

**HEALTH HAZARDS AND WORKING CONDITIONS ON THE SAFETY OF
HOUSEKEEPING STAFF IN BUDGET HOTELS IN EASTERN REGION OF
GHANA**

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DECLARATION

Declaration by Candidate

I hereby declare that except where specific references have been made, this thesis is the result of my own research conducted under the guidance of my supervisors. This work has not been submitted in part or in whole to any institution for the award of a degree.

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DEDICATION

To my lovely husband, Nicholas Apreh Siaw, who has been a constant source of strength and encouragement to me during the years of my study.

To my children, Isaac Kevin Siaw Apreh, Ivan Caleb Siaw Apreh and Esther Karen Aforo Apreh, who have been a joy and delight and whose lives are evidence of my study abroad.

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ABBREVIATIONS AND ACRONYMS

ANOVA	:	Analysis of Variance
BLS	:	Bureau of Labor Statistics
CCOHS	:	Canadian Centre for Occupational Health and Safety
CDC	:	Centre for Disease Control
COSHH	:	Control Substance Hazardous to Health
DALYs	:	Disability Adjusted Life Years
EFA	:	Education for all
GDP	:	Gross Domestic Product
GES	:	Ghana Education Service
GOHNET	:	Global Occupational Health Network
GSS	:	Ghana Statistical Survey
GTA	:	Ghana Tourism Authority
HAS	:	Health and Safety Authority
HSE	:	Health and Safety Executive
ILO	:	International Labor Organization
KAP	:	Knowledge Attitude and Practice
MOE	:	Ministry of Education
NCEP	:	National Compliance and Enforcement Policy
NIOSH	:	National Institute for Occupational Safety and Health
NYEP	:	National Youth Employment Programme
OHS	:	Occupational Health and Safety
OSHA	:	Occupational Safety and Health Administration
PPE	:	Personal Protective Equipment
PWD	:	People With Disability
SPSS	:	Statistical Package for the Social Sciences
TRC	:	Total Recordable Cause
TUC	:	Trade Union Congress
WHO	:	World Health Organization
WHS	:	Workplace Health, Safety
WTO	:	World Trade Organization
WRCIP	:	World Report on Childhood Injury Prevention
WRMSDs	:	Work – related Musculoskeletal Disorders

OPERATIONAL DEFINITIONS OF TERMS

Budget hotel: This refers to a hotel type that focus on meeting the most basic needs of guests by providing clean comfortable and inexpensive rooms. Also known as economy hotels or limited service hotels, they appeal primarily to budget minded travelers or groups. Budget Hotels are basically self-catered and must meet the minimum requirement.

Epidemiological model: A framework that shows the interaction and interdependence of agent, host, environment and time in the investigation of injury.

Hazard: Any workplace stressor in the hotel that has a potential of resulting in a harmful effect on the health of the hotel staff, or cause discomfort to the staff through long or short-term exposures.

Housekeepers: In the study, it refers to people who work in the housekeeping department of the budget hotels-

Musculoskeletal disorders: Injuries or pain in the body's joints, ligaments, muscles, nerves, tendons, and structures that support limbs, neck and back.

Occupational Injury: Any departure from health of hotel staff occasioned by exposure to any factor or hazard in the workplace at the hotel.

Risk: The possibility of suffering harm, loss or danger.

Risk factor of workplace injury development: A framework which identifies and integrates workplace, individual workers and environmental, situational factors in the understanding and prevention of workplace injury.

Safety: It is the condition of a "steady state" of an organization or doing what it is supposed to do in terms of public codes and standards, associated architectural and engineering designs, corporate vision and mission statements, and operational plans and personnel policy.

Working condition: The conditions in which an individual or staff work, including but not limited to such things as amenities, physical environment, stress and noise levels, degree of safety or danger and the likes.

ABSTRACT

This study explored the health hazards and working conditions of housekeepers in Budget Hotels in the Eastern Region of Ghana. It was carried out with the aim of improving occupational health and safety in the study area. Many studies globally have classified hotel housekeepers among the high risk group based on the International Labor Standards on Occupational Safety and Health. To address these concerns, the study explored the risk and hazard factors affecting the health and safety of housekeeping staff of budget hotels in the Eastern Region of Ghana and to determine the conditions under which such staff work in the study area with the aim of bridging the knowledge gap and to improve on management practices of such injuries. The study is guided by the Epidemiologic Model and the Risk Factor of Work Places Injury and Illness Model development of the Great Lake Center for Occupational and Environmental Safety and Health. A descriptive survey design was used for the study. A total of 428 housekeeping staff were drawn from 107 budget hotels using simple random sampling method. The hotels were also sampled by employing the lottery method to select one – third out of the total population of hotels in the Eastern Region. Methodological triangulation using self-completion questionnaire and semi-structured interview schedules were used to collect data. Pre-testing of the research instruments was carried out in seven budget hotels in the Eastern Region of Ghana that were excluded while carrying out the final data collection, thus facilitating the implementation of necessary corrections. The content validity technique was used to assess how well the research instruments fit the purpose for which they are designed. The Cronbach Alpha coefficient was used to assess the reliability of the research instruments and yielded alpha of 0.89. For data analysis, frequencies and percentages were utilized to summarize the demographic profile of respondents. Descriptive statistical analyses such as percentages, mean scores, frequencies and cross tabulation were used to analyze quantitative data in line with the research objectives. Hierarchical regression analysis was used to test the moderating effects of the social demographics factors in relationship between working conditions and work safety. Multiple regression analysis was used to analyze the best predictor variables for management of health hazards affecting safety of housekeeping staff and for hypothesis testing. Content analysis was used to analyze the qualitative data by transcribing the audio-recorded interviews to derive the specific core themes of the study. The study revealed that poor working conditions ($R = .773$, $R^2 = .598$, $p < .001$) and the high risk of hazards ($R = .718$, $R^2 = .516$, $p < .001$) were found to have significant positive correlation with work safety and have negative effects on the health of the housekeepers leading to bodily pains, musculoskeletal disorders, injuries and infections. Finding revealed that of all the predictor variables, the factor with the highest effect of managing health hazards on work safety was inadequate experts to conduct hazard analysis ($\beta = .258$, $p < .001$). It was concluded that housekeepers working in deplorable conditions as well as poor health outcomes are very significant in influencing work safety. It is therefore recommended that the Ministry of Tourism and GTA should organize regular training to maintain operational standards among budget hotels through specific training in areas of operations which are in line with national and international standards.

CHAPTER ONE

1.0 INTRODUCTION

This chapter presents the background to the study, problem of the study, purpose of the study, objectives, research hypotheses, significance of the study, scope of the study, limitation of the study and conceptual framework.

1.1 Background to the Study

Occupational health and safety concerns are major global public health issues as they relate to morbidity and mortality associated with work-related injuries and diseases on a large scale (International Labor Organization [ILO], 2015). Work-related injuries account for at least 9% of the global mortality (World Health Organization [WHO], 2013). It accounted for 15% of the global Disability Adjusted Life Years (DALYs) lost in 1990 and it is projected to increase to 20% by 2020 (Lyons, Towner, Kendrick, Christie & Brophy, 2011). Injuries and diseases have much felt consequences on the individual, family, society and the economy (Baron, Steege & Marsh, 2013). In terms of the burden on the economy, employers often face costly early retirements, loss of skilled staff, absenteeism and high insurance premiums (Baron, Steege, & Marsh, 2013). In the case of the burden on the employee and the immediate family, there are high costs of hospitalization and treatment, long periods of recovery, pains and the fact that many are left with permanent disabilities (WHO, 2013).

Decreasing the burden of injuries is among the main challenges in public health in the twenty-first century (WHO, 2013). In curbing the high rate of work-related injuries and diseases, ILO constitution was promulgated to ensure that workers all-over the world are protected from sickness, disease, and injury arising from their employment and governments are encouraged to draw action plans to address such concerns (ILO, 2015).

The hospitality industry is a major employer and a source of potential health hazards (Bureau of Labour Statistics, 2013). Housekeepers are the most vulnerable as their injuries and illnesses surpass the national average of other workers in other service industries (Buchanan, Vossenias & Krause, 2010; Bureau of Labour Statistics, 2013). The housekeepers experience unique workplace hazards and characteristics that increase their risk for poor health outcomes (Sanon, 2014). For instance, their workload involves constant repositioning, changing of postures including kneeling, lifting, stooping, squatting, twisting and pushing, and all these can potentially lead to sprains and back injuries (Canadian Centre for Occupational Health and Safety [CCOHS], 2007). In terms of work characteristics, hotel housekeepers are predominantly female staff who are engaged in repetitive physical task, have low job control, low wages, increased use of casual workers, and few opportunities for career development (Krause & Lee, 2014; National Institute for Occupational Safety and Health [NIOSH], 2011).

As a result of the high injuries and diseases in the housekeeping department (Buchanan *et al.*, 2010; Cheronon, 2011), strict health and safety standards of operation have been outlined and it is a prerequisite for licensing (ILO, 2015). The legal requirements are that employers must identify hazards, carry out risk assessment, prepare a written safety statement and communicate risk and controls to their staff (Health and Safety Authority, 2015).

Despite the strict safety standards backed by the legal requirements, hotel housekeepers are exposed not only to high physical hazards, but also to chemical, biological, and psychosocial hazards (Hsieh, Apostolopoulos & Sonmez, 2013). Studies have established high risks for these workers. For example, Buchanan *et al.* (2010) analyzed the Occupational Safety and Health Administration (OSHA) logs of

five hotel companies. They found that the reported injury rate for hotel housekeepers 7.9% was higher than for other jobs within these companies. They also determined that the housekeepers have the highest rate of musculoskeletal disorders (3.2 in 100) among all other groups (Buchanan *et al.*, 2010). In addition, Krause, Scherzer and Rugulies (2005) explored the prevalence of back and neck pain among 941 hotel housekeepers. Participants reported severe body pain (47%), neck pain (43%), upper back pain (59%), and lower back pain (63%). These findings on the health hazards are mainly from developed countries suggesting that such studies remain unexplored among developing countries. Since the physical as well as the socio-economic environments are not the same for both developing and developed countries, it is imperative to have a holistic view on causes and nature of health hazards among housekeepers.

Many studies on work-related injuries and their impact on the health status of hotel staff are very general, that is, covering all work forces in the hotel. Such studies often compare vulnerabilities in the hotel to other institutions (Baron *et al.*, 2013; Sanon, 2014). The determination of the health status in the various departments in the hospitality industry is very essential for a targeted intervention since the level of susceptibility to injuries is not the same in all departments. To this end, the housekeeping department and the kitchen which are known to be the most hazardous places in the hotel need to be studied to determine the extent of the health hazards in such marginalized and underserved departments.

According to Underhill and Quinlan (2011), studies on working conditions of hotel staff are mainly on casual workers who are made up of agency temporary workers, contract company workers, day laborers, direct-hire workers, on-call workers, self-

employed workers, and standard part-time workers. The ease in hiring temporary workers impacts not only on the economy, but also on the health of workers (Robertson, 2006). Studies have reported the negative health impact of casual work on employees (Underhill & Quinlan, 2011; Virtanen *et al.*, 2005). However, these studies have mostly focused on European workers, suggesting the need for further exploration among workers from other continents, especially Africa, where majority of the workers work in an environment with scarce better conditions.

Considering the workplace threats of workers in Ghana and the study area in particular, Section 24(1) of the 1992 Constitution of Ghana states that every person has the right to work under safe and healthy conditions. The labor Act of Ghana (Act 651) also deepens the rights and responsibilities of workers in Ghana. Key among the rights are to work under satisfactory, safe and healthy conditions; to receive equal pay for equal work without distinction of any kind; to be trained and be retrained for the development of skills, and the right to receive information relevant to one's work. Given the provisions of the labor Act of Ghana, information regarding the rights and responsibilities of the workers in hotels remains scarce.

For instance, Ghana Tourism Authority (GTA) is still in its infant stage and is now striving to establish and provide quality assurance systems needed to ensure excellence in delivery of services in all licensed tourism enterprises (GTA, 2011). Studies on motivation of hotel workers in Ghana have identified factors such as nature of work, unfavorable working conditions, low salaries and lack of recognition as major factors leading to job dissatisfaction among hotel workers (Afful-Broni & Ahseh, 2014; Agbola & Agbola, 2012).

According to Agbola and Agbola (2012), working conditions in most small hotels in Ghana are as precarious as many hoteliers find it difficult to break even as a result of high operational costs. Housekeeping staff most often have to work with inadequate and in some cases ineffective personal protective equipment and cleaning solutions. A situation which can contribute to increased infections and injuries due to exposure to toxics such as ammonia and chlorine in some cleaning agents, and also bacterial infections due to contact with infectious pathogens in the course of housekeeping operations.

In a study by Amissah (2014), it was found out that high labor turnover among hotel staff in the Eastern Region of Ghana in relation to other similar studies indicate that unfavorable working conditions are a major factor leading to high labor turnover among hotels in Ghana. A situation which has led to the use of more casual workers instead of full time staff. Most housekeepers are casual workers whose wages are based on the number of rooms they clean.

As a result of this situation, they most often work for long hours so as to increase their wages. Their vulnerabilities are worsened where inappropriate tools and chemicals are used. Casual workers are not unionized and often have poorer conditions of service compared to the full-time workers. For the fear of job loss, casual workers do not often report on cases of abuse affecting them, neither are these cases documented for remedial action to be taken. (Afful-Broni & Ahseh, 2014; Agbola & Agbola, 2012)

1.2 Statement of the Problem

Work-related injuries are major public health concerns globally and the burden of such injuries have far reaching consequences on the individual, family, society and the economy as a whole (Baron *et al.*, 2015; ILO, 2015; WHO, 2013). It has been

noted that hotel housekeepers are more susceptible to a lot of health hazards than other staff in different departments in the hotel industry (Buchanan *et al.*, 2010; Bureau of Labor Statistics, 2013).

Studies have indicated that in addition to the high rate of injuries, housekeepers also work in undesirable conditions (Krause *et al.*, 2014; NIOSH, 2011; Sanon, 2014; Underhill & Quinlan, 2011). Research on work-related injuries and illnesses in hotels have shown that such studies are very general and do not often take into consideration vulnerable departments within the hotel facilities (Baron *et al.*, 2013).

Studies on health hazards on housekeepers are mainly from developed countries (Buchanan *et al.*, 2010; Hsieh *et al.*, 2013), suggesting that such studies remain unexplored among developing countries including Ghana. Studies on working conditions of hotel staff are mainly on casual workers who are temporal and are mostly focused on European workers (Krause *et al.*, 2005), suggesting the need for further exploration among workers from other continents, especially in Africa, where majority of the workers are casuals with low wages, low job controls, lack of promotion prospects, job insecurity.

In addition, calls for scientific studies on occupational hazards have been extended to hotel housekeepers since it remains unexplored and little is known about the extent of risk as well as the conditions under which such staff work (Bureau of Labor Statistics, 2013; GOHNET, 2013; Krause & Lee, 2014). According to Hsieh *et al.*, (2013) hotel housekeepers are not only exposed to physical hazards, but also to chemical, biological and psychosocial hazards.

Based on the apparent need to prevent health hazards among housekeepers and the research gaps identified, there is therefore the need to undertake a study on the nature

of health hazards, working conditions, barriers and how these problems impact on the health status of housekeepers in budget hotels in the Eastern Region of Ghana. The budget hotels are classified among the most at risk group (Buchanan *et al.*, 2010). The study area is a home for majority of budget hotels (182 budget hotels) which comprise 70% of all hotels in the region (Ghana Tourism Authority Hotel Directory, 2014; GTA 2011).

1.3 Purpose of the Study

The purpose of this study is to investigate the extent to which health hazards and working conditions affect the safety of housekeepers in budget hotels in the Eastern Region of Ghana. This involve exploring the risk and hazard factors affecting the health and safety of housekeeping staff in budget hotels and to determine the conditions under which such staff work in the study area. This is aimed at improving occupational health and safety in the most hazardous department.

1.4 Objectives of the Study

1.4.1 General Objective

The general objective of the study is to examine the influence of working conditions and hazard factors affecting the health and safety of housekeeping staff in budget hotels in the Eastern Region of Ghana

1.4.2 Specific objectives:

1. Examine the working conditions significant in influencing work safety of housekeeping staff.
2. Determine the health hazards and the associated contributions to work safety in the housekeeping department.

3. Explore the effects of working conditions and health hazards on the safety of housekeeping staff.
4. Determine the moderating effect of socio-demographic factors (gender, age, income, education) on the relationship between working conditions and work safety of housekeepers in budget hotels in Eastern Region of Ghana.
5. Analyze best predictor variables for management of health hazards affecting work safety in budget hotels in Eastern Region of Ghana.

1.5 Research Hypotheses

H₀1: Working conditions do not have significant influence on work safety of housekeeping staff in the budget hotels in the Eastern Region of Ghana.

H₀2: Environment-related factors are not significant health hazards associated with the safety of housekeepers in budget hotels in the Eastern Region of Ghana.

H₀3: Health hazards and working conditions do not have any significant effects on the safety of housekeepers in budget hotels the Eastern Region of Ghana.

H₀4: Demographic factors (gender, age, income, education) do not have any significant moderating effects on the relationship between working conditions and work safety of housekeepers in budget hotels in Eastern Region of Ghana.

H₀5: Management of health hazards does not significantly predict work safety of housekeeping staff in the budget hotels in the Eastern Region of Ghana.

1.6 Significance of the Study

The findings of the study are expected to be beneficial to different stakeholders in several ways. First, findings of this study could prompt the Ministry of Tourism and Culture Eastern Region branch in Ghana to enforce occupational health and safety standards in all hotels in the region and also to formulate policy and programs which

could educate stakeholders on their right and responsibilities to occupational health and safety.

Second, the findings could offer insights to top management of budget hotels on the high risk factors associated with working in the housekeeping departments, thus, acting as a vehicle for coming up with ways of preventing them.

Third, on the part of hotel staff in general and housekeeping staff specifically, the availability of documented evidence on the nature of hazards at the housekeeping department could be a source of reminders to all staff on the need to take particular precautionary measures to avert particular injuries or accidents hence promoting safety in the department.

Forth, In terms of advocacy, stakeholders such as the president of the hoteliers association are expected to carry out support programs aimed at influencing policies that have the potential of enhancing occupational health and safety among vulnerable staff such as hotel housekeepers. Finally, findings of this study could help identify the research gaps that need to be filled by other researchers with the aim of promoting occupational health and safety in the study area. In addition, the findings of this study provide a reference and a platform for anchoring future related researches.

1.7 Scope of the Study

A study of such nature and significance should have covered all hotels in Ghana irrespective of the region, the category or the rating. Unfortunately, logistical support at the disposal of the researcher made it impossible and as a result the study was delimited by its geographical scope. The study was carried out in the Eastern Region of Ghana.

In terms of content and coverage the study was limited to health hazards and working conditions as well as factors affecting the management of such hazards in budget hotels but not on the full spectrum of issues bothering on occupational health and safety. This is as a result that the study gaps were found on the said three areas of the study.

The study also covered the staff of the housekeeping department in budget hotels in the Eastern Region of Ghana. Budget hotels were selected for several reasons, key being that, they constitute 70% of all hotels in the region (Ghana Tourism Authority Hotel Directory, 2014; GTA, 2011) and of the fact that this was chosen because housekeepers in the budget hotels were classified among the most at risk group (Buchanan *et al.*, 2010; Krause *et al.*, 2014).

The housekeeping department in the budget hotels were selected as it remains an unexplored area of the study with enormous health threat on safety since staff of such small hotels often does not have facility for occupational health and safety advice (Bureau of Labor Statistics, 2013; Sano, 2014). Researchers also allude to the fact that hotel housekeepers have unique work characteristics such as long hours of work, low wages and few opportunities for career development (Krause *et al.*, 2014; NIOSH, 2011). These work characteristics are part of the key variable of interest in determining working conditions in the current study. In addition, the study focused on the influence of working conditions on the safety of housekeeping staff in the budget hotels without exploring the impact of job satisfaction of the housekeeping staff. Even though the impact of job satisfaction could have given a broad perspective to the study, it was deemed not to be the main thrust of the study and therefore ignored.

Again though existing literature revealed that researchers have identified several determinants of work safety, this study was limited to variables such as working conditions, health hazards and its effect on housekeepers, and how it can be managed to ensure safety at the housekeeping department of budget hotels. These variables were considered because they were thought to be more responsive to policy and administrative intervention.

The inclusion criteria for selecting the study units were based on housekeeping staff who should have worked in the housekeeping department for at least six months and should not be less than 18 years of age. These selection criteria were to exclude those who have been engaged recently and might not have the full knowledge or information on the issues to be addressed by the study or those who are considered minors and are not eligible to take an active employment on full-time basis.

1.8 Limitations of the Study

The study had certain limitations. First, it was limited by its respondents (housekeeping staff) being hesitant in giving information to the field assistants for fear of victimization by management. To allay their fears, they were assured that permission had already been sought from management before the beginning of the data collection and that any information given was to be treated with utmost confidentiality. Second, managers in most of the budget hotels were not ready to give out any information, and even some did not avail themselves for the interview. Finally, the use of descriptive survey design meant that any future changes on the effects of health hazards and working conditions on safety of housekeeping staff in budget hotels have not been considered.

1.9 Conceptual Framework

The study conceptual framework was an adaptation of key constructs in three of the models used in the study, namely; the epidemiologic model, the concept of 4 Es and the risks factor of workplace injury and illness model. These constructs are also often used by the Center for Disease Control (CDC) and WHO in injury studies. The first construct considered was the host characteristics (housekeepers' background information) such as their age, sex, level of income, level of education, attitudes, habits and mindset towards injury prevention. Drawing inferences from the three adapted models, a victim personal characteristic is a major predisposing factor to injury as it can independently or with other factors (constructs) cause an injury. The other construct adapted is the workplace conditions and exposures, environmental factors and conditions, and lastly preventive and control measures. The constructs from the models was merged and some variables modified based on the objectives of the study as well as information gathered through literature review. The model is illustrated in Figure 1.1

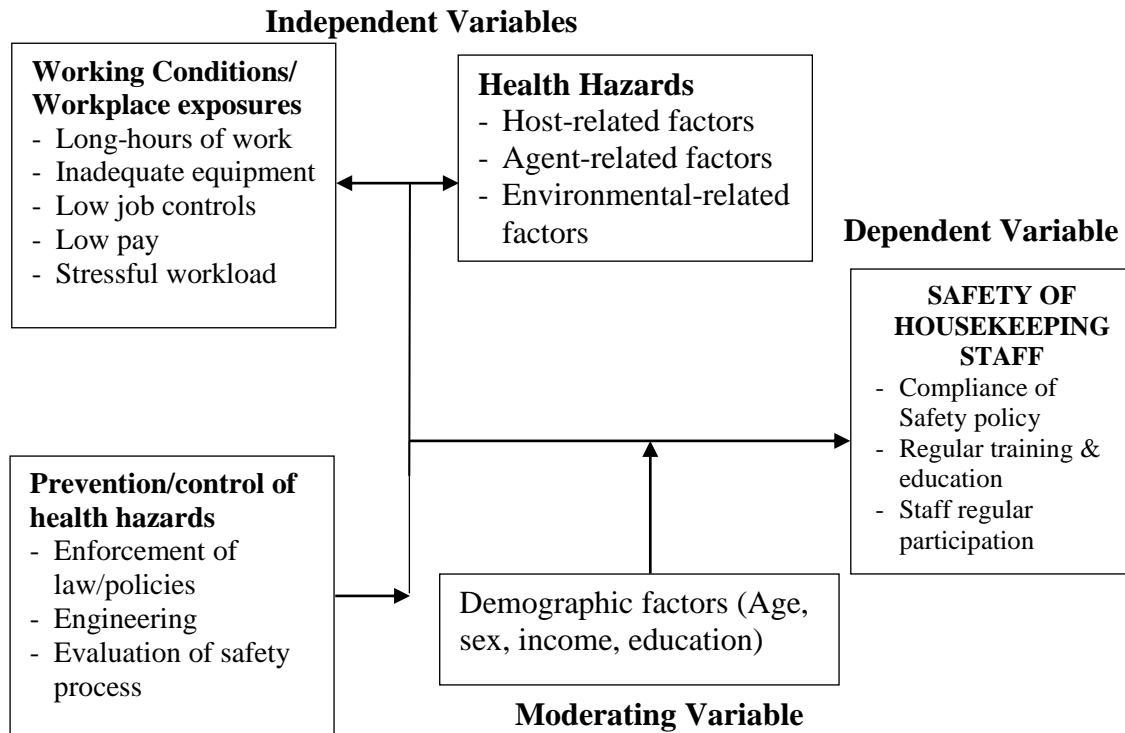


Figure 1.1: A working model showing variables influencing the safety of housekeeping staff

Source: Adapted from Great Lake Center for Occupational and Environmental Safety and Health (2015).

Three broad-based hazards and its constructs are necessary in understanding health hazards and its prevention. It is expected that a worker's socio-demographic background such as age, sex, income, education and factors such as physical health, stress and strain as well as bad attitudes, habits, lack of adequate rest and mind-set of staff can predispose a housekeeping staff to health hazards (Rivara, 2001). For instance, it is anticipated that an elderly, sickly, female housekeeping staff that does not have adequate rest will be predisposed more to the health hazards than a young energetic, healthy female one. Again it is anticipated that a young female housekeeping staff would stand a high risk of sexual harassment at the hotel than an elderly woman (EU-OSHA, 2012). It is also expected that the background characteristics of a worker at the housekeeping department would work through other

constructs such as workplace conditions and environmental factors to influence the likelihood of exposures to health hazards at the hotels.

Using the epidemiologic model as a guide, working conditions and workplace exposures are the agents through which injuries and illnesses occur (Gordon, 1948 as cited in Rivara, 2001). Variables for working condition such as long hours of work, rush through work, neglect of safety rules, inadequate resources, working in isolation and lack of supervision may also stimulate hazardous situation at the hotel (CCOHS, 2012).

Factors external which may predispose housekeepers to injuries includes weather, cluttered environment, violence, infections, contagious disease and illness in community (OSHA, 2012). Such factors often occur as a result of poor working conditions and exposure to toxics often found in cleaning solutions (HSE, 2012; OSHA, 2012).

A number of strategies are adopted to either prevent or control health hazards among hotel housekeepers. These include educational campaign, promulgation and enforcement of laws, engineering and evaluation of safety processes. These must be enforced and adhered to in order to eliminate known and suspected safety and health hazards in the housekeeping department (Hsieh et al, 2013).

The main dependent variable for the study which is safety of housekeepers in budget hotels was measured against the independent variables through the interplay of all the three aforementioned categories of factors and also through effective implementation and compliance of safety policy, regular training and education, employee regular participation in safety issues at the housekeeping department.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents a review of related literature on occupational health and safety definitions. The chapter specifically reviewed literature on health and safety hazards, working conditions of housekeepers. The chapter also covers the effects of working conditions and health hazards on housekeepers, occupational health and safety standards, safety measures, theoretical framework and management of health hazards to protect their wellbeing in the workplace.

In the past, much more research has been conducted on various aspects of occupational health and safety. This area continues to attract researchers' attention because there is still much to be done in reducing injuries and illnesses among at-risk staff in hazard endemic facilities such as hotels (Bureau of Labour Statistics, 2013; ILO, 2015; WHO, 2013).

Studies have shown that Hotel housekeepers are the most vulnerable as their injuries and illnesses surpass the national average of other service staff (Buchanan et al., 2010 and Bureau of Labour Statistics, 2013), such studies are mainly limited to high income countries with most countries in Africa remaining unexplored in the wake of fast growing hospitality industry (Buchanan et al., 2010; Hsieh et al., 2013; Knox, 2011; Krause & Lee, 2012).

Therefore the research topic may be seen as a new area of research in the fast developing tourism and hospitality industry in Africa in general and the study area in particular. For clearer understanding, the review began with the definition of occupational health and safety. The review exercise was guided by the Epidemiologic

model, the concepts of 4Es in injury prevention and the risk factors of workplace injuries and illness model.

2.1 Occupational Health and Safety Definitions

Occupational health and safety (OHS) also commonly referred to as workplace health and safety (WHS) is an area concerned with the safety, health and welfare of people engaged in work or employment. The goals of occupational safety and health programs include fostering a safe and healthy work environment (Allen & Armstrong, 2006). According to Kalleberg (2011) occupational safety and health can be important for moral, legal, and financial reasons. In common-law jurisdictions, employers have a common duty to take reasonable care for the safety of their employees.

As defined by the World Health Organization (WHO, 2013) occupational health deals with all aspects of health and safety in the workplace which has a strong focus on primary prevention of hazards. Health has been defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (Occupational Health Service and Practice, 2013). Occupational health is a multidisciplinary field of healthcare concerned with enabling an individual to undertake their occupation in the way that causes least harm to their health (Occupational Health Service and Practice 2013).

A study by (Cherono, 2011) has revealed that safety is an issue as most occupational health and safety problems have generally been neglected in many workplaces leading to ignorance on adherence to laid down procedure regarding safety at work.

According to US Bureau of Labour Statistics (BLS 2013) occupational injuries among hotels housekeeping staff are less because health records which can be used to

identify hazards, measure safety performance and improvement and help identify patterns are lacking in the hotels. In a related study by GOHNET 2011, it was suggested that managers in the hotel establishment must be educated on occupational health policies since there has not been a comprehensive accident policies that encompasses all aspect of accident issues although it is highlighted in the Labour laws ACT 651 and the ILO Convention.

2.2 Health and Safety Hazards/Risks

Based on the constructs of the Epidemiologic Model and the Risk Factor of Workplaces Injury and Illness Model, safety risk can be categorized into three namely host-related, agent-related and environment- related factors. This classification even though quite simplified, is very useful in differentiating the numerous risk factor associated with hotel housekeepers.

2.2.1 Host -related Hazards / Risk

Many studies have indicated that age is a major threat which could predispose a person to injury (Alli, 2008; Burn Survey Center, 2009; ILO, 2002; World Report on Childhood Injury Prevention (WRCIP), 2013). For instance, ILO has raised many concerns about ageing of the world workforce and how they should be protected. It stressed the need to protect the rights of older workers, equality of treatment and elimination of occupational hazards. The situation of ageing staff is critical as staffs are more at risk of costly illness or injury. The study found that injuries associated with staff older than 55years are projected to rise from 12.9% in 2000 to 16.3 percent in 2008, 19.6% in 2015 , and 20.1% in 2025 (Alli, 2008).

In contrast to the findings of the Bureau of Labor Statistics (2014), hotel housekeepers are disproportionately composed of younger workers and women.

The high labour turn over in this sector can probably be attributed to low wages, age and the stress related to job expectation and other obligation employees hold (Sweet, Pitt-Catsouphes, Besen, Horhannisyam, & Pasha, 2010). This finding support Krause (2014) and Bureau of Labor Statistics (2014) findings that even through the total recordable cause (TRC) incidence rate of injury and illness reported in the hospitality industry declined in 2013, the victims were predominantly young female workers who are affected by musculoskeletal injury.

Safety standards are often based on the model of male workers making it difficult for female housekeeper to achieve such a standard. For instance, task and equipment are designed for male body size and shape. This explain why many housekeeping manuals and guides in the twenty-first century are advocating for the use of small, handy equipment in the housekeeping operations such as handy caddy instead of the use of giant, heavy ones like the supply carts (Health and safety for hospitality Small Businesses, 2009).

Another host-related hazard is the financial status of the housekeeper. Studies have acknowledged that hotel housekeepers are among the lowest paid staff in the hotel industry because most jobs in the department are "blue color" and requires minimal literacy skills. Salaries tend to be in the middle to low income range compelling most workers to work for extra hours in order to gain additional income hence reducing their period of rest, hence, increasing stress as a result of tiredness (Krause, 2014).

The literature search on the host-related risk factors has revealed that most studies are related to age, sex and income of housekeeper. The researcher is yet to identify studies related to attitudes, habits and mind set of housekeeping staff as these also may predispose housekeepers to injuries and illnesses.

These apparent gap identified need to be filled in order to cover the full range of risk factor affecting hotel housekeepers.

To this end, the researchers aims at exploring the health risk and how much each of these factors contribute to safety is more focused in addressing these felt-needs in the gaps identified. Available literature suggests that most of the studies on the host-related hazards /risk are from the high income and industrialized counties with very few studies conducted in the middle to low income countries.

The implications are that host-related risk factor among hotel housekeeper remains largely unexplored in the study area.

2.2.2 Agent -related Hazards

According to World Report on Childhood Injury Prevention WRCIP, (2013), agent is the cause of injury or illness. This is often linked to exposures of body fluids such a blood, vomiting and poop in the course of making up rooms. Other exposures may be as a result of contact with cleaning solution or chemical (Health and safety for hospitality Small Businesses, 2009). For instance, the Health and Safety Guide for Hotels and Guest Houses (2008) has indicated that hazards in the hotel bedroom are quite low but have dangerous consequences as cleaning staff can be exposed to a number of hazards when handling linens contaminated by bodily fluids or may be exposed to the hazardous material such as used needles and other sharp edges. The guide further recommends that appropriate personal protective equipment must be given to cleaners and there must be suitable provision to dispose off any hazardous products that are found.

Many cleaning materials and detergents can be hazardous to health and must be subjected to the control substance hazardous to health regulations 2000 (COSHH),

(Health and Safety Guide for Hotel and Guest Houses, 2008). Hotel cleaners are exposed not only to chemical, but physical, chemical, biological and psychosocial hazards (Hsieh et al. 2013). Substance used in cleaning bathrooms, toilets, and floor are potentially dangerous chemical and many cause dermatitis and chemical burns (Health and Safety Authority, 2015; Common Health of Australia, 2015).

It was further indicated that a protective apron and eye protection should be worn when employees mix chemicals. It is important to emphasize that employees remove contaminated gloves and any other PPE that may be chemically contaminated before they go in to public area. Hand washing is also important when handling chemicals to prevent ingesting or absorbing a harmful substance (Common Health of Virginia, 2015). Krause et al. (2014) have found that most housekeepers do not receive training on their career development as they are greatly affected by how to manage such hazards.

Slippery floors are a major cause of accident, it often occurs when cleaning and mopping of guest room. As water and cleaning solutions are applied to cleaning area it become slippery. To prevent slipping, cleaners must use non-slip footwear and should also keep floors free from water and oils (Health and Safety for Small Business, 2009).

Other studies have also recommended that to prevent slipping, cleaners should use slip-resistant wear to polish and treat floors and also clean up spills immediately (Krause et al 2014), Occupational injury disparities in the US Hotel industry found out that the housekeeping department employs more women than men and they are more often injured than men and housekeepers in general suffers the highest injury

rate (Buchanan 2010). This is due to the unregulated and unsafe workplace which worsens the health of the housekeeping staff (Landsberg, 2010; Siqueria et al., 2013).

2.2.3 Environment-related Factors

There are various hazards in the hotel environment and they predispose staff to injuries (European Agency for Safety and Health at Work (2008). People working in the kitchen and housekeeping department are more likely to be injured through slips and trips than anything else (European Agency for Safety and Health at Work, 2008).

The vast majority of slip injuries happen on those surfaces that are wet or contaminated, whether by food debris, oil, or other spillages and these are often associated with poor housekeeping (European Agency for Safety and Health at Work (2012). Falls on the same level account for 18% of all time-loss claims from 2011 to 2014. Seventy percent were caused by slippery surfaces and five percent were due to tripping or rough surfaces. It was further found that women had claims for falls on the same level two and half times more than men (Health and Safety Statistics Annual Report, 2015; DaRos, 2011); Preventing injuries to hotel and restaurant workers, Focus Report , 2001).

European Agency for Safety and Health at Work, (2008) found that there are various items of electrical equipment in the hotel bedroom. Often such equipment are more heavily used than similar equipment found in a domestic environment and can be subjected to some abuse by hotel guests. It is therefore important that they are subjected to a regular ongoing maintenance (European Agency for Safety and Health at Work, 2008). It is useful to train housekeeping staff to identify and report basic electrical defects so that any fault can be readily identified and rectified (Health and

Safety for Hospitality Small Business, 2009; Hotel Risk Management Guide for the hospitality industry, 2008).

The layout of the guest room contributes to injury as tight corners, dim lighting and small exits can result in collisions among personnel while wider corners and clearly marked, well lit exits will lead to safer traffic patterns (Sweet et al., 2010). Lack of diligence in ensuring a safe and poor working environment such as working without safety guards or the presence of a slippery floor may cause injuries (Occupational Safety and Health Practices, 2014). Most environments-related injuries and diseases occur as a result of unsafe acts and conditions. Unsafe acts occur when employees are unaware of the hazards and the proper work practices which include not adopting the proper lifting methods or not using gloves when handling chemicals (Occupational Safety and Health Practices, 2014).

2.3 Working Conditions of Housekeepers

Working conditions and employment have been recognized as central to the reflections and determinants of individuals' life chances (Burgard & Lin, 2010). Working conditions and employment are linked to health in positive ways, both as a predominant mode of earning income and other material benefits, and as a source of social integration, prestige and meaning (Burgard & Lin, 2010). However, employment and working conditions also expose workers to potentially health-harming physical and psychosocial stressors (Burgard & Lin, 2010).

Working conditions affecting the safety of housekeepers need to be investigated as good working practices help reduce health hazards (Oxenbridge and Moenstead 2011). According to the 2013 Fatality Report of US Department of `Labour Statistics, no one should sacrifice his or her life for his or her livelihood since a nation build on

the dignity of work must provide safe working conditions for its people. In a related study by (Faulkner and Patiar (2007), it was found that housekeeping jobs are often categorized as a low status job and sufficient research attention has not been given to this group of employees.

Cleaning work involves increased health risks, such as skin disease as a result of frequent exposure to harmful chemicals, and back problems due to stressful working positions. Due to stressful workload and positions of housekeepers, they often report of musculoskeletal disorders, such as low back pain, tendonitis, back and shoulder injuries, bursitis of the knee (known as Housemaid's knee), carpal tunnel syndrome and persistent neck, hand and wrist pain, which are all characteristic of hotel housekeeping work affecting safety of housekeepers (Baron *et al.*, 2011). Many of the housekeepers dealt with work related pain on their own, rather than risk loss of income, medical expenses or employers' hostile responses (Sobaih, 2011)

Sano (2014), in a research on Agency-hired hotel housekeepers stated that hotel housekeepers experience unique workplace hazards and this characteristics increase their risk for poor health outcomes hazards. Hotel housekeepers are not only exposed to physical hazards but also chemical, biological, psychosocial and even ergonomics hazards (Hsieh *et al.*, 2013), despite the strict safety standards backed by the legal requirement.

In a study by Onsoyen, Myukletun and Steiro (2009) on working conditions of hotels organizations in Norwegian hotels, using interviews and focus group in three hotels and also questionnaire for 16 employees in 73 hotels revealed the lack of intrinsic motivation, fatigue and burnout as a common reaction to the working conditions of

hotels housekeepers, it is necessary to look at these factors in improving work conditions and reducing accidents.

It is important in understanding employee accident in the hotels and proactively finding ways to prevent them will help lower the cost of expenses on health since employee accidents and health related injuries or hazards have a powerful and negative effect on the bottom-line and profitability of a hotel (Tabeling 2010).

Work and working conditions are essential contributors to social inequality in health within and across generations, though they have received less attention from health disparities researchers than other aspects of socioeconomic position, such as education or income. In spite of the material and status rewards that come with paid work in a particular occupation, work also shapes individuals' exposure to a wide array of physical, environmental and psychosocial factors that can influence health (Burgard et al., 2010; Muntaner et al., 2010)

Studies have long recognized that the centrality of work and working conditions are reflections and determinants of individuals' life chances (Bianchi & Milkie, 2010). Work is linked to health in positive ways, both as a predominant mode of earning income and other material benefits, and as a source of social integration, prestige and meaning. However, employment also exposes workers to potentially health-harming physical and psychosocial stressors (Robone et al., 2011).

An effective risk control programme plays an important role in helping hoteliers provide a safe and secure environment for their customers and employees (Hotel Risk Management Guide). There is the measure to protect hotel housekeepers, preventive

action are needed at several levels to counteract the multiple hazards that hotel housekeepers face on the job (Hsieh et al., 2013).

2.4 Effects of Working Conditions and Health Hazards on Housekeepers

The burden of injury occurring in most workplaces is a major concern for ILO (ILO, 2015). ILO has over the years engaged stakeholders in adopting proactive measures in reducing occupational hazards with its associated burden on the individual (the victim), the immediate family, the employer and the nation as a whole, but the effects are still pronounced in most nations especially low income countries (ILO, 2015; BLS 2013; Sano, 2014).

Powell and Watson (2006) studied guest room attendants and indicated that their work is routine and repetitive including the activities of pushing heavy trolleys, moving heavy furniture, bending to make different sized beds, cleaning bathrooms, vacuuming, and dusting. Furthermore, it was reported that a guest room attendant on average services between 12 to 18 rooms during the course of a 7.5 hour shift.

Liladrie (2010) found that housekeeping job is physically demanding and involves forceful movement, awkward body positions, lifting heavy mattresses and cleaning of tiles which predispose the staff to various forms of infections and musculoskeletal disorders and stress. Liladrie (2010) again reported that 91% of housekeepers reported that they are in physical pain while working and 86% of that sample indicated that they did not have much pain until after beginning their careers as housekeepers. DaRos (2011) associated tiring activities with spine and joint injuries. Hilton and Whiteford (2010) also found that moderate-high psychological stress decreased workplace success.

In terms of working conditions, Hsieh et al. (2013) found that high job demands, low job control and poor work-life balance resulted in high level of stress. Powell and Watson (2006) found that many hotels are employing housekeepers by requiring them to self-check their rooms and to work on a quota system rather than under the direct supervision of management. It was reported that this type of employment resulted in pressurized situation that are sustained for the duration of a housekeeper's shift and require her to maintain patience, peace and vigor.

Findings of the study were that 80% of employed housekeepers reported very pressurized work demands. Work-life stress and poor safety communication are psychosocial risk factors that have been identified to contribute to decreased health and safety of workers. Workplace interventions focused on increasing supervisor support for work life balance and safety communication have proven to be effective for reducing such risks (Betsy, 2012)

O'Neill and Davis (2011) interviewed 164 employees at 65 different hotels for 8 days each in the Work, Family & Health Network (WFHN) publication. They found that the two most common stressors in the hotel industry were interpersonal; tensions and work overloads. The hotel employees interviewed reported that these stressors were present 40 – 60% of work days, as compared to 25 – 40% reported by U.S. workers across all industries.

According to Hilton and Whiteford (2010), moderate-high physical stress increased the rate of workplace accident. Job strain can result not only in poor mental health but also in physical health problems (O'Neil & Davis, 2011). Job stress and employee burnout can lead to headaches, stomach problems, heart attacks, job dissatisfaction, anxiety and depression (Gill et al., 2005). More specific to hotel industry, O'Neil and

Davis also reported that interpersonal tensions at work have been linked to negative physical health symptoms. It is also known that excessive stress can directly and adversely affect the health of housekeepers.

2.5 Occupational Health and Safety Standards in Housekeeping

Safety and health at work is not only a sound economic policy - it is a basic human right ((Amponsah-Tawiah and Dartey-Baah, 2011). It is the duty of hotels to provide the housekeepers with a safe and healthy work environment, taking into account inherent risks in its particular sector and specific classes of hazards in the work areas, including physical, chemical, biological, and psychosocial hazards.

The hotels will have to take steps to prevent accidents, injury, and disease arising from, associated with, or occurring in the course of work by minimizing, so far as reasonably practicable, the causes of hazards. In a manner consistent with good international industry practice, and address areas, including: the identification of potential hazards to workers, particularly those that may be life-threatening; provision of preventive and protective measures, including modification, substitution, or elimination of hazardous conditions or substances; training of workers; documentation and reporting of occupational accidents, diseases, and incidents; and emergency prevention, preparedness and response arrangements.

Employees are the lifeblood of any hospitality operation; without them an operation stands still. Thus, hospitality organizations should recognize that their workers are as valuable as their guests, and without them, operations are likely to fail. If there is no one to perform the work, no work gets done, nothing of value is produced, no guests come, and an operation must close its doors (Cichy & Hickey, 2012).

It stands to reason, then, that management must do all it can to recruit the right employees and offer employees the training they need to do their job well.

Training is especially important in today's busy housekeeping department where skills must meet or exceed department standards in order to get work done in a guest-pleasing manner. Again beyond training, housekeepers need to be scheduled efficiently to meet organizational goals. Efficient scheduling and motivation is important in achieving goals (Common Health of Virginia, 2015).

The hospitality industry is a labour intensive service industry dependent for its survival and competitive advantage on the availability of quality workers to deliver, operate, and manage its products and services. Workers are key assets in service organizations and must be invested in to ensure survival and growth. Service quality offered in hospitality organizations is dependent not only upon workers' skills but also upon their attitudes and behavior (Sobaih, 2011).

2.6 Safety Measures in Housekeeping

Kumar and Singh (2015) in their work stated that the hotel industry is facing challenges at the management level, operational or technical level but human issues takes the center stage, with issues such as, poor employee training, employee turnover, job and employee skills mismatch. These results in health hazards of hotel housekeepers which made them face grave safety and health risk at the workplace. Hotel housekeepers suffer from preventable injuries and illness due to lack of union as to where to report. As the global tourism industry continues to grow, hotel housekeepers need effective safety and health (OSH) mechanism to protect their health and well-being in the workplace.

Health and safety can be a challenging issue. There is often misunderstanding about what it takes to properly address it. Hotels often tackle health and safety first as it seems like the easiest element to quickly address. However, often the focus is too narrow, on just immediately visible risks. The hotels often don't have the technical expertise and management systems to properly assess and mitigate health and safety aspects throughout their operations. Increase in competition has induced many hotels to provide options to serve a wide variety of customer's budgets and preferences. In the mist of the increased demand and opportunity are the day to day safety and security challenges confronted by hotel owners and managers. Slips, trips and falls, and other housekeeping operations can present significant exposures to safety (Safe hospitality, 2010; Safety and Health Authority, 2015; Health and Safety Executive (HSE, 2012).

An effective risk control programme plays an important role in helping hoteliers provide a safe and secure environment for their customers and employees (HSE, 2012; The Occupational Health and Safety Act 2004; Mitchell, 2010). Knox (2011) revealed that the hospitality industry is generally characterized as weakly unionized (7.2% as compared to all industries average at 22.2%). Preventive measures needs to be done at the legislative level by enforcing occupational safety standards and at the organizational level by employers conducting risk assessment to identify and control risk hazards, training regarding workplace hazards to ensure safe work environment (Hsieh et al., 2013).

Ratification of many ILO Conventions plays an important role in securing occupational health and safety which remains sparse in most workplace, and the compliance of these conventions is also in an attempt close the gaps on occupational health and safety, therefore the national government and hotel chains when pressed on

would improve laws and practices significant in advancing the day-to-day health and safety of housekeepers (The Law of hotel housekeepers, 2014).

There are existing legal regimes and gaps for workplace safety, substantive law relevant to occupational health and safety exist both international and national but, despite the existence of applicable legal rights accompanied by certain substantive protection for occupational health and safety, there remain substantial gaps in both the law and in the translation of the law into practice.

2.7 Theoretical Framework

The study was premised on James Gordon's Epidemiological Model (Gordon, 1948 as cited in Rivara, 2001) also known as the Epidemiological Triad or Triangle. The model could be applied in the understanding and prevention of injuries. The model has since then formed the basis of many studies in injury prevention and control (Rivara, 2001). It is useful in showing the interaction and interdependence of agent, host, environment and time in the investigation of injury.

The agent are the cause of injury; the host is the person at risk of injury; the environment includes those surroundings and conditions external to the person that cause or allow injury transmission; and the time accounts for the duration of the cause of injury. This model is essential in giving direction to the current study because it allows discovering of multiple hazardous factors and also accepts multiple solutions to prevent occupational injuries.

A weakness with this model was that it over emphasises the agent and the host in the interactions in the environment to cause an injury and is not effective for showing the pathways for treating injuries. As a result of this, the Haddon Matrix was introduced to support the use of the Epidemiological Model (Figure 2.1)

Epidemiological Model

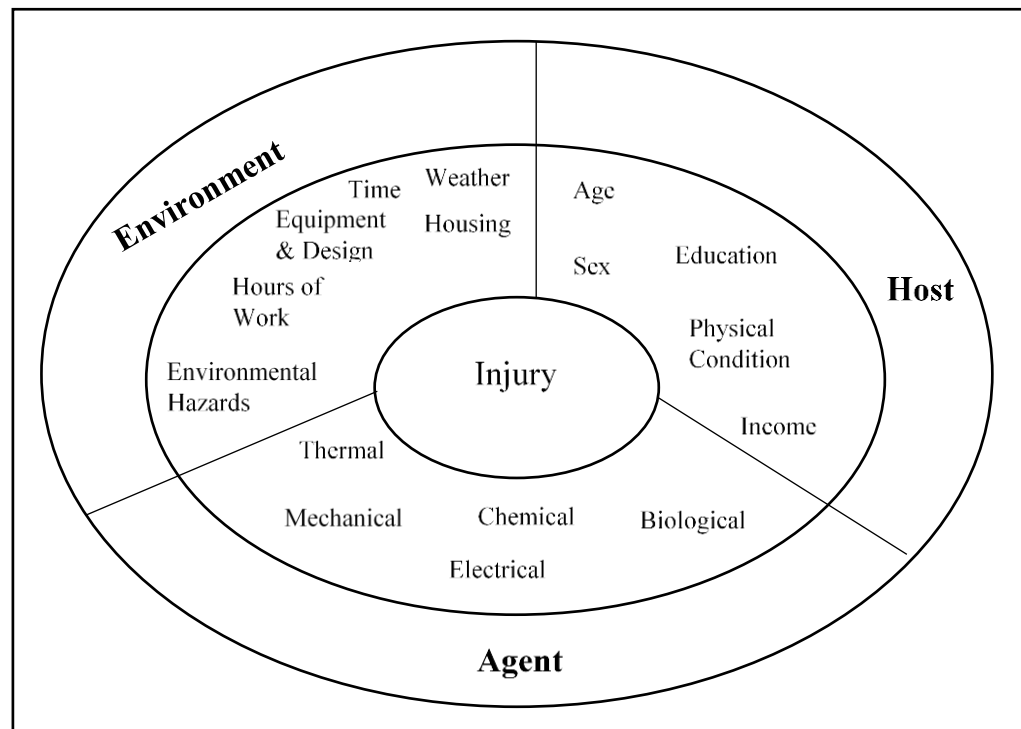


Figure 2. 1. Epidemiological Model Applied to Occupational Injury

Source: Rivara (2001)

Haddon matrix is the most commonly used theory in the injury prevention field, developed by William Haddon, the father of modern injury epidemiology in 1970. The matrix built on the epidemiologic model by holistically addressing factors relating to the (Host), the injury event (Agent), the environment, the product and the systems in the society and respond to these issues using a combination of strategies extending from prior to the injury event to the post-event (Christoffel & Gallagher, 2006).

Another framework considered as a guide for this study is the “Es” of injury prevention. This model is chosen to compliment the Epidemiological Model in determining the preventive practices for occupational injuries.

The Epidemiological Model only permits the use of multiple preventive practices but does not give a clear path for injury prevention.

As a result, the concept of the 4 “Es” which considers education, enforcement, environment and engineering as major factors for injury prevention is considered. Educational strategies for injury prevention are probably the most familiar (Warda, Tenenbein, & Moffat, 2007).

These strategies attempt to initiate behaviour change by informing a target group about potential hazard, explaining risk, and persuading people to adopt safer behaviour. It can also be used as an advocacy tool to inform policy makers about issues and as part of social norm change. Education will not always cause individual to change their behaviour, but it can make them more receptive to additional injury prevention strategies (Geilen et al., 2002).

Educational interventions may be most effective when combined with other strategies such as a policy change. The concept of enforcement attempts to reduce dangerous behaviours through legislation and its enforcement legislation can target behaviours by individuals, manufacturers and local governments. Examples of state injury laws include the labour Act of Ghana (Act 651) and Section 24 (1) of the 1992 Constitution of Ghana states that every person has the right to work under safe and healthy conditions. All these always would be useless if they are not enforced. In addition, education plays a key role in informing people of their responsibilities under the laws.

Although more time consuming, the impact is more significant and sustained than education alone (World Report on Childhood Injury Prevention (WRCIP), 2008). Environmental interventions make changes to the environment or product design (engineering) to automatically protect everyone.

This is sometimes called passive or automatic interventions because it requires no work on the part of the individual (Cohen & Swift, 1999).

Many injury prevention professionals have added a fifth E to the list- Evaluation. The aim is to create the awareness that not every potential intervention has been proven effective and also not every proven intervention will be effective in every circumstance. Thus, it is a best practice in injury prevention to use interventions that have been evaluated and shown to be effective and to evaluate all injury prevention programmes to learn if the programme is preventing injuries or if there is something about the circumstances or implementation that are limiting the effect of the programme (WRCIP, 2008).

The last model from which its constructs are used in guiding the study is from the risk factor of work place injury and illness model developed by the Great Lake Centre for Occupational and Environmental Safety and Health. This is a broad-based framework which identifies and integrates workplace, individual workers and environmental situational factors in understanding workplace injury and how it can be prevented.

2.8 Summary of Literature Review

In reviewing literature which were to serve as a guide for this study, a general introduction was given to highlight the state of vulnerability among hotel housekeepers, and it was clear that injuries and diseases have much felt consequences on the individual, family, society and the economy (Baron, Steege, & Marsh, 2013). The review found host, agent and environment factors to be major predisposing risks to housekeepers. The host-related risk factors revealed that most studies are related to age, sex, and income of housekeeping staffs.

However, these studies have not dealt with attitudes and habits of these staffs calling for the need of the present study. Literature also revealed that hotel housekeepers have higher rate of occupational injury and sustain more severe injuries than most other service workers (Buchana, 2010). Occupational health and safety (OHS) issues have generally been neglected in many workplaces with budget hotels not being exceptional making way for accident and health records which can be used to identify hazards to measure safety performance, improvement and identify safety patterns or trends missing in the hotels leading to less information on occupational safety.

On the issue of safety measures, the literature review revealed that there are health and safety concerns as there is often a misunderstanding of what it takes to address such concerns. Generally, not many studies have been conducted on this current study in Africa as the literature review revealed an extensive work done in developed countries with Africa remaining underserved. This situation suggests the need to close this knowledge gap.

The review of literature basically considered the key study areas as determined by the objectives of the study. These include examining the working conditions of housekeeper; determining health hazards affecting work safety of housekeepers; exploring the effects of working conditions and health hazards on work safety and management of health hazards in the housekeeping department.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.0 Introduction

This chapter provides an account of the study methods, design and steps undertaken in conducting the study. The methods used are important as they reflect on the quality of the data collected, findings and interpretation of the data. The chapter details out the study tools and techniques that were employed for data collection. The study population and how the study sample was selected are also described. Data collection and data analysis procedures are also discussed in this chapter.

3.1 Research Design

Research design is a plan that defines how a research should be conducted in terms of collection, measurement and analysis of data. Orodho (2012) defines research design as the scheme or framework within which research is carried out. The research design enables the researcher to arrive at certain meaningful conclusions at the end of the study. The study employed descriptive survey design using both quantitative and qualitative research methods to collect data on health hazard and working conditions on the safety of housekeeping staff in budget hotels within Eastern Region of Ghana. This research design is considered adequate as it provides useful way of reporting the way things are to gather information on important health related aspects of peoples' knowledge, attitude and practices as is popularly done in "KAP" surveys (Abrahamson & Abrahamson, 2000; Fink, 2003; Mugenda & Mugenda, 2008). This involves collecting data in order to answer questions concerning the current status of the subject of the study and also to determine if the independent and the dependent variables are associated with each other (Siddhartha, 2011).

The major purpose of descriptive design is the description of the state of affairs as it exists at present. According to Best and Kahn (2005), the descriptive survey design is useful for assessing group of people's knowledge, attitudes, practices and perceptions. The main characteristics of this method is that the researcher has no control of the variables and the researcher can only report what has happened or what is happening” (Kothari, 2004).

3.2 The Study Area

The study was conducted in the Eastern Region of Ghana among the budget hotels with the majority of the respondents coming from the regional capital where most of the budget hotels are located. The region was considered as a home for majority of the budget hotels (182 budget hotels) which comprises of 70% of all hotels in the region (Ghana Tourism Authority Hotel Directory, 2014; GTA 2011). There is proliferations of budget hotels and most hoteliers prefer to move from the national capital- Accra because it is congested in terms of population density and is also beset with a number of social problems such as traffic congestion and armed robbery (GTA 2011). As a result, nearby region such as Eastern region was the focus for new settlement of budget hotels. Ghana – is a country on the West Coast of Africa, with a population of 25.9 million people and a land size of 238,533 sq km.

The study covered all the budget hotels in the 7 municipal capitals and 19 districts in the region. Eastern region is bordered to the east by the Lake Volta, to the north by Brong-Ahafo region and to the west by Ashanti region, to the south by Central region and Greater Accra region. (*Appendix F for the map of Ghana and the study area*).

3.3 Target Population

A study population refers to as a larger group of individuals or objects with unique attributes and characteristics for which the researcher is interested. According to Creswell (2012), the term population is defined as a group of persons having common characteristics, for instance, all housekeepers or hotel managers and supervisors in a particular district, region or country.

The study targeted employees in the housekeeping department, accommodation and operation managers in the budget hotels in the Eastern Region of Ghana. Budget hotels provide clean, comfortable and inexpensive rooms for a comfortable stay (Zabala-Batin, 2015).

The employees of housekeeping department were considered because they are directly responsible for the day-to-day cleaning of the hotel, providing clean, safe and comfortable rooms for the guest. The managers were also considered because they are directly in-charge of the management of the hotel establishment and the staff by providing the required leadership.

The major stakeholders in the hospitality industry such as President of the Hoteliers Association, and Eastern Regional Director of the Ghana Tourism Authority were also considered to solicit their views in support of the study since they are involved in the hotel industry and are considered to have in-depth information that was of interest to the researcher. The researcher targeted 182 budget hotels being the total population out of which 107 were sampled across all the districts in the Eastern Region of Ghana with 4 housekeeping staff from each budget hotel totaling to 428 housekeeping staff which was done in two phases.

3.4 Sampling Techniques and Sample Size

The study adopted multi-stage sampling techniques for the sample selection due to the different subgroups within the target population. These included simple random sampling and purposive sampling.

This was done to ensure a fair representation of the subgroups in the study sample. This technique was employed to obtain the hotels from the region from which the sample size of the housekeepers and managers/ supervisors were selected for the study.

3.4.1 The Sampling of the Hotels

The Eastern Region of Ghana has 26 districts which are home to 182 licensed budget hotels (Ghana Tourism Authority Hotel Directory, 2014). The study employed both probability and non-probability sampling techniques. For the probability sampling technique, simple random sampling employing the lottery method was used to select a third of the budget hotels in the region, by dividing the total number of the targeted budget hotels into three, amounting to a total of 61 budget hotels. Kumerkpor, (2002) has acknowledged that in ethnographic studies, choosing one third of a population as a sample size is a fair representation and convenient for the study.

Due to the low number of participants in the budget hotels, the simple random sampling lottery method was again employed to increase the number of hotels to achieve high questionnaire response rate. Low response rate mainly attributed to the Hospitality and Tourism industry disinterest or lack of understanding was however not common in quantitative studies (Darcy, 2006; STRC, 2008). The sample size of the hotels targeted for the study came to 107 budget hotels.

3.4.2 The Sampling of the Housekeepers

As there was no estimate available of the proportion of housekeeping staff in the target population assumed to have the characteristic of interest, Fisher, Laing, and Stoeckel (as cited in Mugenda & Mugenda, 2008) suggests considering 50% as suitable. Applying Fisher *et al* (1983) formula, the appropriate sample size of the housekeeping was arrived as follows:

$$n = \frac{Z^2 pq}{e^2}$$

Where:

n = the desired sample size,

Z^2 = standard score at 95% confidence level (1.96),

p = the proportion in the target population estimated to have characteristics being measured (50%),

$q = 1-p$

e = desired level of statistical significance (5%)

$$n = \frac{1.96^2 * 50\% * 50\%}{0.05^2} = 385 \text{ housekeeping employees}$$

Table 3.1 exhibits the procedure that was used to arrive at the sampled number of housekeeping staff.

Table 3.1: Sample Size Determination of Housekeepers

Total Number of licensed budget hotels in Eastern Region of Ghana	Sampled		Approximated Sample size	Actual Sample Size based on Fisher <i>et al</i> (1983)
	No. of budget hotels (1/3 of the total)	No. of sampled housekeeping staff from each budget hotel		
182	61	7	7*61= 427	385

The sampled number of housekeeping staff from the selected budget hotels was approximated to 7 yielding a rounded up figure of 427. In a situation where a budget hotel had less than seven housekeeping staff, questionnaires were distributed to

another budget hotel in the region of study for compensation purposes. However, due to the nature of the study population, the sample size was adjusted to compensate for nonresponse bias which could reduce the sample size and consequently affect the final findings. During the data collection process, it turned out that most of the budget hotels in the study area did not have the estimated number of seven housekeepers in their respective facilities. It was realized that they had an average of four housekeepers in the hotels. As a result of this situation, there was the need to add (46) budget hotels to the sample size in order to make up for the difference. In all these, the simple random sampling method using the lottery approach was used to get the intended sample size. The sample size for the study was 428 housekeeping staff, 107 hotels, 52 managers/ supervisors, GTA Official and Hoteliers Association Official. Table 3.2 shows the sample grid for the sample. (Appendix H for the sample grid of hotels and housekeepers).

Table 3.2: Sample Grid of Participants for the Study

Districts	No. of Hotels	Total Sample	No. of Housekeepers	Total Sample
A	30	18	90	72
B	25	14	75	56
C	52	31	145	124
D	16	9	45	36
E	26	15	80	60
F	33	20	100	80
Total	182	107	535	428

3.4.3 Sampling of Key Informants

The study used purposive sampling which is a non-probability sampling technique to select the key informants in the hospitality industry comprising the president of the Hoteliers Association, Eastern Region, Eastern Regional Director of the Ghana Tourism Authority and 107 accommodation operation managers or proprietors or supervisors, in the selected budget hotels for interviewing (Mugenda & Mugenda,

2008). Table 3.4 demonstrates a summary of the target population, population size, sample size and sampling techniques used in different categories of the targeted population.

Table 3.3: Summary of Study Sampling Design

Target Population	Population Size	Sample Size	Sampling Procedure
Housekeepers	>800	393	Simple Random Sampling
Hotel	182	107	Simple Random Sampling
Managers / Supervisors	107	52	Purposive
Hoteliers Association President	1	1	Purposive
GTA Official	1	1	Purposive
Total	1166	554	

3.5 Research Instruments

Based on the study focus of exploring hazard risk factors as well as determining working conditions influencing the safety of housekeepers in the budget hotels, two main instruments were used for the data collection. These are semi-structured questionnaire and an in-depth interview guide.

3.5.1 Semi-structured Questionnaire

Semi-structured questionnaire was chosen as it gives the respondents freedom of response. It also permits a greater depth of response because it is less rigorous in use. In addition, its use is based on the fact that the researcher's interest was in exploring housekeeper's perceptions and practices affecting safety. These require the use of a more flexible instrument other than the structured questionnaire. According to Lynn (2001), the advantage of using the semi-structured questionnaire is the ability to probe as new and interesting issues emerge. It is a good strategy for obtaining more in-depth data.

This concurs with Orodho (2012), who pointed out that the most commonly used instrument in education and social science research is questionnaire. The instrument solicited information on the health hazards, working conditions, management practices, barriers to prevention and the effects of hazards on the work safety. Employing the face-to-face method and self-administered method, the questionnaires were administered to hotel housekeeping staff in order to explore their beliefs, attitudes and practices in the management and prevention of hazards and were obtained the same day upon completion. This method establishes a strong rapport, collaboration and exchange of information beyond the specific interview (Kumekpor, 2002).

This method has the advantage of having a high response rate and the opportunity to clarify as well as probe into issues regarding the study. The entire questionnaire for the housekeeping staff consisted of six sections – A to F. Section A was designed to gather information on participants' socio-demographic information. These included age, marital status, monthly salary and their highest level of education.

Sections B and C were designed to collect data on the independent variables which are the working conditions and health hazards with a few open-ended questions. Sections D and E were designed to gather data on items relating to factors affecting control and management of health hazards in the housekeeping department in order to come up with the best interventions to ensure safety at the workplace. The constructs in sections B, C, D, and E were measured on a 5 – point Likert scale of level of agreement ranging from 1 (strongly disagree) to 5 (strongly agree). Lastly, section F was designed to collect data on work safety in the housekeeping department (*Appendix B for the questionnaire for housekeepers*).

3.5.2 Interview Guide

The use of the in-depth interview guide was based on the fact that specialist personnel and other key stakeholders in housekeeping operations had some information which could help enrich the study. (Wertz, Charmaz, McMullen, and Josselson, (2011) found the use of in-depth interviews to be most appropriate for situations in which one wants to ask open-ended questions that elicit in-depth information from relatively few people on their feelings and perspectives on a subject. An interview guide gives first hand descriptive information and complements the other tools (Wertz *et al.*, 2011).

Based on the above background, key informants interview guide made up of semi-structured interview items was developed for the study and was administered to managers, proprietors or supervisors of the selected budget hotels as well as the President of the Hoteliers Association and Ghana Tourism Authority Director.

The interview guide elicited responses on the background characteristics of the key informants. The guide also focused on a wide range of thematic areas that included the following: working conditions, health hazards, control of hazards in the housekeeping department and factors affecting the management of health hazards (*Appendix C*).

3.6 Pre-testing of the Instruments

To determine the quality of the research instruments in terms of reliability, a pre-test was carried out at the budget hotels in the Eastern Region of Ghana on housekeepers. The pre-testing of the questionnaire was also conducted to assess the time taken by participants to complete the questions, wording of questions and to identify redundant questions (Creswell, 2012). Kothari (2004) noted that pretesting as a process represents the stages that should be followed when conducting the actual survey. The

participants were informed to take note and comment on any ambiguity, missing words, improper sequencing found in the items, some missing words and unclear statements were identified and revised. Some items were deleted based on the comments from the pre-testing. The number of items under some variables was also reduced to reduce the amount of time for completion. For instance, number of health hazards was reduced from 9 items to 7 items and both control and preventive management factors from 11 items to 8 items (Appendix B).

3.6.1 Questionnaire

A pre-test was conducted in 7 budget hotels. In all, a total of 20 housekeepers and 3 supervisors or managers were used for the pre-testing of the study instruments. The housekeeper's questionnaire was pre-tested on 20 housekeepers drawn from the budget hotels which were not part of the main study but shared common characteristics. The budget hotels for pre-testing were selected since they shared common characteristics to those where actual survey was conducted. According to Mugenda & Mugenda, (2008), the number of cases in the pre-test sample is normally between 1% and 10% depending on the sample size, thus the 20 housekeeping staff used for the pre-text was considered to be fair representation of the number of cases for the pre-testing. Table 3.5 demonstrates the sample distribution of pre-testing the questionnaire.

Table 3.4: Sample Distribution for Pre-testing

Name of Budget Hotel	Housekeepers	Managers/ Supervisors	Total
Two stream hotel	3	-	3
Adoboahen's Lodge	2	-	2
Eredec hotel	3	1	4
Gnat hostel	3	-	3
Kwabesco hotel	3	-	3
Rossaps hotel	3	1	4
Eastland hotel	3	1	4
Total	20	3	23

Table 3.5 shows that, 20 housekeepers and 3 managers/supervisors from the above budget hotels were selected for pre-testing the survey instrument. The purpose of pre-testing the questionnaire was to assess the clarity of questions, ascertain the understanding levels of the participants and gain feedback on the time required to complete the questionnaire and conduct an interview. The comments that ensued from the pre-testing process were used to revise and refine the questionnaire for clarity before conducting actual data collection. For example, item number (1) of the housekeeper's questionnaire "Name of hotel" was removed.

3.6.2 Interview Guide

The interview guide was also pre-tested in the seven hotels but unfortunately only three managers/supervisors avail themselves and so were used for the pre-test on 10th, 17th and 26th of February, 2016. The three managers/supervisors were interviewed in their respective hotels. For ethical reasons, the managers/supervisors were informed about the purpose of the pre –testing. The interview lasted between 20 to 30 minutes each.

The pre-testing showed that the managers/supervisors needed time to think and respond. Also in certain situations, the questions had to be repeated before the managers/supervisors could attempt to give an answer. Hence, the researcher decided to give the managers/supervisors a copy of the interview guide some few minutes before the interview took place during the main study.

The pre-testing also prompted the researcher to use a tape recorder to capture the oral responses from the managers/supervisors instead of writing them on pieces of paper during the interview session. This was done to enable the researcher to capture all the information given by the interviewees in order to save time in writing the responses.

However, for ethical reasons permission was sought from the managers before the interview was tape recorded.

3.7 Instrument Validity

According to McBurney and White (2010), validity is the property of a measurement that test what is supposed to test for a particular group of people and for the particular context, and also that the interpretations that are made based on the test are correct. Creswell (2009) have explained further that it is what makes it possible for a person to draw meaningful and useful information from the results in an instrument. In this study, content validity technique was used, which according to Kothari (2004), it's the extent to which a measuring instrument provides adequate coverage of the topic under study and this was achieved through the supervisors' advice and substantive and subjective judgment (Gay, Mills & Alrasian, 2009). Content validity measures ability to assess the adequacy of the content being examined. To ensure that face validity the questionnaire items were stated short, concise and well - arranged sentences so as to gain respondents acceptability and motivation. Lastly construct validity was established through comprehensive review of literature for conformance of the constructs with what is in literature, construct validity is concerned with the capability of instrument to accurately measure the theoretical construct it is meant to measure.

The study also ensured that the interview guide that was used for collecting the qualitative data was trustworthy and free from bias as the most practical way of achieving greater validity in qualitative study is to minimize bias (Cohen, Mainon & Morrison, 2007; Creswell, 2012). To ensure trustworthiness in the interview guide, the researcher adopted the use of tape recording to help minimize bias. The tape

recording was transcribed verbatim. This approach guaranteed the researcher's access to the original data.

3.8 Reliability of the Instruments

Reliability is the property of consistency of a measurement that gives the same results that are stable on different occasions, making them predictable and accurate (Creswell, 2009; Kumar, 2005; Mc Burney & White, 2010). This means that the research tool is expected to produce the same or almost the same scores anytime it is administered to the same individual or group. For the purpose of this study, the researcher adopted the internal consistency approach in order to examine the reliability of constructs used in the questionnaire.

In order to ensure that the questionnaire yielded consistent and reliable results, Cronbach Alpha test statistics for internal consistency was employed to assess the reliability of the study constructs. Four separate Chronbach's Alpha statistics were conducted for working conditions, hazards of housekeepers, control of hazards, and management of hazards constructs. Table 3.6 presents results of the reliability tests.

Table 3.5: Reliability Statistics

Constructs	Number of items	Cronbach Alpha
Working Conditions	19	.760
Hazards of Housekeepers	10	.832
Control of Hazards	8	.854
Management	8	.857

It can be seen from Table 3.6 that Alpha statistics for working conditions, hazards of housekeepers, control of hazards, and management of hazards were .760, .832, .854 and .857 respectively. All the Alpha statistics were above the cut-off of 0.70 (McMillan & Schumacher, 2010) and thus, the constructs were considered reliable. To improve the reliability of the key informant interview guide, the researcher

carefully recorded the entire data and all transcripts were crosschecked to ensure there were no apparent mistakes.

3.9 Data Collection Techniques

As indicated early on, the questionnaire was used to gather data from housekeepers whereas the interview schedule was used to gather data from manager/supervisors, Hoteliers Association President and GTA Official. The steps employed in the data collection were as follows. First, the researcher obtained approval letter from the Dean of School of Graduate Studies, Kenyatta University, after the Board of Graduate School approval of the proposal. Copy of the letter was addressed to the Eastern Regional Director in- charge of Tourism and Culture and was personally submitted to the Ministry of Tourism to obtain research permit. The letter was also forwarded to the Hoteliers Association Council, Eastern Region because they also have oversight responsibility over the hotels.

Second, the researcher obtained a permit from GTA to visit the hotels. The researcher was directed to contact the managers at the various hotels for assistance to implement the study. Thirdly, considering the scattered nature of the hotels around the Region, two research assistants were selected and trained prior to the data collection to assist in the data collection.

Research assistants comprised of students who had completed HND program. These students were deemed to have had at least a higher national diploma and are knowledgeable enough to help achieve the objectives of the study. A two day training session was organized to train the research assistants to be conversant with the items and what was required of the respondents. A dummy data collection session was conducted to climax the training.

During the actual data collection, housekeepers were contacted at their various workplaces during the face-to-face session at their various hotels. The researcher administered questionnaires to housekeepers during their working hours, with the assistance of the two research assistants. Housekeepers were waited to complete the questionnaires, which were collected by the research assistants. Housekeepers were able to complete and submitted the questionnaires during the time of the survey.

3.10 Response Rate

A total of 428 questionnaires were distributed to housekeepers in the budget hotels in the Eastern Region of Ghana. Of these questionnaires, 35 were found to have incomplete data and were therefore discarded, leaving 393 representing a response rate of 91.8% which is far above the threshold of 60% recommended for social sciences (Johnson & Wislar, 2012). The high rate of return by the respondents could be attributed to the fact that the completed questionnaires were collected on the same day. Figure 3.1 is a flow diagram illustrating the study response rate.

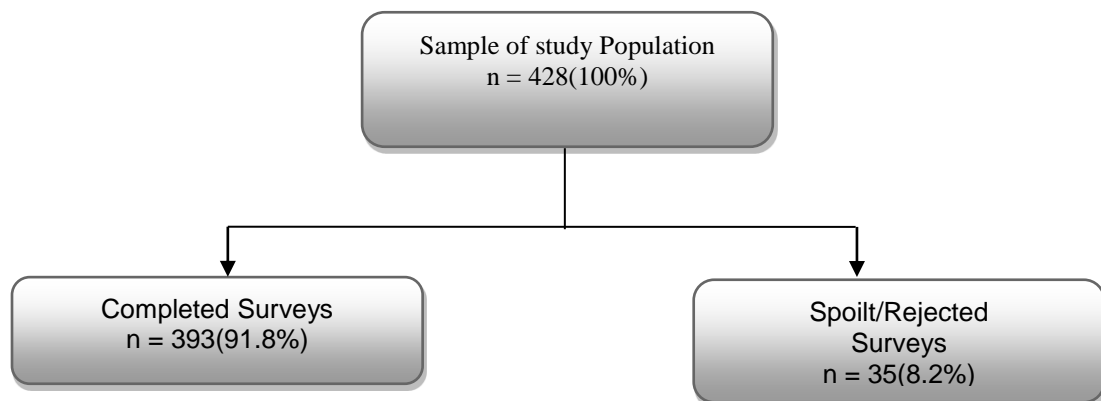


Figure 4. 1. A flow diagram illustrating the study response rate and rejected surveys

The semi-structured interview schedule was used to collect qualitative data from the managers or supervisors of the various hotels, the Hoteliers Association President and GTA Official. The researcher scheduled interview sessions with the key informants. Time and place for the interviews were determined by the respondents to ensure

easiness and to allow respondents to provide the needed information. Interview sessions were taped-recorded with respondents' permission. Notes were also taken in the event that the recording equipment fails (Creswell, 2012). Of all the interviews, 52 out of the 61 key informants constituting 85.2% were available for the study while 14.8% were not available to be interviewed.

3.11 Data Analysis

Data analysis is one part of the research process that follows data collection (Pallant, 2010). Data analysis comprised both quantitatively and qualitatively techniques.

3.11.1 Quantitative Data

All collected questionnaires were manually screened and sorted out on the basis of completeness of data. Subsequently, those that did not have complete data were discarded. Those with complete data were coded and data entered into the statistical package for social sciences (SPSS). The dataset was screened using frequencies in order to ensure accurateness of the cases keyed in. Descriptive statistics were employed to analyze and interpret the socio-demographic characteristics of the participants and constructs through the use of frequency tables, percentages, means, and standard deviations.

For inferential statistics, Chi-square test was used to analyze the relationship between variables in the study. In addition, multiple regression analysis was used to assess how the potential effects of health hazards and working conditions significantly influenced work safety of housekeepers. Besides, hierarchical multiple regression analysis was used to examine the moderating effect of participants demographic factors (sex, level of education and age) on the relationship between working conditions and work safety of housekeeping staff.

This statistic yielded a determination coefficient (R^2) which was used to explain the percentage of variation in the dependent variable that is explained by the predictor variables. The test was set at 95% confidence interval. The overall hypothesized multiple regression model equation with the predictor and moderating variables was:

$$Y (WS) = \alpha + B_1WC + B_1A + B_2G + B_3E + B_4I + e$$

Where WS = Work Safety, WC = Working Conditions, A = Age, G = Gender, E = Education, I = Income, α = intercept term, e = error term, and B = regression coefficients based on the predictor variables. Table 3.7 demonstrates the analysis techniques that were conducted on the basis of the study objectives.

Table 3.6: Methods of Quantitative Data Analysis per Objective

Study Objectives	Analysis Plan
Examine the working conditions significant in influencing work safety of housekeeping staff	Descriptive statistics proportions and Correlation
Determine the health hazards and the associated contributions to work safety in the housekeeping department	Descriptive statistics (Means, Mean Rankings, & Standard deviations), Chi square (Association)
Explore the effects of working conditions and health hazards on the safety of housekeeping staff	Multiple Regression analysis (significance $\alpha < .05$)
Examine the moderating effect of socio-demographic variables (gender, age, income, education) on the relationship between working conditions and work safety of housekeepers in budget hotels in Eastern Region of Ghana	Hierarchical Regression analysis (significance $\alpha < .05$), Simple Linear Regression Model
Analyze best predictor variables for management of health hazards affecting work safety in budget hotels in Eastern Region of Ghana.	Multiple Regression analysis (significance $\alpha < .05$)

3.11.2 Qualitative Data Analysis

All data collected through interviews from key informant were audio-recorded, transcribed verbatim and analysed using core content analytical steps. The audio-recording of interviews were a way of eliminating errors such as omissions and misrepresentation of facts. It also helped to facilitate the process of the interview.

The content analytical approach to qualitative data analysis reduces complications associated with having to handle bulky data. Based on the objectives and the conceptual framework of the study, the specific core themes were derived for the study.

3.12 Ethical Considerations

Bearing in mind the significance of ethics in the conduct of research, the following steps were taken to protect the interest of study participants in this current study (Dodd, 2003):

3.12.1 Informed Consent

The use of informed consent was a means to give participants the choice of whether to participate in the study or not. A letter of introduction from Kenyatta University was sought in order for the participants to give their informed consent before participating in the study. The consent form was used to summarize the goal and objectives of the study and the possible implications in terms of benefits of one's participation. The consent message was then given to hotel housekeepers in order for them to make an informed decision on their participation.

3.12.2 Confidentiality

Before interviews, the researcher fully discussed the issue of anonymity and confidentiality with participants and assured them that their identities would not be disclosed in the study findings or any study-related publications. In the case where quotations and categorical statements made by the interviewees needed to be presented instead of generalizing the issues, pseudo-names were used to conceal the identity of the respondents in question.

CHAPTER FOUR

FINDINGS AND DISCUSSION

4.0 Introduction

The purpose of this study was to explore the influence of working conditions on the safety of hotel housekeepers in budget hotels in the Eastern Region of Ghana. The study was guided by objectives that sought to examine the risk and hazard factors affecting the health and safety of housekeepers and to determine the conditions under which such staff work.

The findings were analyzed and presented according to the study objectives. Analyses of the qualitative data obtained from interviews that were conducted using the key personnel of the hospitality industry in the Eastern Region of Ghana on working conditions and health hazards of the housekeeping staff at the budget hotels are also presented in this chapter.

4.1 Socio-Demographic Characteristics of Housekeeping Staff

In order to understand the effects of the background characteristics of the housekeepers on the dependent variable of the study, six key variables: sex, age, marital status, salary per month, level of education and religion were explored.

4.1.1 Gender of Respondents

The study found that there were generally more female respondents in the housekeeping department. All the budget hotels had a higher population of female respondents than male. Figure 4.1 shows the distribution of survey respondents by gender.

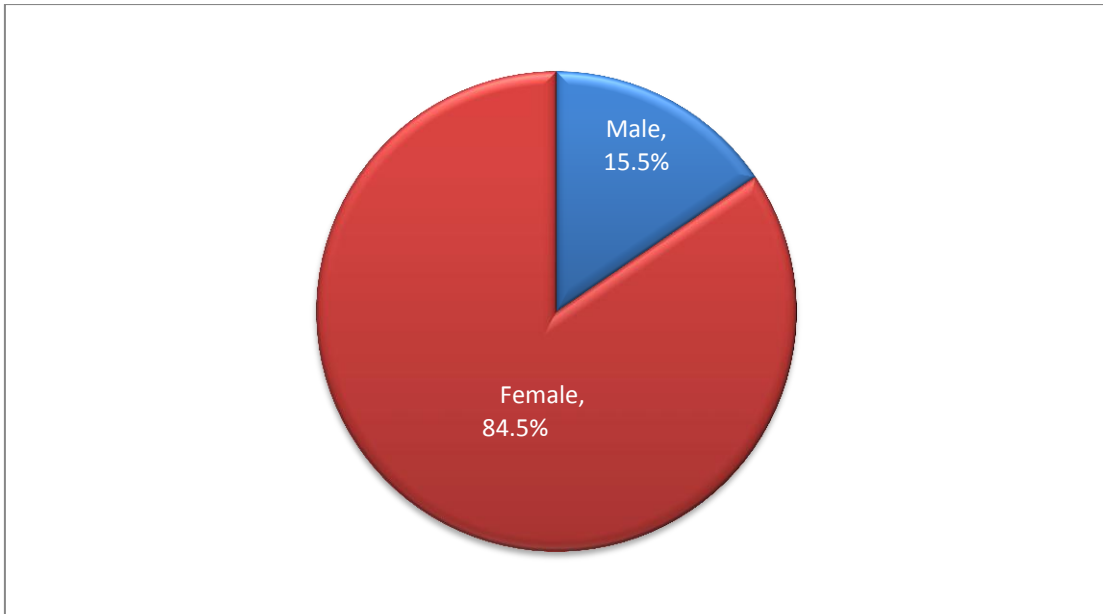


Figure 4. 1. Gender of Respondents

Majority of the respondents (84.5%) were females while the remaining (15.5%) were males. This finding on gender in this survey was consistent with most international surveys on housekeeping as female staff outnumber male staff (Buchanan *et al.*, 2010; Hsieh *et al.*, 2013; Lars *et al.*, 2009). This finding again supports Bureau of Labour Statistics (2014) and Krause and Lee (2012) findings that even through the Total Recordable Cause (TRC) incidence rate of injury and illness reported in the hospitality industry declined in 2013, the victims were predominantly young female workers.

According to Vanselow *et al.*'s (2009) study of room attendants in six-country housekeeping workforces were dominated by female workers who were particularly part-time workers, and ethnic minorities and migrants (legal and illegal). The data revealed that majority of the housekeepers were females because traditionally most cultures in Africa have accepted housekeeping as a preserve for women (Amissah, 2014). In addition, most hoteliers prefer to recruit more female housekeepers than

their male counterparts due to the high level of commitment often from the females (Krause & Lee, 2012).

An implication worth noting is that most of the equipment for cleaning is designed to suit male workers more than female workers due to their weight and portability (Krause, 2010), but, unfortunately they are mostly handled by the women in the housekeeping departments instead of handy and portable equipment for easy use by female workers in the housekeeping department which can help reduce musculoskeletal injury that is often caused by the heavy weight of the equipment and long hours of usage of such equipment by the female staff.

4.1.2 Age of Respondents

Descriptive analysis of participants' age profile illustrated in Figure 4.2 revealed that majority (79.1%) of the housekeepers were aged between 20-29 years followed by those in 30-39 years age bracket (15.5%) indicating that young adults make up the buck of the population of housekeeping staff.

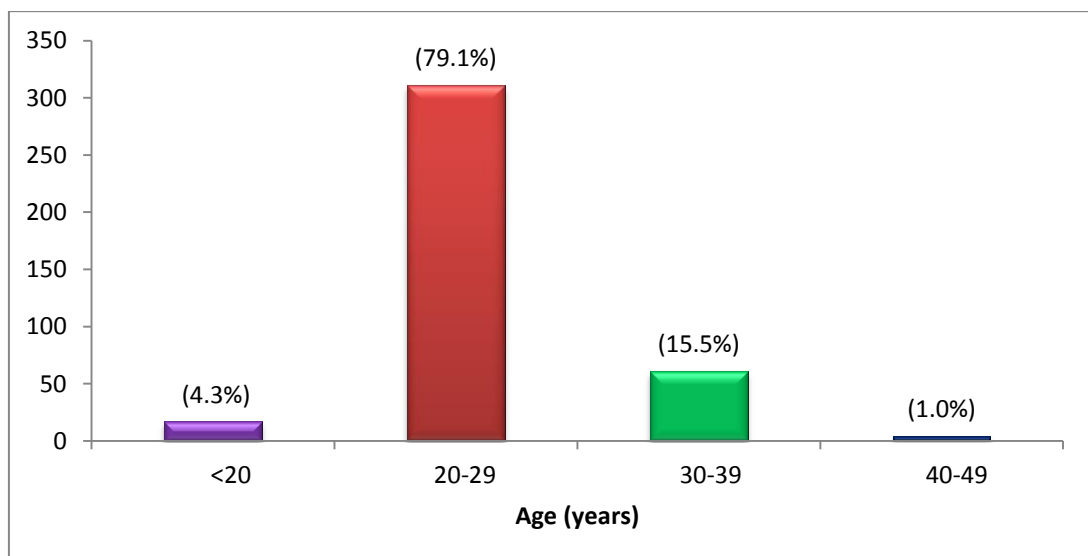


Figure 4. 2. Age of Respondents

Also, it is apparent from Figure 4.2 that only (4.3%) of the housekeepers were below 20 years of age, with another small percentage (1.0%) who were between 40-49 years. The finding on age distribution was consistent with Wial and Rickert (2012), NIOSH, (2011) and CCOHS (2012) which revealed that majority of housekeepers were youthful.

Again, studies reporting characteristics of the housekeeping workforce revealed consistent patterns across the hotel sector globally that young people and students, features strongly in housekeeping work with many of them having relatively low professional educational attainment. However, Dutton *et al.* (2008) study of room attendants in the US and UK found different findings.

In their study, housekeeping jobs in US and UK tended to attract older women returning to the labour market, or working mothers balancing family responsibilities who found that the hours of work suited their schedules. The implications are that young adults constitute a critical mass in the active labour force as such; they need to be protected in order to keep a balance in the labor front.

4.1.3 Marital Status of Respondents

Descriptive results of the participants' distribution of marital status illustrated in Figure 4.3 revealed that people who are single dominated housekeeping staff (80.7%) followed by married ones (19.3%). This finding was consistent with Hsieh *et al.* (2013) which revealed that most housekeepers were unmarried and were often confronted with psychosocial hazards. Again, Knox (2010) revealed that psychosocial hazards could be well addressed if there was a strong union to help such vulnerable workers since in most cases such hazards were not reported.

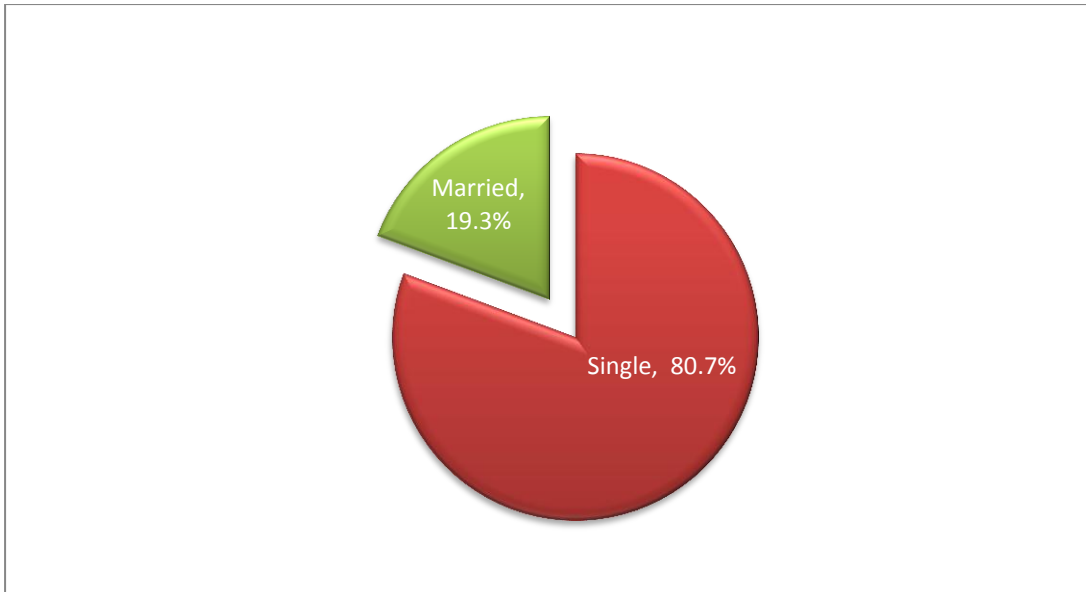


Figure 4.3. Marital Status of Respondents

Coincidentally, most of the unmarried staff in the housekeeping department are very youthful and have also not worked in the housekeeping department for long. This by extension suggest that most of such staff do on have experience in reducing hazards at their place of work since they are mostly trained on the job. This situation might be a contributory factor to the increased health hazards and injuries in the study area. Also most of this unmarried youth are just working for money to either further their studies or learn a trade which explains the reason for increased staff turnover in budget hotels (Knox, 2009).

4.1.4 Educational Level of Survey Respondents

Descriptive results of participants' distribution of level of education illustrated in Figure 4.4 revealed that participants in this study were educated only (3.8%) had no formal education, (2.0% had formal education up to the primary school level, (15.8%) had education up to middle school and JHS levels. Majority of the housekeepers (52.9%) had education up to the secondary and/vocational levels and (25.4%) had education up to the tertiary level.

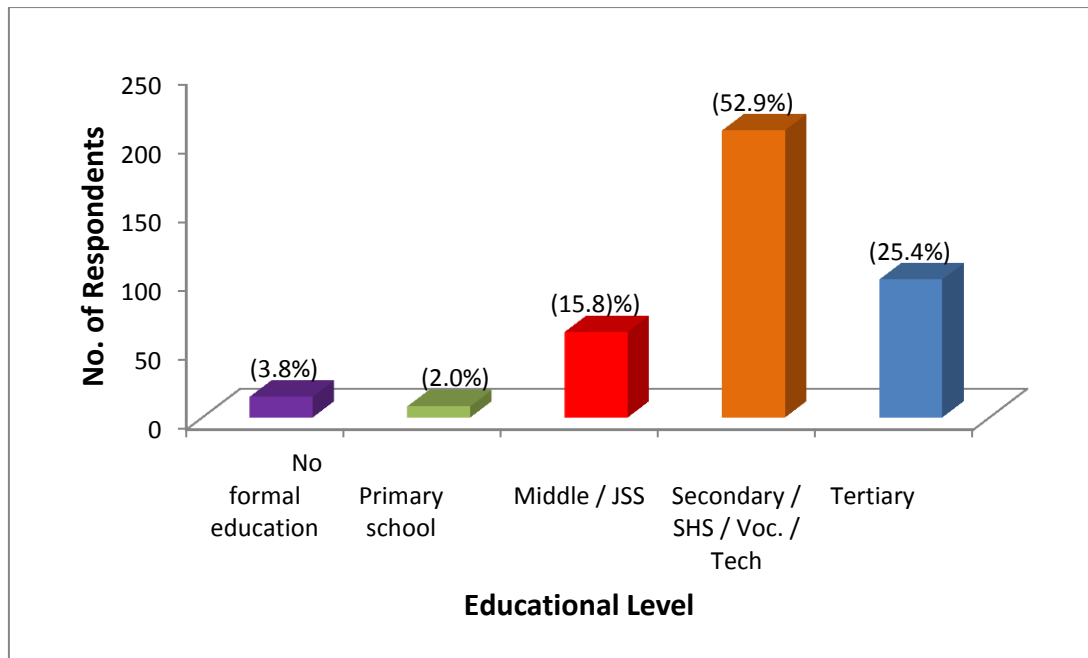


Figure 4. 4. Educational Level of Respondents

The findings shown in Figure 4.4 implied that that most housekeepers could read and write and could understand basic instructions, and, as such stakeholders should take advantage and train them in order to reduce hazards at the workplace. Another implication of this finding is that the level of education could negatively affect retention of housekeepers, since those who are highly qualified are likely to quit for a better job with better pay elsewhere (Amissah, 2014).

This finding is partially in line with other studies which found that majority of hotel housekeepers are women and immigrants with minimal education and a few opportunities for career advancement (Gautie, 2010; Knox (2010); USBLS, 2012; Wial & Rickert, 2012). This is the evidence of their low wage jobs which results in a high burden of illness, injury and disability. The EFA Global Report (2015) stated that education plays a critical role in the knowledge, behavior, attitude and skills of the individual for a healthy lifestyle.

4.1.5 Monthly Salary of Respondents

Descriptive results of participants' distribution of monthly salary illustrated in Figure 4.5 revealed that majority of the housekeepers (79.1%) had monthly salary below five hundred Ghanaian Cedis (GHS500) which is equivalent to (\$128). This suggests that salaries of housekeepers are generally low in the study area.

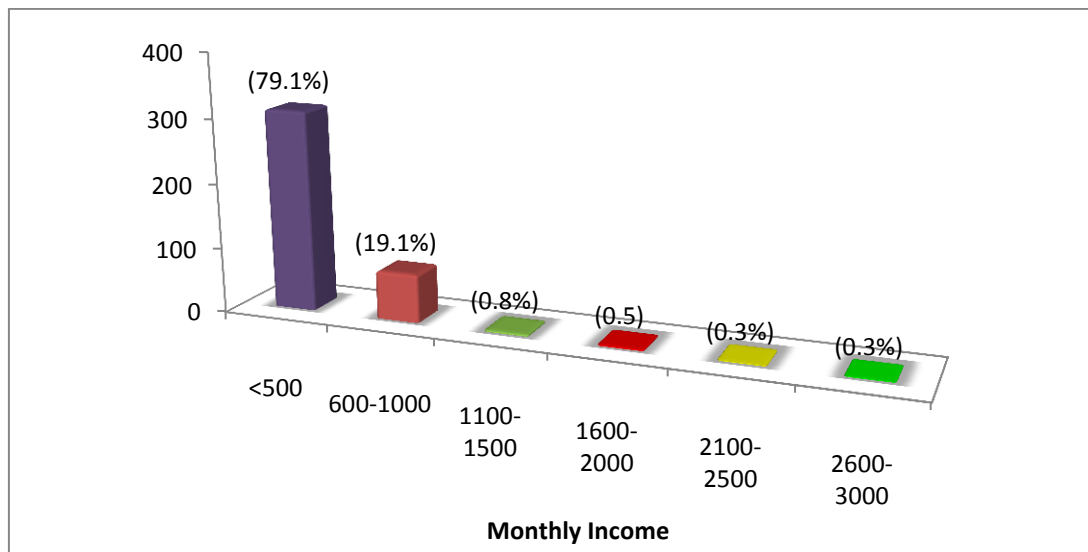


Figure 4. 5. Monthly Salary of Respondents

The findings on participants' monthly salary are in line with Krause and Lee (2012) study that hotel housekeepers are among the lowest paid staff in the hotel industry because most jobs in the housekeeping department are “blue color” and requires minimal literacy skills. Again according to Oxenbridge (2011), internationally, housekeeping jobs within the hotels are characterized by low pay.

It was noted that the prevalence of low paid workers in hotels studied in the United States, Denmark, Germany, France, the Netherlands and United Kingdom is at least double and even triple the national rate, putting the industry squarely at the wages floor of the national labour market. The implications are that, to make ends meet, such workers have to endure working for long hours which often predispose them to injury.

To reduce the incidence of injury therefore means to improve on the salary levels of workers as well as reduce their hours of work.

4.2 Working Conditions Significant in Influencing Work Safety of Hotel Housekeepers

Working conditions affecting the safety of housekeepers need to be investigated as good working practices help reduce health hazards (Oxenbridge & Moenstead, 2011). To have a clear understanding of the working conditions affecting housekeepers, the researcher first determined the employment status of the housekeepers (Figure 4.7).

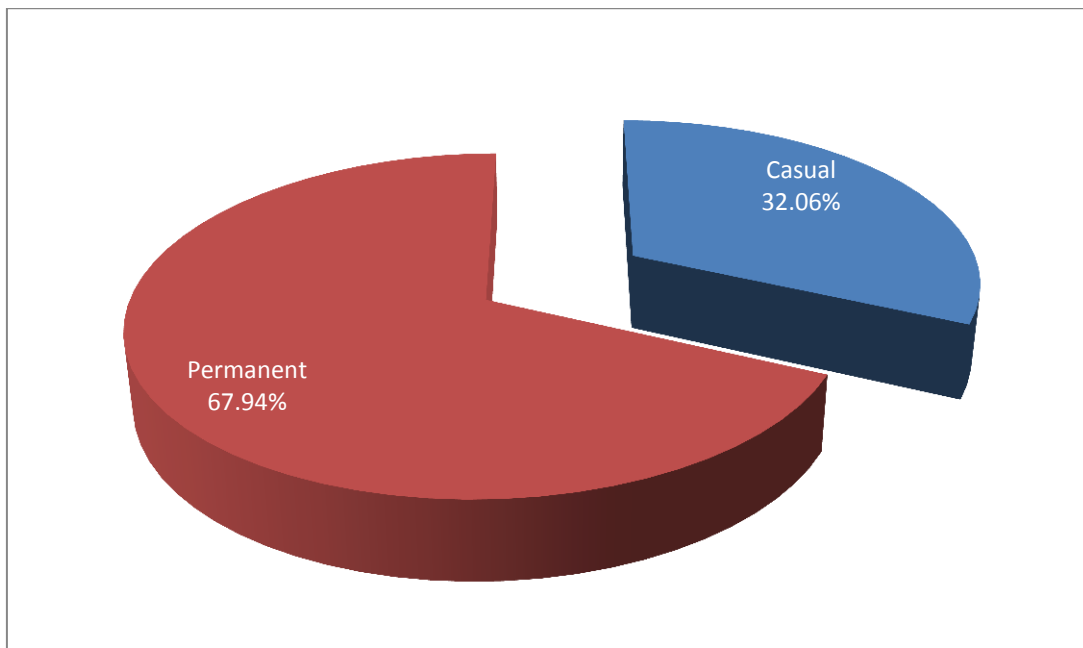


Figure 4. 6. Employment Status of Housekeepers in Budget Hotels

From findings exhibited in Figure 4.7, it was found that only (32.1%) of housekeepers in the study area had been engaged on casual basis while the remaining (67.9%) were on permanent basis. This finding is in contrast with Krause and Lee (2014), ILO (2010), Sobiah (2011) and Knox (2013) which revealed that housekeepers are mostly

casual who have low level of education, low pay, low job controls and job insecurity. The study further revealed that majority of the housekeeping staff were permanent, and that they were not professionals because they had not received any professional training. The likely reason might be that the cost of training a professional is high and the facility is not obliged to train them. This might be the likely cause of low training. Permanent employees could also help grow the business as they get more efficient at their jobs through familiarity with the processes, standards and operations.

After the determination of the employment status of housekeepers, the researcher went further to determine how long the housekeepers had worked in the housekeeping department. This question was asked to determine whether the facilities were complying with the labor laws which has clearly spelt out that casuals should not be kept for more than 3 years without being employed on permanent basis (Figure 4.8).

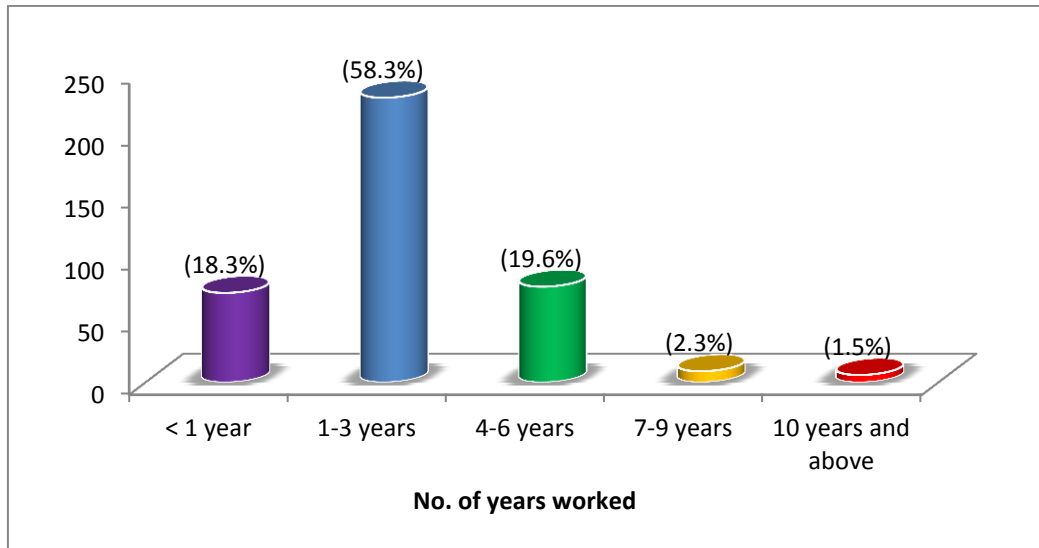


Figure 4. 7. Years Worked by Housekeepers in Budget Hotels

The researcher further examined the working conditions affecting work safety in the housekeeping department, with the aim of providing interventions that would promote healthy working conditions and invariably reduce hazards in the study area. Survey participants were requested to rank their opinions on (9) questions regarding working

conditions in the budget hotels in Eastern Region of Ghana on a 5-point Likert Scale ranging from 1 representing strongly disagree to 5 representing strongly agree. (Table 4.1).

Table 4. 1. Working Conditions Affecting Safety of Housekeepers

Working conditions	5	4	3	2	1
Long hours of work	(55.5%)	(35.9%)	(3.6%)	(2.3%)	(2.8%)
Low salary	(60.6%)	(28.2%)	(6.4%)	(2.5%)	(2.3%)
No instructions on use of equipment	(20.4%)	(27.0%)	(21.1%)	(26.5%)	(5.1%)
No training on safety precautions	(31.5%)	(27.2%)	(13.2%)	(20.3%)	(7.6%)
No provision of warning signs in areas of danger	(21.9%)	(23.7%)	(11.7%)	(30.8%)	(12.0%)
No provision of adequate personal protective wear	(34.4%)	(26.0%)	(13.0%)	(17.8%)	(8.9%)
Do not equip first aid box for housekeepers	(30.5%)	(24.2%)	(14.0%)	(21.4%)	(9.9%)
Not easily accessible to fire exit	(27.0%)	(26.7%)	(17.8%)	(20.6%)	(7.9%)
No access to medical services	(35.6%)	(24.2%)	(11.7%)	(17.3%)	(11.2%)

Note: 1 = Strongly Disagree. 2 = Disagree. 3 = Undecided. 4 = Agree. 5 = Strongly Agree

4.2.1 Long Hours of Work

The study found that as high as (55.5%) strongly agreed that working for long hours is a threat to their safety at the housekeeping department. The staff were of the view that having to work for long hours vis-a-vis lifting heavy mattresses in the process of laying beds as well as assuming different postures and positions during guestroom cleaning process often leads to pain at the back, neck and shoulders. Again it came out that most often; laundering is done manually in the hotels. Having to keep one hands in the cleaning solutions or agents with high concentration for a long time often irritates the eyes, the nose and the skin, and it could be a major source of skin rashes among hotel housekeepers.

Another group of housekeepers constituting (35.9%) also agreed to the fact that working for long hours is detrimental to the health of the housekeepers. As in most cases, housekeepers are understaffed and would have to clean all rooms for guests and perform routine cleaning at public areas and other places in the hotel.

Only (2.3%) of the respondents disagreed with the fact that working for long hours affected their health status. This group of workers was of the view that even though working in the housekeeping department was strenuous and difficult, but, so far as workers work within the stipulated time to complete their room quota, they could not be said to be working for long hours.

This finding is in contrast with CCOHS (2012), NIOSH (2011), and UNWTO (2011) findings that hotel house cleaners are predominantly women who often work under adverse conditions such as long hours, ergonomics strain, and a wild array of other physical and mental health risks which often exposed them to repetitive strain injury, musculoskeletal disorders, allergies and psychological distress.

4.2.2 Low Salary

Low salary of housekeepers was identified to be a factor affecting the safety of housekeepers as (60.6%) of the housekeepers strongly agreed that because their salaries were so low they did other menial jobs to make ends meet or earn more income. These additional jobs coupled with long hours of work in the housekeeping department made them stressful and prone to psychosocial distress. Many workers (28.2%) also agreed that low salary affected their safety. It was revealed that because of the low salary, workers are often not able to cater for their health needs and this situation could affect their health status.

Further, it was found that due to their low salaries, most housekeepers are not able to further their education or embark upon any skill development that would enhance their efficiency and safety.

Apart from the few in-house training organized, sometimes by GTA, housekeepers barely benefit from training. This finding supports Knox's (2011) study, that housekeepers are among the low paid workers in the hotel industry and are often confronted by temporal and financial limitation that impede their skills development in occupations characterized by shallow career and pay ladder and as a result makes it very difficult for such workers to step out of low pay and low quality of work.

4.2.3 No Instruction on Use of Equipment

This finding again is in line with Schoeni, Hoise, Kaplan and Pollack (2008) that employment may enhance the status of workers by providing a critical link between educational attainment and income earned. It also came out that (6.4%) of the workers did not know whether low salaries affect their safety or not, while (2.3%) strongly disagreed that low salaries have effects on work safety. The underlying reason was that their educational background is low and the salary they receive is in line with it. They are working to just make ends meet but not seeking for any development.

There seems to be a split on whether availability of instructions on the use of equipment affects the safety of housekeepers. Whereas (27%) of the housekeepers agreed that in circumstances where no instructions were given on the use of equipment it could affect their safety, almost the same number (26.5%) disagreed to this assertion on the basis that budget hotels do not use industrialized cleaning machines and equipment.

They often use simple household cleaning equipment which they are already familiar with their usage; therefore there is no need for any formal instructions before usage. As high as (21.1%) of the respondents were undecided on whether or not the absence of instructions on the use of equipment could affect the safety of housekeepers.

4.2.4 No Training on Safety Precautions

Training on safety precautions as a variable affecting safety of housekeepers was analyzed. The study revealed that (27.2%) agreed to the fact that safety training which is a cost-effective measure in preventing injury as well as creating awareness is lacking in some housekeeping department. Many workers (31.5%) strongly agreed to the need to implement institutional agenda required in promoting training among staff.

The study further found that training on safety is not often organized for newly recruited staff induction. This implies that the basic safety training programs needed by housekeepers to be able to identify and control reasonable and foreseeable health and safety risk in order to adopt interventions that can prevent work-related injuries and illness are lacking in the housekeeping department. This finding is in line with Cherenó (2011) study which found out that the implementation of safety training programs would all work together to create a safer workplace and reduce the frequency and severity of workplace accidents.

Cherenó (2011) study further indicated that in most cases, such accidents and the accompanying loss of production and efficiency could be avoided by establishing manager/employee safety committees, instituting regular training programs and inspections, conducting emergency drills, and disciplinary action for violators of

safety rules. A segment of the respondents (20.3%) disagreed to the fact that absence of safety training is a threat to work safety.

This category of respondents indicated that the availability or non-availability of a training program is not a major concern to staff so far as the individual concerned do not have any difficulties executing his or her housekeeping duties. A small number (13.2%) of respondents could not indicate whether training had either negative or positive consequence on housekeeping safety. The inability of this category of housekeepers to make an opinion on such a critical factor affecting their work safety might be due to their low educational level or fear of intimidation by management.

4.2.5 No Provision of Warning Signs in Areas of Danger

Many housekeepers (30.8%) disagreed to the fact that no provision of warning signs in areas of danger was a threat to their work safety. They further explained that one need not be told that wet floors can predispose one to fall or a moving turbine of a fan can cause a cut if one gets closer. As a result of this, naturally, when the housekeepers get to hazardous environment they become safety cautious. This category of workers further explained that during orientation, they are taught how to handle potentially hazardous equipment and as a result they know that equipment and for that matter there is no need putting danger signs on them.

In contrast, (21.9%) of housekeepers strongly agreed that provision of no warning signs in areas of danger poses a threat to housekeepers. It was found that in most cases, workers are under stress because of the long hours of work and the need to meet the high demands of guests. As a result, there is the need for constant reminders of areas of danger since the absence of such warning signs in areas of danger could lead to a lot of accidents affecting the health of housekeepers.

It came out that as high as (23.7%) of the housekeepers agreed to the earlier assertion that provision of no signs in areas of danger are a threat to safety of housekeepers. The implications are that newly recruited housekeepers who are not familiar with the working environment stand a high risk of getting injured. This finding supports ILO (2013) and BLS (2013) and the Health and Safety at Work Act 1974 that workers have the right to be informed and protected whenever they are in a hazardous environment.

4.2.6 No Provision of Adequate Personal Protective Wear

Another working condition affecting safety of housekeepers was examined, and found that most housekeepers strongly agree that non-use of adequate PPE affected their safety (34.4%). About (26.0%) of participants also agreed that non-use of adequate PPE was a threat to work safety in the housekeeping department. These were because chemical exposures could lead to allergies, irritation and even burns when the right protective wear is not used or available to be used.

Again, bacteria and fungi infections as a result of direct contact to the skin could also occur. This finding supports Krause (2014), Hsieh *et al.* (2013), and Sano (2014) findings which emphasized that all housekeeping staff should consistently use correct protective materials in order to protect themselves from biological infections during the process of cleaning guest rooms and public areas.

4.2.7 Not Equipping First Aid Box

In considering the absence of first aid box as a working condition affecting work safety, (30.5%) of the housekeepers strongly agreed that, in circumstances where the first aid box was always empty or lacking the essential items to manage emergency first aid situation, this could affect the working conditions of the housekeeping staff.

It came out that cuts and bruises are common minor injuries associated with housekeeping operations which needs immediate attention; this could easily be addressed when there is an available and equipped first aid box.

Unfortunately, most first aid boxes lack essential items and therefore when minor injury occur, the affected worker would have to stop work, leave the establishment to seek for personal dressing or medical attention outside or use the open wound to continue to work which can be infected in the process. It was also found that (21.4%) of the housekeepers disagreed that non-availability of first aid box affected work safety. The reason being that, most workers do not use the first aid box and therefore the presence or non-presence of the box do not have any direct effect on the workers.

4.2.8 Non Accessibility to Fire Exit

Non-accessibility to fire exit was found to be another major factor affecting housekeepers' safety in the housekeeping department. As high as (27.0%) strongly agreed to the fact that inaccessibility of a fire exit affected their safety. Another (26.7%) also agreed to this fact and they further indicated that housekeepers often do not have easy access to emergency exits. Again, their store rooms and rest rooms are located in obscure corners in hotels which are often far away from emergency exits.

4.2.9 No Access to Medical Services

In considering non-access to medical service as a factor affecting work safety of housekeepers, (35.6%) strongly agreed that the absence of such services affected their safety. It was revealed that if such services were to be available, workers would have routine checkups and any emerging illness treated before it gets out of hand. Another category constituting (24.2%) also agreed that non access to medical services affected work safety of housekeepers in that most of them are not able to pay for their medical

bills whenever they fall sick, and for the fear of losing their jobs, they also do not report their illness, but will rather report to work in their sick and weak condition and work - a situation which often worsened their health status.

4.2.10 Working Conditions: Analysis from Key Informants

The qualitative data from the managers/supervisors, GTA official, and the hoteliers association president supported the quantitative aspect of the study by revealing that major working conditions such as long hours, low salaries, inadequate training on safety precautions, inadequate provision of personal protective wear and poor access to medical care or service affect the safety of housekeepers. For instance, for the fear of losing one's job, one has no option than to accept to work for long hours even beyond the stipulated 8hrs of work by International Labour Law.

Low salaries of housekeepers in budget hotels as the study found that majority of the housekeepers ($N = 238$, 60.6%) receive monthly salary below five hundred Ghana Cedis (GHS500) which is equivalent to (\$128) which often falls below the daily minimum wages of 5.6 Ghana Cedis increases the vulnerability of housekeepers as they are often constrained in meeting their basic health needs. Besides, management of hotels are also unwilling to meet the medical bills of workers. The GTA representative in Eastern region remarked,

I admit the conditions of housekeepers are not the best but we hope the conditions will change for the better. These unacceptable poor conditions have great influence on the safety of the housekeepers. Some work as long as 12hrs, that is 6am to 6pm in hotels that are under staff. The irony of this is that after working for these long hours their salaries do not commensurate with the work they do. These conditions often affect the health and safety of the housekeepers as they often work under stressful conditions. (GTA Representative) Koforidua, 2016

An interview with the Hoteliers' Association president to verify whether or not the working conditions in budgets hotels are actually as strenuous and difficult as

indicated by the GTA official was conducted. The submissions from the Hotelier's Association president confirmed that the working conditions of most of the housekeepers are so deplorable and worse. This is so because most employers do not offer the workers access to free medical care when they fall sick. This is what she had to say when she was interviewed:

The cost of running a hotel is now very expensive as the high operational cost erodes all the profit that is made. It is therefore necessary to compromise a little quality of staff to be recruited in order to make a little profit or gains. We can all bring our expertise to bear in making the working conditions in the budget hotels better than what we see, since we have majority of them in the country and the Eastern region as well, so that they can offer better services to guest. (Hotelliers Association Official) Akropong, 2016

This is what a supervisor also had to say when she was interviewed:

'Yes, we are aware that the housekeepers work under adverse conditions, but as you aware, there is very little we can do under such a circumstance. If we really have to be in operation and they must be in employment then each party needs to sacrifice a bit as the cost of maintaining the hotel is too high. Notwithstanding this shortfall, we do all we can to make them happy: provide them with lunch, clothing and transport after work'. (Supervisor) Office, 2016

The implications of these findings are that housekeepers work in deplorable conditions and such conditions affects their safety and well-being. This contradicts fundamental human rights as enshrined in the constitution of Ghana and the Labour Laws of Ghana, Act 651 which require that everyone irrespective of age, sex and creed has the right to safe working environment. If the rights of these workers are being violated because they have no unions as indicated by Sano (2014) and Knox (2010), then, how could housekeepers be helped to form strong unions that would speak against working in such poor conditions?

There is a general perception that the Hoteliers' Association deliberately prevents housekeepers from forming associations so that they can always be exploited easily. If this generalization is true then it goes to say that GTA which is the sole regulatory

body has also not played its roles as expected in ensuring that all the structures are put in place including formation of unionized bodies. The Trade Union Association of Ghana (TUC) is also expected to play an advocacy role in ensuring that all stakeholders in the hotel industry are made aware of the need to have strong unions as well as good structures so that the safety and welfare of housekeepers could be met.

The Labour Act of Ghana (Acts 651) and the Ghana Living Standard survey (2016) have emphasized the need for every employer to place its employees at least at par of the daily minimum wage of 5.6 Ghana Cedis. This is to ensure fairness among employees. Unfortunately, most housekeepers earn below the daily minimum wage of 5.6 Ghana Cedis. The question then is, what is the Ministry of Labour doing to ensure that such workers including housekeepers' salaries are improved such that the negative consequences associated with low salaries which include poor safety are reduced?

Housekeepers cannot be blamed for accepting to work in such adverse conditions. This is because unemployment rate is high in most developing countries including Ghana (Ghana Living Standards Survey, 2016). Due to this situation and for the fear of safeguarding the current job (housekeeping), however poor the conditions might be, housekeepers have no option than to offer their service in such conditions. What needs to be addressed is for the regulatory authority, GTA, and all stakeholders to ensure that housekeepers are not exploited but rather are provided with the best of working conditions as required by ILO because housekeeping forms a critical part of hotel operations.

To this end, GTA need to sit up as a regulatory body and ensure that the Hoteliers Association provides all the conditions needed for work safety in the hotels.

4.2.11 Spearman's Rank Correlation Analysis of Working Conditions Significant in influencing Work Safety

The working conditions significant in influencing work safety was ascertained using Spearman's rank correlation method and found that all the working conditions were very significant in influencing work safety ($p < .001$). (Table 4.2).

Table 4. 2. Working Conditions and its Significant to Work Safety

Variable	<i>M</i>	<i>SD</i>	<i>R</i>	<i>p-value</i>
Working for long hours	4.39	.886	.557	< .001
Low salary	4.42	.895	.557	< .001
No instructions	3.31	1.208	.520	< .001
No training	3.37	1.317	.520	< .001
No warning sign	3.13	1.374	.510	< .001
No protective wear	3.59	1.351	.502	< .001
No first aid kit	3.44	1.373	.406	< .001
No accessible fire exits	3.44	1.295	.284	< .001
No medical services	3.56	1.408	.284	< .001

Notes: *M* = Mean. *SD* = Standard Deviation. *Correlation is significant at 0.05 level (2-tailed).

In comparing the means and the standard deviations of the independent variables affecting work safety found in Table 4.2, it was found that there was significant influence of the working conditions on work safety of housekeepers in the study area. The independent variable with the highest mean with the least variability was low salary ($M = 4.42$, $SD = 0.886$) followed by working for long hours ($M = 4.39$, $SD = 0.895$). in addition, it was found that almost a quarter of the respondent agreed to the fact that these working conditions (low salary and working for long hours) had great influence ($p < .001$) on the safety of housekeepers but dispersed more from work safety and so was the least ranged. Conversely, the independent variable with the least mean and but with a high variability ($M = 3.13$, $SD = 1.374$) was found to be no warning signs. This variable though lowly ranked was still found to be significant ($p < .001$) in influencing work safety. This finding is consistent with many studies (AHLA, 2011; BLS, 2013; Buchan, 2010; WTO, 2011) which revealed that hotel

housekeepers work under adverse conditions which expose them to high health disparities.

Housekeepers perform their cleaning tasks under intense time pressure, making them more prone to trauma hazards such as slipping on wet floors, falling in bath tubs, tripping over cords, linens and other obstructions which could result in injuries, chronic pain and stress.

To determine how much each working conditions was influencing work safety, the Spearman's R used indicated that no protective wear and no first aid kit had the highest influence ($R = .557, p = .01$) among the co-factors and were ranked first. These were followed by no instruction ($R = .520, p = .01$) and no training ($R = .522, p = .01$) each and then no medical services ($R = .510, p = .01$), no warning signs ($R = .502, p = .01$), no accessible fire exits ($R = .402, p = .01$), low salary and long working hours which were thought to have the highest influence were rather found to have the least ranking even though they were found to be very significant in influencing work safety. (Table 4.3).

Table 4. 3. Ranking of the Working Conditions

Working conditions	M	SD	R	<i>p</i> -value
No protective wear	3.59	1.03	.557	< .001
No first aid kit	3.44	0.56	.557	< .001
No instructions	3.31	0.89	.520	< .001
No training	3.37	0.78	.520	< .001
No medical services	3.56	0.59	.510	< .001
No warning sign	3.13	1.02	.502	< .001
No accessible fire exits	3.44	1.08	.406	< .001
Low salary	4.42	1.11	.284	< .001
Work long hours	4.39	0.45	.284	< .001

Notes: M = Mean. SD = Standard Deviation. N = 393.

The first hypothesis which stated that working conditions did not have significant influence on work safety of housekeeping staff in the budget hotels in the study area was rejected on the basis that housekeepers in budget hotels work in deplorable

conditions and all the working conditions are very significant in influencing work safety in the housekeeping department as each working condition was found to be significant ($p < .001$). The study also found that non-provision of protective wear, and non-availability of first aid kit were found to have the highest influence on work safety.

4.3 Health Hazards' and their Associated Contribution to Work Safety in the Housekeeping Department

According to Bureau of Labour Statistics (2013), the work load of housekeepers as well as the nature of their work predisposes hotel housekeepers to high injuries and illness. This current study sought to determine the types of health hazards that are affecting work safety in the study area. In order to determine whether management is keeping to the standards of ILO Conventions and the Labour Act of Ghana (Act 651) which stipulate that every new employee working in a hazardous environment should be made aware of the potential hazards prevailing; the researcher began by examining if management is keeping faith to this Act. (Figure 4.9).

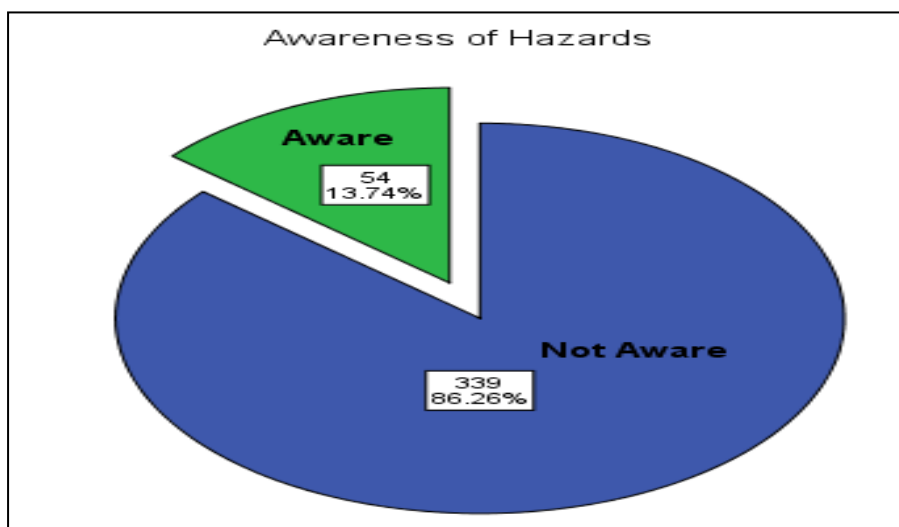


Figure 4. 8. Management Creating Awareness of Potential Hazards

Majority of the respondents (86.3%) indicated that management had neglected its basic responsibility of making workers aware of the potential hazards in the housekeeping department. It was found out that danger signs had not been fixed at hazardous places in the housekeeping department. In addition, management of budget hotels rarely conducted orientation for new employees. These findings are contrary to ILO expectation that enough precautionary measures must be adhered to safeguard the health and safety of staff. On the contrary, a small percentage (13.7%) indicated that they were adequately informed of the presence of all the potential hazards in the Housekeeping Department. These respondents further indicated that they were trained during the orientation period on how to avoid these hazards. Again, it was revealed that enough precautionary measures in the form of posting danger and caution signs at hazardous places to remind staff of the potential hazards have been provided.

According to Expert Advisory Panel on Occupational Health and Safety (2010), awareness is a key component of motivation to engage in health enhancing behaviors or avoid unhealthy behaviors. As such, when workers are made aware of the hazards in their workplace, it would serve as a motivator to use personal safety protections (e.g. if workers are not provided with information on why or when safety protections should be used, it is unlikely they will use them, even if they are regularly made available. These findings suggest that, most of the new workers in the housekeeping department are not aware of the potential hazards. They become aware only after being victims to such hazards. This finding is likely to be among the underlining reasons why injury among new employees is high (Alli, 2008).

There is ample information on occupational health and safety, but it is not well used, analyzed or disseminated to workers appropriately leading to ignorance on adherence to laid down procedures regarding safety at work. To ensure good health and safety

awareness and an accident-free industrial environment there is the need for adherence to standard on Occupational Health and Safety (OH&S) management systems so as to reduce hazards (HSE, 2012; Occupational Health and Safety Act, 2007). According to ILO (2015), lack of knowledge and awareness on safety at work, inadequate health and safety polices are major contributing factors to the occurrence of occupational related accidents, infections and diseases yet these are factors that can easily be addressed.

In Ghana, occupational related accidents and injuries are reported to occur due to low literacy levels among workers. This leads to minimal application of safety precautions (Sokas, 1997; as cited in Cherenon, 2013). High standards of safeguarding and expensive safety devices will not, by themselves, prevent accidents if the employees do not fully understand how to use the safety devices and are not aware of the dangerous actions and behavior that may lead to personal injury.

Having determined whether management of budget hotels create awareness of potential hazards at the workplace, the researcher then went further to determine the kinds of health hazards that occurred at the housekeeping department of budget hotels in the hotels as demonstrated in Table 4.4.

Table 4. 4. Hazards at the House Keeping Department in Budget Hotels

Health Hazards	5	4	3	2	1	M	SD
Trips/ slip / fall	(50.9%)	(36.9%)	(5.3%)	(4.8%)	(2.3%)	4.30	.924
Cuts	(27.2%)	(42.5%)	(11.7%)	(11.2%)	(7.4%)	3.71	1.192
Fungi/ Bacterial Infections	(39.2%)	(31.6%)	(12.2%)	(9.7%)	(7.4%)	3.85	1.246
Chemical Exposure	(34.1%)	(34.1%)	(13.2%)	(13.2%)	(5.3%)	3.78	1.200
Musculoskeletal Disorder	(30.3%)	(30.0%)	(20.6%)	(12.7%)	(6.4%)	3.65	1.213
Abuse/Sexual Harassment	(48.9%)	(24.4%)	(14.2%)	(7.1%)	(5.3%)	4.04	1.183
Stress	(60.1%)	(26.7%)	(4.6%)	(3.6%)	(5.1%)	4.33	1.068

Note: 1 = Strongly Disagree. 2 = Disagree. 3 = Undecided. 4 = Agree. 5 = Strongly Agree. M = Mean. SD = Standard Deviation

4.3.1 Trip/Slip/Fall

From Table 4.4, it was found that (50.9% of the respondents strongly agreed that trips, falls and slips were common hazards prevailing in the housekeeping department. Another set of respondents constituting (36.9%) also agreed to the presence of such hazards in the housekeeping department, while small percentages either strongly disagreed (2.3%) or disagreed (4.8%) to the assertion that trips, fall and slips are common in the housekeeping department. These findings suggest a high level of exposure of physical hazards in the form of trips/ falls and slips in the housekeeping department in budget hotels.

The findings are consistent with Sano (2014) and Hsieh *et al.*'s (2013) studies that housekeepers experience unique workplace hazards and characteristics that increase their risks for poor health outcomes which are most often physical in nature such as repetitive movement of cleaning hotel rooms from top to bottom: scrubbing bathtubs and toilets, mopping and vacuuming floors, changing sheets, towels and shower curtains, making beds, and dusting light bulbs and lampshades, lack of ergonomic equipment and many more. The implication is that once housekeeping staff become aware that their department has a very high risk of health hazards most staff would not want to work in such a department for a long time for fear of their lives. This might explain why staff attrition in that department is often high.

According to the U.S National Floor Safety Institute (2006), wet or otherwise dangerous floors directly cause most slips and falls that occur in the housekeeping department. It was also found that inexperience of a housekeeping staff affects the likelihood of a slip and fall, as does age (U.S National Floor Safety Institute, 2006).

4.3.2 Cut

Another physical hazard identified in the housekeeping department was cut. As high as (42.5%) agreed that cuts are common hazards among hotel housekeepers in the study area, while (11.2%) disagreed. (7.4%) also strongly disagreed to any knowledge of cuts among hotel housekeepers. The study further found that (11.7%) of the respondents were either in support of or in agreement that cuts are common hazards or not. This was as a result of the fact that this group of respondents believed that cuts only occurred as an accident in the process of cleaning and cannot be said to be a regular occurrence. These findings supported the stipulations in the European Agency for Safety and Health at work (2008) which emphasized that, cuts especially limb cut in moving parts, lacerations and needle stick injuries are common injuries in the housekeeping department.

4.3.3 Abuse and Sexual Harassment

Besides the presence of the physical injuries, abuse and sexual harassment was identified as another major source of hazards. It was found that as high as (48.9%) of the respondents strongly agreed that sexual harassment and abuse were among the major hazards in the housekeeping department in budget hotels in the study area. The above notwithstanding, (24.4%) agreed to this assertion. It came out that (5.3%) strongly disagreed while (7.1%) disagreed that sexual harassment was a challenge to be dealt with in the housekeeping department.

These categories of respondents were of the view that such cases have not been reported to management and are not officially known, as such would be treated as unfounded rumour. These findings supported Amissah (2014) and Agbola and Agbola's (2012) studies which found out that sexual harassment and abuse is among the major health hazards found in hotels in Ghana.

The European Agency for Safety and Health at the workplace (2012) also supported the claim that violence and harassments from guests added to that from colleagues and superiors is a significant factor in the hotel and restaurant industry and not only limited to housekeepers alone in the housekeeping department. The European Agency for Safety and Health at work (2012) further recommended that employees who have contacts with clients and guests need to stay friendly and calm which is not always easy in a harassed and abused situation.

4.3.4 Fungi and Bacterial Infections

In terms of fungi and bacteria infections as hazards, it was found that (39.2%) of housekeepers strongly agreed that it was a threat to health and safety in the housekeeping department. In addition, (31.6%) also agreed, while (12.2%) could not decide on whether fungi or bacterial infection was a threat to workers. For those categories of workers who strongly disagreed (7.4%) indicated that they were adequately provided with personal protective equipment as a result they were free from fungi or bacterial infection.

Unfortunately, since majority of the respondents are of the view that bacterial infections were dominant suggests that either safety precautions were not taken or safety standards were compromised. Therefore, management could reduce this hazard by eliminating any work practice that could lead to biological exposures and established standard procedures for housekeepers to follow in handling dangerous waste and avoid infections. Housekeepers should also wear appropriate personal protective clothing or equipment, use proper strength solutions, and practice good personal hygiene (NIOSH, 2011; OSHA, 2012).

4.3.5 Chemical Exposures

Chemical hazards were identified by most of the respondents (34.1%) who agreed that its exposure was a threat to their health. They held the view that they often get in contact with such hazards during their daily routine (guestroom and floor cleaning). Common chemicals that housekeepers are often exposed to include: ammonia, chlorine, or bromine-based chemical cleaners. When these chemicals are combined, they form a highly toxic gas, which irritates the eyes and the skin when it comes in contact with the body.

Another group of respondents constituting (34.1%) strongly agreed to the early assertion that chemical exposure is a major threat to hazards of housekeepers of which its exposure needs to be controlled. A small number of respondents (5.3%) disagreed with the fact that chemical exposure is a threat in housekeeping department.

The basis for their strong disagreement was that with the use of proper protective wear as well as the use of right amount or quantity of chemicals, exposures would be reduced to the barest minimum. It was further explained that management frequently provides protective wear and the required chemical for cleaning hence they do not have such problems.

Inferring from the above, it could be said that a small number of housekeepers are often provided with the right protective wear, suggesting that majority of hotel housekeepers are regularly exposed to hazardous chemical through the cleaning products used. These findings are consistent with Hsieh *et al.*'s (2013) findings that housekeepers are at high risk to hazardous chemical exposures including ammonia that irritate the skin, eyes, nose and throat and causes dermatitis.

A major concern to the researcher was the increased chemical exposure due to the inadequate provision of protective wear. The researcher was interested in knowing whether management of the facilities did provide this protective wear or it is rather the housekeepers who were not wearing them.

A further probe revealed that the two scenarios applied: the right protective wears are often not provided on time and the right chemicals to be used are also not provided due to their high costs. Some workers are also found to be allergic to the latex gloves so such workers do not use the protective wear. The issue of inadequate provision of protective wears could be explored by regulatory bodies to ensure that all facilities keep to safety standards in order to protect their workers.

4.3.6 Musculoskeletal Disorders

Another major hazard that was identified in the housekeeping department was musculoskeletal disorders which came about as a result of the nature of work, posture and the use of heavy equipment in the housekeeping department. It was found that (30.3%) of the housekeepers strongly agreed that long hours of being in a particular posture in the process of cleaning as well as raising of heavy objects often leads to backache, waist pain, neck pain, shoulder and hand.

This subsequently could lead to work related musculoskeletal disorders (WRMSDs) and often affect muscles, joints and tendons in certain parts of the body (WRMSDs Statistics, 2015). It was also found that the use of poor ergonomic design of cleaning equipment, for instance heavy trolleys and heavy vacuum cleaners leads to intensified physical hazards. In order to reduce disorders associated with physical hazards, housekeepers are to work for shorter hours using the right equipment for cleaning.

4.3.7 Stress

A major psychological hazard identified was stress. Work-related stress occurs when job demands exceed workers ability. As high as (60.1%) of the respondents strongly agreed that work related stress was a major hazard. It was found that housekeepers usually perform their task under adverse work conditions including monotonous and strenuous work, heavy workloads and time constraints, causing the housekeepers to risk through their task to meet their daily room quota as well as the guests' demands.

These coupled with long hours of work increased the stress level of housekeepers. A high percentage (26.7%) of respondents confirmed this by agreeing that housekeepers are often found stressful at the workplace due to work overloads, lack of cooperation and respect from colleagues and supervisors. It was further found that (4.6%) of the respondents neither agreed or disagreed that stress is a hazard in the housekeeping department as they indicated that every worker at the workplace goes through stress one way or the other, and that it is not only hotel housekeepers who go through stress.

According to Wickramasinghe (2012), job stress is generally an adverse reaction people have to excess pressure or demands placed on them at work. Job stressors refer to any characteristic of the workplace that poses a threat to the individual. For stress to exist, the demand from the environment (the job) versus the capability of the individual (the employee) will typically be considerably out of balance (Khodarahimi, Intan, & Norzarina, 2012).

These findings again supported Awang, Dollard and Winefield (2010) study which noted that, work stress is a common issue that always happen in every organizations and employees cannot run without facing work stress in their work. It was again said

that workload and the intensity of job assignments are the factors that influence work stress among employees and it is a source of mental stress for employees (Lu, 2011).

Work stress would occur at any time, but, when employees have a good relationship and also get support from their colleagues and their superiors, the stress level could be controlled since good relationships are essential for physical health that could buffer the stress (Khodarahimi *et al.*, 2012).

The quantitative study on the workplace hazards of the housekeeping department revealed that there are seven major hazards affecting housekeeping staff in budget hotels and these were looked at under (a) agent-related factors such as chemical exposure, fungi and bacterial infection, as well as (b) environment-related factors (such as trips, falls, slips, cuts), musculoskeletal disorders, stress, abuse and sexual harassment and (c) host –related factors (such as attitude, perception and mind-set).

4.3.8 Analysis of the View of Key Informant Interview on Work Related Hazards

A key informant interview was further conducted to explore housekeepers' attitudes, perceptions and mindset on work related hazards. In addition to these, the researcher sought to determine the circumstances leading to the occurrence of the hazards. This qualitative study found that most hazards occur at the housekeeping department as a result of inadequate supervision which often leads to laxity on the part of workers. Inadequate supervision was also found because staff compromised on safety standards and procedures as well as poor attitudes of workers leading to injuries. Lack of correct and consistent use of safety PPE, such as gloves, nose masks, goggles, non-slip sandals, nonuse of right cleaning equipment and agents were found to be the underlying reasons for the occurrence of hazards in the housekeeping department.

This is what one of the supervisor had to say when he was interviewed:

“Whenever I am free I conduct unannounced inspection to determine whether the housekeepers are following protocols set for housekeeping cleaning. It’s unfortunate that most staff does not think about their own personal safety and as such do not put on the full protective wear as required in the Housekeeping department. I have had the chance of reprimanding staff who are not properly dressed on the task on countless number of occasions. A common excuse such workers give is that they are not comfortable in wearing such equipment to work and wearing such equipment do not make them fast at cleaning, but I insist that it must be worn anytime they are engaged in cleaning” (Supervisor A) Office, 2016

Another supervisor at the housekeeping department remarked;

“Our work is quite risky and how safe one would be depends on how one adheres to safety precautions at the workplace. Most workers take for granted and forget that they are in a hazardous environment and should for instance wear latex gloves whenever they are doing cleaning. To my surprise, some workers prefer working without gloves with a simple excuse that they do not feel comfortable using it. Again some housekeepers do not use the right equipment for specific cleaning assignment; for instance instead of carrying all the types of brushes and use at the appropriate place, most workers are often seen carrying only one brush and this is used for all cleaning activities within the guestroom which predisposes them to hazards as they have to dip their hands into toilet bowl or bath tub which with long brush they could have avoided”. (Supervisor B) Office, 2016

An interview with the GTA representative in the Eastern Region of Ghana revealed a contrasting report to that of the supervisors. He indicated that the main causes of health hazards among Budget hotels is not as a result of non-use of PPE but rather non availability of PPE, non-use of safety standards and procedures, non-use of skilled and trained housekeepers, and non-use of right cleaning agents and equipment. This is what he had to say on the operations of budget hotels as far as hazards are concerned in the housekeeping department:

“I blame the owners for refusing to put safety structures in place. Safety protocols require that all hazardous places must have precautionary signs, but this has not been done in a lot of Budget hotels. Owners do not buy the right cleaning equipment and cleaning agents on the excuse that it’s expensive. This breach of standards coupled with the use of untrained housekeepers often results in the high levels of hazards in the Housekeeping department”. (GTA representative 2) Koforidua, 2016

The researcher further wanted to know what the role of GTA was as far as keeping safety standards are concerned. When interviewed on this, the GTA representative had this to say:

“Our roles are cut out clearly and we have the locos to ensure safety of both workers and guest. We even have a tall checklist spelling out to the minute details of what is expected at every facility, but our problem is that we are under staff and under resourced as such there is very little we can do about inspection”.(GTA Representative 3) Koforidua, 2016

One major pattern seems to emerge from the interviews on the likely reasons for the occurrence of the hazards in housekeeping department in budget hotels, and that is all the major stakeholders involved in reducing health hazards have neglected their basic duty as a result of poor attitudes. For instance, GTA which is the main regulatory body in charge of monitoring and supervision have relented on their responsibilities with the excuse of being under-resourced. Management of the facilities have also not been able to procure the right equipment and cleaning agents for use, and lastly workers also feel reluctant to follow safety procedures and standards at the detriment of their health. The major concern of the researcher is to determine the underlying causes for this negligent behavior. How can GTA be resourced in order to undertake its full responsibility of supervising hotels and who is responsible for resourcing GTA? In the case of housekeeping staff, could their non-use of right equipment and procedures be borne out of ignorance, attitude and mindset, low level of education or income?

According to the Ghana Tourism Act 2011(ACT 817), GTA is a statutory body set by the government of Ghana established by the Ministry of Tourism to regulate the Tourism industry and provide for related matters. From this stand point, it is clear that it is the government of Ghana's responsibility through the Ministry of Tourism to resource GTA for it to carry out its mandate as enshrined in the Tourism Act 817. The

inability for the government to honor this obligation has left GTA lacking basic inputs needed to function in order to grow. It must be emphasized that the hotels are a major employer in the private sector and contribute significantly to the GDP of the Ghanaian economy (GSS, 2014).

4.3.9 Associated Contribution of Health Hazards to Work Safety

The researcher went further to determine the associated contributions of each hazards to work safety. This was done by cross matching the hazards and safety to determine the chi-square association thereof as presented in table 4.5.

Table 4. 5. Chi Square Association between Health Hazards and Work Safety

Health Hazards	χ^2	<i>df</i>	<i>P</i>
Trip/slip/fall	47.211	20	.001*
Cut	44.494	20	.001*
Fungi	34.549	20	.032*
Chemical exposure	62.186	20	.000*
Musculoskeletal Disorders	49.447	20	.000*
Abuse	33.348	20	.031*
Stress	27.164	20	.131

Notes. *N* = 393. *df* = degrees of freedom. * Significance at 0.05 (two-tailed)

From Table 4.5, it is clear that almost all the identified hazards in the housekeeping department had significant contribution to work safety.

Chemical exposure was found to have the most significant contribution to work safety in the housekeeping department ($\chi^2 = 62.186$, $p < .001$), followed by musculoskeletal disorder ($\chi^2 = 49.447$, $p < .001$) with the least contribution coming from stress ($\chi^2 = 27.164$, $p = .131$). These findings suggest that in a situation where chemical exposure and musculoskeletal disorders occurs at the same time, there is the likelihood of having the greatest health hazards in the housekeeping department.

Stress did not significantly contribute to work safety because it is a psychosocial hazard which is associated with a variety of physical disorders, ranging from

headaches to depression (Hsieh *et al.*, 2013). However, results in Table 4.4 revealed that stress was the hazards most agreed upon by housekeepers to have the greatest effects on work safety ($M = 4.33$, $SD = 1.07$), followed by trip /slip/ fall ($M = 4.30$, $SD = .924$), and then abuse and sexual harassment ($M = 4.04$, $SD = 1.18$). Overall, it could be concluded that housekeepers in budget hotels in the Eastern Region of Ghana, totally agreed that they experienced major health hazards in the housekeeping department, such as; trips/ falls/slips, cuts, musculoskeletal disorders, abuse and sexual harassment, stress, chemical infections and fungi, and bacterial infections which had significant contributions to work safety.

The effects of the health hazards identified in most cases were found to contribute higher to work safety with ($p < .05$). Thus, the hypothesis that host-related and environment-related factors are not significant health hazards influencing work safety of housekeepers in budget hotels was rejected. This demonstrated that, indeed host-related and environment-related factors are significant health hazards that affects work-safety of housekeepers.

4.4 Effects of Working Conditions and Hazards on Work Safety of Housekeepers

This section discusses results of the analyses of the effects of working conditions and hazards on work safety of staff working in housekeeping department of budget hotels in Kenya.

4.4.1 Analysis of effects of Working Conditions and Hazards on Work Safety of Housekeepers from Key Informants

This section discusses the results of the effects of working conditions and health hazards on the safety of housekeepers with the aim of examining the influence on housekeepers' health. Results are from the analysis of data that was collected through

interviews with all the supervisory bodies responsible for safety (managers/supervisors, GTA, Hoteliers Association president). This was purposely done to examine the reported cases of hazards and its consequences on housekeepers.

On this issue, one of the Managers retorted:

“Safety of the guest as well as staff is a hallmark of any well-meaning enterprise that seeks to grow rapidly and also wants to retain its staff. We do not relent on our safety practices as it has both immediate and long term consequences of our establishment. We ensure that all supervisors go by the set standards to ensure the safety of workers, even though with a high cost. We also do not entertain workers who cannot keep to safety rules and regulations because the cost of managing the burden associated with unsafe situation are so huge”. (Manager) **Koforidua, 2016**

The aforementioned comment is a submission from a manager of a budget hotel when interviewed on the safety practices and its consequences. This comment seemed to be common among the managers interviewed from the various hotels. Maintenance of safety as well as reduction of hazards in the hotels was found to be among the major reasons why supervisors were engaged to ensure that safety standards were met at all times. The study found out that, management of budget hotels required periodic reporting from supervisors on all operations including safety practices and its consequences.

The interviewer further inquired from the managers whether the prevailing working conditions, especially working for long hours, low salary had negative consequences on the staff of the housekeeping department. These were comments received from some of the budget hotel managers:

“Working continuously for long hours will definitely have an effect on any worker irrespective of the profession and background. Therefore, this problem is not limited to the housekeepers alone, even though their work is unique as they have to at times raise heavy mattresses and push trolleys in the process of laying bed and cleaning the guest rooms. Working continuously under such circumstances may lead to pain in the back, neck, shoulder and

waist. These are commonly reported cases of effects associated with long working hours” (Manager A). Office, 2016

Another manager had this to say:

“We are mindful of the effects of working for long hours so we give them the flexibility of working at their own pace, rest when they are tired but ensure that all routine cleaning are done on schedule. Commonly reported hazards include bodily pains” (Manager B). Office, 2016

An interview with the GTA representative in the study area revealed that, not only do poor working conditions in budget hotels lead to bodily pains as indicated by the managers, but also, housekeepers’ often suffered from skin infections, bruises and verbal abuse from guests and co-workers.

These were some of the comments made:

“The working conditions in most Budget hotels are not the best as most managers and hoteliers are hesitant in putting the right physical structures in place as well as enforcing policies due to the cost implications. Ironically it is among the most patronized facilities since that is what most people can afford. Working in the housekeeping department in such a facility is saddled with a number of health threats as most workers often report sick from bodily pains, infections and injuries”.(GTA Representative 4) Koforidua, 2016

To validate the information gathered from workplace managers as well as the GTA representative, the researcher interviewed Hoteliers’ Association representative. Information gathered from the Hoteliers’ Association representative indicated that specific injuries or physical hazards dominate the housekeeping department. This is associated with the nature of the work; such hazards included pains that are associated with having to raise heavy objects; infections often associated with hazardous chemical contact or non-use of hand gloves (PPE). The researcher probed further to determine whether there had ever been reported cases of musculoskeletal disorders and abuse among housekeepers and this is what she had to say;

“Housekeepers suffer from a wide range of hazards as a result of poor working conditions. In terms of musculoskeletal disorders, it is a rare occurrence in the place as it is often associated with age and it develops over time. I have seen three elderly women who cannot walk upright due to continuous pains which had grown from mild to severe disorders. In the cases

of abuse in the form of sexual harassment from guests, it is a known secret which is often treated administratively". (Hoteliers' Association Representative 3) Akropong, 2016

The qualitative study on the effects of working conditions and health hazards on the work safety of housekeepers revealed that poor working conditions in most budget hotels often result in bodily pains, especially in the back, neck, and shoulders, skin and other disease infections due to non-use of PPE and contact with hazardous chemicals, sexual harassment and musculoskeletal disorders.

4.4.2 Analysis of the Effects of Working Conditions and Hazards affecting Work Safety of Housekeepers

The finding from the qualitative data was further subjected to a statistical analysis to determine whether they were significant in affecting work safety of housekeepers. In this regard, multiple linear regression was conducted to establish the model's ability in explaining the dependent variable. (Table 4.6).

Table 4. 6. Model Summary of the Effect of Hazards Significant In Affecting Work Safety

Model	R	R Square	Adjusted R Square	Std. Error of The Estimate	df1,df2	F	Sig(p-value)
1	.718 ^a	.516	.507	0.788	7, 385	3.514	< 0.001

a. Predictors: (Constant), Stress, Cuts, Chemical exposure, Trips / slip / falls, Musculoskeletal disorders, Fungi, Abuse

The results in Table 4.6 show that health hazards had a significant effect on work safety ($R = 0.718$, $R^2 = .516$, Adjusted $R^2 = .507$, $F = 3.514$, $p < .001$). The regression model indicated was significant demonstrating about 51.6% of the variations in work safety could be attributed to model's significant predictors. The regression coefficients demonstrated in Table 4.7 revealed that cuts ($\beta = .152$, $p = .008$) and chemical exposure ($\beta = -.235$, $p < .001$) significantly affected work safety.

Table 4. 7. Regression Coefficients with regard to Health Hazards

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	0.708	.404		7.938	.000
Trips / slips /falls	.106	.087	.069	1.221	.223
Cuts	-.182	.068	.152	2.669	.008
Fungi	-.090	.074	-.079	-1.214	.226
Chemical exposure	-.278	.077	-.235	-3.638	.000
Musculoskeletal Disorders	.078	.072	.066	1.080	.281
Abuse	.072	.081	.060	.885	.377
Stress	-.072	.080	-.054	-.905	.366

a. Dependent Variable: Work safety

In addition, another separate regression analysis was conducted to examine the effects of working conditions on work safety. (Table 4.8).

Table 4. 8. Model Summary of the Effect of Working Conditions on Work Safety

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	df1/df2	F	Sig
1	.773 ^a	.598	.591	0.179	9/383	3.609	< .001

a. Predictors: (Constant), No medical service, Works long hours, No warning, Low salaries, No accessible fire exits, No instructions, No protective wear, No first aid kit, No training

Results presented in Table 4.8 revealed that the regression model was significant ($p < .001$) indicating that working conditions could indeed, predict work safety of housekeepers. Results indicated that, the model predictor's variables could explain about 59.8% ($R^2 = .598$) of variation in work safety of housekeepers in budget hotels. The beta coefficients shown in Table 4.9 demonstrated that no personal protective wear ($\beta = .154, p = .019$), no first aid ($\beta = .147, p = .024$) and no access to fire exits ($\beta = .174, p = .003$) significantly contributed to the model. This implied that a change in any of these variables would most likely affect work safety.

Table 4. 9. Regression Coefficients with regard to Working Conditions

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	0.117	.460		8.954	.000
Works long hours	-.026	.083	-.016	-.317	.751
Low salaries	-.161	.084	-.101	-1.908	.057
No instructions	-.061	.074	-.051	-.823	.411
No training	.110	.073	.102	1.518	.130
No warning	.077	.063	.074	1.218	.224
No protective wear	-.162	.069	-.154	-2.355	.019
No first aid kit	-.152	.067	-.147	-2.259	.024
No accessible fire exits	.191	.063	.174	3.015	.003
No medical service	.079	.061	.078	1.292	.197

a. Dependent Variable: Work safety

The findings that hazards and poor working conditions at the workplace had significant influence on the effects of housekeepers' work safety were consistent with Hsieh *et al.* (2013) study on work of hotel house cleaners in the U.S, revealed that repetitive strain injury, musculoskeletal disorders and allergies are common health hazards confronting housekeepers, with an injury rate of 10% almost double the injury rate of non-housekeepers (5.6%).

In addition, these findings concurred with a report from the Canadian Centre for Occupational Safety and Health (CCOSH, 2012) which revealed that a hotel housekeeper could change his/her body position every 3seconds while cleaning a hotel guestroom. If the average time spent in cleaning each room is less than 25 minutes, then a housekeeper would assume 8 thousand different postures during every 8 hours shift (CCOSH, 2012). As a result of this high aerobic strain, heavy static muscular loads, awkward postures, over exertion and the fast-paced work required to meet their daily room quotas are all factors that put the hotel housekeepers at high risk of physical injury which affected their health (CCOSH, 2012).

Studies have found that the poor design and arrangement of furniture and fixtures forces housekeepers to stretch or over, exert their bodies resulting in increased musculoskeletal loads which have effects on their health (HSE, 2012; Work Cover NSW, 2012). In this direction, guestrooms should be designed such that it would be easy to clean the furniture to minimize lifting, stretching and bending which often led to pains and injury. In addition, Hsieh *et al.* (2013) suggested that instead of using flat sheets, hotels could use fitted bottom sheet to minimize mattress lifting in order to reduce awkward postures associated with lifting heavy mattresses.

Pekkarinen (2009) is emphatic in his study that to prevent physical hazards, safety training program must be organized to orient housekeepers on safety work practices, including bed making, bathroom and guestroom cleaning practices and proper handling of linen cart. He further indicated that training in ergonomics could help housekeepers develop ergonomic work techniques which would help improve work postures and reduce their physical strain and burden.

The question which is worth considering is whether managers of budget hotels would be willing to sponsor housekeepers for such ergonomic training since housekeepers' did not often benefit from training program due to the assumption that housekeeping is a blue colour job which does not require higher level of education and training. This question is critical also in the light that GTA, which is the supervisory body, has not been effective in ensuring that the right standards in the budget hotels are kept.

Irrespective of this weakness identified with GTA in maintenance of standards, every effort by stakeholders must be made to ensure workers safety in the housekeeping department. For instance, the trade unions stand a better chance as pressure group to

press home the demands on safety needs for its members as proposed by Alli in his study on occupational health and safety (Alli, 2014).

Beyond meeting the training needs of housekeepers in order to reduce the effects of health hazards, it is also necessary to note that every employer including those from budget hotels must respect the right of its employees as the Convention of Human Rights stipulates (ILO, 2013). In as much as the Constitution of Ghana recognizes the need for every worker to enjoy a safe and healthy work environment, it enjoins every employer to have a civic responsibility of ensuring workers safety.

Any breach to this safety provision must be treated as an offence which must be punishable. It is therefore mandatory for regulatory bodies such as the GTA and Court of Law enforce and prosecute all offenders to this health safety provision. In so doing, the effects of the many health hazards and the poor working conditions could be reduced among budget hotels in the study area. It is ridiculous to note that GTA is unable to ensure safety of workers in most budget hotels due to logistical and human resource constraints.

This is untenable because the Ministry of Tourism through the Government of Ghana have a responsibility of ensuring that GTA is made functional and responsive to the demands of the Tourism Act 871. If GTA was to be very functional in supervising the budget hotels, some of such hotels with poor safety standards and working conditions would have been closed down so that housekeepers in such hotels would not be predisposed to the effects of such an undesirable situations.

It could then be concluded that poor working conditions and health hazards often result to ill health situation of housekeepers. The most commonly reported cases include bodily pain, skin infections, allergies and musculoskeletal disorders. All these

have significant positive correlation coefficient with work safety in the housekeeping department. Therefore, the hypothesis which stated that working conditions and health hazards do not have significant effect on work safety was rejected.

4.5 Moderating Effect of Socio-demographic Variables (Age, gender, income and education)

Analysis on moderating variables is very important as they affect the strength of the relationship between the dependent and the independent variables on any phenomenon under study (Marsh, Hau, Wen, Nagengast & Morin, 2011).

In this study, hierarchical multiple regression analysis was conducted in order to examine the moderating effects of participants' demographic variables on the relationship between working conditions and housekeepers' work safety. Two separate regressions were conducted. The first one was conducted to examine the ability of working conditions to predict work safety of budget hotel housekeepers. The second one comprised of the independent variable (working conditions) and the moderating variable (demographic factors). Regression results for both models are presented in Table 4.10.

Table 4. 10. Hierarchical Regression Models' Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.776 ^a	.602	.602	.079	.602	4.429	1	391	.000
2	.884 ^b	.781	.452	.773	.781	9.413	4	387	.000

a. Predictor(s): (Constant), Working conditions

b. Predictors: (Constant), Working conditions, age, gender, education, income

The hierarchical regression analysis at stage one showed that, working conditions contributed significantly to the first regression model, $F(1, 391) = 4.43, p < .001$ and

accounted for about 60.2% of the variation in work safety in the housekeeping department. In stage two of the analysis, the introduction of participants' demographic factors (age, gender, education, and level of income) explained about 78.1% of variation in work safety in the housekeeping department. This change in R^2 was statistically significant, $F(4, 387) = 9.413, p < .001$. Adding participants' demographic factors (age, gender, education, and level of income) to the regression model at stage two, explained an additional 17.9% of the variation in work safety of hotel housekeepers.

However, education and income were not statistically significant moderators in the relationship between working conditions and work safety in the housekeeping department (Table 4.11). The hierarchical regression analysis at stage 2 indicated that age and gender were enhancing moderators in the relationship between working conditions and work safety in the housekeeping department.

Table 4. 11. Hierarchical Regression Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	.300	.062		4.855	.000
1 Working Conditions	-.510	.088	.516	5.826	.000
(Constant)	.290	.060		1.514	.000
Age	-.351	.076	.355	-4.635	.000
2 Gender	-.101	.088	.104	-1.144	.000
Education	.437	.074	.536	6.739	.221
Level of Income	.587	.036	.636	8.739	.255

a. Dependent Variable: Work Safety

Gender is an important variable in this study as it helps provide an understanding of the contributions each sex have on work safety in the housekeeping department. Drawing from the socio-demographic analysis in Figure 4.1, it was revealed that

housekeepers in the study were predominantly female ($N = 332$, 84.5%) with a small percentage being males (61, 15.5%).

The results in Table 4.9 revealed a significant moderating effect of gender on work safety ($B = -.101$, $p < .001$). This indicated that being a male or female has a significant relationship on work safety of housekeepers. This finding is consistent with Hsieh *et al.* (2013) and Gautie (2010) studies which revealed that female housekeepers outnumber their male counterparts and that most females work under adverse conditions which easily predispose them to hazards in the housekeeping department and that irrespective of a housekeeper's gender, the supervisor would ensure that there is no discrimination between gender and that work quota for each housekeeper should be met.

In addition, age was found to have a significant moderating effect ($B = -.351$, $p < .001$) on work safety of housekeepers in the investigated budget hotels. The reason underlying this significance is that majority of workers were aged between 20-29 years which suggested that, they were relatively younger and had not worked in the housekeeping department for long and so they were inexperienced. For that matter, they were more susceptible to hazards than the elderly who had been on the job for long.

This finding is in line with CCOHS (2012), MacDonald and Oakman (2015), Okunribido and Wynn (2010), and THOR (2015) who found that hotel housekeepers were predominantly women who were young working under adverse conditions such as long hours of work, ergonomic strain, chemical exposures, poor pay, low job control, job insecurity and a wide array of other physical and mental health risks. The implications of the effects of age on work safety are numerous. The first of such

implications is that there is the tendency for managers to be biased against other age categories such as those between 30-39, 40-49 years as finding of this current study and other studies such as CCOHS (2012), Oakman (2015), and THOR (2015) have found that most managers prefers recruiting young females to work in the housekeeping department than the elderly ones.

In order to have a fair balance in recruitment, the right mix of all age groups must be taken into consideration as Alli (2008) and Hsieh *et al.*, (2013) have stressed the need to respect the experienced workforce due to their long years of service on the job in the housekeeping department.

Another implication of age on work safety is that, the age cohort 20-29 years form the critical mass of employees in the housekeeping department in the study area as such managers should take advantage of their numbers and train them in other improve on their efficiency as well as reduce hazards in the study area as many are not trained.

The results of housekeepers' monthly salary in Figure 4.5 revealed that majority of housekeeper (77.1%) earned a salary less than GHs 500.00. This implied that majority of housekeepers earned low salaries and were often not motivated because of their poor financial status. However, the non-significant results indicated that irrespective of the housekeepers' income level, workload would predispose one to physical pains such as back pains, waist and shoulder pains.

The current finding is in line with Gautie (2010) who noted that hotel housekeepers' work is very important, but they are considered among the lowest paid in the hotel industry which results in high burden of illness, injury and disability. Research has shown that housekeepers have an increased risk for musculoskeletal disorders (Krause, 2014) and that there is evidence that low-paid job results in high burden of

accidental injury or work-related ill health. Other investigations have also shown, however, that housekeepers are at risk of developing MSDs of the back, neck, shoulders, elbow, hands and lower limbs as a result of their work (WRMSDs Statistics, 2015).

The theoretical models used for this study which include epidemiologic model and the concept of the 4E's, have emphasized that education plays a major role in hazard prevention and therefore the higher the level of education of a worker, all things being equal, the lower a worker is predisposed to hazards (WRCIP,2008). From Table 4.9 it can be seen that education of housekeepers has no statistical significance on work safety.

The likely reason accounting for the non-significance of this result is that management does not employ professionals whose educational background could help them be abreast with the challenges of working conditions and the health hazards at the housekeeping department. The current results demonstrate that the higher the housekeepers' educational level the more effective they could identify and control hazards. This finding is consistent with several studies such as those of Lunberg and Karlsson (2011) and Wial and Rickert (2012) which found out those housekeepers have low level of education thereby having less control over work safety.

Inferences drawn from literature on the reasons underlying non-adherence to safety standards, guidelines and code of practices for housekeeping staff, are attributed to low level of education which often reduces people's self-worth, promote ignorance, reduce individual's decision making capacity as well as reduce ability to perceive threat (Buchanan, 2010; BLS, 2013; Hsieh, 2013; & Krause, 2014). The major consequences that are often associated with high level rate of injuries from work

related hazards in the housekeeping department could again be attributed to low level of education.

4.6 Predictor Variables for Management of Health Hazards Affecting Work Safety of Housekeepers

This section is in two folds: first, it explores the qualitative aspect of predictor variables for the management of hazards affecting work safety at both the legislative and facility level while the second part concentrates on the quantitative aspect of management variables affecting work safety at the housekeeping department.

The aim of the blend of these two sections is to give a holistic view on the factors influencing eradication of hazards for safer work environment to prevail in the budget hotels in the study area. The ultimate aim of ILO is for all labour organizations to work in a safe, sound and comfortable environment where hazards and risks are reduced to the barest minimum (Alli, 2014; ILO, 2013). For this level of safety to be achieved, there is a call for effective control and management practices (WRCIP, 2008).

4.6.1 Predictor Control Variables Affecting Work Safety in the Housekeeping Department

According to Hsieh *et al.* (2013), Kumar and Singh (2015) and Siqueria *et al.* (2013), control and preventive actions to protect hotel housekeepers are needed at several levels to counteract multiple hazards that housekeepers face on the job. This study explored the control and preventive measures at both the legislative and organizational or institutional levels. The study first begins with the legislative level of which the main body responsible is GTA which works under the Ministry of Tourism in Ghana.

At the legislative level, enforcement of occupational safety standards is needed to address the unique hazards that lead to high injury rates among hotel housekeepers and these are enforcement of national policies and laws regarding safety standards, educational campaigns to promote safety at the workplace, environmental modification to reduce hazards, engineering and re-engineering to enhance safety of workers.

The conceptual model for the study also supports Hsieh *et al.* (2013) assertion of considering enforcement of laws and policies, educational campaign, engineering, environmental modification and the evaluation of safety processes as major preventive and control measures.

4.6.2 Legislative Level: Qualitative Analysis of Predictor Variables for Management of Health Hazards Affecting Work Safety in the Housekeeping Department

This qualitative aspect of the study, first explored how the concept of the 4 E's is used to prevent and control health hazards in the budget hotels in the study area. Bearing in mind that at the legislative level, enforcement of occupational safety standards are needed to address the unique hazards which lead to high injury rate that affects hotel housekeepers, the researcher interviewed the GTA official in the study area on the enforcement of occupational safety standards.

It was found out during the interview that, GTA has developed safety regulations and standards for all categories of hotels in Ghana and adherence to these standards forms a major prerequisite for the licensing and the continued existing of such hotels, but unfortunately after licensing an establishment, most hotels compromise on this safety

regulation and standard - a situation which often impairs the health of hotel housekeepers.

It was again found that GTA is unable to enforce occupational standards because of inadequate logistics as well as human resource. GTA is under-staffed in the study area and also ill resourced to undertake periodic inspection to enforce safety standards. This situation has given hotels the opportunity to compromise on quality.

These are some of the critical comments that came up during the interview.

“Oh yes, our core mandate enshrined in the Tourism Act 817 is enforcement of occupational safety and standards in all licensing hotels, but unfortunately we lack the capacity to discharge this mandate as we are under staffed and under resourced. This situation makes enforcement impossible as a result after licensing, most hoteliers do not keep to the expected standards, but there is going to be a day , where hotels with lower standards of quality would be closed down and their certificates withdrawn.’ (GTA Representative 5) Koforidua, 2016

This subsection has identified that the government is responsible for drawing up occupational safety and health policies and make sure that they are implemented at both the national (government) and the organizational levels aiming at prevention and protection of workers and the workplace. The GTA which is the main regulatory body responsible for ensuring safety standards and regulations is not capable of ensuring such standards because of logistical and human resource constraints as well as all the mechanism and elements necessary to build and maintain preventive safety and health in the workplace.

The implication of GTA’s inability to enforce health and safety standards is the weakness in enforcing policies which are reflected in the legislation through a system of inspection to secure compliance with occupational safety and health standards and

other labour legislation. This is obvious as it is the underlying reason for increased hazards and poor standards among budget hotels in the study area.

The GTA has to ensure that implementation and enforcement of health and safety policies must include all the mechanism and elements necessary to build and maintain a preventive safety and health in the workplace and the national system must be maintained, progressively developed and periodically reviewed as indicated in the Tourism Act (Act 817).

To enhance logistical support for effective enforcement, Alli (2008) advocated for employers and workers to be involved in drawing up policies, in that policies are more likely to be supported and implemented if employers and workers are part of drawing them up through their respective organizations. To this end, hoteliers and unions need to come together to support GTA in its enforcement drive to enhance safety standards among hotels. This notwithstanding, the World Report on Childhood Injury Prevention (WRCIP, 2008) has stressed that enforcement alone as a preventive practice to injury and hazardous behaviors is not effective and should be combined with educational interventions as education plays a key role in informing people of their responsibilities under the law. The question still stands that if GTA does not have the capacity to enforce safety standards, would they have the capacity to organize safety training for housekeepers to ensure safety standards?

In order to ensure consistency in formulating and applying the national occupational and safety health policy, there must be coordination between the various authorities and bodies designated to implement the policy. There should also be a close cooperation between public authorities, representatives of employers and workers

organizations, and any other concerned bodies, with a view to making arrangements that are appropriate to national conditions and practice.

Another control measure explored at the legislative level is education. GTA affirmed that they have a mandate to educate and train registered staff of all the types of hotels and this is done by initiating, conducting, promoting and encouraging studies for the growth and development of the Tourism industry. It was found that GTA organizes training workshops to address specific needs of hotels when there are funds from the government.

With reference to the housekeeping department, GTA indicated that, the last time they organized a workshop for housekeepers was at the beginning of 2016 and were trained on safe work practices and procedures, including bed-making, bathroom and guestroom cleaning practices (to ensure odor-free environment), proper handling of linen cart, and ergonomic working techniques to improve work postures and reduce housekeepers' physical burden.

In addition to the training of staff, it was found out that GTA also undertakes educational campaigns during conferences on the need to use the right equipment for the right purpose, to use the right caliber of personnel to ensure efficiency of work. This is what the GTA representative had to say with respect to training and development of hotel staff;

“This year in question we have organized training and workshops on guestroom cleaning, for 3 batches of housekeepers in the Eastern Region of Ghana. They were organized in batches because the number was quite huge and also for easy facilitation. The training was to enhance the skills of housekeepers as most of them are new employees. Besides the training of staff, we carry out educational campaign on the need to use the right technology, equipment, personnel, chemical or cleaning agents for the right job at the right time. This, we often do during our conferences but unfortunately most housekeepers do not often participate in our conferences”.(GTA representative) Koforidua, 2016

The important of this finding is that GTA has the mandate to train and ensure the development of hotel employees and this is done through workshops and conferences. Ironically, conferences of GTA are often attended by the facility heads and supervisors. The people who really do the work are not given the chance to attend such conferences and therefore the training offered through conferences scarcely benefits or has impacts on housekeepers. This finding is consistent with Krause and Lee (2012) assertion that most of the training benefits people at the managerial level than those who really do the work (grass root).

Trainer of trainees' workshop which should have been organized by supervisors to disseminate information and skills acquired through conferences and workshops to the housekeepers are also not often undertaken. This explains why most housekeepers do not use the right techniques in cleaning.

The question is whether or not the advocacy by GTA for hoteliers to use the right personnel, right equipment and machines at the right time to ensure safety in the hotels is yielding results. This needs to be observed with caution since not much can be seen as most of the hotels are family enterprises and the temptation of engaging family members who are not professionals is greater.

In an attempt to find reasons why the right people and equipment are not used despite educational campaign from GTA, Sano's (2014) study on a similar situation can serve as a clue. Sano (2014) found out that just as it is common in all business ventures, the owners will always want to maximize profit and minimize cost and as a result, there is the tendency to go for a cheaper source of labour, machine, equipment and material when there is laxity on the part of a higher level authority to ensure that the right things are done.

This explains why ILO (2013) is much worried about the use of casual labour in the form of cheap foreign immigrant with low educational level and low job controls who are compelled to work for long hours. In another vein, the non-use of the right cleaning agents and the right cleaning equipment as well as the right PPE in cleaning are also attributed to this phenomena of profit maximization at the expense of the safety of housekeepers (Hsieh *et al.*, 2013; ILO, 2013; WHO, 2010). In this prevailing circumstance, can it be said that educational campaigns in the right use of equipment and machine, chemicals and human resources is effective?

The answer is obviously 'no' as supported by (WRCIP, 2008) that education alone is not effective in preventing health hazards, but rather a holistic approach that brings on board all the preventive strategies: enforcement, education, environment modification and engineering. Environmental modification and re-engineering were considered as part of the preventive practices undertaken at the legislative level (GTA).

The interview with the GTA representative revealed that as part of their mandate they are to develop standards and guidelines for appropriate designs for use as Tourist attraction and enterprises to reflect Ghanaian culture as well as ensure the management and development of appropriate designs for tourist sites. The interview further revealed that in terms of specific designs that could reduce hazards in the housekeeping department, authorities also have a mandate to look at such specific designs.

To ensure that this requirements and drawings are achieved, it is mandated that before a new facility is built all architectural drawings must be submitted to GTA for approval. One major requirement is that every hotel facility should be disability friendly to ensure that people with disability (PWD) are not disenfranchised in the use

of hotel facilities. A study by Murungi (2013) indicated that most hotels in Kenya are easily accessible by persons with physical disabilities and they are not discriminated. This goes to suggest that hoteliers as well as their regulatory authorities are more concerned about safety designs of the hotels.

In terms of re-engineering for tools and equipment for cleaning, it was found out that though GTA have the mandate to ensure that appropriate equipment are used for the right job, they are not strict at enforcing it. This is as a result of the fact that most hotels do not even have the equipment let alone using the right one.

This finding contradicts Hsieh *et al* (2013) study that in order to reduce musculoskeletal disorders (MSD's) and pain associated with housekeeping operations, housekeepers must use handy, lighter and easy maneuverable but durable equipment in the housekeeping department.

4.6.3 Facility Level: Qualitative Analysis of Predictor Management Variables Affecting Work Safety in the Housekeeping Department

Beyond the legislative level, the researcher went further to explore at the facility level how employers control hazards to ensure work safety in the housekeeping department. This section considers the interview with managers and supervisors on how they control hazards at the facility level to ensure safety at the housekeeping department. The qualitative study on safety control at the facility level revealed that most managers of budget hotels in the study area are to keep to the cleaning standards set by GTA but rather manage with what they can provide; a situation which has created a gap between what GTA expects the hoteliers to do and the actual standards hoteliers keep.

This is what a manager said when interviewed:

GTA standards are too many and stringent and it is difficult for small hotels like ours to meet all their standards. We therefore manage with what we can and hope that as we grow and get more customers (guests), we can meet the full requirement of compliance with GTA. (Manager C)

Another Manager also said:

GTA has given us the ideal situation we must enforce in our hotels but the enforcement of these standards goes with a high cost of which small hotels like ours find it difficult to meet. We normally find alternative means in order to achieve such standard. (Manager D)

The submissions from the managers suggest that enforcement of GTA standards at the facility level are difficult to achieve in the study area as most budget hotels find it difficult to finance all the operations required for a standard of cleanliness by GTA. This finding is in line with most studies on budget hotels in low income countries. For instances Chereno (2011) in her study on occupational accidents in hotels within Eldoret Town Kenya, found that most accidents occur in the hotels because of compromised standards and the fact that there are no clear national policies to be followed.

Siqueria *et al.* (2013) study on occupational health disparities also revealed that unsafe working place worsens health disparities as a result of poor standards. Kumar and Singh's (2015) study supports the above assertion that most small hotels are facing challenges in controlling hazards at the managerial level. The study found that human issues takes the centre stage with issues such as poor employee training, poor enforcement of standards, employee skills mismatch being the major concerns.

The researcher further interviewed the supervisors to find out specifically the level of standards they are able to keep in controlling hazards. It was found out that the facility is able to provide cleaning agents, equipment and PPE to the housekeepers. In addition to this provision, the supervisors indicated that they offer routine supervision,

inspection and monitoring to the staff in the housekeeping department. In terms of training, the supervisors indicated that they benefit from training workshops organized by GTA.

From the above, it is clear that some level of enforcement of standards is maintained at the facility level in the form of routine supervision, inspection and monitoring. This enforcement is carried out by both the managers and supervisors at their various levels of operation. The point of concern is the inability to meet the required standards as a control measure of safety.

To this end, GTA has to strengthen its enforcement machinery to ensure that all policy issues regarding enforcement of standards are upheld fully to ensure safety as required by ILO.

For instance the National Compliance and Enforcement Policy in Australia has advocated for regulators of work and safety policy to use an effective mix of positive motivators, compliance, monitoring and deterrents to encourage and secure the highest possible level of compliance with work health and safety laws. They suggested that in doing so there should be a balance of a number of considerations such as;

1. The facility expects that business and undertakings will be monitored and held accountable if they fail to comply with work health and safety laws.
2. The need to support workplace parties and stakeholders/bodies to build capability to achieve compliance with work health and safety laws and
3. The need to work with industry, workplace parties and stakeholders to continue to promote innovation and continuous improvement on health and safety standards.

As suggested by the National Compliance and Enforcement Policy (NCEP), GTA has to support small hotels such as budget hotels to build their capacity to achieve compliance with work health and safety laws by providing practical and constructive advice, information and education about rights, duties and responsibilities, communicating with and supporting stakeholders on safety issues, fostering cooperative and consultative relationship between business owners and managers, their workers' health and safety representatives, unions and employer organizations, supporting and involving workplace parties in the provision and promotion of education and training.

4.6.4 Analysis of Predictor Control Management Variables Affecting Work Safety in the Housekeeping Department

The quantitative aspect of the fifth objective sought to analyze the best predictor variables for management of health hazards affecting work safety of housekeepers in budget hotels. Multiple linear regressions were conducted to test the hypothesis that management of health hazards does not significantly affect work safety in budget hotels in Eastern Region of Ghana. (Table 4.12).

Table 4. 12. Model Summary of Hazards Control Measures Affecting Work Safety at the Housekeeping Department

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	df	F	Sig
1	.617 ^a	.381	.368	1.131	8	29.541	.000

a. Predictors: (Constant), Involved in hazard analysis, , monthly safety meetings, Safety data sheet readily accessible, Involved in accident investigation, , Mgt enforces drug free policy, Organizes hazard awareness training, Trained on hazards and safety practices, Use temporary employees,

b. Dependent Variable: Work Safety

The results from Table 4.12 revealed that the control variables significantly affected work safety in budget hotels ($F(8,384) = 29.541, p < .000, R^2 = .381$), with the model

predictor variables explaining about 38.1% of the variance in work safety. It could be concluded that control management variables significantly affect work safety of housekeepers in budget hotels. To determine the best predictor variables the coefficients of each control variables were analyzed. (Table 4.13).

Table 4. 13. Regression Coefficients Table of Hazards Control Measures Affecting Work Safety at the Housekeeping Department

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	.632	.237		2.666	.008
Involved hazard analysis	.407	.054	.359	7.497	.000
Involved accident investigation	-.018	.054	-.017	-.337	.736
Mgt enforces drug free policy	-.022	.055	-.019	-.390	.697
Trained on hazards	.178	.059	.151	3.015	.003
Monthly safety meetings	.129	.056	.122	2.305	.022
Use temporary employees	-.063	.054	-.056	-1.168	.244
Organizes hazard awareness train	.038	.063	.035	.607	.544
Safety data sheet readily access	.204	.055	.198	3.747	.000

It can be seen from Table 4.13 that the best predictor control of hazards variables affecting work safety of housekeepers in budget hotels were ‘Involved hazard analysis’ ($\beta = .359$, $p < .001$), indicating that housekeepers involvement in hazard analysis were significant in controlling work safety. Regression results revealed housekeepers’ involvement in hazard analysis helped them in identifying critical control points (hazards) with immediate attention at the housekeeping department.

With identification of this critical control points, housekeepers are able to organize needed resources to control such hazards. It was again found that the involvement of housekeepers in hazard analysis helps in their performance standards yielding a good productivity output.

In a related factor, another control variable, 'trained on hazards' ($\beta = .151, p = .003$) was also found to significantly affect work safety. Housekeepers indicated that they are able to control hazards because they have been trained on hazards and on safety practices specific to their jobs. For instance they have been trained on routine methods of work and for this reason they are able to control hazards. The answer lies in an ancient Chinese proverb; I see, I forget; I hear, I remember; I do, I understand. Training is done to develop ones skills and ability, because through them, one builds better performance and a more profitable business (Conlow, 2012).

Another control measure which was found to be significant was their involvement in monthly regular safety meetings ($\beta = .122, p = .022$) organized by supervisors. The survey respondent (housekeepers) indicated that management invites all housekeepers for safety meetings on monthly basis to appraise their performance. During such meetings, they identify and discuss lapses in terms of cleaning for the months and necessary staff reprimands and recognition conducted. Areas worth critical attention in terms of cleaning are also considered. Challenges confronting housekeepers in terms of cleaning needs are also discussed.

The ability to hold this meeting regularly by most budget hotels helps supervisors address all cleaning challenges housekeepers might face. It also offers housekeepers the opportunity to discuss any challenging issue with respect to their work. It also fosters a harmonious relationship between supervisors and housekeepers since it provides a common platform for both parties to explain themselves on issues that are worth discussing and also motivates them to work harder in controlling hazards.

Safety data sheet readily access ($\beta = .198, p < .001$) was found to be another best predictor to work safety at the housekeeping department. Most housekeepers

indicated that they are able to control hazards because safety data sheet is made available to them whenever new cleaning agents and solutions are bought. They further indicated that the availability of the data sheet helps them to know how to handle such chemicals when using it for cleaning. With such information available, most housekeepers know when to apply each cleaning agent for a particular purpose in order to have the control effect.

However, the rest of the variables were not significant. It could therefore be said that involvement of housekeepers in hazard analysis, training housekeepers on hazards, monthly safety meetings, and safety data sheet readily accessible were best predictors of control variables affecting work safety of housekeepers in budget hotels in Eastern Region of Ghana.

A critical observation on the control variables affecting safety at the housekeeping department revealed that among the predictor variables affecting control of work safety at the housekeeping department, four were best predictors (significant) ($p < .05$).

In order to determine the rankings of each of these predictor variables and how much each is contributing to the control of work safety at the housekeeping department, the t-statistics was used and found that the most ranked control variables was housekeepers' involvement in hazards analysis ($t = 7.497$). This was followed by accessibility of safety data sheet to housekeepers ($t = 3.747$) and management's ability to organize hazard training to housekeepers ($t = 3.015$) with the least ranking being housekeepers involvement in monthly safety meetings ($t = 2.305$).

Per the rankings, housekeepers' involvement in hazard analysis was seen as the most important predictor variables in the control of safety at the housekeeping department.

To be able to maintain a higher level of control there is the need to still keep housekeepers involved in hazard analysis as well as in safety decision making.

This finding concurs with Ali (2014) and the Law of Housekeepers (2013) which posits that a major motivating factor of housekeepers is not necessarily increasing allowances or salaries but recognition and involvement in terms of important decision making that affects housekeepers' lives such as hazard analysis and safety decision making.

This assertion is in line with Herzberg's motivation and hygiene factor theory which seeks to know what people want from their jobs. Do they want a higher salary? Or do they want security, good relationships with superiors and co-workers, opportunity for growth and advancement or something else altogether?

Herzberg's findings revealed that certain characteristics of a job are consistently related to job satisfaction (achievement, recognition, work itself, responsibility, advancement and growth) while different factors are associated with job dissatisfaction (company/ institutional policy, supervision, relationship with superiors and peers, work conditions, salary, status, safety).

The conclusion he drew was that job satisfaction and job dissatisfaction are not opposites and therefore remedying the causes of dissatisfaction will not create satisfaction nor will adding the factors of job satisfaction eliminate job dissatisfaction. For instance, if there is a hazardous working environment in the housekeeping department, giving a housekeeper promotion will not make him or her satisfied. Again if hoteliers create a healthy working environment but do not provide housekeepers with any of the satisfaction factors, they will still not be satisfied in their work (Herzberg, 2013).

Beyond recognition and involvement of housekeepers in hazards analysis and safety decision making, Occupational Safety and Health (2014) has stressed the need to involve housekeepers in safe work procedures for the various types of work carried out in hotels. It emphasizes the need for these procedures to be incorporated into the standard operating procedures of housekeepers, and should be effectively communicated to all the housekeepers.

According to the Occupational Safety and Health (2014), effective use of these three (3) control practices will yield the highest dividend in controlling hazards if these practices are backed by the ethical consideration of respect for all staff, fairness and equity thereby ensuring safety at the workplace.

Considering the control variable with the least ranking (housekeepers' involvement in monthly safety meetings) suggests that not much has been harnessed as a control variable to work safety at the housekeeping department. It is therefore important that to have a holistic control mechanism that can stand the test of time, all variables need not be downplayed.

The involvement of housekeepers in safety meetings have been received with mixed feelings by many supervisors and managers in that housekeepers often is underrepresented and underserved. Hotel workers have higher rate of occupational injury and illness compared with workers in other service industries (BLS, 2013)

Research has shown that housekeepers have elevated risk for musculoskeletal disorders (Krause *et al.*, 2005), therefore involving housekeepers in safety meetings will help create awareness and serve as a preventive measure for reducing the number of injury and accidents in the housekeeping department. Workers have the right to safe workplace (OSHA, 2012), therefore involving housekeepers in safety meetings

will again provide them with the knowledge abreast of health and safety measures on working conditions that are free of known hazards which would help avoid such cases of accidents and their accompanying loss of days and efficiency.

Notwithstanding the mistrust on the part of housekeepers that is often associated with accident investigation, management needs to involve housekeepers to complete the cycle of investigation as required by law since it is their legal right to be heard in such cases (ILO, 2014; the Law of Hotel Housekeepers 2014). The involvement of housekeepers in safety meetings would not only build trust but would serve as an important motivating factor. It would also demonstrate commitment of management to the housekeepers. (Bohile &Quinlan, 2010; The Law of Hotel Housekeepers, 2014).

It could be concluded that even though hoteliers find it difficult to enforce GTA standards, some level of enforcement of standards is maintained at the facility level in the form of routine inspection, supervision and monitoring. In terms of how variables significantly predict work safety carried out among housekeepers, it was found that though the model shows that all control variables were significant ($p<.001$) the coefficient table shows their individual contributions with the most ranked factors being involvement of housekeepers in hazards analysis, training on hazards, and involvement of housekeepers in monthly safety meetings. The least ranked was readily accessible of data sheet.

4.6.5 Predictor Management of Health Hazards Variables Affecting Work Safety of Housekeepers at the Housekeeping Department

Having examined the predictor variables of control measures of health hazards affecting work safety at both the legislative and facility level, the researcher analyzed

the predictor management variables that affect work safety of housekeepers in the study area. This study is built on the premise that when the management of health hazard factors affecting the safety of housekeepers are well instituted or carried out there would be a congenial environment which is safe for both workers and guests (Alli, 2008; Health and Safety at Work Act 1974). Multiple regression results are presented in Table 4.14.

Table 4. 14. Model Summary Predicting Preventive Management Variables Affecting Work Safety

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	df	F	Sig
1	.713 ^a	.508	.503	0.375	8	4.467	.000

a. Predictors: (Constant), Poor risk control program, Inadequate experts conduct hazards analysis, No clear cut process reporting accident,, Inadequate supervision departmentt head, Poor reporting accidents, Low commitment by management control, Poor investigation into accidents, Poor record keeping of health and safety issues

b. Dependent Variable: Work Safety

Results in Table 4.14 indicate that preventive management variables significantly affected work safety of housekeepers in budget hotels ($F(8, 384) = 4.467, p < .001, R^2 = .508$), with the model explaining about 50.8% of the variations in work safety. From these results, it could therefore be said that preventive management variables significantly affect work safety of housekeepers in budget hotels. To determine the best predictors of preventive management variables affecting work safety, the coefficients of each independent variable were analyzed and results are presented in Table 4.15.

Table 4. 15. Coefficient Table of Preventive Management Variables Affecting Work Safety

Model	Unstandardized Coefficients		Standardized Coefficients		Sig.
	B	Std. Error	Beta	t	
1(Constant)	0.473	.311		7.964	.000
Inadequate experts to conduct hazard analysis	.322	.073	.258	4.420	.000
Low commitment of management to control	-.118	.084	-.092	-1.401	.162
Inadequate supervision of department head	.139	.074	.119	1.871	.062
No clear cut process for reporting	.031	.070	.027	.445	.657
Poor investigation into accidents	-.070	.082	-.059	-.854	.394
Poor reporting accidents	.120	.075	.109	1.591	.112
Poor record keeping of health and safety issues	-.196	.085	-.174	2.294	.022
Poor risk control program	.045	.073	.043	.620	.535

Results in Table 4.15 revealed that of the eight variables considered as management factors of hazards affecting work safety, only two were found to be significant while the remaining six were not significant. Inadequate expertise to conduct hazard analysis ($\beta = .258$, $p < .001$) was identified as a major significant variable affecting work safety in the study area. A team of experts needs to be constituted to assess the cause of hazards. Unfortunately due to the cost implication and the fact that specialist in hazard analysis should be consulted; most often the analysis is handled by non-experts. The use of non-expert in hazards analysis often leads to wrong decision as the actual cause of hazards are often not identified and dealt with.

Furthermore, poor records keeping of health and safety issues ($\beta = -.174$, $p = .022$) was also examined as a predictor variable and found to be significant. Likely reasons accounting for the poor record keeping of health and safety issues is inadequate experts to serve as a team to investigate accidents, complicated and burdensome process for reporting which poses risk to their job security was another reason.

Low commitment to accident by management is also another possible reason. To constitute a team of experts is often a difficult task as most often small hotels would not have all the team in the hotel and are compelled to use external resource persons from GTA.

The cost of engaging external resource persons is quite high as most small hotels (budget) feels reluctant to engage the services of such personnel; hence management relies on the expertise of managers and supervisors to do the investigation. The coefficient table as shown in Table 4.15 reveals that poor record keeping of health and safety issues ($\beta = -.174, p = .022$) significantly affected work safety. This implied that a unit increase in poor record keeping of health and safety issues would lead to a drop in work safety by $-.174$. On the other hand, a decrease in poor record keeping of health and safety issue would lead to better work safety environment.

Therefore, poor investigations to accidents and incidents and poor record keeping of health and safety issues must be of a great concern to management. As most often managers demand quarterly report from supervisors but do not take any effective decision on the accident report submitted. Having identified the two significant variables affecting management of health hazards, there was the need to indicate which of the variables have the greatest predictive effects. The t -statistics was used in this direction and found that inadequate experts to conduct hazard analysis had the highest predictive effect ($t = 4.420$).

This was followed by a situation where there is poor record keeping of health and safety issues ($t = 2.294$). The fact that there is inadequate expert to conduct hazard analysis and again the fact that inadequate experts to conduct hazard analysis had the highest predictive effect suggest that most budget hotels in the study area do not

recruit the right caliber of staff. If the right caliber of staff had been recruited, there would have been experts to conduct analysis within the facility. This finding is in line with Buchanan *et al.* (2013) and Hsieh *et al.* (2013) studies that most hoteliers do not recruit professionals but the housekeeping department is dominated by expatriate immigrant labour who have low socio-economic status.

The underlying reason according to Krause and Lee (2012) is the maximization of profit. Most studies have condemned the use of unqualified but cheap labour in the hotel housekeeping operations, (Disparities, 2013; Krause & Lee, 2012; UNITE HERE, 2006; Quanlian & Underhill, 2011).

To address the problem of inadequate expert in the housekeeping department to conduct hazard analysis, the Occupational Safety and Health Administration (OSHA) recommend that the Government through the Tourism Authority (in the case of Ghana – GTA) should constitute a team of consultants to support the activities of small hotels who do not have the capacity to have a full team of experts.

OSHA further indicated that this consultation is free as it is the responsibility of the Government to bear such a cost. The question then is whether or not GTA has the capacity to raise such a team of consultants and whether or not they also have the resources (logistics) to move this team around for hazard analysis. This question is being raised against the background that GTA in the study area is under resourced and is not able to visit hotels to undertake routine inspection as required by the Tourism Act 817. If GTA's basic responsibility of supervision and enforcement is difficult to achieve in the study area, how feasible will it be for them to take an additional responsibility of raising a team of experts to help small hotels in hazard analysis.

It is in this direction that ILO (2015) is emphatic, that the success of reducing hazards is the primary responsibility of the government and all resources needed for this must be ensured. It is therefore necessary that the Government of Ghana need to strengthen GTA so that it carries its mandate as required in the Tourism Act 817.

Although poor record keeping had a negative relationship with the dependent variable, it significantly contributed to the model with a significant value of $p = 0.022$. This could be explained by the fact that there are barriers to reporting and record keeping in the workplace among low-wage workers that needs to be addressed, workers have the right to safe work environment. Therefore, if hotel managers are to reduce the occurrence of hazards, they should not ignore record keeping of health and safety issues as they put emphasis on those predictors with positive relationship with the outcome. Record keeping is equally important in influencing or predicting the management of health hazards to work safety.

In this section, it was hypothesized that there is no management predictor variable affecting work safety in budget hotels in the study area but the findings of the study did not support this hypothesis as two out of the eight variables identified for the study were found to be significant. Inadequate experts to conduct hazard analysis had the highest predictive effect, and so, the hypothesis was rejected. It could therefore be concluded that inadequate expert to conduct hazard analysis and poor record keeping of health and safety issues were significant management of hazards predictor variables affecting work safety in the study area.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This last chapter for the study focuses on the summary, conclusions, recommendations and the implications for further research.

5.1 Summary of Findings

Over the past years, a lot has been made to promote occupational health and safety in hotels globally. Unfortunately, the burden of injury associated with hazards among housekeepers in hotels continues to rise irrespective of global interventions. This study has been necessitated by this global occupational health issues and the fact that many evidence based reports in Ghana generally, and in the study area particularly have acknowledged high rate of occupational injuries and infections among housekeepers.

The study sought to explore the influence of working conditions on the safety of housekeepers in Budget hotels in the Eastern Region of Ghana. It was found in the process that there are unfulfilled gaps in reducing work – related hazards in the study area. The descriptive design which employs both the quantitative and qualitative methods of data collection was used.

The population under study covered category of people who have a stake in eradication of hazards in hotels. These were categorized into two. Those involved in the quantitative survey study were housekeepers in the Budget hotels. The qualitative study was based on key informant interviews were organized for GTA representative in the study area, Hotelier's Association president, managers and supervisors of Budget hotels in the study area. A total of 393 questionnaires were used for

quantitative data analysis while in the case of the qualitative study, 52 key informants were used for the interview. The study had four main objectives and the summary of the main findings for each objective is indicated as follows:

5.1.1 Working Conditions Significant in Influencing Work Safety

Questions on working conditions significant in affecting work safety revealed that most housekeepers in the study area are permanent staff while a small percentage are casual staff. Majority of these housekeepers have worked between 1-3 years in the housekeeping department suggesting that labor turnover among housekeepers was very high in the study area.

Findings revealed that many of the survey respondents strongly agreed that working for long hours, low salary, no provision of adequate PPE, negligence to equip first aids box for housekeepers, inaccessibility of fire exits, and inaccessibility to medical services were the poor working conditions that affected safety of housekeepers in the study area. It was further found that all the working conditions were significant in influencing safety but in terms of ranking, no provision of adequate PPE and negligence to equip first aid box for housekeepers were found to be the working conditions with the greatest influence.

5.1.2 Health Hazards and the Associated Contribution to Work Safety in the Housekeeping Department

The study revealed that health hazards prosper in the budget hotels in the study area but most hoteliers act in contravention of the ILO Conventions and the Tourism Act (Act 817) which requires that employees must be made aware of the potential hazards in their area of operations. It was found that there are seven major hazards affecting

housekeepers in the study area and all these hazards are significant in influencing work safety.

These hazards are trips/slips/ fall, musculoskeletal disorders, chemical infections, bacterial infections, cuts, stress, abuse and sexual harassment. Most of these hazards occur as a result of inadequate supervision which often leads to laxity on the part of housekeepers. In terms of contribution toward work safety, the study again found that stress and abuse recorded the highest contribution given evidence from the cross tabulation with the chi square

5.1.3 Effects of Hazards and Working Conditions on Work Safety of Housekeepers

Poor working conditions and the prevalence of hazards were found to impact negatively on the health of housekeepers in the study area. These poor working standards were found to lead to bodily pains such as back pain, waist pain, neck and shoulders, musculoskeletal disorders, injuries and infections. The study again found that hazards and working conditions have significant effects on work safety of housekeepers.

5.1.4 Moderating Effect of the Socio-Demographic Variables (gender, age, income and education) on Working Conditions and Work Safety

The moderating effect of the socio-demographic variables (gender, age, income and education) on working conditions and work safety in the housekeeping department were explored and found that two out of the four variables (gender and age) were found to be significant in influencing work safety thereby acting as enhancers of work safety. It was also found that the remaining two variables (income and education)

were found not to be significant in influencing work safety in the housekeeping department.

5.1.5 Predictor Variables for Management of health hazards affecting Work Safety of Housekeepers

The control of hazards at the legislative level revealed that GTA even though has the mandate to enforce occupational safety standards they are not able to effectively do so due to logistical and human resource constraint. It was also found that GTA rarely organizes training and development workshops for housekeepers. In terms of hazard control at the facility level, the study found that managers of budget hotels often found it difficult to enforce all the GTA standards because of the high cost implication but they (managers) work hard to provide the level of standards they can in the areas of routine inspection, supervision and monitoring.

The findings again showed that four of the control variables were found to be statistically significant with the most significant control variable being housekeepers' involvement in hazards analysis. In determining the predictor variables affecting the preventive management of health hazards affecting work safety, the study found that two out of eight variables were significant. These were inadequate expert to conduct hazard analysis and poor record keeping of health and safety issues. Again, the study showed that of the two predictor variables, the factor with the highest effect on work safety was inadequate expert to conduct hazard analysis.

5.2 Conclusions

On the basis of the findings, five key conclusions are drawn in relation to the objectives of the study: health hazards, working conditions, effects of hazards on working conditions, moderating effect of socio-demographic variables, and the predictor variables affecting management of hazards of housekeepers.

With respect to the health hazards and their associated contribution to work safety, it can be concluded that the main health hazards affecting work safety in the Housekeeping department are trips/ falls/slips, cuts, musculoskeletal disorders, abuse and sexual harassment, stress, chemical infections, fungi and bacterial infections.

Apart from stress which was found not to be significant health hazard affecting work safety, the remaining health hazards were found to be significant. Socio-demographic factors such as education, income and age were found to be significant in influencing health hazards with income having the greatest influencing.

In the case of examining working conditions and their influence on work safety in the Housekeeping department, it was concluded that housekeepers in budget hotels work in deplorable conditions and all the working conditions are very significant in influencing work safety. Low salary and working for long hours, non-provision of protective wear and non-availability of first aid kit had great influence on work safety as such the hypothesis which states that working conditions do not influence work safety of housekeeping staff in the budget hotels in the study area is rejected

The conclusion drawn in exploring the effects of working conditions and health hazards on the work safety of housekeepers was that working for long hours, low salary and low job controls, trips/slips and fall and no provision for PPE often result in bodily pain, skin and other disease infections, allergies and musculoskeletal

disorders. All the working conditions as well as the health hazards had significant effects on work safety of housekeepers and therefore, the hypothesis: health hazards and working conditions do not have any statistical effect on the safety of housekeepers in budget hotels in the study area is rejected.

The study of moderating effect of socio-demographic variables on working conditions and work safety in the housekeeping department in the study area found that two of the moderating variable: gender and age are significant in influencing work safety.

Lastly, in analyzing the predictor control and management variables affecting work safety of housekeepers in Budget hotels in the Eastern Region of Ghana, the findings of the Multiple Regression indicated that four out of eight control variables were the best predictor variables influencing the control of hazards affecting work safety. These were involvement of housekeepers in hazards analysis, trained on hazards, involvement of housekeepers in monthly safety meetings and readily accessibility of data sheet.

In the case of predictor management variables affecting work safety, two out of eight management predictor variables were significant in affecting work safety in the study area. These were inadequate expert to conduct hazard analysis and poor record keeping of health and safety issues. Therefore the hypothesis that there are no predictor variables affecting the management of health hazards in budget hotels in the study area is rejected.

5.3 Broad Implications of Findings and Conclusions

This study has shed light on the influence of hazards and working conditions on the safety of housekeeping staff in budget hotels in the Eastern Region of Ghana. The study takes into consideration the prevailing hazards, working conditions, the effects of both the working conditions and hazards on work safety, and the factors affecting

the management of health hazards. The findings and conclusions from the study suggest practical implications for policy, programming, advocacy and knowledge dissemination.

5.3.1 Policy Implications

The study also found that GTA is unable to enforce health and safety standards among the numerous Budget hotels in the study area. This requires that Ministry of Tourism and GTA and all their many agencies at all levels take a serious and pragmatic look at their role in enforcing health and safety standards in the country. As a matter of policy, all logistic and human resource challenges need to be addressed for effective enforcement of safety standards. Again, the study found that GTA has established a set of operational standards that need to be adhered to by all hotels but GTA lack a clear national health and safety policy which will serve as a blue print for all occupational health and safety issues in the hotels. It is therefore necessary that such a policy be promulgated to help give direction to GTA and strength to enforce operational and safety standards.

5.3.2 Implications for Hotels (Budget Hotels)

This study has found that most housekeepers work in deplorable and adverse conditions and such conditions have great effects on their health status. Co-factors significant in worsening the working conditions are; inadequate provision of PPE and non-awareness of its consequences on the health of housekeepers. To help improve on the working conditions, GTA needs to organize training workshops for all hoteliers and supervisors on the need to improve the working conditions of housekeepers as well as the need to ensure adequate provision of all inputs required to improve working conditions.

Another critical concern is that most hoteliers in Budget hotels do not engage the services of professional housekeepers due to high cost implications. The educational level of most housekeepers shown in the socio-demographic background of housekeepers is mainly secondary school level without any professional training. To ensure work safety, there is the need for hoteliers to collaborate with the Ministry of Tourism through Ghana Tourism Authority (GTA) to organize training programs in specific areas of housekeeping operations. In order to have effective training, GTA needs to conduct training on needs assessment in the Housekeeping department. Again GTA also needs to raise and resource a team of training experts to organize tailor-made training needs for specific work procedures in Budget hotels since the facilities have unique needs based on their work policies and operations.

In meeting the training needs of Budget hotels, hoteliers can again collaborate with the Ministry of Education (MOE) / Ghana Education Service (GES) through Hotel and Tourism Training Institutions / Hospitality institutions to design curriculum that fits the specific needs of housekeepers in terms of occupational health and safety and have this program rolled for housekeepers. This could meet the staff development needs of their employers in terms of work safety and also ensure retention of workers. The National Youth Employment Program (NYEP) can take advantage of this window of opportunity by collaborating with MOE and train more youth who are interested in becoming professional housekeepers.

The study on moderating variables has found that gender and age are significant in influencing work safety in the housekeeping department and appropriate equipment suitable for use of women must be procured in order to help enhance the safety of the

housekeepers in the study area. This is due to the fact that most housekeeping equipment are design for the use of men rather than that of women.

5.3.3 Knowledge Implications

In the control and management of health hazards at the legislative level, the study revealed that the Government of Ghana through the MOT is responsible for promulgation of occupational health and safety policies which is non-existent in Ghana at the moment as well as enforcement of operational standards of which GTA is not capable of ensuring such standards due to logistic and human resource constraints.

The implications of this non-existing occupational health and safety policy and weak enforcement of standards is the increase of health hazards among Budget hotels in the study area. To address this challenge, GTA needs to ensure that implementation and enforcement of health and safety policies must include all mechanisms and elements necessary to build and maintain a preventive safety and healthy workplace. The national system must also be maintained, progressively developed and periodically reviewed as indicated in the Tourism Act (Act 817).

Another knowledge implication derived from the study is that stress and abuse of housekeepers has the highest contribution of affecting work safety in the Housekeeping department. It is therefore imperative that programs aimed at de-stressing staff especially housekeepers should be organized periodically in order to improve their health status at the workplace. Another critical concern which has enormous health implication is the abuse of housekeepers. Abuse and exploitation of housekeepers has the tendency of increasing labor turnover and staff attrition. Retaining staff in the Housekeeping department calls for proactive measures in

addressing all forms of abuses. To do this, there is the need for laid down procedures in reporting, investigating and reprimanding offenders and these procedures must be embedded in the code of conduct for all staff including housekeepers.

Another knowledge implication derived from the study is that, inadequate experts to conduct hazard analysis is a major predictor variable significant in affecting management of health hazards in the study area. To address this challenge, the Ministry of Tourism in collaboration with GTA needs to ensure that specialists in hazard analysis are trained, resourced and mandated to support managers of hotels to conduct hazard analysis, since a good investigative work has the capacity to reveal the actual cause of the occurrence of hazards.

5.3.4 Advocacy Implications

The study found that most hotel staff especially housekeepers are not unionized. The absence of a strong union to make such workers voice heard on important work and safety concerns is an asset for management of the hotels. The GTA and other organizations interested in promoting the welfare of unionized bodies such as the Trade Union Organization and Labor Unions should advocate for the formation of labor unions among staff of hotels. Such unions when formed can play key roles in the protection of health and safety of staff in the facility.

5.4 Recommendations

Based on the conclusions drawn as a result of the research findings and the implications presented in the previous sections, the following recommendations are made for the following stakeholders:

5.4.1 Recommendations for Government, Ministry of Tourism and GTA

The Ministry of Tourism together with GTA should organize periodic training to maintain operational standards among Budget hotels since the working conditions in most of these hotels are bad. In doing this, it is recommended that specific training in specific areas of operations which are in line with national and international standards should be organized for housekeepers by GTA and other Government institutions such as the Hotel, Catering and Tourism Training Institute (HOTCATT), Ghana Tourism Federation (GHATOF), Hoteliers Association of Ghana and the Managers of the Budget hotels.

Again, GTA and the Hoteliers Association should collaborate with Ghana Trade Union to form strong Unions to help curtail health hazards in the housekeeping department and also to make the voice of housekeepers heard. Issues related to remuneration and hours of work could be as well addressed by the unions. The National Government (MOT and GTA) with the hoteliers Association should be pressed on to ratify, improve and help the hotels comply with the laws and practices significant to advance the day-to-day health and safety of housekeepers.

5.4.2 Recommendations for Managers and Supervisors

Given the fact that most facilities are not able to provide adequate PPE and first aid kits and the fact that the conditions under which housekeepers work are deplorable, there is the need for managers as well as supervisors to ensure that basic inputs needed for housekeeping operations are provided and used for the right work.

There must be education and training for housekeepers on specific skills required to reduce stress and abuse among housekeepers. It is recommended that managers and supervisors should educate housekeepers on danger signs of all forms of abuse as well

as risk factors of stress and how it can be reduced among housekeepers. There is also the need for effective supervision, inspection and monitoring of all housekeeping operations by supervisors and managers to ensure that safety standards are kept. It is therefore recommended that routine supervision and inspection need to be undertaken and report submitted to management for periodic review.

All managers of Budget hotels in the study area should be encouraged to keep clear and proper records of the health and safety issues since poor record keeping of health and safety issues significantly affects work safety. An improved record keeping of health and safety issues would lead to a better work safety environment.

5.4.3 Recommendations for Hoteliers

The fact that most housekeepers are not professionals and often do not have the requisite training which could help reduce hazards in the Housekeeping department of Budget hotels in the study area, there is the need for hoteliers to recruit professional housekeepers. Hoteliers could collaborate with hospitality training institutions to recommend or get the needed skilled manpower for recruitment.

It is also recommended that hoteliers should collaborate with the hospitality and tourism training institutions to organize in-service programs such as training workshops, seminars, conferences on work safety with the aim of promoting the knowledge base and housekeeper in their housekeeping operations.

5.4.4 Recommendation for Housekeepers

The study found that some housekeepers do not use PPE even though they are available. This is due to the fact that they are not comfortable working with such PPEs.

It is recommended that there should be correct and consistent use of PPEs by housekeepers at all times during cleaning to reduce hazards. The managers and supervisors should create awareness of the dangers for not using PPE. The awareness creation can be organized during orientation of newly recruited staff, on the job and in refresher courses, poster and distribution of flyers on safety awareness. After which disciplinary action for breaches of the safety rules must be enforced by supervisors.

5.4.5 Areas for Further Research

This study which was set out to examine the influence of hazards and working conditions on the safety of housekeeping staff in Budget hotels uncovered valuable findings that could serve as basis for future studies. The researcher recommends that future research in the areas listed below need to be undertaken to address some gaps identified in this study:

1. This current study only concentrated on the hazards and working conditions in only one of the most hazardous departments among budget hotels (that is the housekeeping department). In order to have a holistic view on the influence of working conditions and hazards on safety in the entire hotel, a similar study could be carried out among all the hazardous departments in budget hotels.
2. A more detailed study including budget hotels in all the regions of Ghana could also be carried out to give out the regional dynamics and disparities in terms of hazards and working conditions. Studies involving regional differentials in terms of hazards and working conditions either longitudinal or cross sectional could better lay to bare the attitudes and perceptions of housekeepers which form the underlying factor for work safety.
3. A similar study could be conducted to model on the predictor factors affecting work safety in all the departments in budget hotels in the study area.

This could give all the best predictor variables and further explain the percentage of variance to work safety in the entire facility. Knowledge on this would have far reaching planning and policy implications for improved work safety among budget hotels.

4. It is also recommended that since harassment and abuse are noted to be hydra-headed and the factors influencing harassment and abuse are often sensitive and numerous but important factors influencing work safety, a more detailed study on harassment and abuse need to be look at critically in order to help reduce such phenomena among budget hotels.

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APPENDICES

Appendix A: Letter of Consent

Gladys Apreh Siaw
 Adm. No. T130F/29219/2014
 Kenyatta University,
 P.O. Box 43844-0100,
 Nairobi.
 March, 2016.

TO WHOM IT MAY CONCERN.

Dear Sir/Madam,

RE: LETTER OF INTRODUCTION

My name is Gladys Apreh Siaw. I am a student at Kenyatta University currently pursuing a PhD Degree in Hospitality Management. I am carrying out a study on influence of working conditions on the safety of hotel housekeepers in the Eastern Region of Ghana. This is a study that aims at investigating the extent to which health hazards and working conditions affect the safety of housekeepers in Budget Hotels in the Eastern Region of Ghana.

I request your participation in the study by filling in the questionnaires or responding to questions during an interview. Any information given by you relating to the study will be treated confidentially and will not be used against you in any way. Your participation is completely voluntary and you have a right to withdraw from the study any time you wish. There are no risks associated with participating in the study nor are there any monetary gains or inducements by participating. Findings from this study will benefit the country and by extension the organization you work in through policy issues that are favorable to you as an employee. If you have any questions regarding the study, you can reach the principal investigator on 0208202006 or email – gaprehsiaw@gmail.com.

CONSENT

If you accept the above statements, kindly sign as evidence for your willingness to participate in the study. I agree to participate in this study.

Sign: Date:

THANK YOU.

Appendix B: Questionnaire for Housekeepers

Influence of Working Conditions on the Safety of Housekeeping Staff in Budget Hotels within Eastern Region of Ghana

This is a study that aims at investigating the extent to which health hazards and working conditions affect the safety of housekeepers in Budget Hotels in the Eastern Region of Ghana. The questions are for research purposes only and the responses will be treated with strictly **confidential**.

INSTRUCTIONS: Please tick the most appropriate response for each item.

SECTION A: DEMOGRAPHIC INFORMATION

1.1 Gender

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

1.2 What is your job title?

1.3 Indicate your age bracket

Less than 20 years	<input type="checkbox"/>
20 – 29 years	<input type="checkbox"/>
30 – 39 years	<input type="checkbox"/>
40 – 49 years	<input type="checkbox"/>
50 – 59 years	<input type="checkbox"/>
60 years +	<input type="checkbox"/>

1.4 Marital status

Single	<input type="checkbox"/>
Married	<input type="checkbox"/>
Separated	<input type="checkbox"/>
Widowed	<input type="checkbox"/>
Divorced	<input type="checkbox"/>

1.5 Indicate your salary in a month

Less than GH¢ 500.00	<input type="checkbox"/>
GH¢ 500.00 – 1,000.00	<input type="checkbox"/>
GH¢ 1,000.01 – 1,500.00	<input type="checkbox"/>
GH¢ 1,500.01 – 2,000.00	<input type="checkbox"/>
GH¢ 2,000.01 – 2,500.00	<input type="checkbox"/>
GH¢ 2,500.01 – 3,000.00	<input type="checkbox"/>
GH¢ 3,000.01+	<input type="checkbox"/>

1.6 Indicate your highest level of education

No formal education	<input type="checkbox"/>
Primary School	<input type="checkbox"/>
Middle/ JHS	<input type="checkbox"/>
Secondary /SHS/Voc./Tech	<input type="checkbox"/>
Tertiary	<input type="checkbox"/>

SECTION B: WORKING CONDITIONS OF HOUSEKEEPERS

2.1 What is your employment status?

Casual	<input type="checkbox"/>
Permanent	<input type="checkbox"/>

2.2 How many years have you been working in the Housekeeping Department?

Less than 1 year	<input type="checkbox"/>
1-3 years	<input type="checkbox"/>
3 – 6 years	<input type="checkbox"/>
6 – 9 years	<input type="checkbox"/>
10 years+	<input type="checkbox"/>

2.3 How many hours do you work per day?

< 3 hrs.	3- 5hrs	6-8hrs	9-11 hrs.	12 hrs. +
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.4 Are there any outlined safety regulations in your work place?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

2.5 If yes to question 2.3 please outline them.

.....

.....

.....

2.6 Do you have document governing occupational safety at your workplace?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

2.7 If yes to question 2.7 what are they?

.....

.....

.....

.....

2.8 Who is responsible for the implementation of safe working conditions at the hotel?

Employer	<input type="checkbox"/>
Supervisor	<input type="checkbox"/>
Self	<input type="checkbox"/>

2.9 Indicate the level of agreement in the following conditions whether they prevail at the Housekeeping Department. (5=Strongly Agree, 4=Agree, 3=Undecided, 2=Disagree, 1=Strongly Disagree)

WORKING CONDITIONS	5	4	3	2	1
Housekeeper work for long hours					
Housekeepers' salaries are very low					
Management do not provide instructions on use of equipment					
Management do not provide training on safety precaution					
Management do not provide warning in areas of danger					
Management do not provide adequate personal protective wear for housekeepers					
Management do not provide an equipped first aid kits to housekeepers					
Housekeepers are not easily accessible fire exit					
Housekeepers do not access medical service					

2.10 How do you get information on the use of potentially dangerous equipment?

Written note from supervisor	<input type="checkbox"/>
Verbally instruction	<input type="checkbox"/>
Self-discovery from labels	<input type="checkbox"/>
Others (specify)	<input type="checkbox"/>

2.11 How would you rate your working conditions in terms of safety?

Very Good	<input type="checkbox"/>
Good	<input type="checkbox"/>
Average	<input type="checkbox"/>
Poor	<input type="checkbox"/>
Very Poor	<input type="checkbox"/>

SECTION C: HAZARDS OF HOUSEKEEPERS

3.1 Has Management prepared you about any health hazards in the housekeeping department?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

3.2 If yes, outline the areas you have been prepared on?

.....

.....

.....

3.3 Which health hazards have you personally identified or encountered in the housekeeping department?.....

.....

.....

.....

.....

3.3 Indicate the level of agreement whether the following health hazards are present at the Housekeeping Department. (5=Strongly Agree, 4=Agree, 3=Undecided, 2=Disagree, 1=Strongly Disagree)

HAZARDS AT THE HOUSEKEEPING DEPARTMENT	5	4	3	2	1
Trips/slip/fall					
Cuts					
Fungi/ bacterial infection					
Chemical exposures					
Musculoskeletal disorders					
Abuse/sexual harassment					
Stress					

SECTION D: MANAGEMENT CONTROL FACTORS OF HEALTH HAZARDS IN THE HOUSEKEEPING DEPARTMENT

4.1 Indicate your level of agreement whether the following health hazard control measures are present at the Housekeeping Department. (5=Strongly Agree, 4=Agree, 3=Undecided, 2=Disagree, 1=Strongly Disagree)

MANAGEMENT CONTROL FACTORS OF HEALTH HAZARDS	5	4	3	2	1
Housekeepers are involved in hazard analysis					
Housekeepers are involved in accident investigations					
Management communicate and enforce drug-free workplace policy					
Management organize new employee induction safety training and refresher training					
Housekeepers are trained on the hazards and safety practices specific to their jobs					
Housekeepers have monthly regular safety meetings					
Management use temporary employees only in the capacity for which they are trained					
Safety data sheet is readily accessible to housekeepers					

SECTION E: FACTORS AFFECTING THE MANAGEMENT OF HEALTH HAZARDS

5.1 Indicate your level of agreement whether the following factors affect the prevention of health hazards at the Housekeeping Department. (5=Strongly Agree, 4=Agree, 3=Undecided, 2=Disagree, 1=Strongly Disagree)

PREVENTIVE MANAGEMENT FACTORS.	5	4	3	2	1
Inadequate experts to conduct health hazard assessment					
Low commitment by management to control health hazards					
Inadequate supervision of department/ sectional heads					
No clear cut process in reporting accident and abuse					
Poor investigation into accidents and incidents					
Poor reporting of accidents/incidents					
Poor record keeping of health and safety issues					
Poor risk control program					

SECTION F: WORK SAFETY

6.1 Housekeepers are involved in safety decision making

Strongly Disagree	<input type="checkbox"/>
Disagree	<input type="checkbox"/>
Undecided	<input type="checkbox"/>
Agree	<input type="checkbox"/>
Strongly Agree	<input type="checkbox"/>

6.2 Housekeepers comply with safety policies

Strongly Disagree	<input type="checkbox"/>
Disagree	<input type="checkbox"/>
Undecided	<input type="checkbox"/>
Agree	<input type="checkbox"/>
Strongly Agree	<input type="checkbox"/>

6.3 Management organizes hazard awareness training for housekeepers

Strongly Disagree	<input type="checkbox"/>
Disagree	<input type="checkbox"/>
Undecided	<input type="checkbox"/>
Agree	<input type="checkbox"/>
Strongly Agree	<input type="checkbox"/>

Appendix C: Interview Guide for Key Informants

My name is Gladys Apreh Siaw. I am a student at Kenyatta University currently pursuing a PhD Degree in Hospitality Management. I am carrying out a study on influence of working conditions on the safety of hotel housekeepers in the Eastern Region of Ghana. This is a study that aims at investigating the extent to which health hazards and working conditions affect the safety of housekeepers in Budget Hotels in the Eastern Region of Ghana. The questions are for research purposes only and the responses will be treated with strictly **confidential**.

Background Characteristics of Interviewees

1. What is your position within this hotel?
2. For how long have you served in this position?

Risk Factors of Health Hazards at the Housekeeping Department

1. What are the health hazards often associated with the housekeeping department?
2. What do you think are the likely causes of these health hazards in the housekeeping department?
3. How can these health hazards be reduced in the department?

Working Conditions in the Housekeeping Department

1. Explain the working conditions under which the staff in the Housekeeping Department works.
2. Do you provide the housekeeping department with adequate personal protective equipment?
3. What are the reasons why adequate personal protective equipment cannot be provided to housekeeping staff?
4. How can the working conditions in the Housekeeping Department be improved?

Control of Health Hazards in the Housekeeping Department

1. How can the health hazards in the Housekeeping Department be controlled?
2. What safety procedures, policies or laws are available in controlling health hazards in the housekeeping Department?
3. What problems are available implementing safety procedures/policies/programs in the housekeeping Department?

Factors Affecting the Management/Control of Health Hazards

1. What are the factors affecting the control of health hazards in the Housekeeping Department?
2. Which of these factors are difficult to control in the housekeeping Department and why?

Thank you

Appendix D: Authorization Letter from Kenyatta University



KENYATTA UNIVERSITY
GRADUATE SCHOOL

E-mail: dean-graduate@ku.ac.ke

Website: www.ku.ac.ke

P.O. Box 43844, 00100
NAIROBI, KENYA
Tel. 810901 Ext. 57530

Internal Memo

FROM: Dean, Graduate School

DATE: 10th February 2016

TO: Gladys Apreh Siaw
C/o Hospitality management Department
Kenyatta University

REF: T190F/29219/14

SUBJECT: APPROVAL OF RESEARCH PROPOSAL

This is to inform you that Graduate School Board at its meeting of 27th January, 2016 approved your Research Proposal for the Ph.D. Degree. Entitled "Influence of Working Conditions on the Safety of Housekeeping Staff in Budget Hotels in Eastern Region of Ghana".

You may now proceed with data collection, subject to clearance with the Director General, National Commission for Science, Technology & Innovation

As you embark on your data collection, please note that you will be required to submit to Graduate School completed Supervision Tracking forms per semester. The form has been developed to replace the progress report forms. The supervision Tracking Forms are available at the University's website under Graduate School webpage downloads.

By copy of this letter, the registrar (Academic) is hereby requested to grant you Substantive registration for your Ph.D studies.

Thank you.


ANNBELL MWANIKI
FOR: DEAN, GRADUATE SCHOOL

c.c. Chairman, Hospitality management Department.

Supervisors:

1. Dr. Rosemarie Ayuma
Hospitality Management Department
KENYATTA UNIVERSITY
2. Dr. Charles Muthamia Murungi
Hospitality Management Department
KENYATTA UNIVERSITY

Appendix E: Letter from Ghana Tourism Authority

Ghana Tourism Authority

ISSNIT Office Complex
P. O. Box KF 771, Koforidua

Email: easttourism@yahoo.com WEBSITE: www.ghana.travel

GTA/KD/ER-006

10TH March, 2016

TO WHOM IT MAY CONCERN

INTORUDCTORY LETTER – GLADYS APREH SIAW

The Ghana Tourism Authority sends its compliment and wish to introduce to you GLADYS APREH SIAW, who is a PHD student of the Kenyatta University, Nairobi-Kenya with registration number T130F/29219/2014.

Mrs. Siaw is currently working on her thesis titled: INFLUENCE OF WORKING CONDITIONS ON THE SAFETY OF HOUSKEEPING STAFF IN BUDGET HOTELS IN THE EASTERN REGION OF GHANA.

We therefore entreat you, to kindly give her audience by providing the necessary information that may be required. We assure you that, this information is purely for academic purposes.

We thank you for the anticipated cooperation in this regard.

Yours faithfully,

**FREDERICK ADJEI RUDOLPH
(REGIONAL MANAGER).**

Cc: Eastern Regional Chairman
Ghana Hoteliers Association
Koforidua



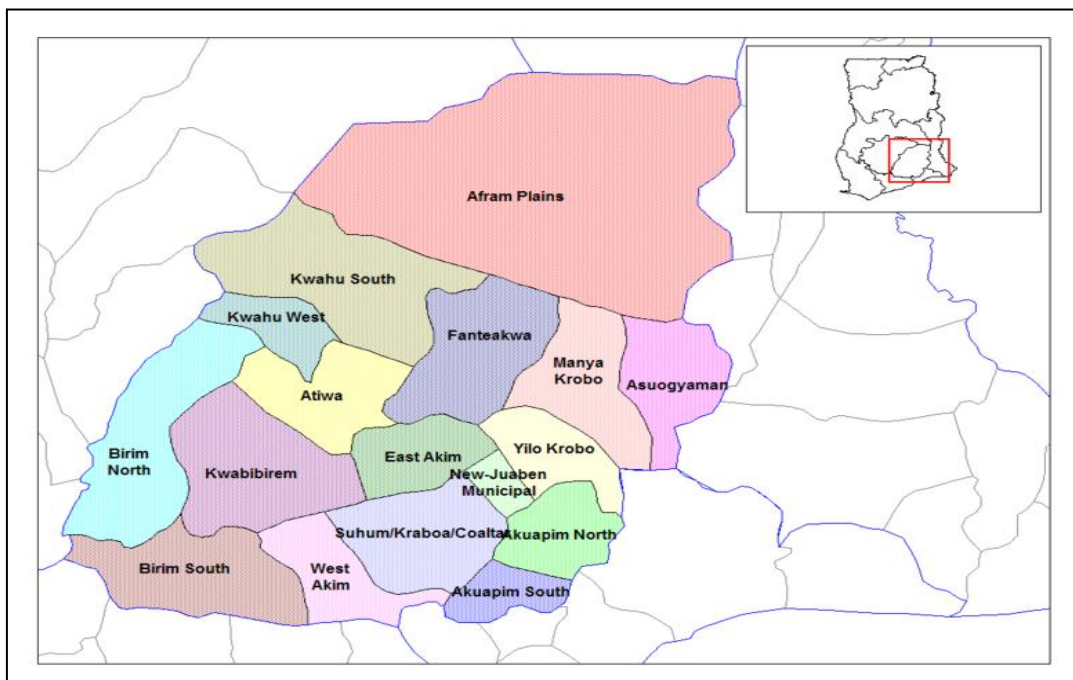
Member, United Nations World Tourism Organisation

Appendix F: Map of Ghana and the Eastern Region of Ghana (Showing the Districts of the Region)

Map 1: Ghana



Map 2: Eastern Region of Ghana



Appendix G: Ghana Tourism Authority Hotel Directory, 2014



December 31

HOTEL DIRECTORY 2014

This document outlines the list of licensed hotels in Ghana as at 31st December 2014. In all, there are 2,569 licensed Formal Accommodation establishments

Summary

- ✓ 611 Star-rated Hotels
- ✓ 156 Guest Houses
- ✓ 1802 Budget Hotels
- ✓ 41,409 Hotel Rooms
- ✓ 45,646 Hotel Beds
- ✓ 690 Hotel Conference Rooms
- ✓ 210 Hotel Swimming Pools

REGION	5-STAR	4-STAR	3-STAR	2-STAR	1-STAR	G. HSE	BUDGET	TOTAL
ASHANTI		1	10	46	56	16	310	439
BRONG AHAF			1	5	11	2	142	161
CENTRAL			5	14	26	9	166	220
EASTERN		1	4	25	35	13	182	260
GREATER ACCRA	2	5	6	73	99	64	496	745
NORTHERN				9	11	10	70	100
TEMA				15	29	16	119	179
UPPER EAST				3	4	3	75	85
UPPER WEST				1	5	1	28	35
VOLTA			3	7	22	6	91	129
WESTERN			7	17	53	16	123	216
TOTAL	2	7	36	215	351	156	1802	2569

Appendix H: Sample of Hotels and Housekeepers

Name of budget Hotel	No. of housekeepers	No. of housekeepers sampled
DISTRICT A		
Summit Lodge	4	3
Kyidom Hotel	5	4
White Rose Lodge	5	5
Star Land Hotel	5	5
Kobs Hotel	5	4
Bekmag Hotel	4	3
Tetmar Hotel	5	4
Gift Hotel	5	4
Maybeth Hotel	4	3
Clab Garden Hotel	5	4
Maybeth Hotel	6	5
Holiday Summer Hotel	5	4
Agonaba Guest Hotel	5	5
Alexander Hotel	5	4
Graecland Hotel	6	4
Safe Gold Hotel	6	4
Oak Guest hotel	5	3
Rene's Hotel	5	4
Total	18	72
DISTRICT B		
Starting Point	6	5
Starlight Hotel	6	5
Ohene Nana Clasic	5	4
Osafo Kantanka Main	6	5
Moonlight Hotel	5	4
Obo Central	5	4
House Of David Royal Hotel	6	5
Omari Serwaa	5	4
Top Hotel	5	4
Sarfoa Lodge	5	4
Asaaseaban Hotel	6	4
Topway Hotel	5	4
Real Parker Hotel	5	4
Riverside Hotel	5	4
Total	14	60
DISTRICT C		
Silver Spoon Hotel	5	4
Love Gardens	5	4
Hotel Aakway	5	4
Koad Hotel	5	4
Check-In Hotel	5	4
Sabaki Trenchtown	6	5

Golden Palace Hotel	6	5
1 st Stop hotel	4	3
Yayo Hotel	5	4
Mensco hotel	6	5
Stopping Point Hotel	5	4
Danas Royal Hotel	4	3
Ankobeia hotel	4	3
Asonaba hotel	5	4
Alexco Hotel	4	3
Hill Top Hotel	5	4
Grace Adu Hotel	4	3
Technology hotel	5	4
Ohenewa hotel	3	2
Hotel De Mayflower	5	4
Pabia hotel	5	4
W.N.A Guest House	5	4
Blue Bells Hotel	5	4
Alicia Hotel	5	4
Eastern Court	4	3
Eastern View Logge	5	4
Onyame Akwan Hotel	4	3
Dorcas Hotel	3	2
St Moinca Lodge	5	4
Sweet Memories	4	3
Hillside Hotel	4	3
Total	31	116
DISTRICT D		
Cap Hotel	5	4
Maderena Hotel	5	4
Permier Hotel	5	4
O' Right Hotel	5	4
Morning Star Hotel	5	4
Ages Abba	6	5
Green Pearls Hotel	4	3
Syldof Everest Hotel	5	4
Sahara Hotel	5	4
Total	9	36
DISTRICT E		
Hi Haven Hotel	5	4
Rhozo Hospitality	5	4
Adomi Hotel	6	5
Benkum Hotel	6	4
Yakofa Hotel	4	4
Mlife Hotel	5	4
Small World	5	4
Quality Inn Hotel	6	4
Palm Hotel Ltd	5	4
99 Western Lane Hotel	6	5

Small World	6	5
Joetina Hotel	5	4
Volta Safari	5	4
Gerted Hotel	6	5
Aylos Lodge	5	4
Total	15	64
DISTRICT F		
Joy Of Peace Hotel	6	5
Kwamens Hotel	6	5
Unity Lodge	5	4
Americans Base Hotel	6	5
Maa Sankofa Hotel	5	4
Jason Lodge	5	4
Ku Bridam Lodge	4	3
Courtyard S J	5	4
Good Wife Guest House	6	4
Mmokwa Lodge	5	4
Palm Hill Hotel	6	5
Saeko Hotel	6	5
Bella Vista Luxury Guest House	5	4
Ellens Pride	5	4
Kwabesco Hotel	4	3
Yaky Lodge	5	4
Blue Bulb Palace	4	3
Happy Star Hotel	6	5
Aakway Hotel	5	4
Hearty Home Hotel	5	4
Total	20	80
GRAND TOTAL	107	428