline and training of hospital personnel amongst others were made the statutory responsibilities of the Health Service Commission.The paper therefore intended to examine occupational health and safety (OHS) practices and organizational commitment with reference to Lagos State Health Service Commission (LSHSC).

Statement of the Problem

This paper looked into the connection between health and safety at work and its relative effect on organizational commitment. Hence, a dearth of literature on how employees experience both tasks and its job-environment-related stressors that unpleasantly affects employees' safety and health. Existing literature have acknowledged factors like stressors, involving role conflict, role

ambiguity, physical discomfort, heavy work-load, as well as seeming pressure (Obalola, Aduloju & Olowokudejo, 2012). Job stress has also been revealed to result into burnout (emotional, physical, and mental enervation), job dissatisfaction, occupational illness and injuries, employee or labour turnover, reduced mental health, depression, and even suicide (Falola, Ibidunni & Olokundun, 2014).

However, there are negative effects of seeming stressors which could be reduced by a number of factors. In other words, such negative impact of these stressors can be reduced by factors such as a helpful social environment which involve other member staff, as well as supervisors, team cohesion, peer, autonomy, skill utilization (Kwesi & Justice, 2016), rewards, and of course, with emphasis on planning and competence (Tio, 2014; Taiwo, 2010). Working in an organization with a strong and visible commitment to safety also has a positive impact on the health and safety of workers (Clark, Sloane & Aiken, 2011). Though, it is evident that practical signal and quality control is absent, existing literature however suggested that job satisfaction, employee attitudes, employee health and wellbeing are often linked with productivity as part of the overall performance and eventually, effective health care delivery.

For instance, there is no doubt that when a worker has physical problems or illness, he will not be able to perform his job with maximum ability. His performance may not be at its best just as his productivity will be low. This explained why some organizations have health units to assist the worker preventing illness or helping them to get well (Ogundele, 2005). Some organizations have referral medical centres to which employees with more serious physical illnesses are referred.

Also, extant literature shows that studies on costs of work-related injury and illness with wage lost; pain/suffering related compensation; legal fees; penalty and fines; productivity loss; poor employee morale; and expenditures connected to recruitment, mitigation of hazard to preventing recurrence, as well as retraining have not been resolved. Nevertheless, there are many repercussions of not providing good working facilities to the employees. Firstly, the employee will not be able to concentrate on his work. Secondly, he will not feel like putting his best if the working conditions are not good. Thirdly, bad working conditions will tell upon the health of an average employee and will cause him to abstain from his work. Fourthly, there will be higher rate of absenteeism and employee turnover.

In addition, there will be wastage of resources of the organization because of lower efficiency, and quality of work will also deteriorate. Consequently, in order to prevent or avoid such non-conducive environment, the work organizations will ensure better working conditions to the employees (Chhabra, 2019). The study therefore evaluates the problems associated with health, safety and organizational performance with reference to selected healthcare centres in Lagos State as units of analysis.

Objectives of the Study

The primary aim of this paper is to investigate occupational health and safety practices and public sector commitment of Lagos State Health Service Commission (LSHSC), Lagos State, Nigeria. Other specific objectives include to:

1. Investigate the effect of occupational health and safety practices and organizational commitment at Lagos State Health Service Commission.

2. Examine if absence of occupational health and safety policy affects the commitment of employees at Lagos State Health Service Commission.

Research Hypotheses

This paper tested the following null hypotheses.

H_{01}: There is no significant relationship between occupational health and safety practices and organisational commitment.

H_{02}: There is no significant relationship between absence of occupational health and safety policy andthe commitment of employees.

Literature Review

According to the International Labour Organization (ILO) and the World Health Organization (WHO), health and safety at work is aimed at the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations (Yeh, 2014; Falola, Ibidunni & Olokundun, 2014; Health and Safety Professionals Alliance [HaSPA] (2012); the prevention among workers of leaving work due to health problems caused by their working conditions; the protection of workers in their employment from risks resulting from factors adverse to health (Assaf & Alswalha, 2016); the placing and maintenance of the worker in an occupational environment adapted to his or her physiological and psychological capabilities; and, to summarize, the adaptation of work to the person and of each person to their job (Borys, 2010).

Nonetheless, health and safety are given a wide definition in the European Union context, going beyond the avoidance of accidents and prevention of disease to include all aspects of the worker's well-being. The competence of the EU to intervene in the field of health and safety at work is defined by the provision in Article 153 of the European Treaty, which authorizes the Council to adopt, by means of directives, minimum requirements as regards 'improvement in particular of the working environment to protect workers' health and safety' (a provision originating in the Single European Act 1986) (Awolusi, 2019; Falola, *et al.*, 2014). The significance of this broad scope of 'health and safety' is immense, as it underpins the potential of EU health and safety policy to prescribe minimum standards to protect all aspects of the worker's well-being (Health and Safety Professionals Alliance [HaSPA], 2012).

Work burnout is also believed to result from job stress in workplace, including those of the health care organizations and which is believed to have represented a unique response to an intense of interactions between clients or patients. Workers with burnout report a variation of symptoms, involving depersonalization, emotional exhaustion (feeling distant from others), and a sense of diminished personal accomplishment. Experts have suggested that burnout results from a variety of stresses, including situations in which work demands cannot be met because of a lack of resources such as social support from coworkers and supervisors, job control, participation in decision making, utilization of skills, and reinforcements such as rewards (Lee & Ashforth, 2006). Stress and job burnout also are related to specific demands of work, including overload, variations in workload, role conflict, and role ambiguity. Workers who perceive a high level of stress and resulting job burnout have poor coping responses and lack of job satisfaction, which often erode commitment to the organization and lead to higher turnover (Lee & Ashforth, 2006).

Lack of coworker and supervisor support contributes to perceived stress and resulting burnout (Oehler & Davidson, 2010). In one study of performance among nurses by Salyer, (1995) a higher number of admissions to/discharges from a patient care unit in 24 hours had a negative impact on the self-rated quality of performance. Workload (number of emergency admissions), number of deaths on the ward, and number of menial tasks performed contributed to medical residents' perception of being overwhelmed and increased the number of reported minor medical mistakes (Baldwin, Dodd & Wrate, 2007). Lack of peer support, role ambiguity, and perceived stress were associated with job dissatisfaction and depression among residents. In a meta-analysis of 61 studies of job burnout, individuals were more sensitive (that is, at greater risk of emotional exhaustion) to demands of the job than to available resources. Lee and Ashforth (2006) hypothesized that this sensitivity might be related to the ability to increase resources and thus compensate for the work demands; whereas the emotional demands of the job remained constant.

Several studies have shown that job stress as key issue of occupational health and safety practices is dependent on organizational commitment. Dixit and Bhati (2012) revealed that the concept of organizational commitment was derived from Whyte's article in 1956, The Organization Man, which states that commitment comes into being when a person links extraneous interests with a consistent line of activity by making a side bet. In this review, organizational commitment is used synonymously with job commitment both of which entails more psychological concepts than environmental factors of workplace. Yusuf and Metiboba, (2012) submit that job commitment is a psychological state that characterizes the employee's relationships with the organization; and has implications for the decision to continue or discontinue membership in the organization. Job commitment therefore entails attitude or orientation towards the organization which links or attaches the individual or worker to the establishment. It is a process whereby the goals of the individual or worker are increasingly integrated with that of the organization. Job commitment entails three components – workers' readiness to exert effort on behalf of the organization; workers' acceptance of organizational goals and values; and workers desires to remain with the organization (Ogaboh, Nkpoyen & Ushie, 2018).

Other researchers have categorized commitment to include (a) something of the notion of membership (b) reflecting the current position of the individual (c) having special predictive potentials, providing predictions concerning certain aspects of performance, motivation to work, spontaneous contribution, and other related outcomes; and (d) it also suggests the differential relevance of motivational factors (Dixit & Bhati, 2012). The components or categorization of job commitment as advanced by Dixit and Bhati (2012) do not enjoy wider acceptability by researchers as do the components postulated by Meyer and Allen (1993). In fact, it is as if the concept of job commitment would not be sufficiently meaningful without defining it in the manner that Meyer and Allen did. Job commitment according to them is defined as the force that binds an individual to a course of action relevant to one or more targets on the job. Employees are therefore believed to experience this commitment in three bases, or mind-sets that play a role in shaping behaviour: affective, normative, and continuance (Jaros, 2017; McMahon, 2007; Meyer & Herscovitch, 2001; Ogaboh *et al.*, 2018; Sundas, Noor & Shamim, 2009; Yusuf & Metiboba, 2012). Affective commitment is the employee's positive emotional attachment to the organization (Meyer & Allen, 1993). Continuance commitment is understood

to come from the perceived cost associated with leaving the organization, such as giving up pension plans and profit sharing (Ogaboh, Nkpoyen & Ushie, 2018). In the words of Yusuf and Metiboba (2012), when an individual commits to the organization because he/she perceives high costs of losing organizational membership, including economic costs, pension accruals, social costs, friendship ties with co-workers that would be incurred, employee remains a member of the organization. Normative commitmentis the third component of job commitment which implies commitment resulting from perceived obligation on the part of the employees.

Theoretical Framework

This paper is anchored on Heinrich Theory. Heinrich theory had a formative influence on health and safety practice and his safety programmed elements have endured to the present day as the foundation of management techniques in health and safety. Heinrich's highly influential work *Industrial Accident Prevention: A Scientific Approach* documented the prevailing approach to health and safety preventive programmes, within a philosophical framework which saw individual employees rather than working conditions as the primary cause of accidents in the workplace. Heinrich's theories and techniques on safety management were supported by research he conducted while employed as an engineer for an insurance company. His major research study concerned the causes of accidents and comprised a subjective assessment of the accident cause in 75,000 accident insurance cases. He concluded that 88 per cent of accidents resulted from 'unsafe acts' and 10 per cent from 'unsafe conditions', making a total of 98 per cent judged to be preventable, with the remaining 2 per cent judged as unpreventable. Heinrich advocated a multi-disciplinary approach to safety, focused upon engineering, psychology, management and 'salesmanship' (Pope, 2008). The emphasis on psychology supported his theory that accidents were caused primarily by the 'unsafe acts' of employees. The minimization of technical fault supported the concept of the culpability of the injured person in accident compensation cases (Hale & Glendon, 2007).

The techniques for health and safety management advocated by Heinrich in 1931 are evident today in health and safety programmes and systems. Techniques for safety management proposed by Heinrich include close supervision; safety rules; employee education through training, posters and films; hazard identification through analysis of past experience, survey and inspection; accident investigation; job analysis; methods safety analysis; production of accident analysis sheets; approval processes for new construction, installation of new equipment, and changes in work procedures or processes; establishment of safety committees and arrangements for emergency and first aid.

Heinrich presented lost time injury frequency rates as the best available measure of effectiveness, complete with the qualification of statistical limitations still common today. Also reminiscent of current approaches is the parallel drawn between the controls in safety and the control of the quality, cost and quantity of production. The causes of accidents and production faults Heinrich viewed as similar and the control methods as equivalent. Safety, he argued, should be managed like any other business function.

Heinrich's theories of accident causation similarly have continued impact. Perhaps the most enduring legacy of Heinrich is the dichotomy between 'unsafe acts' and 'unsafe conditions', or the influence of unsafe behaviour versus hazards/technical deficiencies as the cause of accidents. At the heart of Heinrich's prevention philosophy was the axiom that the

unsafe acts of persons are responsible for a majority of accidents. The axiom was central to Heinrich's domino model of accident causation, which depicted five dominoes ready to fall in sequence, portraying five inter-connected factors in an accident sequence. Unsafe acts/conditions were placed in the central position, preceded by inherited or acquired personal faults, and followed by an accident and injury. The removal of the unsafe act/condition was expected to interrupt the sequence. The expected result was prevention of the accident and possible injury. Control of the individual behaviour of employees was the key. This theory is also relevant as it credited with bringing attention to workplace safety and focusing on human element of safety. Critics claim that adhering to the Henrich Model can lead to an over-emphasis on worker behaviour and not enough attention on systems. The theory was adopted because of the general philosophy of Heinrich's famous work that forms the basis for behaviour-based safety, an approach that focuses on identifying and changing unsafe worker's behaviours.

Methodology

This paper employed the use of descriptive survey research design to investigate relationship between occupational health and safety practices and public sector commitment of Lagos State Health Service Commission, Lagos State, Nigeria. The study area was chosen because its reforms ensured the provision of highly skilled and motivated workforce with right attitude towards the delivery of qualitative healthcare services at the Secondary Health Facilities for the people of Lagos State. The population of the study covered all staff and members at the study area. Specifically, the population size of 2,500 covered all the twenty-six (26) hospitals in Lagos State. The sample size was determined using Yamane's (1994) formula:

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

Where, n = sample

N = Population size

e = error margin or margin of error

I = constant value

Note that the choice of (0.1) 1% proportion of sampling error is purely an exclusive decision of the researchers. Substituting the figures in the formula, we get the following:

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

$$n = \frac{2,500}{1 +2,500(0.1)^2}$$

$$= \frac{2,500}{1+25}$$

$$= \frac{2,500}{26}$$

$$= 96$$

$$n = 96$$

The sample for this study was ninety-six. This study employed the use of purposive and simple random sampling methods. This enabled the researchers to pick at random without subjective measure, which also gave room for positive conclusion. The simple random

technique was adopted in order to give all members of the study population an equal and independent chance of being selected while purposive sampling technique was adopted as a result of familiarity and frequent visits to the study area.

A structured questionnaire ofrelevant items on "occupational health and safety practices" and "organizational commitment" was developed by the researchers from the literature review.The instrument was designed on a five (5) Likert Scale (Strongly Agree (SA) = 5, Agree (A) = 4, Undecided (UND) = 3, Disagree (D) = 2 and Strongly Disagree (SD) = 1. The instrument consisted sections 'A' to 'C'. Section A contained bio-data which consisted questions based on the personal characteristics of the respondents while Section B sought investigation into occupational health and safety practices and organizational commitment in Lagos State Health Service Commission. The last section was an open-ended question, requesting the other relevant and useful information on the subject matter. Copies of questionnaire retrieved were scrutinized, sorted and analyzed with the aid of simple percentages and frequency counts to answer each of the research questions, while the hypotheses were analyzed with the aid of simple regression method. This was done using Statistical Package for the Social Sciences (SPSS).

Results

After careful and systematic analysis of the respondents' responses to the baseline research objectives, the following analyses are further carried out for the specific testing of the formulated research hypotheses.

Test of Hypothesis One

Ho_1: There is no significant relationship between occupational health and safety practices and organizational commitment.

In order to test hypothesis one, the independent data collected on relationship between occupational health and safety practices and organizational commitment, using simple regression analysis were analyzed. The results obtained are tabulated below.

Table 1: Regression of the Relationship between Occupational Health and Safety Practices and Organizational Commitment

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.537[a]	.289	.273	3.22918	1.537

a. Predictors: (Constant), q1 OHSP, q2 OHSP, q3 OHSP

b. Dependent Variable: Organizational Commitment

ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	1558.337	8	194.792	18.680	.000
	Residual	3837.355	368	10.428		
	Total	5395.692	376			

a. Dependent Variable: Organizational Commitment

b. Predictors: (Constant), q1 OHSP, q2 OHSP, q3 OHSP

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	17.970	.928		19.371	.000
	q1 OHSP I	.268	.123	.127	2.172	.030
	q2 OHSP 2	.388	.120	.157	3.238	.001
	q3 OHSP 3	.352	.119	.145	2.968	.003

a. Dependent Variable: Organizational Commitment

Source: *Field Survey, 2020.*

Table 1 indicates that coefficient of determination (Adjusted R^2) = 0.273, which gives proportion of variance (Adjusted R^2 x 100) = 27.3%. This implies that the independent variables (occupational health and safety practices) accounted for 27.3 % of the variance in the dependent variable (organizational commitment). Hence, occupational health and safety dimensions have no significant effect on organizational commitment (F=18.680; df= (8; 376); significant value p = 0.000 <0.05). Table further shows the relative contribution of independent variables to dependent variable showed significant relationship. The table further revealed (occupational health and safety practices: B=0.268, t=3.403, p=0.00<0.05; contributed B=0.388, t=3.238, p=0.00<0.05; B=-0.352, t=2.968, p=0.00<0.05; towards organizational commitment B=-0.433, t=2.513, p=0.00<0.05; overall organizational performance B=-0 .398, t=3.419, p=0.00<0.05; reduction in loss of profitability B=-0.299, t=3.419, p=0.00<0.05: B=-0.490, t=3.518, p=0.00<0.05; B=-0.996, t=8.055, p=0.00<0.05 is significantly registered. The alternate hypothesis is therefore accepted that occupational health and safety practices have effect on organizational commitment.

Test of Hypothesis Two

Ho_2: There is no significant relationship between absence of occupational health and safety policy and commitment of employees.

Table 2: Regression of the Relationship between Absence of Occupational Health and Safety Policy and Commitment of Employees

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.558[a]	.311	.298	3.17328	1.683

a. Predictors: (Constant), q1 AOHSP, q2 AOHSP, q3 AOHSP

b. Dependent Variable: Commitment of employees

ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	1679.962	7	239.995	23.833	.000[b]
	Residual	3715.731	369	10.070		
	Total	5395.692	376			

a. Dependent Variable: Commitment of employees

b. Predictors: (Constant), q1 AOHSP, q2 AOHSP, q3 AOHSP

Coefficientsa

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
2	(Constant)	17.257	1.222		14.121	.000
	q1 AOHSP I	-.050	.115	-.021	-.437	.663
	q2 AOHSP 2	.263	.112	.121	2.349	.019
	q3 AOHSP 3	.226	.138	.085	1.641	.102
a. Dependent Variable: Commitment of employees						

Source: *Field Survey, 2020*

Table 2 indicates that coefficient of determination (Adjusted R^2) = 0.298, which gives proportion of variance (Adjusted R^2 x 100) = 29.8%. This implies that the independent variables (occupational health and safety policy) accounted for 29.8 % of the variance in the dependent variable (commitment of employees). Hence, the effect of these measures is significant on the organizational survival (F=23.833; df= (7; 376); significant value p = 0.000 <0.05). Hence, occupational health and safety policy dimensions had significant effect on commitment of employees.

Discussion of Findings

There was significant effect of occupational health and safety practices on public sector commitment. This is in conformity with the submission of the results from both World Health Organization and International Labour Organization. This, therefore means that the practices of health and safety in the workplace aimed at promoting and maintaining the highest degree of the well-being of employees, their mental and physical being, in all spheres of work (Yeh, 2014; Falola, Ibidunni & Olokundun, 2014; the Health and Safety Professionals Alliance, 2012); and the prevention amongst employees of avoiding a given task due to health related problems, which is often the result of working conditions involving employees' protection in employment especially from risks that affect general health (Assaf & Alswalha, 2016). In the same vein, maintaining of employees in a work environment that is adapted to employees' psychological, and or physiological abilities; and as well as, to summarize, such version of work to individuals involved, and each individual to their task (Borys, 2010). Appraising the influence of workplace health and safety practices on commitment, existing scholars, including Yusuf and Metiboba, (2012) affirmed that employees' job commitment remains a psychologically characterized state that employees' relationships with such organization has such decision(s) to make, as to whether or not to continue or otherwise with being members within the work environment. Employee job commitment can be described as attitudes portrayed towards his organization that connects the employee to the organization. In other words, it referred to distinctive process where both goals of the workers and organizations are effectively and efficiently integrated to achieving the overall set goals of the establishment. No wonder, Ogaboh, Nkpoyen and Ushie (2018) identified three separate apparatuses; one, being that employees are always ready to put in working efforts, effectively representing their organization; accepting the goals and values of the organization and their intention to remain loyal with the organization (Ogaboh, Nkpoyen & Ushie, 2018).

There was significant effect of occupational health and safety policy and commitment of employees. The result is significant to the wide range the concept of health and safety, which is huge, as it reinforces the possibility of prescribing the standards of health and safety policy in order to protect all spheres of employees' well-being (Health and Safety Professionals Alliance [HaSPA], 2012). Again, the quest for combining safety management structures with health and safety policies must be considered as strategies to work with and needs to be introduced. Such strategic combinations should be taken as crucial as conventional method for enhanced health and safety practices, and as part of the overall means of general business practices (Miedaner, Kuntz, Enke, Roth, & Nitzsche, 2018; Borys, Else & Leggett, 2009).

Conclusion

The importance of managing occupational or workplace health and safety practices and its relative effects on public sector commitment is very crucial for the success of public organizations. The study revealed that all independent variables (that is, occupational health and safety practices, absence of occupational health and safety policy) had effects on the dependent variables (that is, organizational commitment and employees' commitment). It is evident that advances in health, safety system and practice are being supported by an all-inclusive body of knowledge. This has contributed towards sustainable work improvement in terms of health

outcome, safety outcome, especially in Nigeria and globally. Thus, efforts are directed at categorizing and uninterruptedly evaluating workplace performance in terms of health and safety practices which have not been ostensibly in keeping the pace. There is however a continuing need for empirically reliable and relevant method of validating the performance measurement and its indicators which could aid in understanding the consequences of material with which occupational health and safety strategies and practices are informed.

While categorizing data value for engaging most occupational health and safety decisions, some authors have focused on attention to move away from measurements from injury outcome to positive performance indicators for health and safety practices. Thus, this paper oversees the crucial activity point via input/ process, as well as its injury and resultant outcome, involving the procedures with simplicity of all kinds of data, with each related for explaining the exact decisions.

Recommendations

Based on the findings of the study, the subsequent suggestions were recommended:

- A go-getting and assessment goals, as well as their achievements in the part of health and safety need to be emphasized within the terrain or system of safety management approach. Such approach to safety management should, as a matter of importance including areas of employees' well-being, their health-related issues that spread outside the work environment.
- Workplace health and safety management should increase organizational commitment while health and safety policy need to be seen as commitment of employees. Evidently, discussing safety talk with employees could improve performance. In summary, workplace health and safety practices should contribute towards commitment and ensure that workplace health and safety policy(ies) are better emphasized.

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