INFLUENCE OF OCCUPATIONAL HAZARDS ON EMPLOYEES' JOB PERFORMANCE IN HOUSEKEEPING DEPARTMENT OF BUDGET HOTELS IN KADUNA METROPOLIS, NIGERIA

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A RESEARCH THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF MASTER OF SCIENCE IN HOSPITALITY MANAGEMENT IN THE SCHOOL OF HOSPITALITY AND TOURISM OF KENYATTA UNIVERSITY

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DECLARATION

I declare that this thesis is my original work and has not been presented for a degree in any other institution for examination purposes.

Signature…… Date……

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This research thesis has been submitted for examination with our approval as the University Supervisors.

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DEDICATION

This piece of work is dedicated to my beloved parents, late AlhajiJibrilCecekoShaaba and HajiyaAminaJibril, My dearest Husband Dr. Umar Abubakar(Ph.D.), my sister Hajiya Halima Jibril, my beloved children Idris, Fatima, Aishatu, Adam and Maimuna for their sacrifices and support in making this programme successful.

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DEFINITION OF OPERATIONALTERMS

Budget Hotels	Medium priced hotels offering food drinks and rooms.
Biological Hazards	Injuriesthat are caused by biological substances such as blood that are threatening to human health
ChemicalHazards	Injuries caused because of exposure to chemical Substances in the work place
Employees	People who clean guestrooms and launder hotel and guests linen.
Ergonomic Hazards	Injuries that harm the muscles
Guestroom Attendants	Staff who clean and maintain guestrooms and provide guest Supplies in hotel rooms.
Hazards	Injuries that are threatening to human life
Insurance	A form of risk management to protect injured housekeepers
Job performance	Ability of an employee to carry out a task in a condition to yield result.
Laundry staff	Staff who care for guests and hotel linen.
Musculoskeletal hazards	Are the injuries that affect the nerves, bones and muscles.
Public area cleaners	Staff whom clean public places such as lobbies, lifts, staircases,
Prevalence	The act of something happening often.
Rehabilitation	Restoring housekeepers to their former privileges.
Risk	The possibility that injury will occur.
Risk factors	Something that lead to injuries, illnesses, or accidents.

LIST OF ABBREVIATIONS AND ACRONYMS

CCOHS - Canadian Center for Occupational Health and Safety

ESR- Euro Stat Report

GDP - Gross Domestic Product

H. S.E. - Health Safety Executives.

ILO - International Labor Organization.

OSH. - Occupational Safety and Health.

OSHA - Occupational Safety and Health Administration.

O.S.H.B. - Occupational Safety and Health Board.

R.M.I.S. - Repetitive Motion Injuries.

UAC – United African Company

WHO. - World Health Organization.

W.T.T.C- World Travel and Tourism Council.

ABSTRACT

Evidence has accumulated to suggest that occupational injuries are on upsurge in developing countries such as Nigeria and little or no consideration has been paid to this trend by the authorities. In this study, influence of occupational hazards on job performance of employees of housekeeping department was studied in budget hotels in Kaduna metropolis Nigeria. The study specifically investigated the prevalent of occupational hazards peculiar to housekeeping jobs in budget hotels, identified the preventive measures available to reduce occupational hazards and evaluated the rehabilitation measures for injured housekeepers investigated the level of employees' job performance and determined the relationship between occupational hazards and job performance. It also allows for a better understanding of working conditions of service and level of compliance of existing occupational hazards rules and regulations by both the employers and employees. Relevant and related literature was reviewed based on the objectives of the study. Cross-sectional survey design was used for the study. A sample of 217 employees was used. The employees comprised of guestroom attendants, laundry staff, public area cleaners, supervisorsand executive head housekeepers. Purposive sampling technique was used to select sample from managers and supervisors. Stratified random sampling technique was used to select guestroom attendants, public area cleaners, and laundry staff under the study area. Structured and unstructured questionnaires were used to collect the data from the guestroom attendants, laundry staff, public area cleaners and supervisors while interview schedules was used for executive head housekeepers. Descriptive statistics were used to analyze data collected through opened-ended questions, prevalence of occupational hazards peculiar to housekeeping jobs in budget hotels, preventive measures available to reduce occupational hazards and rehabilitative measures on injured housekeepers.While multiple regressionswere used to determine the influence of the independent variables on the dependent variable and Pearson correlation was used to test the hypotheses. The study revealed that employees job performance and the variables affecting it are significantly correlated with the coefficient R= 0.567. It also showed that there is inadequate safety training to prevent injuries as well as good rehabilitation measures for injured housekeepers.The study concludes that it is apparent that hotel housekeepers sustain injuries at work due to the nature of the tasks assigned and appropriately, designed and diligently practiced preventive measures will reduce the frequency of occupational injuries among hotel housekeepers.The study recommends that incapacitated employees should be reinstated at work by employers, government should compensate injured hotel employees particularly hotel housekeepers. The study recommends that safety training should be organized for housekeepers, protective equipment should be provided and employee's safety act should be strictly followed.

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background to the Study

Job performance is a major multidimensional concept aimed at achieving results and has a strong relationship to organizational goals(Khan, Khan & Khan, 2011). Jobperformance can be distinguished in terms of process and outcomes. In addition, theconcept obviously only describes behaviour which is goal oriented and aims at establishing how good an employee carries out a task to achieve a desired goal or objective. Khan, Khan and Khan, (2011) further stressed that job performance could be dynamic or established depending on the tasks or activities involved, though, in the service sector such as the hotel industry job performance are actions that contribute to the organizational goals that are below individual control. In the views Armstrong, 2010 in Oluoch, 2015, employee performance is relating to the organizational set objectives with employees' skills and competences.

Considering the importance of housekeeping department in hospitality industry and the various tasks associated with the job it is worth noting that the duties are cumbersome and have adverse consequences on employee's performance. Injured employees may not be able to contribute meaningfully to the productivity of the organization consequently; there will be financial loss and low profit margin. Furthermore, occupational hazards result to loss of skilled work force because injured and incapacitated employees might not be on their jobs and if not properly managed can lead to loss of hotel's brand and image name. According to Oluoch (2015), employee job performance is negatively affected by hazards and injuries at workplace because it will lead to absenteeism. Related studies such as that of Ofuegbu(2013)

cited absenteeism for health reasons as a major cause of disruption in employee's job performance. However, Hukpe(2012) opined that exposure to psychosocial hazards can affect employee's performance as it leads to absenteeism and high turnover.

According toHsieh (2013) there are over 4.8 million rooms in accommodation sector in the United States alone while in Nigeria studies indicate that the accommodation sector provides significant rooms to tourists. This signifies that the hotel business is labor-intensive and hotel housekeepers make a significant occupational segment.)According to International Labor Organization (2012), about 2.3 million workers are affected by work related accidents every year globally, this accounts for over 600 deaths daily. Similarly, the World Health Organization, (2010) gave an estimate of 160million of new work related illnesses that occur yearly and specifies that work conditions are responsible for one third of back pain and hearing loss.

In addition,Kilic and Selvi(2009) indicated that in developing countries, which include Nigeria, there is an increase in occupational hazards and risks factors among housekeeping employees. Furthermore Cherono(2011) postulated that despite the risk assessment reviews done on regular basis in Kenya, most hotels have no good structure of reporting hazards and accidents. In Nigeria, thereare no records on the number of incident cases of accidents, injuries at workplace, occupational hazards have been on the upsurge, and little or no attention seems to have been paid to this trend by the authorities. (Afoegbu, Olawepo&Ibojo, 2013).

According to Daros (2011), the poor working conditions of hotel housekeepers has made them vulnerable to augmented occupational hazards that result to negative health risks; these occupational hazards include physical, chemical, biological and psychological factors and health outcomes such as musculoskeletal disorders,

respiratory diseases, dermatological diseases and allergies as well as psychological diseases. However, most injuries sustained by housekeepers are avertable yet ironically; the reality of present economic climate has shifted management's attention from investments in employee's health and injury prevention. This state of affairs is more prevalent in the hotel industry as compared to other industries, where hospitality employees are 51% more prone to serious injuries and disabling injuries that result in time spent away from work (Liladrie, 2010).

Furthermore, it is unfortunate that occupational hazard can lead to illness, injury or death. It is an unfair condition that one may suffer or experience bodily harm because of performing their job tasks. Although, occupational health is such a crucial issue for hotel housekeepers because of their precarious activities and duties, not much attention has been given to this subject. Housekeepers go for early retirementsdue to incapacitations because of occupational hazards at workplace (focus study 2011).

With less interest in staff training and constant pursuits for higher profit margins prevalence of accidents at workplace have escalated. (Afoegbu*et.al.*,2013) In addition,Liladrie,(2010) viewed that the incidence rate of disability is higher amongst housekeepers than other workers and those long-term diseases are more common amongst the housekeeping employees of hotel industry.

Furthermore, Ofuegbu*et al.*,. (2013) stressed that poor management of occupational hazards may lead to loss of trained skilled manpower. In the same vein,they affirmed that hazardous environment is linked to low pay, lower overall job performance, lower organizational commitments, and higher degrees of job distractions. The poor working condition, such as long hours, low remunerations, ergonomic strains,

chemical exposures, job insecurity and wide range of physical and mental risks have made them vulnerable to occupational hazards resulting into adverse health outcomes.

According to Kilic&Selvin (2009), job satisfaction is the personal assessment of the job conditions. These conditions include job itself, the attitudes of the administrators, the wages and the occupational security and whenever the expectations of employees are not met, thisresults to dissatisfaction at job and consequently low performance.

1.2 Problem Statement

Occupational injuries have been on the upsurge in developing countries. Averagely 8,900 workers in hotel industry are injured yearly on the job in the developing world resulting in more than half of employees taking time off- duties (Focus Report, 2011). Relatively, in Sub- Saharan Africa, including Nigeria, the casualty rate per 100,000 workers is 2:1; the accident rate is 16,000 and 54,000 workers die yearly. Deplorably, 42million work- related accidents occur and this results to at least three days absenteeism (Alli, 2008). In Nigeria, though the exact figure of accident cases are not documented, Occupational hazards have been on the increase and little or attention seems to have been paid to this trend by the authorities. (Okojie, 2012) With the increase in complex devices and equipment,little interests in staff training and constant pursuits for higher turnover limits, prevalence of occupational hazards have increased. Consequently housekeepers habitually go on early retirement gratuitously due to incapacitation as a result of occupational hazard**(**Ofuegbu*et.al.,* 2013**)**.

A related research carried out by Ofuegbu, Olawepo and Ibojo(2013) on effects occupational hazards, preventive measures but not on rehabilitation measures. The findings indicated that provision of safety materials, training of employees on safety measures have positive effect on employees productivity. The result further stated that

exposure of employees to occupational hazards have negative influence on employees' productivity.

Finally, there is little form of existing rehabilitative measures or insurance compensation for employees due to occupational hazards on leaving their jobs(Ofuegbu*et al.*,,2013). It is therefore against this background that the researcher intends to investigate the influence of occupational hazards on job performance of housekeeping employees in Nigeria

1.3 General Objective

The general objective of the study is to investigate the Influence of occupational hazards on job performance ofemployees in the housekeeping department of budget hotels in Kaduna Metropolis Nigeria.

1.4 Specific Objectives

1. Investigate the prevalence ofoccupational hazards peculiar to housekeeping jobs in budget hotels in Nigeria.
2. Identify the preventive measures available to reduce occupational hazards in hotel housekeeping department of hotels in budget hotels in Kaduna metropolis, Nigeria
3. Evaluate the rehabilitative measures on the injured housekeepers in budget hotels in Kaduna metropolis
4. Determine the level of employees' job performance in budget hotels in Kaduna metropolis.
5. Determine the relationship between occupational hazards and employees' job performance.

1.5 Hypotheses

Ho_1: There is no significant relationship between prevalence of occupational hazards and employees' job performance.

Ho_2: There is no significant relationship between preventive measures and employees' job performance.

Ho_3: There is no significant relationship between the rehabilitative measures and employees' job performance.

1.6Significance of Study and Anticipated Output

The study gave an insight into the types of occupational risks and accidents prevalent in hotel industry particularly housekeeping department, preventive measures and effects of occupational hazards on employees' job performance. The findings of study will be beneficial to all stakeholders in hospitality industry by providing necessary information that willhelp them prevent incidences of occupational hazards, implementrehabilitation and insurance policy that will aid in taking care of the victims of occupational accidents. The findings of the study will also be useful to other researchers in the area of hospitality management.

In order to improve employees' job performance in hotels, particularly budget hotels it is paramount to have good preventive as well as rehabilitation measures in place. However, there their implementation will increase job performance and attainment of organizational objectives.

1.7Scope of the Study

This study was restricted to budget hotels in Kaduna metropolis and it was specifically concerned with the influence of occupational hazards and job-performance of employeesof housekeeping department. The study targeted 108 budget hotels and used questionnaires and interviews to collect data from the

housekeepers of the selected budget hotels. It investigated the occupational hazards facing housekeepers in hotels in Nigeria, found out the measures in place to prevent these hazards, evaluate rehabilitative measures on injured housekeepers, evaluate the level of job performance and determine the relationship between occupational hazards and job performance.

1.8Limitations

This study was limited to the influence of occupational hazards on job-performance of employees of housekeeping departments in budget hotels in Kaduna Metropolis. Another limitation for the study was little documentation of occupational hazards incidences in Nigeria generally and Kaduna State which can be used as an area of reference. This was overcome by using related literature from other research studies.

1.9Assumptions

It was assumed that hotel employers and employees may not holistically comply with the occupational hazard safety rules except through constant supervision and enforcement by regulatory agencies. It was also assumed that there that there are occupational hazards peculiar to housekeepers and that there is a relationship between occupational hazards and job performance. There was an assumption that the stakeholders in hotel industry will work towards making rehabilitation and insurance policies to prevent the victims of occupational accidents from being liabilities to their families and the society when they leave their jobs.

1.10 Conceptual Framework

The conceptual framework was discussed under the following sub-headings: independent variables, intervening variables and dependent variables.

Independent Variables

Peculiar Occupational Hazards: This was measured by asking guestroom attendants, public area cleaners and laundry staff questions on ergonomic, physical biological, psychosocial and chemical hazards through questionnaire.

Preventive Measures: This was measured by asking guestroom attendants, supervisors and executive housekeepers using questionnaires and interviews respectively based on identifying the types of preventive measures available to reduce occupational hazards.

Rehabilitation Measures: This was measured by investigating guestroom attendants and executive head housekeepers through questionnaires and interview schedule respectively based on rehabilitation measures available for injured housekeepers.

Occupational Hazards and Job performance: This was measured by asking guestroom attendants questions based on the relationship between occupational hazards and job performance through questionnaires.

Dependent Variable:

Employees' Job Performance: This was measured by asking guestroom attendants and laundry staff through the questionnaire based on how hazards influence the number of rooms cleaned, absenteeism, and quantity of linen washed.

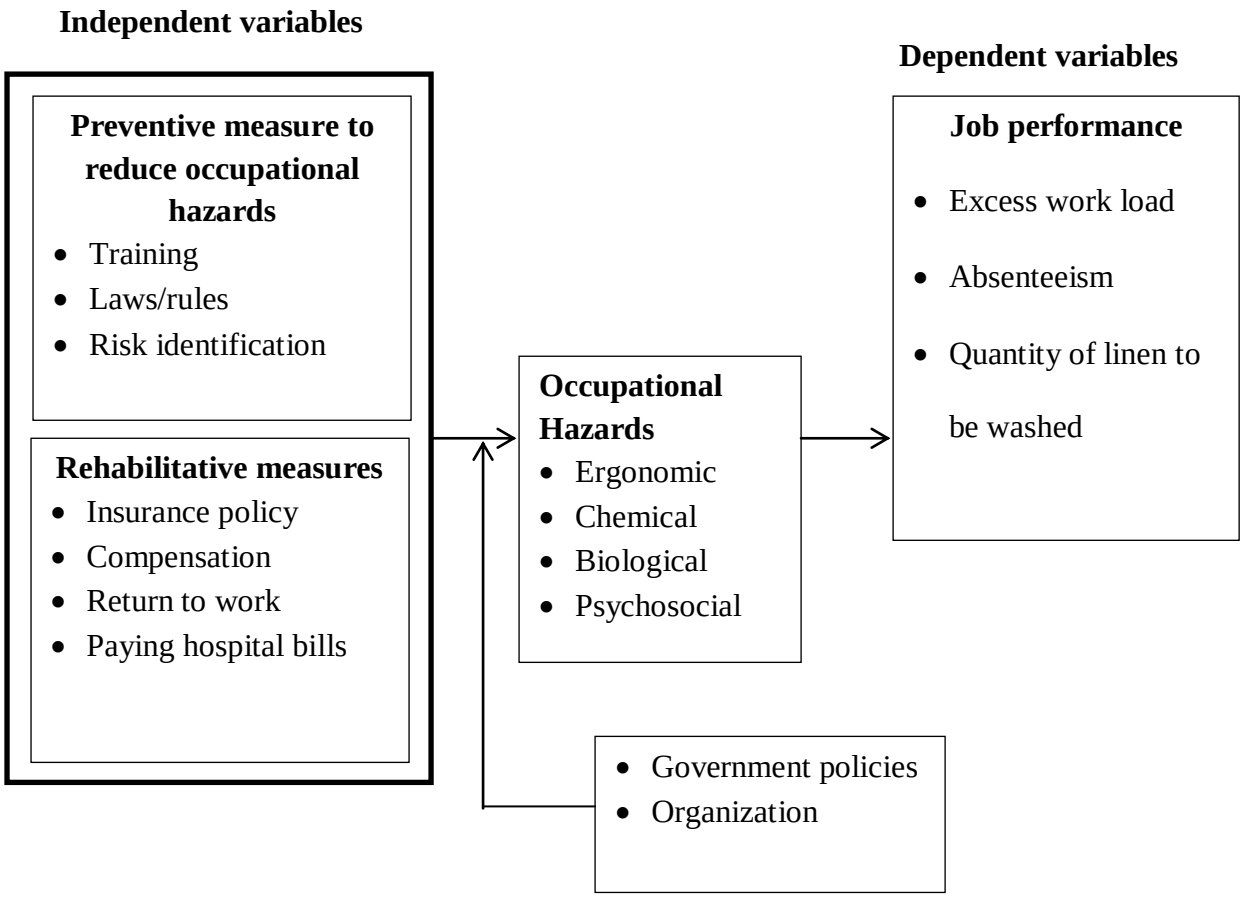

Figure 1.1: Conceptual Framework on Occupational hazards model adopted from Petersen Theory, (1996)

Figure 1.1 is explaining the conceptual model adopted from the Petersen Incident\Accident Causation theory, which shows that prevalence of occupational hazards, can affect employees' job performance. Job performance is aimed at how good an employee is able to carry out a task to achieve a set up goal. However where thereare risk factors such ergonomic,chemical, psycho-social, musculoskeletal hazards and little efforts on training, risk assessment, compliance to safety rules and poor rehabilitation or compensations such insurance policy, reinstating injured employees and paying hospital bills there will be poor outputs from the employees.

This can result into employees not able to meet the room quota, being absent from work and could lead to employees taking sick leave. However, government and

organization culture may influence the risk factors encountered by employees and affect their job performance when there is enactment of safety laws and ensuring full compliance by hotel industry. More so the organization cultures such management commitment, setting safety rules and standard towards accident and injury prevention will have positive influence on employees' job performance. Thus, a positive safety culture can result into good workplace health and safety and consequently improved employees and organizational performance.

CHAPTER TWO

LITERATURE REVIEW

2.1Introduction

This chapter carefully review the scholarly work related to this study and the existing literature was reviewed under the following sub-headings:concept of occupational hazards, occupational risks peculiar to housekeeping jobs in hotel industry, rehabilitative measures for victims of occupational hazards, determine the level of employees job performance, the preventive measures to reduce occupational hazards, rehabilitation measures and relationship between occupational hazards and job performance of employees in housekeepingdepartment and summary of gaps.

2.2 Background of Occupational Safety and Health Global Perspective

Modern industrial safety movement started in England 18th century during the revolution era. By 1750, there were inventions of machine and establishment of mining and manufacturing industries, which brought about people being employed to work in the factories. This work force was placed under poor working environment (Kalejaiye, 2013; Okojie, 2012). This poor working environment resulted into injures, diseases and deformities. Hence, employees were bothered as the employers did not take the welfare of the employees seriously, this brought evolution of occupational and health service in1897. Evolution of occupational safety, and health brought enactment of safety laws and regulation in 1897. The general views then were that accidents were predestined and were bound to happen. This was unacceptable by the British population. (Idubor and Oisiamoje, 2013).

It was further stressed that accidents are uncontrollable and were caused by ignorance of safety rules, inefficiency and lack of care and attention on the machines by the

workers and therefore, precautionary measures such as safety and education and other Occupational Health Services were mounted to stop the hardships faced by the employees. Occupational health in the developing countries came into being as a result of industrialization. Most of these countries major occupation was mechanical agriculture. At that time, small portion of the earth was firstly cultivated as civilization was purely on agriculture. With more developing countries industrialization, the surface of the earth including the health of human beings became affected. Nonetheless, occupational health in developing countries followed the footsteps of their colonial masters. All the labour laws enacted were replications of what the colonial masters laid down for their colonies (Okojie,2012)

Like most developing countries, records of occupational hazards are rare in Nigeria due to lack of reporting incident cases to the relevant authorities. According to Ejubunu (2012);Isaac and Jones, (2014) the development of occupational health in Nigeria which followed the same terrain in other developing countries can be traced back to the abolition of slave trade when there was an increase in the exploration and trading activities by the Royal Niger Company.

The company saw a need to organize its own services thatwas later integrated by the United African Company (UAC). However, Kalejaiye, (2013) posits that Sir Fredrick Lugard established health services during the British colonial rule. Subsequently, there were medical corps who were to cater for the military forces during the Second World War and this led to the establishment of public health sector. Kalejaiye, (2013) indicates that the medical board of Liverpool infantry in 1987 introduced occupational health in Nigeria with a view to promoting health for British slave merchants in Africa. However, Idubur and Oisamaju, (2014) traced the beginning of Occupational

Safety and Health to 1912 which was introduced by first cooperative congress and the organization of the National Security Council which embarked on sensitization campaign of educating employers on implications of direct and indirect costs of industry related injuries and diseases. According to Adeogun and Okafor, (2013), Iduburet al.,., (2014), Nigeria is one of the signatories to the Geneva Convention in 1981 to implement the policy. In the same vein, Adeogunet al.,., (2013) indicated that OSH in Nigeria is still in its infancy and deplorable condition.

According to Iduburet al.,., (2014) introduction of the labour Act of 1974 marked the beginning of OSH. Regulation bills in Nigeria, Idubur (2014) further stresses that the factories Act of 1990, the Workman's compensation Act of 2004 and employees Act of 2011 (which repealed the Workman's Act of 2004) which were criticized to be inadequate led to the passage of labour safety and welfare Bill of 2012. However, factory Act of 1987 does not include hotel industry in its definition of premises .which indicated that housekeepers and other workers in hotel industry were not captured in the Act (Diu Gwu Baba&Egila, 2012).Similarly, Dodo,(2014) asserted that health and safety has not been given needed attention to prevent occupational injuries in service industries such hospitality industry. Importantly, regulations for hotel housekeepers are required because they are prone to infections by body fluids such as blood, and other workplace injuries. Nevertheless, the main contributing factor to occurrence of occupational hazards is non- compliant to safety requirements as asserted by occupational safety and health literature.

2.3 Prevalence of Occupational Hazards Peculiar to Housekeeping Jobs in Hotel Industry in Nigeria.

According to World Health Organisation (2002), Hazard is any source of possible hurt, injury or adverse health effects on something or an individual under certain conditions. However, occupation hazard is a risk usually arising out of the workplace. Thus, it is an injury sustained in process of carrying a job or task. A working condition can lead to illness or death. Occupational hazard is a great risk to workers' physical or mental alertness, which occurs in certain tasks, jobs, occupations or profession. Occupation hazards result due to exposure of working environment to health hazards. Occupational hazards are usually the result of combination of factors, which may be unsafe acts of employees and equipment. In view of Kalejaiye (2013), work-place hazards are caused by unsafe work conditions and unsafe work behaviours. However, occupational hazards do not have a sole cause but multiplicity of causes thatare often closely related to jobs.

Hotel housekeeping is a physically challenging job as such employees in this sector have encountered occupational hazards related to a wide range of cleaning activities they perform. (Buchana, vossenas; Krause; Moriaty; Oris&Punnet, 2010; Hseih 2013, Sanon, 2014). The Centre for Disease Control and Prevention, (2013) identified ergonomic hazards, slips, falls and trips, chemical hazards and infectious disease to be occupational risksin housekeeping. Furthermore, according to Kalejaiye(2013), in Nigeria large number of workers sustained work-related injuries which ranges from irritations to high exposures hazardous and exploitative working conditions.

2.3.1 Ergonomic Hazards

Vwigmore,(2012 reports that ergonomic hazards are common in housekeeping jobs because housekeepers get hurt as a result of working long hours in bending or

awkward position. Furthermore, the ergonomic hazard facing housekeepers is associated with the tedious physical job such as bed making and having more rooms to clean which time is demanding.

Repetitive motion injuries which include heavy physical workload and excessive bodily motions which have negative health effects on the neck, shoulders and arms were identified to be among the risk factors in housekeeping jobs. (Canadian Centre for Occupational Health and Safety,2013).According to(Nora,2012) cleaners or housekeepers are at the risk factors of developing musculoskeletal disorders from bending, pushing carts, trolleys, traumatic injuries from slips; falls are all detrimental to the health of housekeepers. In addition, it was observed that sorting and washing tasks in the laundry section can be hazardous to the laundry staff due to the heavy workload where an employee handles over 2,000 kg of laundry per shift, pulling wet laundry. All these activities pose the risks of repetitive motion injuries (RMIS) among the workers.

2.3.2 Chemical Hazards

Occupational Safety & Health Administration (2011) viewed it that in hotels, chemicals are used mainly for cleaning and therefore, opines that employees are at risk of chemical hazards. In addition to chemical hazards ,it identified thermal stress as another risk factors said to be a consequence of boiler rooms with equipment used in the laundry; many work environments contain sources of hazardous substances (chemicals, fumes, biological agents), which may cause exposure by inhalation, dermal absorption, splashing into eyes or ingestion. Comparatively, housekeepers' exposure to chemicals relies on the type of products used as well as the working environment in which the products are being used. In addition, they may be exposed

to different chemicals not only those contained in the cleaning products used for dust and dirt removal, disinfection or surface maintenance such as acetone or acids but also from the substances contained in the dirt. Occupational Safety and Health Administration, (2013) further stressed that excess dosage of mixing different products or incorrect use of some cleaning agents may result to unnecessary chemical reactions and consequently release dangerous substances which are hazardous to the cleaners. Some chemicals in some cleaning agents may be explosive. (Ofuegbu*et al.*,., 2013) opined that fire blaze and explosion are other hazards faced by housekeepers.

On the other hand, industrial hygienists concur that air contaminants classified as dusts, fumes, mists, fibers and gases are among the occupational hazards associated to cleaning job. Liladrie, (2010) asserts that as hotels offer more upscale services, the work of the guestrooms attendants becomes more physically demanding and cumbersome.

2.3.3 Psychosocial Hazards

According to Stellman,(2010) other risk factors identified in housekeeping jobs are psychosocial risk factors. Research studies indicate that psychosocial risk factors are triggered by the type and demands of work. Thediverse nature of jobs carried out in housekeeping sectors has exposed its employees to difficult working conditions and psychosocial hazards. Thus, the work in this sector is customer- service oriented which has made it mandatory for employees to play subordinateroles to the customers. However, employees are under pressure to meet the needs of the customers which will consequently result into employees putting in their efforts and therefore, damming the health consequences. In the course of their usual work duties, hotel housekeepers face serious job-risks. Housekeeping duties include changing bed

linen, scrubbing bathroom floors and fixtures, polishing, dusting, vacuuming, and pushing heavy linen carts. The tasks are frequently performed under great time pressure.

According to Leka&Jain (2010) in Kyle (2014), psychosocial hazards can include job content, work-pace, interpersonal relationship and job control. In other words, psychosocial and environment hazards have been associated with increased accident rates and absenteeism from work because of injury. Furthermore, Eurofund(2011), said that psychosocial hazard have effects on employees health and suggested that there should be an appraisal on hazards in the work- place for employers to understand how to improve employees health towards good job performance. In addition, the most prevalent psychosocial hazards among housekeepers are bullying, harassment and excess workload. Work stress was also associated with housekeeping employee's workload that has to do with interpersonal tensions.

2.3.4Musculoskeletal Hazards

According to Occupational Safety and Health Standard Board (2014), housekeepers suffer the highest injury rate among all classifications of hotel employees. They are more likely to suffer musculoskeletal disorders than all other hotel employees because they are injured at a rate far beyond the average injury rate for employees in the service sector as a whole. These injuries decrease employee efficiency and upsurge workers compensation costs for employers. They reduce the quality of life for housekeepers. However, both the hotel industry and academic researchers have recognized hazards associated with hotel housekeeping going back to several years. But existing occupational safety standards do not adequately address the unique hazards that lead to high injury rates among these employees.

In the same vein, Occupational Safety and Health Standard Board (2012) stressed that hotel housekeeping is a physically arduous task. Workers in this industry have long confronted occupational hazards attributable to the array of cleaning tasks they perform. The situation has grown more critical in recent years. During the past decade, hotel operators have increasingly competed based on the level of luxury of their room offerings. This includes luxury bedding consisting of oversize mattresses and opulent bed linen, together with other upgraded room and bathroom amenities.

Furthermore, the process of making a bed, including lifting a bed mattress and/or tucking in bed covers between the bed mattress and box spring mattress, or other support structures, can be physically tasking. Current bed-making methods including making beds unaided by any tool,requires strenuous bed-making activity potentially resulting in fatigue and injury.(Occupational Safety and Health Standard Board, 2012).

In addition to equipping hotel rooms with heavier and more comfortable beds, the hotel industry has made other upgrades to room packages that pose new occupational hazards to workers. For example, hotel operators have equipped hotel bathrooms with larger and heavier bath linen. The new linen is more labour -intensive to fold and handle, leading to greater and more repeated exertions. The new linen also occupies more space on the typical linen cart, requiring housekeepers to load their carts more heavily or to make trips that are more frequent to the linen room to replenish their stock. Hotel operators have also equipped rooms with a greater number of amenities that require cleaning. These include many and bigger mirrored surfaces, chrome-plated amenities such as ice buckets or tissue holders, large flat-screen televisions, and other items that require greater cleaning by the housekeeper. The combined

effects of these changes have been to increase the occupational hazards associated with room cleaning, leading to a high frequency of occupational injuries among this classification of employees.

According to Occupational Safety and Health Standard Board (2012), housekeeping exposes housekeepers to risk of a range of injuries. Housekeepers must frequently adopt unsafe body postures as they twist their torsos to lift mattresses, bend to gather heavy linen, or get on their hands and knees to scrub bathroom floors. Housekeepers balance precariously on unsecure surfaces such as tub rims as they reach to scrub walls or remove shower curtains- They rush over wet surfaces or around items left on the floor. They push and turn heavily-laden linen carts over uneven surfaces. All these tasks are performed under time pressure, often with insufficient rest breaks and without proper tools, thereby increasing the likelihood of injury. They are also performed under the pressure of discipline for not performing well enough or quickly enough. Predictably, these factors contribute to a high rate of injuries among housekeepers. Housekeepers suffer the highest overall injury rate and the highest rate of musculoskeletal injury. It is important to review prevent measures in place to reduce occupational hazards will be discussed in the following section.

2.4 The Preventive Measures Available to Reduce Occupational Hazards in Hotel Housekeeping.

Work- related injuries are a result of unsafe acts (Occupational Safety and Health, 2013).Importantly, preventive actions to protect hotel employees are needed at various levels to lessen the multiple hazards that hotel housekeepers face on the job(Hsieh,2013).Good practices are essential in housekeeping jobs in order to improve safety in workplace. According to Health and Safety Executive (2010),

occupational risks in housekeeping can be prevented through risk assessment. Thus, risk assessment leads to a sounding based view of what if any needs to be done to have a better control of risk in order to minimize any harm or injury in workplace. Borstad, Buetow, Deppe, Kylloen, Liekhus, Cieminski and Ludwig (2009) postulate that occupational risks or injuries can be decreased if risk factors are first identified. However, Cheng &Chan used functional capacity evaluations to assess the physical capabilities of individual employees which give the opportunity for observing the risks associated with the work and its procedures so as to proffer immediate preventive measures. Furthermore Peppel, Koes, Smid and Bouter, (1997) identified that exercise was the only method that has a positive effect on back pain. Mchugh and Cosgrave (2010) identified that muscle strain is reduced by pre-stretching. Similarly, Cheng &Chan (2009) reported that work hazard issues should be addressed at individual level on how job is performed and suggests relevant programme such as health education, skill development and use of partnership techniques in the design of the intervention.

According to Daros (2011), safe and ergonomically correct procedures can effectively prevent workplace injuries by changing the behaviours of the employees through clear instructions. European Agency for Safety and Health at work (2009) acknowledges that work organizations are fast changing calling for a dynamic approach towards job-related safety and prevention which can only be successful by having a strong management commitment and a high level of employee involvement that incorporates acquaint responsibility.

Equally, Wilson, (2011) said that training provides a way of preventing occupational hazard since through training, employees will be asked to identify and eliminate

serious work hazards Cudjo, (2011) observes that isolating hazardous processes and substances so as workers do not make contact with them, changing processes or substances to enhance better protection, providing protective equipment, training workers among others are effective measures of preventing occupational hazards at workplaces.Furthermore,work restriction and ergonomics is another way of preventing occupational hazards. However, individual capabilities and limitations can be reviewed against the guestroom attendants' job description so that appropriate work restrictions can be put in place. Health and safety policies and programs are directed at preventing occupational hazards.(Kalejaiye,2014).In addition, managing health and safety at work is a matter of developing health and safety policies, conducting risk evaluation and carrying out safety and safety audits and reviews.(Adeniyi,2011)

Furthermore, work limits and ergonomics is another way of preventing occupational hazards. However, individual capabilities and limitations can be reviewed against the guest room attendants' job description so that appropriate work restrictions can be put in place.

Health and safety policies and programmes are directed at preventing occupational hazards (Kalejaiye,2013) In addition,(Cudjoe, 2011) postulates that from unruly avoidance of health measures some employers are not aware of the consequences of some complicated working conditions and even where there are knowledgeable employers on the number of workers injured on their job and repercussions. The following section will discuss rehabilitation measures in place for victims of occupational hazards.

2.5 Rehabilitative Measures

Housekeeping employees are prone to work related injuries as a result of varied tasks involved in the cleaning activities which results into serious problems that needs rehabilitation intervention. Despite the high cases of injuries sustained by thehousekeepers there is little form of rehabilitationmeasures taken. According to Lamontagne; Gagnono, Allaire&Noreau (2013), rehabilitation interventions are vital elements of the services required by individuals with workplace injury so as to compensate for changed abilities and achieve favourable social involvement. Furthermore,rehabilitation measures not only increase job performance but also reduce injuries and disabilities. Similarly, it is very important to have injured workers back to work in order to reduce psychological sufferings.

Rugulies&Krause(2010), said that return to work is another preemptive approach to rehabilitation measures that aimed to help reinstate injured employees to their normal routines and perhaps reduce the psychological trauma thereby increasing job performance, Furthermore, Mansel (2010), stated that being at work or getting back to work is a vital aspect of an injured employee's rehabilitation. It reduces the financial and emotional effects on the employees and their families. Similarly, work based rehabilitation processes and programs can reduce premium expenses and other overheads (work cover SA, 2009). However, research has shown that the longer a worker stays out of his job due to workplace injury; there is less likelihood for such workers to go back to their jobs.

According to the (World Health Organization,2002) in four and half times a worker in European Union is involved in an accident makes him or her not to be at work for at least 3 working days. However, welfare is an organizational level of obligation shown to employees at all stages towards supporting their work and situation in which the

work is being performed (Okereke& Daniel, 2011).Supportively, Sigh (2009), states that staff welfare includes fringe benefits such as grant and expenditure given during injuries and illness as well as other indirect benefits. Sigh, (2009), further viewed that workplace safely as a regulation by federal and state legislations, whichare enforced through the court system; these acts are supplemented by regulations that express safety standards and penalties meted if these standards are not fulfilled.

Apparently, Agency for Safety and Health at work (2014), states there is a legal framework in Europe that makes employers to minimize risks in worker's health and safety. Relatively, in United States, injured employees had to litigate to obtain their compensation.(Cudjo, 2011). In fact, the International Labor Organization (1959), recommends that occupational health services should be established within a working environment with the aim of protecting workers against any health hazards as a result of work or conditions in which the work is carried out. Consequently, lack of compliance to safety rules by management and upon which employees are prone to risks and injuries often at times throw them out of their jobs.

In other words, employees do not receive attention in terms of regulations and provisions for rehabilitative measure (Diugwu, Baba &Egila, 2012). Besides, law for Hotel Housekeepers, (2012) stresses that some countries like Argentina, India and Indonesia have national legislation related to the establishment of OSH management systems, still many of the provisions remain fairly general and lack the specificity necessary to ensure that employers create in house Occupational Safety and Health management systems.

Magnificently, Argentina programmes establish generous compensation rates and guarantee availability of funds, no matter the state of an employer's finances. Also a

preliminary report analysis released by Transnational Development Clinic (2014) stress thatcollective bargaining on workers better health and safety precautions, compensation packages, which is important to both preventing injury by forcing companies to take seriously their obligations to reduce harms and post injury remain under developed and utilized by workers. Despite efforts made by various governments to enforce these provisions to workplace, hazards still occur, and attempts to close these gaps by pressing federal or national governments and hotel industry to improve their laws and practices still remain elusive.

In Nigeria, the government's effort to ensure the safety and health of its citizens is contained in to two Acts; Factories Act (1987) and the Workman's Compensation Act (1989). Abdul Hamed&Sirajo(2011)posited that theOSH Bill of 2012 is aimed at ensuring a safe working environment in all formal and informal sectors, it repeals the factories act and serves as a detailed OSH legislation for the workplace. Despite the Geneva Convention in 1981 by Nigeria government, the implementation of the proceedings of the convention is not significant, (Adeogun&Okarfor, 2013; Umeokafor*et al.*,., 2014). Oladele, (2006), stress that while foreign jurisdictions have good system inplace for ensuring safety and security of workers, they continue to investigate further for better ways of ensuring that workers are not deprived of their earnings and financial capacities through compensations and rehabilitative measures.

Regrettably, Nigeria does not have a good system for work related injury rehabilitation. Onyango, (2013) agreed that many workplaces do not follow the required safety and health standards and emphasizes that government has no record of statistical records on the number of workers injured on their jobs and what happens tothem thereafter. In essence,hotel housekeepers face serious safety health risks at

workplace and suffer preventable injuries and illnesses.It is therefore, worth noting that rehabilitation schemes are critical for housekeepers due to the prevalence of injuries sustained. These schemes should be intended to ensure that injured or incapacitated employees are able to support themselves while unable to work or return to work due to related injury. The next section of the review will discuss level of employees' job performance.

2.6 Levels of Job Performance

Safety and health are key assets of a country and it is the basis for the overall performance of citizens. The preservation of health in the economy of any organization results into increased productivity of the employees and high returns on investments (Kalejaiye, 2014). Job performance is likely to increase becauseof occupational health and safety regulations in an organization. Performinghigh-quality occupational health and safety, organizations are providing their employees a secure workplace, which in turn improve their confidence and yield.

Neil & Davies (2011) asserted that job strains has resulted into performance problems and that high levels of physical, biological, chemical and psychological hazards can affect workplace success. However, housekeepers often face ill health and injuries which are inflicted by the work practices or working conditions. Thus,ill health jeopardizes employees' ability to discharge their duties, therefore close and continuous attention to quality health and safety must be maintained regularly in the workplace. Supportively, Whiteford, (2010) asserts that psychological risk factors have adverse effects on employees' job performance, research studies indicate that back injuries and other musculoskeletal disorders among hotel housekeepers result into disability and consequently poor performance at work.

Afolabi, (2014) affirmed that there is a clear empirical relationship that exists between good occupational health practices and job performance. Musculoskeletal injuries have serious impact on employees' job performance as they create such consequences as low morals and frequent absenteeism. Nonetheless, job performance could be dynamic or established depending on the tasks or activities involved, though, in the service sector such as the hotel industry, job performance are actions that contribute to the organizational goals that are below individual control. Never the less, performance is a major multidimensional concept aimed at attaining outcomes and has a strong link to organizational goals. (Khan, Khan & Khan, 2011).

Previous researches on job performance assumed that job performance measurement is a simple concept. In the context of measuring occupational safety, emphasis is laid on the metrics that measure losses in individual performance as a result of occupational hazards, such metrics include the Stanford presenteeism scale which measures the number of days being absent from work due to injury sustained at work and Work Productivity and Activity Impairment questionnaire(Koopmans,2014) However, in hotel housekeeping, absenteeism, number of rooms cleaned, quantity of linen washed ,regular vacuuming of lobbies and offices amidst others are some of the metrics used to measure performance.

Relatively, various studies have indicated that usually employees who suffer from work related injury have higher absenteeism level. In addition, absenteeism leads to additional time taken to complete tasks such as housekeeping tasks, decreased quality and quantity lowered capability for high performance and reduced initiative and drive.

2.7 Relationship between Occupational Hazards and Employees' Job Performance

Empirical research on the relationship between occupational hazards and job performance are seen to be little and erratic which could be attributed to the fact that most researches on occupational hazards only make assumptions about the relationship between occupational hazards and job performance. However,the relationship between job performances and occupational hazard is difficult because of the varied hazards that may relate inversely to job performance. Furthermore, the link in relationship is often reciprocal because occupational hazards do not only contribute to reduced job performance but job performance could also increase occupational risks where employees are faced with such hazards as ergonomic, psychosocial chemical and biological hazards.

Relatively,Attah(2015),said that there is a relationship between psycho social hazards and job performance because hotel housekeepers, particularly guestroom attendants are prone to harassment at work. Attah,(2015) further established that female employeesreport subjection to negative social behavior such as sexual harassment, threats and humiliating behavior. According to International Labour Organization (2013), work-related injuries have direct and indirect outcomes on both the lives of the workers and on the financial status of the organization.

It was further stressed that work-place injuries can result into possible reduction in quality work and negative effects on the morale in other workers. It is observed that hazards or injuries at work-place cause psychological suffering especially in the case of a permanent disability generate effects that influence employees' performance negatively and contributes to organization not able to meet its stated goals and objectives. Liladrie(2010), opined that excessive workloads are significantly

correlated with musculoskeletal conditions such as low back pain and shoulder injuries which unvaryingly have relationship with employees' job performance.Liladrie, 2010 further reported that 77% of guestroom attendants reported that pains inhibit their job performance.Contrarily,Olasanmi (2016),argued that ergonomic hazards do not affect job performance.

2.8 Summary of Gaps

Presently there is a gap in the literature regarding how occupational hazards peculiar to housekeeping jobs affect employees job performance in housekeeping department. Research has shown that through development of prevention and intervention strategies occupational hazards such as psychosocial and ergonomic can be prevented (United Sates, Bureau of Labor Statistics, 2014) Few studies have examined how preventive measures such as training, use of personal protective equipment can reduce occupational hazards Research work has shown that compliance to regulations is very relevant in the effective regulations and prevention of work place accidents.(Umeokafor, Isaac, Jones &Umeadi; 2014.

Surprisingly, established methods of approach for preventing occupational hazards faced by hotel housekeepers and forms of rehabilitating the injured workers remain under developed and unforced by law. (Law of Hotel Housekeepers, 2014).

2.9Theoretical Framework

According to a report by the National Safety Council Accident Fact (2008), yearly, work-related injuries cost the United States almost $50 billion. This amount includes cost related to lost wages, medical expenses, insurance costs, and indirect costs. In developing countries, which include Nigeria, the exact cost is not ascertained. However, Heinrich Domino reported that 80% of industrial accidents are caused by

unsafe acts committed by employees, 10% are caused by unsafe conditionsand 2% of the accidents are unavoidable.

The human factors theory by Heinrich Domino(1996) looked into relationship between man and his working environment. The theory also views how human beings accomplish work-related tasks in the context of human- machine systems and inappropriate response to accidents or injuries.Heinrich asserted that the managers who assess their organization's loss control should also be interested and concerned with accidents and their causes. He further emphasized that management should take responsibility of employees' safety because it is in the best interest of the organization to get results.The theory further stressed that the best accident prevention methods are similar with the best quality and productivity techniques and that the supervisor is the key person to prevent workplace hazards. In addition, work place injury have direct costs such as compensation, liability claims hospital expenses as well as indirect costs.

He viewed that occupational hazards should be controlled through product designs or process change, employees should be trained on health and safety rules and there should be enforcement of internal and external rules, regulations and standard operating procedures on both the workers and the management. However, the study adoptedPetersen(1996) accident/incident theory of accident causation, whichis anextension of Heinrich Domino's human factor theory.The theory explained that managers must consider the humancapabilities from health and safety perspectives when allocating tasks such as housekeeping tasks to the employees. Petersen asserted thatthere are ergonomic traps such as incompatible work stations, tools and equipment which are as a result of management failure, decision to err and workers failure to identify their rights to compensation and rehabilitation policies.

In this model, the system failure is an important component of the organizational culture because it shows the probable for a fundamental relationship between the management decisions or management behavior and safety.

Petersen theory identified causes of system failure as in ability of the management to establish a comprehensive safety policy on occupational hazards, responsibility and authority with regard to safety is clearly defined, safety procedures such as inspection, risk assessment, compliance with safety rules are ignored or given insufficient attention, employees do not receive proper orientation and adequate safety training. The theory further emphasized that organizations should develop accident prevention programs which if properly addressed will provide information on how occupational hazards can be prevented and the need to satisfy individual safety needs in the hotel industry. This theory also gives an insight on how safety needs could manifest themselves to create preference for insurance policies, reasonable disability accommodation and high job performance for employees of hotel industry.

CHAPTERTHREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter explains how the study was carried out. It was organized under the following subheading, research design, location of the study, target population, sampling procedures, sampling size, instruments for data collection procedures, instrument validity and reliability, data analysis and presentation and logistics and ethical considerations.

3.2 Research Design

This study used a cross sectional survey research design in order to capture the budget hotels within Kaduna metropolis. It is a correlation design that allows the researcher observes all elements of the population and their relationships. Cross sectional research design allows a researcher study the behavioral attitudes of several study groups or samples selected from the same population and record variable measures for each group (Olaitan, 2000).

3.3 Location of the study

The study area was Kaduna metropolis of Kaduna state. Kaduna is the capital of Kaduna state in northwestern Nigeria. It was chosen because of satisfactory representation of the budget hotels in the entire state and it is a metropolitan as well as cosmopolitan industrialized city, which provides all categories of hotel accommodation to tourists and business people alike.

3.4 Target Population

The study was targeted at five sets of population from 108 budget hotels which comprised of 210 guestroom attendants, 110 laundry staff, 50 supervisors, 105 public area cleaners and 25 executive house keepers who are directly involved in the cleaning and maintenance of the budget hotels.

3.5 Sampling Procedures

A sample is based on several outcomes in order to fulfill the requirement of efficient representation, reliability and flexibility (Kothari; 2004 in Abuga, 2010). This study used bothpurposive and proportionate sampling procedures. The purposive sampling was used for the selection of executive housekeepersPurposive sampling was suitable for the selection of the executive housekeepersbecause of the characteristics of the executive housekeepersas they are in the best position to give adequate information on hotel policies in hotel industry.

Because of the relative number of the executive head housekeepers, every executive head housekeeper in the selected budget hotels was interviewed.Whileproportionate sampling was used to select guestroom attendants, laundry staff public area cleaners, supervisors ofthe budget hotels because it gives a proportionate representation of the subgroups in the sample.

The researcher segmented the housekeepers into the following strata: guestroom attendants, laundry staff, pubic area cleaners and supervisors. The guestroom attendants were drawn from the accommodation units, public area cleaners were drawn from the public area such as the lobbies, staircases, corridors, and washrooms while the laundry staff was drawn from the laundry section and the supervisors were drawn from all units. The segmentation became necessary because of the nature of

work performed by each staff and difference in the level of exposure to risks in these units.

3.6Sample Size

A total of 22 budget hotels were sampled which represent 20% of the budget hotels. According to Gay (1988) a minimum sample size of ten percent (10%) for a large population and twenty percent (20%) for small population is acceptable. A sample size of 217 housekeeping employees was used in this study Table 3.1. gives the breakdown of the sample size grid.

Table 3.1 Sampling Grid

S/N	Budget Hotels	Executive Housekeepers		Supervisors		Guestroom Attendants		Public Area Cleaners		Laundry Staff	
		Pop.	Sample Size	Pop.	Sample Size	Pop.	Sample Size	Pop.	Sample Size	Pop.	Sample Size
1	A	1	1	2	2	9	3	6	2	6	2
2	B	1	1	1	1	6	2	3	1	4	1
3	C	2	2	3	3	12	4	6	2	6	2
4	D	2	2	4	4	27	3	13	4	15	5
5	E	1	1	2	2	9	3	4	2	4	1
6	F	1	1	2	8	10	3	4	2	4	1
7	G	1	1	2	2	10	3	6	3	6	2
8	H	1	1	2	2	10	2	4	2	4	1
9	I	1	1	1	1	7	2	3	1	2	1
10	J	1	1	1	1	6	2	4	2	2	1
11	K	1	1	1	1	6	2	3	1	3	1
12	L	1	1	3	3	8	3	4	2	4	1
13	M	1	1	2	2	8	3	3	1	4	1
14	N	1	1	2	2	7	2	10	3	3	1
15	O	2	3	4	4	18	6	6	2	11	3
16	P	1	1	3	3	8	3	4	2	6	2
17	Q	1	1	4	3	12	4	4	1	4	1
18	R	1	1	2	2	9	3	4	1	4	1
19	S	1	1	2	2	9	3	3	1	4	1
20	T	1	1	2	2	7	2	5	2	2	1
21	U	1	1	2	2	9	3	3	1	6	2
22	V	1	1	3	3	6	2	3	1	4	1
	22	25	25	50	50	210	70	105	35	110	37

(a) Executive housekeepers' sample

The sampled executive housekeepers were selected through purposive sampling technique from 22 budget hotels in Kaduna metropolis. Due to the peculiarity in hotel

industry administration, and their proportionate number every executive head housekeeper in the selected budget hotels were selected.

(b) Supervisor's sample

The sampled size of the supervisors was obtained from the 50 supervisors that were targeted in the population. The sample of the supervisors was collected according to their numbers of the supervisors in the budget hotels.

The following is the breakdown of the supervisors: In budget hotel A the 2 supervisors were sampled while in budget hotel B, 1 supervisor was sampled. Also in budget hotel C, 3 supervisors were sampled and in hotel D, 4 supervisors were sampled. The population of supervisors in budget hotel E was 2 and 2 supervisors was sampled. While in budget hotel F the population of the supervisors was 2 and 2 supervisors were sampled. In budget hotel G, the population of the supervisor was 2 and 2 supervisors were sampled. Also in budget hotel H the population of supervisors was 2 and 2 supervisors were sampled. In budget hotel, I the population of supervisors was 1 and 1 supervisor was sampled. In budget hotel J the population of the supervisors was 1 and 1 supervisor was sampled. In hotel K, the population was 1 and one supervisor was sampled. While in hotel L the population of the supervisor was 3 and 3 supervisors were sampled.

In hotel M, the populations was 2 and 2 supervisors were sampled also in hotel N the population was 2 and 2 supervisors were sampled.

In budget hotel O the population of the supervisors was 4 and 4 supervisors were sampled. In budget hotel P the population was 3 and 3 supervisors were sampled.

In budget hotel Q the population of the supervisors was 4 and were selected. In hotel R the population was 2 and 2 supervisors were selected also in hotel S the population

was 2 and 2 supervisors were sampled likewise hotel U and V the population was 2 and 2 supervisors were sampled from each hotels.

(c) Guestroom Attendants' Sample:

The guestroom attendants sample was obtained from the total population of 210 of the selected 22 budget hotels. Proportionate sampling technique was used. Samples were taken in the proportion that guestroom attendants bear to the population as whole.

In hotel A the population of guestroom attendants was 9 and 3 guestroom attendants were sampled. While in budget hotel B, the population was 6 and 2 guestroom attendants were sampled. In hotel C the population of the guestroom attendants was 12 and 4 guestroom attendants were sampled.

Also in hotel D the population was 27 and 9 guestroom attendants were sampled. While in hotel E the population was 9 and guestroom attendants were sampled.

In hotel F the population of guestroom attendants was 8 and 3 guestroom attendants were sampled. In hotel G the population was 10 and 3 guestroom attendants were sampled. In hotel H, the population was 10 and 3 guestroom attendants were sampled. Hotel I has a population of 7 guestroom attendants and 2 were sampled while hotel J has a population of 6 guestroom sampled. In hotel K, the Population of the guestroom attendants was 6 and the sampled of the guestroom attendants was 2. Hotel L has a population of 8 guestroom attendants and a sample of 3 guestroom attendants.

In addition, hotel M has a population of a guestroom attendants and a sample of 3 guestroom attendants. In hotel N the population of guestroom attendants was 8 and 3 guestroom attendants were sampled. Hotel O has a population of 18 guestroom attendants and 6 guestroom attendants were sampled. While hotel P has a population of 8 guestroom attendants and a sample of 3 guestroom attendants. Hotel Q has a population of 12 guestroom attendants and a sample of 4 guestroom attendants. In

hotel R the population of guestroom attendants was 9 and a sample of 3 guestroom attendants.

In hotel S the population of the guestroom attendants was 9 with a sample size of 3 while hotel T has a population of 7 guestroom attendants with 9 sample size of 3. Also hotel U has a population of 9 guestroom attendants with a sample size of 3 while hotel V has a population of 6 guestroom attendants and a sample size of 2.

(d) Public Area Cleaners' Sample

Proportionate sampling technique was used to derive a sample of 35 public area cleaners from a population of 105 public area cleaners from the 22 budget hotels.

In hotel A the population of public area cleaners was 6 and 2 the sampled public area cleaners were 2 sampled. While in hotel B the population was 3 and 1 public area cleaner was sampled. Also in hotel C has a population of 6 public area cleaners and 2 public area cleaner were sampled.

In hotel D the population of public area cleaners was 13 and 4 public area cleaners were sampled. In hotel E the population of public area cleaners was 4 and the sampled size was 2 public area cleaners.

In budget hotel F, the population of the public area cleaners was 4 and the sampled public area cleaners were 2. While in budget hotel G the population was 6 and 3 public area cleaners were sampled. In hotel H the population of the public area cleaners was 4 and 2 public area cleaners were sampled. Also in hotel I the population was 3 and the sampled public area cleaner was 1. In budget J the population was 4 and sampled public area cleaners was 2. Also budget hotel K has a population of 4 public area cleaners and the sampled public area cleaners were 2. While in hotel L the population was 4 and 2 public area cleaners were sampled for the study. In hotel M,

the population of the public area cleaners was 3 and 1 public area cleaner was sampled. In hotel N, the population of the public area cleaners was 10 and the sampled was 3 public area cleaners. Hotel O has a population of 6 public area cleaners. In hotel P the population was 4 and the sample size was 2 likewise the population of hotels Q and R. While hotel S has a population of 3 public areas out of which 1 public area cleaner was sampled. Hotel T has a population of 5 public area cleaners out of which 2 were sampled. Hotels U and V have a population of 3 public area cleaners each and 1 public area cleaner was sampled from each of the hotel.

(e) Laundry Staff's Sample

Proportionate sampling technique was used to derive the sample size of laundry staff from a population of 110 laundry staff from 22 budget hotels. In hotel A the population of the laundry staff was 6 and the sampled number of public area cleaners was 3. While in hotel B the population of the laundry staff was 4 and 1 laundry staff were sampled.

Also in hotel C the population was 6 and 2 laundry staff were sampled. In hotel D the population of the laundry staff was 15 and 3 laundry staff were sampled. Hotel E has a population of 4 laundry staff and 1 laundry staff was sampled. Hotel F has a population of 4 laundry staff and 1 laundry staff was sampled. While hotel G has a population of 6 laundry staff and 2 laundry staff were sampled.

Hotels H and I has a population of 4 laundry staff each and 1 laundry staff each was sampled from the hotels. Hotels J and K has a population of 2 laundry staff and 1 laundry staff was sampled from each hotel sampled. Hotel L has a population of 3 and sampled laundry staff was 1 while in hotels M and N the population 4 laundry staff was 4 and 1 laundry staff was sampled from each department.

In hotel O the population was 3 and the sampled laundry staff was 1 while in hotel P the population of the laundry staff was 11 with a sample size of 3 in hotel Q the population of laundry staff was 6 and the sampled laundry staff were 3. Also in hotels R, S, T the population was 4 and 1 laundry staff was sampled from each hotel.

In hotel U the population was 6 and the 2 laundry staff was sampled, while hotel V has a population of 4 laundry staff and 1 laundry staff was sampled.

3.7Research Instruments

Structured and unstructured questionnaires were used for the employees. In the structuredquestionnaires, alternative responses are given and respondents have to choose from the available options.The structured questionnaire was on five point Likert scale. It was used to obtain information relating to peculiar occupational hazards, preventive measures, and rehabilitation measures from guestroom attendants, laundry staff and supervisors. According to Olaitan*et al.*,., (2000) the questionnaire method is the most suitable tool for collecting data. It is more economical in terms of cost and time as compared to other methods. Questionnaires facilitate easy and quick responses within a shortest time and give respondents freedom to express their opinions. The study alsoused interview schedules for managers to probe the response of the respondents because people are more likely readily free to answer the questions about the subject matter. The information obtained from interview is not restrictive as in questionnaire and therefore the responses areimpulsive.

3.7.1Questionnaire

This was used to collect data from the guestroom attendants and public area cleaners on prevalence of occupational hazards, preventive measures, rehabilitationmeasures and relationship between occupational hazards and job performance. It was also used

for the supervisors and laundry staff to obtain data on prevalence of occupational hazards and preventive measures and respectively.

The questionnaire was divided into the following sections:

Section A: Demographic Data thatcollects data on the gender, age, academic level income level, and the years of work experience of the respondents.

Section B: This section contains statements based on the objectives of the study with the options of strongly agree, agree, neutral disagree and strongly disagree. This was used to collect data from the respondents on occupational risks peculiar to housekeeping jobs, preventive measures to reduce occupational hazards, rehabilitation measures for injured housekeepers, level of employees' performance and relationship between job performance and occupational hazards.

3.7.2 Guestroom Attendants Questionnaire

Guestroom attendants questionnaire contains two sections. Section A contains demographic information as well as general information about the guestroom attendants while section B sought information about the peculiar hazards facing them in the course of carrying out their duties. Also it sought information on types of preventive as well as rehabilitation measures put in place by employers in case of injuries. The questionnaire also sought for information on level of employees job performance and the relationship between occupational hazards and job performance.

3.7.3Supervisors' Questionnaire

Supervisors' questionnaire contained two sections. Section A contained the demographic information other general information about the supervisors. While section B sought for information concerning the preventive measures available to reduce occupational hazards.

3.7.4Laundry Staff Questionnaire

Laundry staff questionnaire consists of 2 sections, section A sought for information on demographic background while section B sought for information on peculiar hazards in laundry work.

3.7.5 Executive housekeepers' scheduled interview.

The schedule interviews was administered on the executive housekeepers because of their roles in the administration of the housekeeping department. The interview sought for information on preventive as well as rehabilitation measures put in place by the management of budget hotels. The interview consist of ……..questions.

3.7.6 Public Area Cleaners Questionnaire

The questionnaire is open-end which gives the respondents the freedom to express themselves. The public area cleaners' questionnaire consists of two sections. Section A sought for their responses on their demographic information while section B sought for their responses on peculiar hazards to the cleaning jobs, preventive as well as rehabilitation measures available for injured housekeepers.

3.8Validity

The instrument for this study was subjected to face and content validation by the lecturers who supervised the study in hospitality management department of Kenyatta University. This is a successful method in testing the validity of behavioral variables

3.9 Reliability of the Instruments

To measure the reliability of the instrument a test-retest wascarried out. The questionnaires were administered on the population on two occasions at an interval of one month thisinvestigated the internal consistency of the questionnaires. It determined the internal consistency or average correlation of items in a survey instrument to gauge its reliability.Reliability according to Mugenda & Mugenda (2003) is the measure of the extent to which instrument yields consistent results or data after repeated trials.

3.10Data Collection Procedure

Before the researcher embarked on the field study, four research assistants were selected and trained on the study area for 2 weeksby the researcher from August1st to August15, 2015.Structured questionnaires were distributed with the help of the research assistants to the respondents who had been trained on the research topic and the content of the instruments. A period of 4 weeks was given to the respondents to give responses to questionnaires. The researcher along with the research assistants went round these selectedbudget hotels to collect the completed questionnaires. The response rate to this method of dropping and picking the questionnaires was encouraging as it gave ample time to the respondents to study the questionnaire for appropriate feedbacks.

3.11Data Analysis and Presentation

Descriptive statistics were used, that is measures of central tendencies like mean statistics and the data were presented in chartsand tables. According to Mugenda and Mugenda (2003) a descriptive study involves both quantitative and qualitative methods of data analysis for this study; data were analyzed based on the objectives of

the study. Descriptive statistics that is means statistics was used for prevalent of occupational hazards peculiar to housekeeping jobs in budget hotels, preventive measures available to reduce occupational hazards, rehabilitation measures for injured housekeepers and relationship between occupational hazards and job performance.

Pearson correlationwas used to respond to hypotheses as it considers all the independent variables and determine their relationships with the dependent variable. Means and standard deviation was used to analyselikert sets of data.The use of ANOVAsis considered an appropriate method of determining significant difference in the means of more than two samples and therefore was used to look into the significant differences between the means of the samples.

Table 3.2 Analysis Techniques

Objective 1: Prevalence of occupational hazard	Description Analysis
Objective 2: Identify preventive measures	Descriptive analysis
Objective 3: Evaluate rehabilitation measure	Descriptive analysis
Objective 4: Determine the level of employees' job performance.	Descriptive analysis
Objective 5: Relationship between occupationalhazards and job performance.	Descriptive and inferential analysis
Hypothesis testing	Pearson correlation

3.12Logistical and Ethical Considerations

Because of ethical reasons, the researcher sought research clearance from Kenyatta University.

Research permit from the Kaduna State, Ministry of Culture and Tourismwas obtained. The researcher also sought forethical approvals from the managements of the budget hotels and Nigeria Hotel Association to use the budget hotels for this study.

The researcher explained the rationale of the study to the respondents and their informed consents were sought. The consent letter was attached to questionnaire incase respondents may wish to participate or withdraw their consent, names of respondents and hotels were not included for ethical reasons while information obtained from the respondents was treated with confidentiality.

CHAPTER FOUR

RESULTS AND DISCUSSIONS

4.1Introduction

This chapter presents the findings of the study. The purpose of the study was the Influenceof occupational hazards on employees' job performance in housekeeping department of budget hotels in Kaduna Metropolis. Data were collected through questionnaires and interviews conducted in 22 budget hotels in Kaduna metropolis. The findings of the study were presented under the following subheadings:demographic of respondents, descriptive analysis of open- ended questions, research objectives were analyzed using Means and Standard deviation.Pearson correlation wasused to test the hypotheses and ANOVAS was used to establish the degree of relationship between the independent anddependent variables.

4.2 DemographicVariables of Respondents

4.2.1 Gender of Respondents

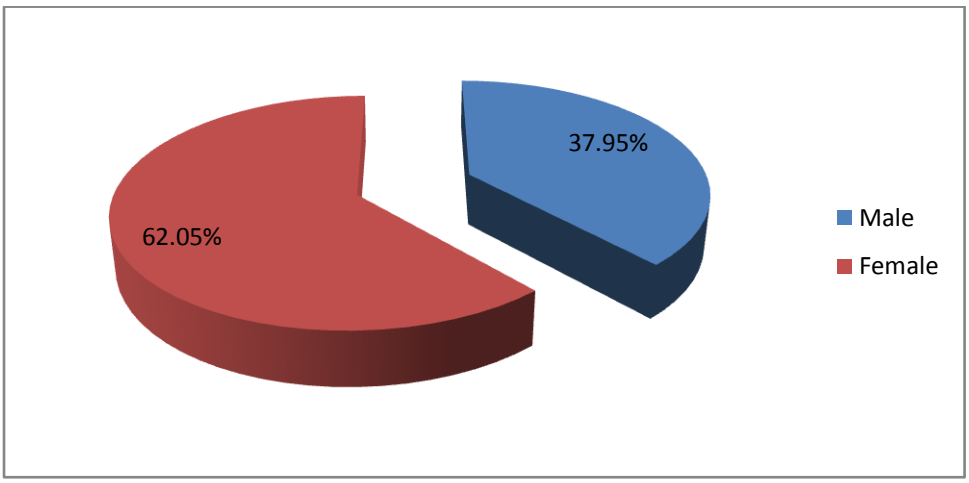

Figure 4.1: The gender representation of the respondents.

The researcher administered217questionnaires to the respondents and 195questionnaires was retrievedwhich represented the 90% of the total sample of the

study. This response rate was acceptable and representative as agreed by Mugenda and Mugenda(1999) that a response rate of 70% and above is excellent.

The Study was carried out on the influence of occupational hazards on employees' job performance in housekeeping department of budget hotels in Kaduna metropolis. The study was guided by four objectives and three hypotheses respectively. Out of the total number of 195 respondents, the result shows that there were more females 121 (62.05%) workers than males 74(37.95%) workers in housekeeping department of the selected budget hotels (.Fig.4.1). This result is in agreement with the findings of Hsieh, (2013) who stated that majority of hotel cleaners are women. Oxenburdge, (2011) also concurred that housekeeping jobs are performed by women on part time basis. Similarly, International Labour Organization, (2010) stated that women make up between 60-70% labour forces. The gender disparity could be as because of the role-play concept where individuals are assigned roles based on traditions and practice. According to Buchanan (2010), it could be a result of the occupation segments of hotel housekeepers and the roles of women in housekeeping activities in the society.

4.2.2: Age of the Respondents

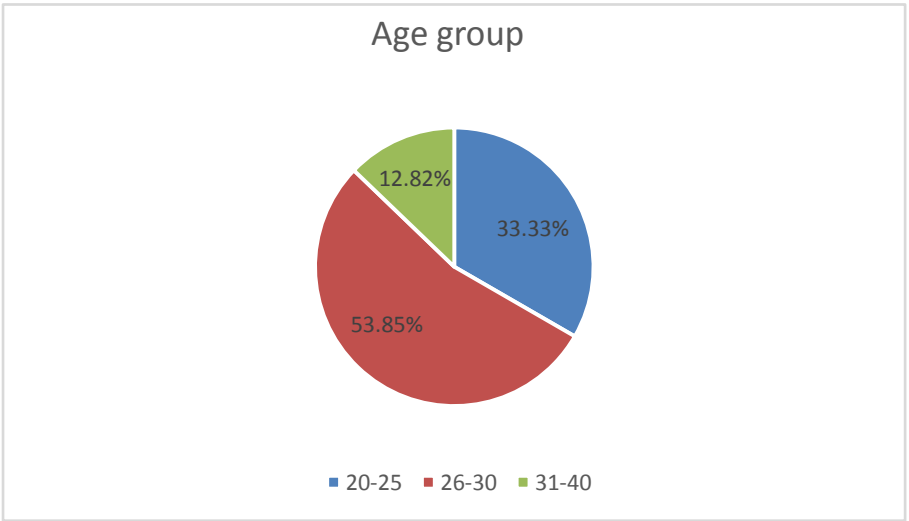

Figure 4.2:The age bracket of the responses.

The study indicates that 105 (53.85.0percentage) ofrespondents are in the age bracket of 26-30years, 65 respondents (33.33%) in 20-25years and 25 (12.82%) respondents in the age bracket of31-40 years. (Figure 4.2). The age brackets of most of the employees are 26-30 years which indicates that majority of the workforce are youths and this could be a consequence of unemployment rate in Nigeria. Possibly young people might get access to labour market through the hotel industry since it is a venue of getting to know people. Hotel industry provides job opportunities through which youth earn income during their vocations or holiday more so the dynamic social environment of the sector attracts youth since the unsocial hour and long working time as much as older employees do not affect them. According to Eurostat (2005) in Cherono, (2011) people less than 35years old account for 48 percent of total employment in hotel sector globally.

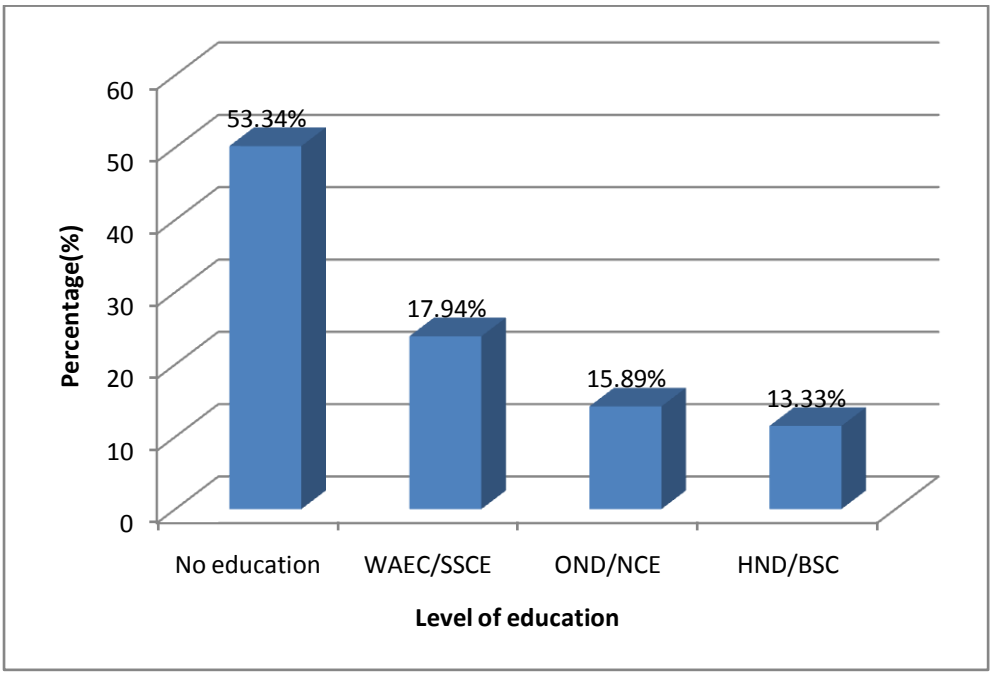

Figure 4.3: Level of Education of Respondents

Figure 4.3 is presenting the results on the level of education of the respondents.
The result in figure 4.3reveals that (53.34%) respondents have no education,(17.94%) of the respondentshave WAEC/SSCE certificate(15.89%) of the respondents hasOND/NCE certificates and (13.33%)have HND/BSC certificates. Majority of the employees have no education that shows that housekeeping jobs are carried out by unskilled staff with no education. It was observedthat casual or part-time workers are predominant in the hotel sector than in the rest of the service sector and that room attendant work remains largely unseen. Similarly, Bureau of Labour Statistics (2010) posits that most of the employees including housekeepers in the hotel industry are part-time workers. UNWTO (2011), opined that unskilled or semi-skilled personal tend to work in most vulnerable jobs housekeeping jobs Inclusive. In spite of this, few respondents who occupy supervisory and managerial roles have higher qualifications.

Table 4.1: Monthly Incomeof Respondents

Monthly Income(Naira)	Frequency	Percent
10,000-15,000	112	57.43
16,000-20,000	33	16.92
25, 000-30,000	25	12.82
above 30,000	25	12.82
Total	**195**	**100.0**

Table 4.1 is presenting the results on the monthly income of the respondents.The resultsin table 4.1shows that 57.43 %of the respondents earn N10,000-N15,000 as monthly income,16.92 % of respondents earnN16-N20,000 as their monthly income, 12.82percent earn above N30,000and 12.82 percent earn N25,000-N30,000.This result indicates that housekeeping employees are less paid. Most of the respondents opined that they earn N10,000-N15,000. It was observed that majority of those who

earn N10,000-N15,000 are public area cleaners, room attendants and laundry workers and are usually casual workers. Hotel workers, housekeepers inclusive are among the lowest paid workers.

This is in affirmation with Hsieh Apostolopolous, Sonnez (2013) who state that hotel workforce are less paid and their pay is not comparable to that of other employees in the hotel sector. Relatively, Vanselow,(2009) posited that globally housekeeping jobs are low paid. It is important to know the socio-economic status of employees to ascertain the extent to which employers of Labour do consider staff welfare, according to Okereke and Daniel, (2013) welfare is an organization level of obligation and commitment to its employees.

Table 4.2: Length of service of Respondents

Years of service	Frequency	Percent
less than 12 month	104	53.33
1-10 years	35	17.94
11-20 years	23	11.79
over 20 years	33	16.92
Total	**195**	**100.0**

Table 4.2 is showing the results on years of service of the respondents.The table 4.2 shows that respondents with less than 12months of service have the highest percentage (53.33%). Those with 1-10 years of service were 17.94 % while respondents with over 20 years and 11-20 years of service are 11.79 % and 16.92 % respectively. This indicates that majority of the employees spent fewer years in service which could be as a result of engaging casual workers in cleaning jobs as well as having employees' labour turnover in the hotel industry. In the findings of Cordero (2011),labour turnover rates in housekeeping department were higher than other departments in hotel industry. Despite many research studies on turnover issue, high turnover rate remains a serious problem in hotel industry particularly housekeeping department.

Table 4.3: Job Roles of Respondents

Job Roles	Frequency	Percent
Cleaning guest rooms	65	33.33
Cleaning public areas	31	15.89
Supervising cleaners	41	21.02
Washing linens	33	16.92
Managerial roles	25	12.82
Total	**195**	**100.00**

Table 4:3 is showing the results on the job description of the respondents.Cleaning guest rooms has (33.33 %) respondents,cleaning public areas has (15.89%). respondents performing supervisory roles (21.02%) and those washing linens are (16.92%).This shows that there are various responsibilities involved in housekeeping department. According to Pesonen, (2015) the responsibilities of hotel housekeepers are enormous without which hotels cannot function comfortably. Based on the importance of housekeeping department, it is worth noting that housekeepers perform various tasks.

4.3Responseson Hazards encountered by Guest Room Attendants

This section (4.2) is showing the responses on open-ended questionnaire administered on the guestroom attendants,on prevalent of occupational hazards, preventive and rehabilitation measures respectively.

Table 4.4: Hotel housekeeping jobs are tedious.

Items	Frequency	Percent
Hotel housekeeping jobs are not tedious	17	26.15
Hotel housekeeping jobs are tedious	48	73.84
Total	**65**	**100%**

Table 4.4 presents the responses on whether or not hotel housekeeping jobs are tedious. The table 4.4 indicates that (73.84%) of the respondents agreed that housekeeping jobs are tedious while (26.15%) said hotel housekeeping jobs are not tedious. This signifies that such tasks as mopping, vacuuming, and scrubbing among

others in hotel housekeeping are tedious and can be hazardous. This finding agrees with Liladrie (2010) who affirmed that hotel housekeeping is physically challenging and taxing resulting in the employees prone to injuries and pains. Cleaning work is demanding as the ratio of room maids to guestrooms is causing the much demand on the housekeepers.

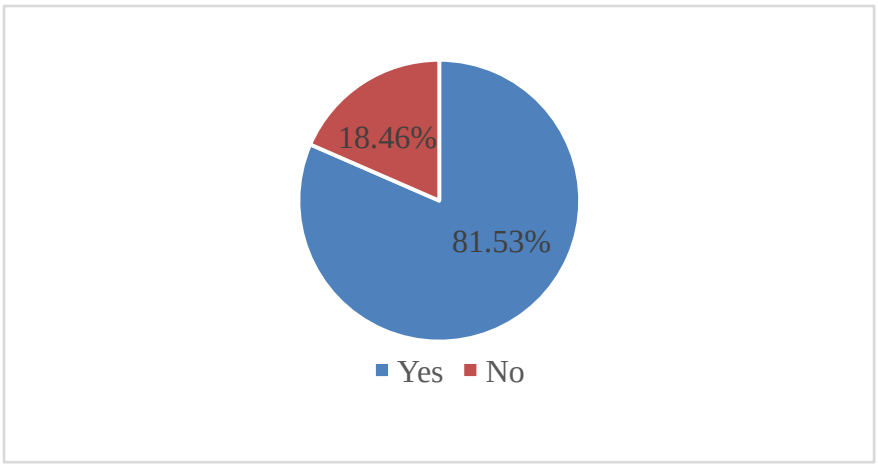

Figure 4.4: Housekeepers encounter hazards when carrying out duties

Figure 4.4 shows responses on whether or not housekeepers encounter hazards when carrying out their duties.It can be seen from figure 4.1.4that (18.46%) respondents disagreed that they sustain injuries when cleaning guest rooms while (81.53%) respondents agreed .This specifies that housekeeping jobs are injurious.

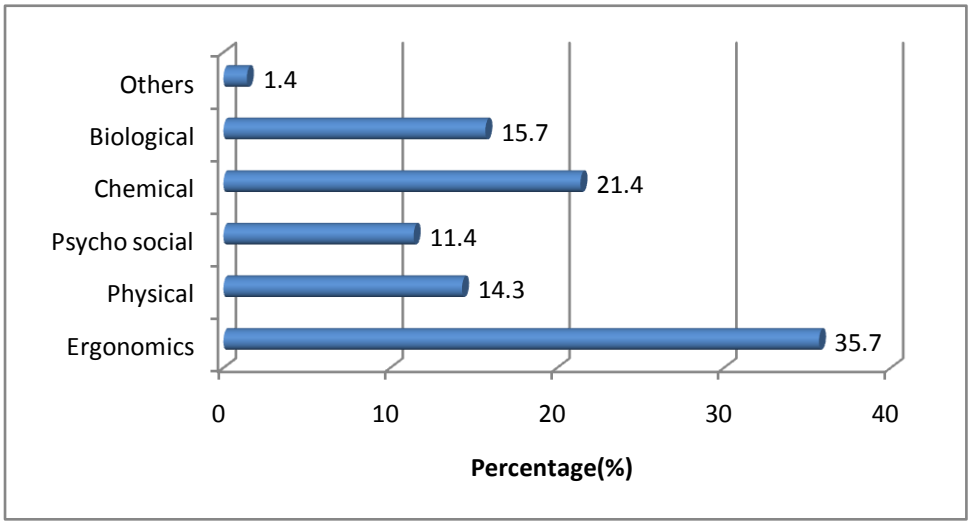

Figure 4.5: Types of hazards encountered by respondents

Figure 4.5 explains the responses on the types of hazards encountered.The result shows that ergonomics hazard is mostly encountered by guestroom attendants with a 35.0% respondents, followed by chemical hazards 23.0 %, biological hazards 17 .0 percent while physical hazards has 8.0 percent, psycho social hazards has percent and others has 11.0percent. It means that there are various hazards peculiar to housekeeping jobs This indicates that there are prevalent of occupational hazards among hotels housekeepers it could be said that housekeepers are not only exposed to physical but also other hazards such as ergonomic and biological hazards. Vwigmore (2012) agreed that ergonomic hazards are common in housekeeping jobs because housekeepers get hurt because of working long hours in bending.

Table 4.5: No ofrooms cleaned per shift in a day

Rooms cleaned per shift.	Frequency	Percent
5 rooms	3	4.61
10 rooms	3	4.61
16 rooms	18	27.69
Above 16rooms	41	63.07
Total	**65**	**100**

Table 4.5 shows the response rate on the rooms cleaned per shift in a day by the guestroom attendants.The result on table 4.5shows that there are more respondents who clean more than 16 rooms per shift (63.07%), followed by those that clean 16 rooms per shift (27.69%),while cleaning 10 and 5 rooms per shift has 4.61% respectively. This indicates that most guest room attendants exceed the room quota of 16 rooms per shift, which is hazardous to health and safety. This is in agreement with (Oxenburge,2011) a guest room attendant is servicing between 12-18 rooms in a shift which requires pushing heavily stocked trolleys, moving heavy furniture cleaning

bathrooms , bending down to strip and make beds, among others such activities are tiring and injurious.

Table 4.6: Types of injuries sustained

Types of Injuries sustained.	Frequency	Percent
back pain	23	35.38
shoulder pain	13	20.0
waist pain	11	16.92
Skin rashes	10	15.38
Cuts	8	12.0
Total	**65**	**100.0**

Table 4:6 presents the result on types of injuries sustained.The result (table 4.6) indicates that most of the respondents 23 (35.38%) sustained back pain injury, (20.0%) sustained shoulder pain, (16.92%) suffered from waist pain while (15 .38%) and (12.0%) suffered from skin rashes and cuts respectively. Similarly the result from the public area cleaners (fig.4.29 showed that housekeeping jobs are tedious, as majorities (71%) of the respondents assert to housekeeping jobs are tedious. This shows that both guestroom attendants and public area cleaners are prone to various injuries because of their cleaning tasks. Research studies indicate that housekeepers are prone to back injuries since they clean between 12 to 18 rooms per shift strips 500pounds of soiled linen that involve heavy lifting and repetitive body motion and consequently back and shoulder injuries.

Table 4.7: Provided with safety equipment

Provided with safety equipment	Frequency	Percent
Not provided with safety equipment.	13	20.0
Provided with safety equipment	52	80.0
Total	**65**	**100.0**

Table 4:7 is showing the result on whether housekeepers are provided with safety equipment.The result (Table 4.7) shows that 80.0 %of the respondents were not provided with safety equipment while 20.0 % do were with safety equipment. It

shows that safety equipment is not provided to the employees by the management, which is against the law of occupational safety and health. This contradicts occupational health and Safety law that stipulates that every employer shall provide safety equipment to its employees. Since individual employees are to provide themselves with safety equipment, it signifies that there is non-compliance of safety rules by the management of budget hotels under study.According to Umeokafor*et.al.* (2014) compliance to regulations is very relevant in the effective regulations and prevention of workplace accidents.

Table 4.8: Typesof safety equipment used

Items	Frequency	Percent
Face masks	15	23.07
Boots/slip resistance shoes	5	7.69
Hand gloves	10	15.38
Coats/overalls	2	3.07
None at all	33	50.76
Total	**65**	**100.0**

Table 4.8 shows the response rate of housekeepers on the types of safety equipment used by the housekeepers. The result(Table 4.8)shows that (23.07%) respondents wear facemasks as safety equipment, (7.69%) wear boots for safety, (15.38%) wear hand gloves for safety, (3.07%) wear overall for safety and (50.76%) respondents wear nothing for safety when cleaning.

4.1.6: Training period by Housekeeping employee

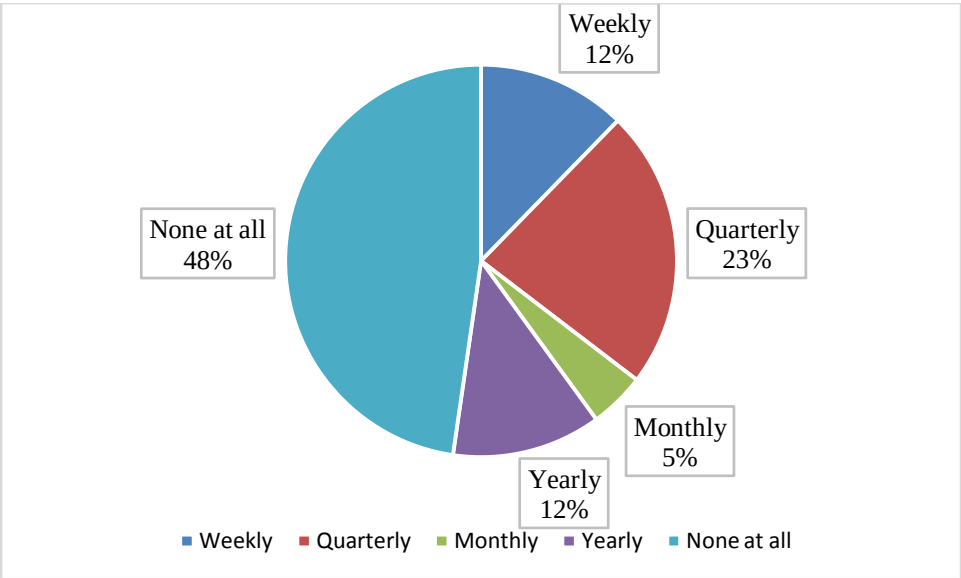

Figure 4.6: Training period by Housekeeping employee

Figure 4.6 is showing the results on training period of housekeeping employees.The result (4.1.6) shows that 47.69 % of the respondents never went for training at all, 23.07 percent went for training on quarterly basis, while 12.30% go for training yearly, 12.30%weekly and 4.61% monthly. This indicates that housekeeping employees do not receive training on occupational safety and health. Safety training isto prevent work- related injuries and in as much as employees do not receive proper training occupational hazards cannot be prevented.This shows that the employees are not trained on the importance of using safety equipment as a preventive measure to reduce occupational hazards. Many employers show lessinterest for training but seek for higher profit limits as indicated by Ofuegbuet al.,. (2013).

Table 4.9: Follow the manufacturers' instructions before using cleaning agents.

	Frequency	Percent
Do not follow manufactures' instructions before using cleaning agents	48	73.84
Follow manufactures' instruction before using cleaning agents	17	26.15
Total	**65**	**100.0**

Table 4:9shows the response rate on whether or not housekeepers follow manufacturers' instructions before using cleaning agents.

The result on (Table 4.9) shows that(26.15%) respondents agreed that they follow manufacturers' instruction before using cleaning agents while 48(73.84%) respondents disagreed. It specifies that majority of the employees do not follow manufacturer's instructions before using cleaning agents

Table 4.10: Hotels' management pays the hospital expenses for injured employees.

	Frequency	Percent
Hotels' management do not pay the hospital bills for injured employees	46	70.76
Hotels' management pays the hospital expenses for injured employees.	19	29.23
Total	**65**	**100.0**

The table 4:10 shows the response rate of housekeepers on whether or not hotels' management pays the hospital bills for injured employeesFrom the result, in table 4.10 it can be seen that(29.23%) respondents agreed that hotel management pays the hospital expenses for injured employees while (70.76%) are of the opinion that the management does not pay the hospital bills.

Table 4.11: Incapacitated housekeepers arelaid off and not being compensated.

Items	Frequency	Percent
Incapacitated housekeepers are laid off and compensated	14	21.53
Incapacitated housekeepers are laid off and not compensated	51	78.46
Total	**65**	**100.0**

The study sought for responses of housekeepers on whether or not incapacitated housekeepers are laid off and compensated. The result in table (4.11) shows that (78.46%) respondents agreed that incapacitated housekeepers are laid off from their

jobs due to injuries sustained and not compensated by the management while (21.53%) respondents disagreedthat housekeepers are not considered for a lighter job in the hotel industry when injured. According to Lilaldrie,(2010) hotel housekeepers are susceptible to be rejected as they become incapacitated and their age deteriorates.

Table 4.12State Government compensates injured housekeepers

Items	Frequency	Percent
Government does not compensates injured housekeepers	55	84.61
Government compensates injured housekeepers.	10	15.38
Total	**65**	**100.0**

The study sought for responses on whether or not state government compensates injured housekeepers. The result in table 4.12 shows that (15.38%) respondents agreed that Government compensates injured housekeepers while 65(84.61.0%) respondents disagreed. This is so because evidence has suggested that government does not have compensation policy for injured housekeepers.Diugwuet al., (2014) observed that factories act of 1990 does not include hotel industry in its definition of premises, which actually indicated that housekeepers and other workers in hotel industry were not captured in the act.

Table 4.13 Housekeeping jobs are best carried out when employees are injured

Items	Frequency	Percent
Housekeeping jobs not carried out when employees are injured.	59	90.76
Housekeeping jobs arebest carried out when employees are injured.	6	9.23
Total	**65**	**100**

The study sought for responses from the respondents on whether or not housekeeping jobs are best carried out when employees are injured. (Table: 4.13). It is apparent that injuries can hinder employees job performance as can be seen that(9.23%) respondents agreed that Housekeeping jobs are best carried out when employees

areinjured while (90.76%) respondents disagreed. This result shows that housekeeping jobs cannot be carried out effectively when employees are injured and this agrees with Neil and Davies (2011) who asserts that job strains has resulted into performance problems.

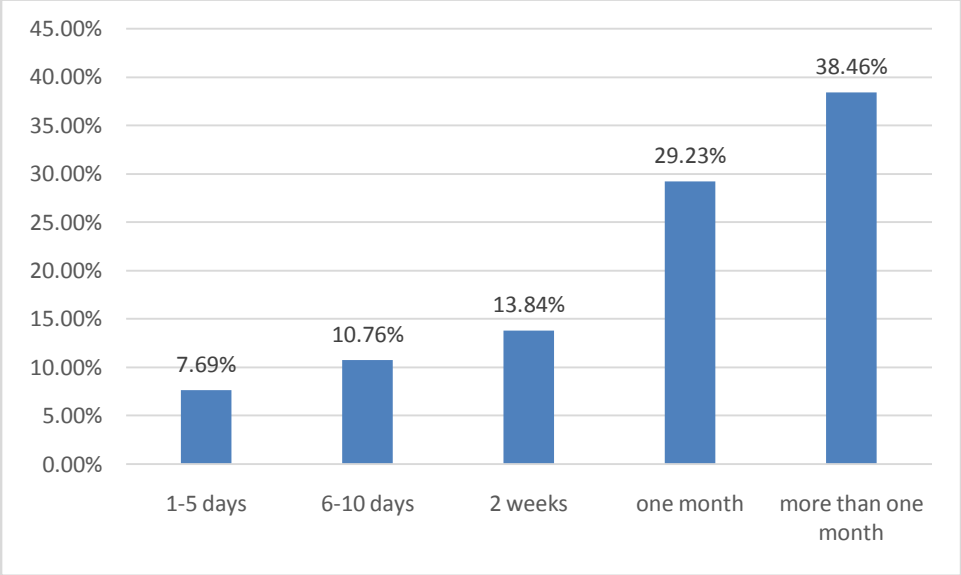

Figure 4.7 Number of days being absent from work

The figure (4.1.7) shows the percentage of responses on number of days being absent from work.Result indicates that more than one month absence from work has the highest response of(38.46%) respondents. This indicates that majority of respondents spend more one month out of work which will invariably affect the job as it will results to decrease in staffing and job performance. Absenteeism is a key factor that disrupts employees performances it can result to decrease in staffing and increase in workload of the other staff in the section. According to Oluch, (2015) absenteeism due to injury at work place was among the reasons mentioned for low performance out puts.Thus, in hotel housekeeping absenteeism or presentism measures are seen as indirect means for losses in employees' performance.

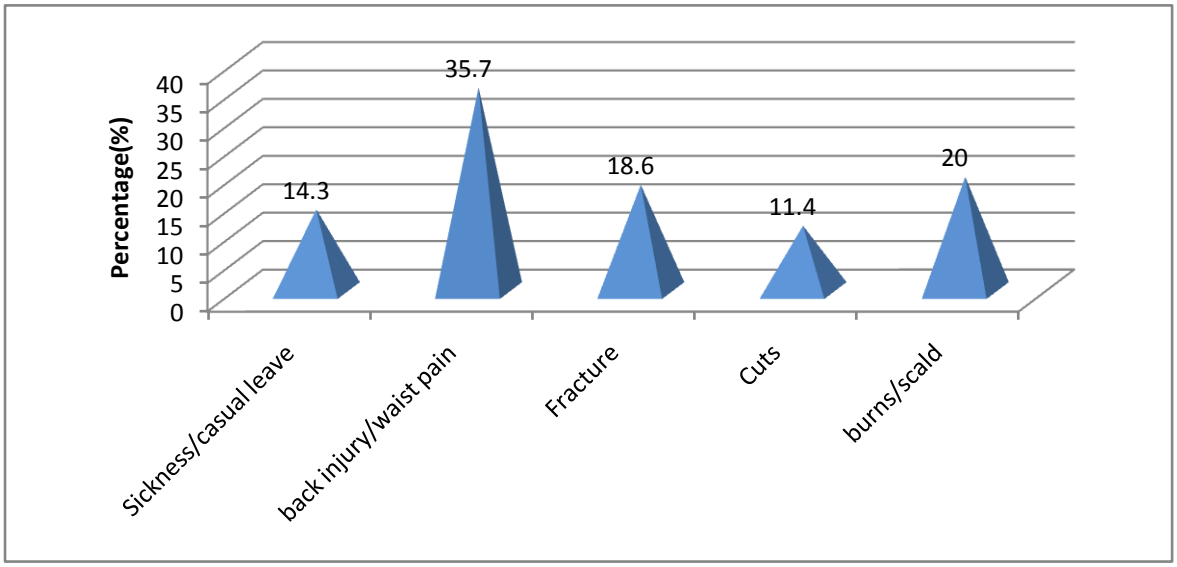

Figure 4.8 Reasons for being absent from work

The figure 4.8 shows the number of responses on why employees are being absent from work. The result in figure 4.8 shows that back injury/waist pain is the major reason why respondents are absent from work with about (43.0%) respondents. This result indicates that employees' absenteeism was caused by back/waist injury sustained.

4.4Structured interview for executive head housekeeper

This section explains the responses of the interview schedule organized for the executive head housekeepers. Twenty –five executive housekeepers were sampled for the interview and all of them were being interviewed. The study, further conducted interview for the executive head housekeepersto gather more data on preventivemeasures and rehabilitation measures for injured employees.

4.4: Interview schedule for executive head housekeeper

Table 4.14 Do you often receive reports on accident or injuries from your staff?

Items	Frequency	Percent

Often received report	8	32.0
Do not received report	17	68.0
		100

From the above table, it can be seen that 17(68.0%) respondents out of 25 respondents agreed that theyoften receive reports on accident or injuries from their staff while 8(32.0%) respondents out of 25 respondents disagreed. This result signifies report on injuries is not often received by the management which means there is not good reporting system in the hotels.

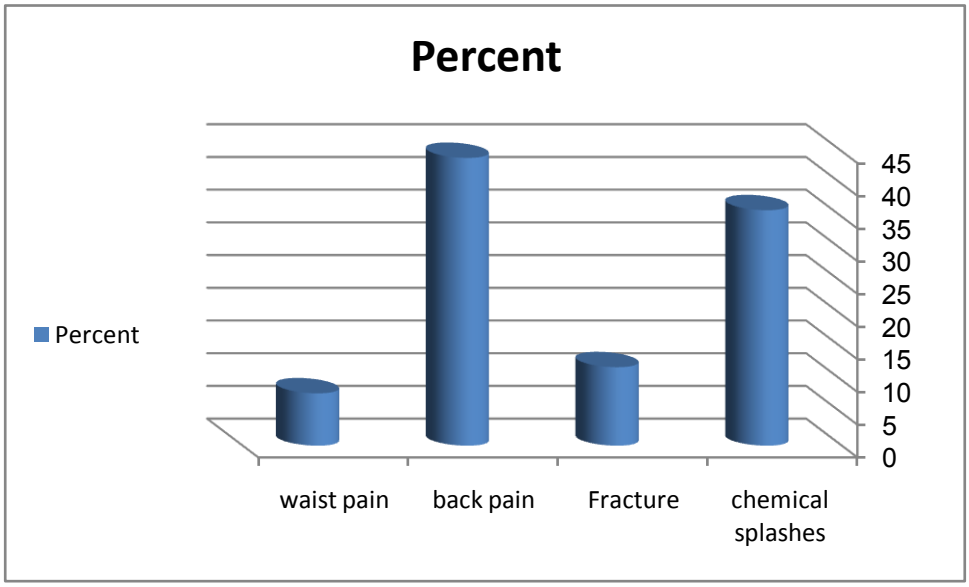

Figure 4.9: Types of Injuries Reported

Figure 4.9 above, it can be seen that back pain has 11(44.0%) respondents, chemical splashes have 9(36.0%) respondents, fracture has 3 (12.0%) respondents and waist pain has 2 (8.0%) respondents.Therefore hotel housekeepers mostly report back pain.

Table 4.15Engaging safety experts to redesign occupational health and safety policies in your hotel

Items	Frequency	Percent
We do engage safety experts	8	32.0
We don't engage safety experts	17	68.0

Table 4.15indicatesthat 17(68%) respondents out of 25 respondents agreed that they engage safety experts to redesign occupational health and safety policies in their hotels while 8(32%) respondents out of 25 respondents disagreed. This result shows that majority of the hotels do not involve safety experts to redesignoccupational health and safety policies.

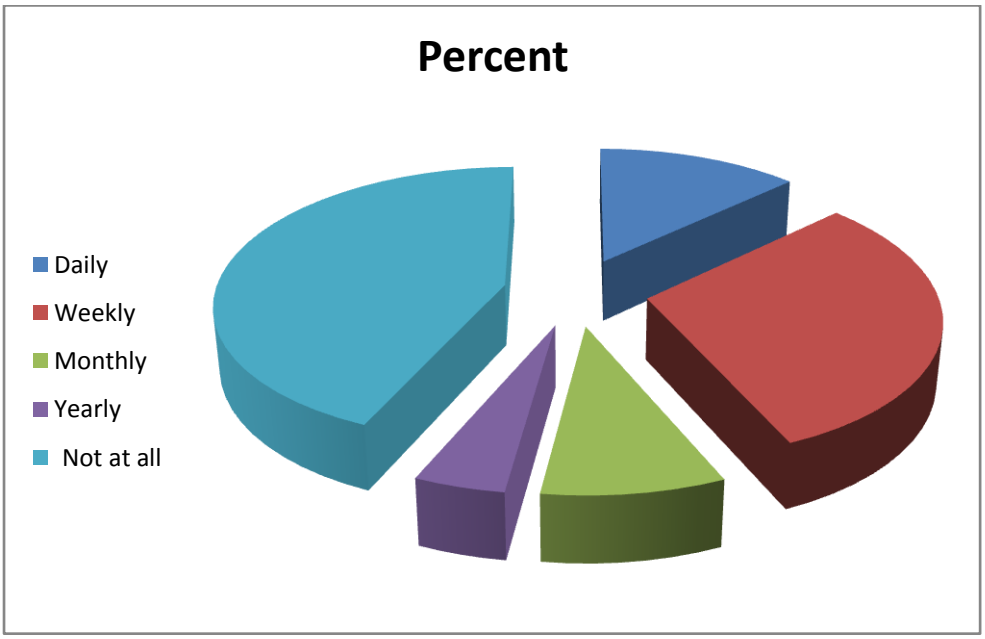

Figure 4.10: Period for organizing safety training

Figure 4.10 shows that most head housekeepers don't organize safety training at all with about 10(40%) respondents out of total 23 respondents.

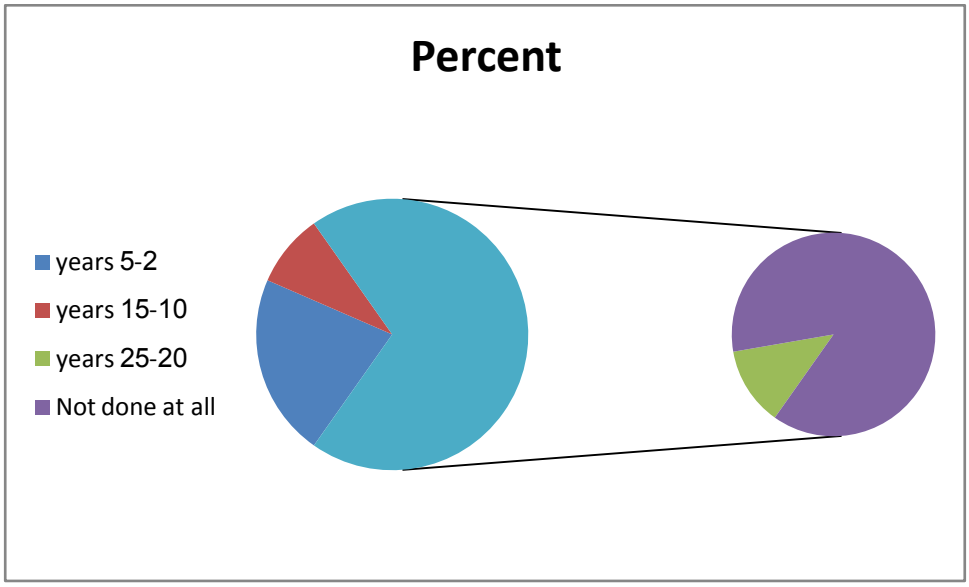

Figure 4.11: Timeframe for monitoring safety measures

Figure 4.11 above, it can be seen that the highest response is from 14(56%) respondents out of 25 respondents agreed that there is no period for monitoring,inspecting and evaluating safety measures among hotel employees. This signifies that there is insufficient period for monitoring, inspecting and evaluating safety measures among the hotel employees. It will allow for proper risks identification and prevention.

Table 4.16Accident reporting systems for employees in case of hazards

Items	Frequency	Percent
There is no accident reporting system	20	80.0
There is accident reporting system	5	20.0

The above table illustrates that 5(20%) respondents out 25 respondents agreed that there are accident reporting systems for employees in case of hazards while 20(80%) respondents out of 25 respondents disagreed. It indicates there is no good reporting system in the hotels.

Table 4.17 Compensatinginjured employees

Items	Frequency	Percent
We do not compensate injured employees	19	76.0
We do compensate injured employees	6	24.0

Table 4.17 shows that 6(24%) respondents out of 25 respondents agreed that they compensate injured employees while 19(76%) respondents out of 25 respondents disagreed. This indicates that the management of budget hotels do not reckon with compensating injured employees.

Table 4.18 Section of the department where is accident always reported

Items	Frequency	Percent
Accommodation	10	40.0
Laundry	7	28.0
Public area	5	20.0
Garden	3	12.0

Table 4.18 shows that accommodation has 10(40%) respondents, laundry has 7(28%) respondents, public area has 5(20%) and garden has 3(12%) respondents. The head housekeepers agreed that department where accidents are always reported is accommodation section. This shows that cleaning guest rooms is more tedious and cumbersome.

Table 4.19 Reinstate injured and incapacitated employees

Items	Frequency	Percent
We don’t reinstate injured employee	22	88.0
We do reinstate injured employee	3	12.0

Table 4.19 shows that 3(12%) respondents out of 25 respondents agreed that they reinstate injured and incapacitated while 22(88%) respondents out of 25 respondents disagreed. Executive head housekeepers agreed that injured incapacitated employees are not reinstated back to work.

Table 4.20 Strategies for reducing injury at workplace among employees

Items	Frequency	Percent
Constant training of staff on accident prevention	8	32.0
organize induction courses on compliance to safety rules	3	12.0
Organize in house workshops/seminar for staff	3	12.0
providing personal protective equipment	7	28.0
Placing warning signs and safety instructions	4	16.0

Table 4.20 shows that the strategies mostly used for reducing injury at workplace among employees is constant training of staff on accident prevention with 8 respondents out of the total 25 respondents which constitutes 32.0%. The results indicates that majority of the executive head housekeepers agreed that constant training is the mostly used strategies used for reducing injury at work place.

The result revealed that 17(91.67%) of the respondents are of the view that they do notoften receive reports on accident or injuries from their staff while an insignificant number (8.23%) of the executive housekeepers said that we receive reports on injuries from the workers. This result signifies the management, which means there is not good reporting system in the hotels. This result agrees with the findings of Krause, 2010) who states that work related injuries are being under reported by housekeepers. Similarly, research studies indicate that work related injuries are not being reported to supervisors because of such factors as lack of knowledge, too many steps to reporting, hurting supervisors and fear of job insecurity among others. Lack of reporting of accidents or injuries will not give opportunity for identifying the types of accidents that that are prevalent to employees and therefore posing problems in providing adequate prevention towards occurrence of occupational hazards.

Information was also gathered from the interviewees that majority (96%) of the housekeeping employees report back pain than such injuries as chemical splashes,

fracture, waist pain among others. Although, there are some of the interviewees who ascertained that there are few reports on fracture, cuts, chemical splashes and waist pain. This shows that there are various injuries sustained by housekeepers which could be detrimental to employee's output.

This result agrees with a report from Bureau of Statistics, which states that more than a million workers including hotel housekeepers suffer injuries each year, and back injuries. Furthermore, reports from Canadian Center for Occupational Health andSafety, (2007) showedthat back injuries are results of constant repositioning and changing body postures such as bending, kneeling,pushing and lifting.

Engaging safety experts to redesign occupational health and safety was among the questions asked by the researcher and majority of the respondents are of the opinion that majority of the hotels do not involve safety experts to redesign occupational health and safety policies. This could be a good safety culture that can yield good performance as most safety polices would be adequately implemented by the management of the budget hotels.Where there are no experts involved it will be good if supervisors can be trained on safety training in order to acquire adequate knowledge towards redesign occupational health and safety policies.

The result from the interview showed that most of head housekeepers do not organize safety training at all with about (40%) respondents. It was reported by the housekeepers that training is costly and instead of organizing training, the employees learn on the job. According to Bureau of statistics (2014) most housekeepers learn on the job. However most employers consider training as being costly and always interested in high profit margins. Ofuegbu, Olawepo and Ibojo (2013) opined that

employers have minimal interest in training and greater pursuits for high profit margins.

In another development Choi and Dickson, (2009) attributed lack of training in hotel industry to turn over of employees. Learning on the job does not allow employees to get exposed to new knowledge, skills and attitudes for improved job performance. Result from the interview showed that majority 22(88%) of interviewees opined, that the time for monitoring is inadequate since monitoring, inspecting, and evaluating safety measures is not done all. However those that reported that there is time frame for monitoring inspecting and evaluating safety measures have between 2-5years time frame which signifies that there is insufficient time frame for monitoring, inspecting and evaluating safety measures among the hotel employees which will not allow for proper risks identification and prevention.

The result further revealed that reporting systems are not adequate. Through reporting, records and statistics of injuries will be kept and this will help managers to identify tendencies, unusual conditions and provide performance measurement as well as setting goals for training needs.

Compensating injured employees is a form of organizational commitment to employees' welfare where such does not exist then there will be less performance yield. While interviewing the executive head housekeepers it was reported that 6(24%) respondents are of the view that they compensate injured employees while 19(76%) of the executive housekeepers refuted that the management pay compensation.

This indicates that the management of budget hotels do not reckon with compensating injured employees.When it comes to the section ofthe department where accidents

are frequently reported, majority of the interviewees believed that accommodation section has the highest cases of accidents. While few of them said, laundry staffs are exposed to high risk factors because laundry staffs are believed to be involved in such tasks that require exertions pulling and exposure to chemical and biological hazards. However, the result was indicated that the public area cleaners as well as florists report such accidents as falls, slips and cuts respectively.

The executive head housekeepers agreed that injured incapacitated employees are not reinstated back to work. It was observed that reinstating injured employees is not part of the organizational culture as it is seen as injured employees are incapacitated and will not be able to perform the assigned tasks satisfactorily to meet the organization set goals of providing clean, safe and comfortable environment to the guests.

Similarly, majority of the interviewees stated that the strategies mostly used for reducing injury at workplace among employees is constant training of staff on accident prevention with 8 respondents out of the total 25 respondents which constitutes 32.0%. Training will enhance proper use of safety equipment and compliance of safety rules. It was reported by the executive housekeepers that induction courses as well as in house training and seminars are part of the strategies used to reduce injuries among the employees, Reducing injuries among the employees through training is contributory factor to achieving organizational goals as a healthy worker is productive worker.

Training is an important aspect of organization performance without which the success of the organization can be retarded. It is very necessary for the management of budget hotels in Kaduna state, particularly Kaduna metropolis to consider training as an investment and not as a cost and this would enhance good employees'

performance.In order to probe more into prevalent occupational hazards preventive measures, rehabilitation measures and level of employees job performance opened questions where designed for both the guestroom attendants and public area cleaners. Majority of the respondents identified manual handling such as falls, slips and trips as risk factors of injuries when cleaning the public areas while 10 of the respondents assert that exposure to potent cleaning is a risk factor of injuries and five of the respondents are of the view that harassments and assaults are the risk factors they face. These results supports the findings on the responses from the guest room attendants, where the respondents agreed that manual handling and exposure to potent cleaning are risk factors to ergonomic and physical hazards.

Guestroom attendantswere asked on types of safety equipment used during cleaning. Majority of the cleaners (17) are of the opinion that they use hand gloves and 6 of the respondents use boots. This result is similar to the findings of the responses from the guestroom attendants where few of them use facemasks and boots and majority of the guestroom attendants do not use any protective equipment.Most respondents reported that they do not often receive training fewer respondents (5) reported that they receive training yearly, and 2 reported that they receive on the job training. This result is similar to the responses from the guest room attendants, which demonstrated that housekeepers do not often receive training.

Majority (19) of the cleaners asserted that good working environment can be used to prevent injury because good environment will reduce the likelihood of employees to be involved in accidents, while of the respondents agreed. As to ascertain the form of compensation being received, the public area cleaners are of the view that they be reinstated at work. Fewer respondents agreed that they want to be paid the cost of

injury while 8 of the respondents want to have insurance policy. Reinstatement at work, paying for injury and providing insurance cover is all forms of rehabilitation which if properly managed by the employers will enhance productivity.

4.5 Responses from the Public area cleaners

Table 4.21: Task as a public area cleaner

Items	Frequency	Percent
cleaning lobbies/staircases/public toilets	11	36.66
lifting heavy equipment	7	23.33
Picking up and throwing trash.	5	16.66
cleaning offices	7	23.33
Total	30	100.0

The table 4.21 shows the number of responses on the job schedule of Public area cleaners.From table 4.21, it can be seen that most of the respondents cleaning lobbies/staircases/public toilets with about (36.66%), followed by picking up and throwing thrash with about (16.66%), then lifting equipment and cleaning offices both have (23.33%) respectively. This indicates that cleaning lobbies/ stair cases/public toilets are the major tasks performed by public area cleaners.

Table 4.22: Cleaning jobs are hazardous.

Items	Frequency	Percent
Cleaning jobs are hazardous	13	43.33
Cleaning jobs are not hazardous	17	56.66
Total	**30**	**100.0**

The table 4.22 shows the number of responses on whether or not cleaning jobs are hazardous. From table 4.22, it can be seenthat (43.33%) respondentsdisagreed that cleaning jobs are hazardous while (56.66%) respondentsagreed. It is also reported that cleaning jobs are tedious.

Table 4.23 Types of hazards encountered by housekeepers

Items	Frequency	Percent
Ergonomic hazards	7	23.33
Physical hazards	3	10.00
psycho social hazards	7	23.33
Chemical hazards	9	30.00
Biological hazards	3	10.00
Others hazards	1	3.33
Total	**30**	**100.0**

The table 4.23 shows the number of responses on types of hazards encountered by housekeepers.From table 4.16, it can be seen that ergonomics hazard has (23.33%) respondents out of total respondents, physical hazard has (10.00%) respondents, psycho social hazard has (23.33%) respondents, chemical hazard has (30.00%) respondents, biological hazard has (10.00%) respondents and others has (3.33%) respondents. Therefore, public area cleaners mostly encounter chemical hazards.

Table 4.24 Types of personal protective equipment used

Items	Frequency	Percent
Hand gloves	7	23.33
Face masks	3	10.00
Boots	3	10.00
Overall	17	56.66.
Total	**30**	**100.0**

The table 4.24 shows the number of responses on the types of personal protective equipment used by housekeepers. From table (4.24), it can be seen that (10.00%) respondents wear face masks as safety equipment, 3(10.0%) wear boots for safety, 7(23.33%) wear hand gloves for safety, 17(56.66%) wear overall for safety when working. Therefore, most of the public areacleaners wear overall for safety.

Table 4.25Comply with safety rules before using cleaning agents

Items	Frequency	Percent
Comply with safety rules	19	63.33
Do not comply with safety rules	11	36.66
Total	**30**	**100.0**

The table 4.25 shows the response rates on compliance with safety rules.From table 4.25, it can be seen that (36.66%) respondents agreed that they comply with safety rules before using cleaning agents while 19(63.33%) respondents disagreed.

Table 4.26Injured cleaners are being compensated by the government

Items	Frequency	Percent
Injured cleaners are not compensated	23	76.66
Injured cleaners are compensated	7	23.33
Total	**30**	**100.0**

The table 4.26 presents the response rate on whether or not injured cleaners are being compensated by the government.From table (4.26), it can be seen that (23.33%) respondents agreed that injured cleaners are being compensated by the government while 23(76.66%) respondents disagreed. This indicates that injured housekeepers are not compensated by the government.

Table 4.27: Incapacitated cleaners are called back to work

Items	Frequency	Percent
Incapacitated workers are not called back to work	19	63.33
Incapacitated workers are called back to work	11	36.66
Total	30	100.0

The table 4.27 shows the number of responses on whether or not incapacitated cleaners are called back to work.From table(4.20), it can be seen that (36.66%) respondents agreed that incapacitated cleaners are called back to work while

19(63.33%) respondents disagreed .This indicates that incapacitated cleaners are not reinstated to work.

Table 4.28: Hospital expenses/bills are paid by the hotel management

Items	Frequency	Percent
Hospital bills are not paid the hotel management	27	90.0
Hospital bills are paid by the hotel management	3	10.0
Total	**30**	**100**

The table (4.28) shows the number of responses on whether or not hospital bills are paid by hotel management.Fromtable4.28),it shows that (10.0%) respondents agreed that hospital bills are paid by the hotel management while (90%) respondents disagreed. This signifies that there is negligence of rehabilitative measures for injured employees.

4.6 Analysis ofResponses from Laundry staff

Table 4.29 Means and Standard Deviation of Responses of Laundry Staff on Occupational Hazards Peculiar to Laundry Staff

Statement	Mean	Std. Deviation	Remark
There is a considerable force when sorting laundry.	4.8478	.36316	Agree
Loading laundry into the washer affects my arm	4.1522	.91815	Agree
Pulling wet laundry from the washer results into back –ache	4.4130	.68560	Agree
Soiled laundry cause skin diseases	4.5435	.75149	Agree
Exposure to blood borne pathogens through contact with contaminated laundry is hazardous.	4.3043	.75629	Agree
unlabeled chemicals	4.3913	.61385	Agree
Splattering when pouring chemical from large container to small container may affect the eyes.	4.1304	.71829	Agree
Soaps and detergents may cause allergic reactions.	4.2391	.79400	Agree
High noise levels from machinery cause injury.	4.2391	.82151	Agree
Exposure to heat stress is hazardous	4.3043	.66230	Agree
Unsuitable work surfaces are not of suitable height for the work.	4.4130	.74762	Agree

Table 4.29 is showing the Mean and Standard Deviation of responses Laundry Staff on occupational hazards peculiar to Laundry work. The statements sought to find out

the prevalence of occupational hazard and its impact on employees' job performance in the laundry section of housekeeping department.The result indicates that the respondents agreed that there is considerable force when sorting laundry with a mean of 4.8478. This indicates that considerable force when sorting laundry linen is hazardous to laundry staff because it strains their back.

Majority of respondents with a mean of 4.3043 demonstrated that laundry soiled with blood pathogens causes skin disease .This shows that majority of the respondents are of the opinion that blood pathogens are infectious and therefore it is injurious it could be contagious. The result also shows that respondents agreed that loading laundry in to washers affects their arms with a mean of4.1522. The result also demonstrates that pulling wet laundry from the washer results to backache with a mean of 4.4130. When pushing or pulling trolleys or laundry carts, the weight of the soiled or cleaned linen affects force required by the worker and this will result to back injuries, sore muscles and tendon strains among others.

Regarding exposure to blood pathogens through contact with contaminated laundry, many respondents agreed with the statement with a mean of 4.3043. This shows that laundry staffs are exposed to blood pathogens through their contact with contaminated laundry. As to whether unlabeled chemicals result into exposure to hazardous chemicals in laundry, the respondents agreedwith a mean of4.3913. This indicates that majority of the respondents agreed that unlabeled chemicals result into exposure to hazardous chemicals in laundry. As to whether splattering when pouring chemicals from large container to small container may affect the eyes, majority of the respondents (4.1304) agreed.

This indicates that spattering of chemicals may affect the eyes of the laundry staff. It is hazardous as this can cause chemicals getting into the eyes and consequently serious disability. The research sought for responses on whether soaps and detergents may cause allergic reactions. Majority (4.2391) of the respondents agreed, indicating that soaps and detergents cause allergic reactions to laundry staff. The result on high noise levels from machinery leads to occupational induced hearing loss, hearing loss or hypertension shows that the respondents agreed to the statement with a response mean of 4.2391. It indicates that high level noise is hazardous to laundry staff.

It can be seen from the result that 4.3043 the respondents agreed that exposure to heat stress often results to heat exhaustion and stroke among laundry staffs. These are other types of work place hazards among laundry staff caused by their exposure to heat. Regarding whether work surfaces are not of suitable height for work, most the respondents agreed. The result indicates that work surfaces are not of suitable height for laundry work as such it is injurious. Working surfaces if too high or too low exposes laundry staff to awkward postures and consequently risks of tissue damage and other musculoskeletal problems. It is evidenced through the result that laundry staffs are mostly affected by physical hazards due to the force used in sorting laundry, pulling wet laundry, loading laundry and unsuitable work stations. Other hazards reported include biological and chemical hazards due to exposure to blood pathogens and chemicals.

Table 4.30 Mean and Standard Deviation of Supervisors' responses on preventive measures on occupational hazards

Statement	Mean	Std. Deviation	Remark
Management is aware of the workplace safety and health act.	4.5000	.97416	Agree
All potential hazards at the workplace have been identified.	4.5000	.97416	Agree
Risk assessments covering work activities and processes in the housekeeping jobs have not been conducted	4.5000	1.05463	Agree
Staffs are advised on the control in place to manage identified hazards.	4.3200	1.13281	Agree
Work safety and health is provided regularly to all staff.	4.3000	1.12938	Agree
There is a system in place for staff to report incidents of occupational hazards.	4.3200	1.15069	Agree
Management organizes a periodic health talk/discussion.	4.3000	1.26572	Agree
Supervising employees to ensure safe work procedures are effective and followed.	4.1600	.71027	Agree
I train employees particularly where changes in work procedures occur.	4.5800	.92780	Agree
I investigate accidents involving housekeeping personnel and equipment.	4.8125	.39444	Agree
I ensure that all personnel know the company's safety rules and safe job procedures for all measure occupational hazards.	4.6250	.81541	Agree

Table 4.30is showing the Mean and Standard Deviation of responses of Supervisors on Preventive Measures on occupational hazards. The table (4.30) shows the responses of supervisors' questionnaire, which indicate that majority of the respondents, agreed to all the items of the questionnaire on preventive measures available to reduce occupational hazards. Management does not pay much attention to the workplace safety and health act has a response mean of 4.500 indicating that little attention is paid to workplace safety and health act by the management of budget hotels. As to whether potential hazards at the workplace have not been identified, majority of the respondents agreed with a response mean of 4.500 this indicates that not all potential hazards have been identified.

Risk assessments covering work activities and processes in housekeeping jobs are not conducted has a response mean of 4.500 indicating that risk assessments on work activities and processes in housekeeping jobs are not conducted. On whether staffs

arenot advised on the control in place to manage identified hazards, majority of the respondents agreed to the opinion with a response mean of 4.3200. Majority of the respondents (4.3200) are of the opinion that work safety and health are not provided regularly to all staff. Respondents agreed that there is no good reportage system in place for staff to report incidents of occupational hazards with mean response of 4.1600 indicating that there is no good reportage system to report incidents of occupational hazards.

This is not in agreement with the occupational health and safety law that imposes that there should be accurate records of work related accidents or injuries. Majority of the respondents agreed that management does not organize periodic health talk/discussion. This has a response mean of 4.5800 indicating that management does not organize periodic health talk/discussion. It is a violation of law for not organizing periodic heath talk or discussion. Where there is no periodic health talks, employees will not be appropriately informed on heath policies and regulations as it affects their working environment.

Majority of the respondents with a mean response of (4.8125) are of the view that supervising employees to ensure safe work procedures are not effective. This shows that there is no effective supervision on safe work procedures. Thorough and effective supervision on safe work procedures prevents injuries at work and reduces costs. Employees are not trained particularly where changes in work procedures occur. This opinion has a mean response of 4.6250 indicating that employees are not trained particularly where changes in work procedures occur. Training, though expensive is a key factor in preventing work- related hazards.

As to whether accidents involving housekeeping personnel are not properly investigated, majority of the respondents agreed to the opinion with 78.0%, which shows that accidents involving housekeeping personnel are not properly investigated. Regarding housekeeping personnel do not comply with safety rules and safe job procedures for all measures of occupational hazards. The response is 74.0%, which indicates that majority of the respondents, agreed that housekeeping personnel do not comply with safety rules and safe job procedure.

In determining the relationship between occupational hazards and job performance, the study was guided by following objectives: The prevalence of occupational hazards peculiar to housekeeping jobs, preventive measures to reduce occupational hazards, rehabilitative measures on injured housekeepers and level of employees' job performance.

Objective 1: Occupational Hazards Peculiar to Housekeeping Jobs

Table 4.31: Occupational Hazards peculiar to Housekeeping Jobs

S/No.	Statements	Mean	Std. Deviation	Remark
1	Housekeepers work under poor postures	4.2887	.99957	Agree
2	Housekeepers are exposed to rigorous tasks that have a high risk of causing injury	4.0000	.91287	Agree
3	Cleaning more than 16 rooms per shift results to muscular strains	4.0000	.91287	Agree
4	Repetitive body movement is hazardous to housekeepers	3.9787	.99438	Agree
5	Housekeepers experience back and shoulder pains after performing their tasks	4.0632	1.03975	Agree
6	Housekeepers are exposed to forceful cleaning on a daily basis	3.9167	1.08256	Agree
7	Awkward positions during cleaning result to sore muscles	3.7188	1.17611	Agree
8	Housekeepers strained their lower back while leaning over and pushing a queen sized bed	4.0745	.97539	Agree
9	Housekeepers felt pain in their lower back while repeatedly bending over to pick up laundry from the floor	4.1959	.83715	Agree
10	Manual handling and falls are very common hazards in housekeeping jobs	4.0729	.97597	Agree
11	Falls, slips and trips are caused by poor workstations.	4.4362	.83677	Agree
12	Using vacuum cleaner impaired hearing	4.0825	.99656	Agree
13	Poorly maintained or designed equipment vibrate too much	4.1895	.94862	Agree
14	Housekeepers consistently report pain in their shoulders,neck,hands and upper and lower limbs Biological hazards	4.1753	1.03088	Agree
15	Blood,urine and feaces are harmful to housekeepers.	4.2473	1.02846	Agree
16	Guests' bed linen stained with blood are infectious to housekeepers	4.0575	1.12432	Agree
17	Housekeepers do come into contact with vomits in guestrooms	3.7789	1.29794	Agree
18	Sharp objects do cause injuries to housekeepers	3.8211	1.37592	Agree
19	Sanitary towels/pads are not well dropped in the waste bins inside guest rooms	3.9895	1.21598	Agree

Table 4.31 is showing the Mean and Standard Deviation of responses of guestroom attendants on Occupational hazards peculiar to Housekeeping Jobs. The Table (4.31) above explains theresponse rates of the respondents on occupational hazards peculiar to housekeeping jobs. Responses were sought from the respondents on whether cleaning more than 16 rooms per shift results to muscular strains majority of the respondents agreed with amean response of 4.000this shows that cleaning more 16rooms per shift by a guestroom attendant is hazardous as it leads to ergonomic

hazards. Similarly,therewas a mean response rateof 3.787which reported that repetitive body movement is hazardous to housekeepers. This indicates that repetitive movements have negative impact on the health of the workers and consequently results into low productivity.

Housekeepers are exposed to forceful cleaning on daily basis has a response mean of 3.9167 this shows that majority of the respondents agreed that exposure to forceful cleaning on a daily basis is a risk factor to occupational hazard peculiar to housekeeping job.As long as clean, safe and comfortable environment is the main function of hotel housekeeping, this will result into exposure of both the guestroom attendants and public area cleaners to forceful cleaning on a daily basis in order to meet the stated and set objectives.

Relatively, housekeepers strain their lower back while leaning over and pushing a queen sized bed. The response rate was 4.0745this isshowing that straining of low back while cleaning over and pushing a queen-sized bed is hazardous and peculiar to housekeeping jobs. Straining of the lower back by the guestroom attendant is as result of the dimensions and heaviness of the beds more importantly the process of bed makingtowards the attainment of providing the needed comfort by the guests is unwieldy

Manual handling and falls are common hazards in housekeeping jobs. The response is 4.077 signifying that all the respondents agreed that manual Handling and falls are very common hazards in housekeeping job. Similarly, falls, slips and trips are caused by poor workstation. This was agreed by a response mean of 4.4362 indicating that falls, slips and trips are caused by poor work station. Poor work stations such as wobbling tables and high level shelves in the linen store, wet floor surfaces, poor lighting along the pave ways, entrances and lifts can result in to falls Using vacuum

cleaner impaired hearing has response of 4.0825 indicating that majority of the respondents evidenced that vacuum cleaner impaired hearing. The noise level of a vacuum cleaner can impair hearing of both guestroom attendants and the public cleaners because of its frequent use in cleaning.

It was reported that poorly maintained or designed equipment vibrate too much and it is a risk factor to physical hazards. Majority of respondents agreed with a responserate of 4.1895.The vibration from poorly designed equipment can as well result in hearing impairments. Housekeepers consistently report pain in their shoulders, neck, hands, upper and lower limbs have a response of 4.1753. The constant report in the shoulders, neck, hands upper and lower limbs is because of frequent cleaning tasks such as mopping, scrubbing, dusting among others that involve the use of the body parts and various postures.

Blood, urine and feaces are harmful to housekeepers this was demonstrated by the response rate of 4.2473 indicating that majority of the respondents agreed that blood urine and feaces are harmful to housekeepers because they cause biological hazards. Majority of the respondents are of the view that sharp objects do cause injury to housekeepers and it has a response of 3.8211 sharp objects such as razor blades and needles found in guest or hotel linen cause cuts to housekeepers particularly guestroom attendants

Customers always demand for quick services delivery. This has a response of 4.0412 showing that all the respondents agreed that customers always demand for quick services delivery. Housekeeping employeesare therefore forced to serve the customers in order to enhance customer satisfaction at the detriment of their health. In an effort to provide quality service towards customers' satisfaction, housekeepers rarely go for

break or lunch because of the room quota this was demonstrated by the results which indicate that majority of the respondents agreed with a response of 4.0625.

It shows that room quota assigned to housekeeper does not allow housekeeper to go for break or lunch.In order to meet the demand for clean and serviced room,it is mandatory on the guestroom attendants to clean the allocated number of rooms which at times, poses a risk on their wellbeing because of the rigors involved in the cleaning tasks so likewise the number of constituents and exteriors that are to be cleaned are contributory risk factors to psycho social hazards.

A quite a number of the respondents agreed that working hours are intensive with a response rateof 4.515 signifying that intensive working hours is harmful as it is a form of psychosocial hazards. The research sought for responses on whether housekeepers are less paid theresponse mean was 3.9278. This indicates that all the respondents agreed that housekeepers are less paid.

The study sought to find out whether there is not fair promotion system. All respondents agreed that there is no fair promotion system with a response of 4.0412that the promotion system in housekeeping department is not fairly done resulting into demoralizing the workers toward good job performance.In addition, housekeepers get hurt because of working long hours in bending or awkward positions. Majority of the respondents agreed to this opinion with a mean of 4.2316this indicates that working long hours in bending or awkward positions is injurious to housekeepers and therefore results into low job performance.

The analysis shows that the respondents agreed with all the items listed concerning relationship between the prevalent occupational hazards peculiar to housekeeping jobs and employees' job performance. This result indicates that there are prevalence

of occupational hazards such as ergonomic, biological, chemical, psycho social hazards peculiar to housekeeping jobs which agrees with the views of Buchana, Vossenas; Krause; Moriaty; Oris&Punnet, 2010; Hseih 2013 andSanon, (2014) that employees in this sector have encountered occupational hazards related to a wide range of cleaning activities they perform. Studies evidenced that the nature of housekeeping jobs are repetitive, wearisome which is beyond the control of the housekeepers hence resulting to unforeseen circumstances.

Objective 2: Preventive Measures to Reduce Occupational Hazards.

Table 4.32: Preventive Measures to reduce occupational hazards

S/No.	Statements	Mean	Std. Deviation	Remark
1	Employees do not often go for training	4.3226	.97981	Agree
2	Employees do not follow instructions when using cleaning agents	4.2000	1.01688	Agree
3	Personal protective equipment are not provided for the housekeepers	4.0938	1.02678	Agree
4	Risks assessments are not done regularly	4.1064	1.04179	Agree
5	There are no good safety policies that are followed at work	4.1368	1.04790	Agree

Table 4.32 is showing the Mean and Standard Deviation of the responses from the guestroom attendants on preventive measures. The result in Table (4.32) shows the responses on preventive measures to reduce occupational hazards. The variables sought to find out the extent in which the guestroom attendants agree with the statements on preventive measure available to reduce occupational hazards among the employees.

There was mean response rate (4.3226) of employees who do not often go for training. This indicates that there is inadequate safety training and this affects employee's job performance. Despite the positive significance relationship between

training and job performance, the results from the guestroom attendants, public area cleaners, supervisors and executive head housekeepers indicate that training is not considered as a preventive measure by the management of the budget hotels but it rather seen as a cost.

Training has a strategic significance in hotel industry particularly housekeeping department, it is therefore, significant to organize training as it relates to safety and health of the employees in order to attain the organizational objectives. Similarly, the result indicates that respondents were of the view that manufacturers' instructions are not followed when using cleaning agents with a mean of 4.200 This shows there is inadequacy of the training programme because through training, employees would be acquainted with the applicability of following instructions and guidelines on how use to cleaning agents in order to avert accidents.

A response mean of 4.0938 indicates that the respondents agreed to the opinion that personal protective equipment are not provided. Uses of personal protective equipment are important aspect of preventing injury in housekeeping department because of the use of hazardous substances contained in the cleaning agents, and air contaminants available on surfaces to be cleaned as well as the their working environment. Risk assessment are not done regularly has a response of 4.1640 signifying that the entire respondents agreed that risk assessment are not done regularly. This means that there is no risk assessment done as a preventive measure. Risk assessment will allow identification of hazards, employees' work capabilities, and types of preventive measures to be used on each identified hazards as well as assigning duties to employees based on individual capabilities.

Majority (4.1368) of the respondents are of the opinion that there are no good safety policies that ate followed at work. The safety policies are part of organizational culture. Where there are no good safety policies, it implies that the organizational culture is faulty. It is therefore important that the management of budget hotels should have good safety policies as an integral component of their organizational culture. It could therefore be said that since good safety policies are not being followed at work by housekeeping employees there is inadequate preventive measure to reduce occupational hazards.

The table shows that the respondents agree with all the items listed concerning relationship between the implementation of preventive measures and employees' job performance. Signifying that implementation of preventive measures leads to better employees' job performance.

Objectives 3 – Rehabilitative Measures for Injured Employees

Table 4.33 Rehabilitation Measures for Injured of Employees

S/No.	Statements	Mean	Std. Deviation
1	Management reacts negatively in times of fatal accident of employees	4.1354	1.05251
2	Management is mostly concerned about injured employees compensation	3.9789	1.16673
3	Injured employees are not reinstated back to work	3.9479	1.07967
4	Employees have to litigate before being compensated	3.9691	1.13150
5	Government is not taking the responsibility of injured housekeepers	4.2680	3.96473
6	Sick housekeepers do come to work.	4.3587	4.04258
7	Appropriate counseling is not provided to employees in case of traumatic incidents	4.0532	.95453
8	The management has no good occupational health scheme	3.8438	1.13627

Table 4.33is showing the Mean and Standard Deviation of responses of guestroom attendants on rehabilitation measures for injured employees.The Table (4.33) explains the responses on rehabilitative measure for injured employees. The respondents were

asked the extent to which they agreed with the statements on table 4.36. The study sought to find out whether management reacts negatively in times of fatal accident of employees. The response is 4.1354% indicating that respondents agreed that management reacts negatively in times of fatal accident of employees. Management is not mostly concerned about injured employees' compensation has a response mean of 3.9789 All the respondents agreed that management is not always concerned about injured employees indicating that respondents are not given any form of rehabilitation. On whether respondents agreed that injured employees are not reinstated to work.

The response mean is 3.9479indicating that the respondents agreed. This shows that reinstating injured employees back to their jobs is never a policy in most of the budget of hotels. Reinstating injured employees back is a form of rehabilitation as well as motivating measures to the work force that will enhance increased work output. Employees have to litigate before being compensated. All the respondents agreed that employees have to litigate before being compensated with a mean response of 3.9691this shows that employees are not compensated except when they take their cases to court for intervention. This is in agreement with the opinion of Cudjo, (2011) which stated that in US injured employees had to litigate to obtain their compensation. In Nigeria, most employees do not have the opportunity to litigation due to the poverty level.

The study sought to find out whether government takes responsibility of injured housekeepers. All respondents agreed with a response of 4.2680 indicating that government is not responsible for injured housekeepers. According to Diugwu (2012), factory Act of 1987 does not involve hotel industry in its definition of premises

whichindicated that housekeepers and other workers in hotel industry were not captured in the act.

Sick housekeepers do come to work. All the respondents agreed with a mean of 4.3587. This shows that sick housekeeper do come to work which is inappropriate where there is a good rehabilitative measure. Opinions were sought for opinions on whether appropriate counseling is not provided to employees in case of traumatic incidents. The mean is 4.0532. Indicating that all respondents agreed that there is no appropriate counseling in case of traumatic incidents. Where there is inappropriate counseling regarding occupational hazards the rehabilitative scheme is incomplete because counseling is a form of rehabilitative measures for injured workers.

The management has no good occupational health scheme is the last item on the table. All the respondents agreed that management has no good occupational health scheme. The response is 3.8438it is important to have good occupational health scheme for injured housekeepers.It shows that the respondents agreed with all the items listed concerning relationship between the implementation of rehabilitative measures for victims of occupational hazards and employees' job performance. This signifies that implementation of rehabilitative measures leads to better employees' job performance. Despite the relationship that exist implementation of rehabilitation measures in the selected budget hotels remain elusive as being indicated by the findings of the study.

Objective 4: Level of Employees' Job Performance

Table 4.34 Level of Employees' Job Performance

S/No.	Statements	Mean	Std. Deviation	Remark
1	Housekeepers clean above 16 rooms per shift	4.1413	1.05436	Agree
2	Housekeepers clean below 16 rooms per shift	4.0860	.91670	Agree
3	Housekeepers clean only 16 rooms per shift	4.1075	.94940	Agree
4	Laundry staff wash above 20000kg of linen per shift	4.1064	1.06224	Agree
5	Laundry staffwash 20000kg of linen per shift	4.1398	1.01715	Agree
6	Laundry staff wash only 2000kg of linen per shift	4.0978	1.02774	Agree
7	Housekeepers are absent from work due to injury	4.1809	1.06723	Agree
8	Housekeepers are present at work despite the injury	4.4149	3.22427	Agree

Table 4.34 is showing the Mean and Standard Deviation of responses of guestroom attendants on Level of Job performance**.** The results on table 4.34 shows that the respondents agreed with all the items listed concerning their level of employees' job performance in housekeeping jobs. The result showed that respondents agreed that housekeepers clean above 16 rooms per shift with a mean of 4.14113.Excessive workload leads to poor job performance. Oxenburge, (2011) reported that excessive workload such as increased room quota, more checkout rooms within quotas and hastening to complete daily quota has adverse consequences on employees' job performance.

Similarly, workload causes negative health outcomes and low job performance. Workload rigors revolve on manual handling activities such as pulling, lifting and bending (Kalkis, Rojas &Kalkis, 2014). Research studies evidenced that increase in workload is as a result of certain duties such as cleaning stair cases, corridors, glasses,

turning beds among others that were already done during low key periods as daily routine and no additional staff and time assigned to these tasks.

Respondents with a response mean (4.0860) agreed that they clean below 16 rooms. The study sought for the views of respondents on whether they clean only 16 rooms per. The result indicates that respondents agreed that exposure to hazards leads to absenteeism with a response mean of4.1075. As to whether the respondents wash above 2000kg of linen per shift, has a mean of 4.1064 indicating that respondents agreed that they wash above 2000kg of linen per shift. Analysis on whether respondents wash below 20000kg of linen per shift shows a mean of 4.1398 of the respondents agreed to the opinion.

The result on whether respondents wash only 2000kg of linen per shift indicates that 4.1809 response mean of the respondents showed that majority of the respondents wash only 2000kg of linen per shift. Majority of respondents (4.4149) are of the view that their absence from work was due to the injuries they sustained at work place.

Employees' performance can be measured by the costs associated with absenteeism. Productivity loss due to absenteeism is usually taken into consideration in economic evaluations that adopt a general perspective and it is measured by counting number of days off duty due to injury. Majority of the respondents (4.1075) that they are present at work even when injured this is so because jobs such that of housekeeping that have workloads and many demands are often associated with high levels of presenteeism. Presenteeismhas adverse effects on job performance because employees will not be able to carry out the assigned tasks to the required standard.

Objectives 5: Occupational hazards and Job Performance

Table 4:35: Mean Statistics and Standard Deviation on Relationship between Occupational hazards and Job Performance

S/No	Statements	Mean	Std. Deviation	Remark
1.	Hazards threaten job performance	4.2887	.99957	Agreed
2.	Housekeeping jobs are repetitive in nature	3.9787	.99438	Agreed
3.	Shoulder and back pains are related to housekeeping jobs	4.0632	1.03975	Agreed
4.	Chemical hazards are risk factors related to job performance.	4.1042	.95674	Agreed
5.	Job strains, trauma, stress and work demands are related to job performance.	4.4362	.83677	Agreed
6.	Daily exposure to noise affects me in my job.	4.0825	.99656	Agreed
7.	Biological risk factors such blood affect my job.	4.2473	1.02846	Agreed

The respondents were required to indicate to which extent they with the questions asked on the relationship between occupation hazards and job performance. The results on table 4:35 indicates that the respondents agreed that there is a relationship between occupational hazards and job performance. The result on whether hazards threaten job performance has a mean of 4.2887 while the response mean job strains, trauma, stress and work demands are related to job performance was 4.4262 but housekeeping jobs are repetitive in nature has a weak mean of 3.9787 indicating that the repetitive nature of housekeeping jobs does not have much relationship with employees' performance.

The result is in agreement with the results of the Pearson Correlation and the regression model, which indicated that there is a relationship between occupational hazards and occupational hazards and job performance. Similarly, research carried out by Olasanmi in 2016 on effects of ergonomic hazards on job performance of auditors in Nigeria agreed that occupational hazards such as ergonomic hazards has negative

impact on employees job performance and therefore there is a relationship between occupational hazards and job performance. Relatively, Ofuegbu, *et al.*,. (2013) agreed that exposure of employees to occupational hazards have a negative influence on employees performance and therefore concludes that there is a direct relationship between productivity and health and safety at work.

4.7 Hypothesis 1

The null hypothesis that there is no significant relationship between prevalence of occupational hazard and the employees' job performance is tested using Pearson correlation analysis at 5% level of significance

Table 4:36 Effect of Ergonomic Hazards on Performance

Ergonomic hazards		**Performance**
Clean more than 16 rooms daily.	Pearson Correlation	.400**
	Sig. (2-tailed)	.000
Experience back and shoulder pains.	Pearson Correlation	.420**
	Sig. (2-tailed)	.000
Rushing to clean slippery tub or lift a heavy mattress.	Pearson Correlation	.472**
	Sig. (2-tailed)	.000
Strained lower back while pushing a queen sized bed	Pearson Correlation	.288**
	Sig. (2-tailed)	.005
Housekeepers are expose to potent industrial cleaning.	Pearson Correlation	.427**
	Sig. (2-tailed)	.000

**Correlation is significant at the 0.01 level (2- tailed)
*Correlation is significant at the 0.05 level (2tailed)

Table 4.36 explains the Pearson Correlation between Ergonomic hazards and Job Performance**.**

Table 4.37: Effect of Physical Hazards on Performance

Physical Hazards		Performance
Manual handling and falls.	Pearson Correlation	.386**
	Sig. (2-tailed)	.000
Poorly maintained or designed equipment.	Pearson Correlation	.448**
	Sig. (2-tailed)	.002
Use of vacuum cleaner impaired hearing	Pearson Correlation	.342**
	Sig. (2-tailed)	.001
Falls,slips and trips.	Pearson Correlation	.364**
	Sig. (2-tailed)	.000

Table 4.37 explains the Pearson Correlation between Physical hazards and Job Performance

Table 4.38 Effect of Biological Hazards on Performance

Biological hazards		Performance
Body fluids are hazardous to housekeepers	Pearson Correlation	.263*
	Sig. (2-tailed)	.011
Stained bed linen is hazardous	Pearson Correlation	.397**
	Sig. (2-tailed)	.000
Sharp objects are injurious.	Pearson Correlation	.222*
	Sig. (2-tailed)	.032

**Correlation is significant at the 0.01 level (2- tailed)
*Correlation is significant at the 0.05 level (2tailed)

Table 4.38 explains the Pearson Correlation between Biological hazards and Job Performance.

Table 4.39: Effect of PsychosocialHazards on Performance

Psycho-social hazards		Performance
Demand for a quick service delivery	Pearson Correlation	.394**
	Sig. (2-tailed)	.000
No break or lunch time	Pearson Correlation	.333**
	Sig. (2-tailed)	.001
working hours are intensive	Pearson Correlation	.416**
	Sig. (2-tailed)	.000
Housekeepers are not less paid	Sig. (2-tailed)	.007
	Pearson Correlation	.392**

**Correlation is significant at the 0.01 level (2- tailed)
*Correlation is significant at the 0.05 level (2tailed)

This table 4.39 shows the Pearson Correlation between Psychosocial hazards and Job Performance. The Pearson statistical test indicates that there is a weak significant relationship between ergonomic hazards and employees performance(Table4.39) that exposure to high tasks negatively affect employees' performance as supported by a correlation of (r=295,p value.004<0.05). The result shows that cleaning above 16 rooms per shift have negative effect on employees' job performance this was supported by a correlation of(r=.400, p=.000<0.05). It was also revealed statistically back and shoulder pains leads to poor performance as being supported by a correlation of(r=.420, p=.000<0.05). Strained lower backs while pushing bed leads to poor employees' job performance as indicated by a correlation of(r=.288,p=.005<0.05). Exposure to potent industrial cleaning negatively affect employees' job performance as shown by a correlation of(r=.427, p value=.000<0.05).It is therefore evidenced that ergonomic hazards have negative impacts on employees' job output.

There is a significant relationship between physical hazards and employees' job performance as shown on (table 4.39). Manual handling and falls have a negative effect on performance as evidenced by a correlation of(r=.366, p value =.005<0.05).Poorly designed equipment leads to low job performance as shown by (r=.448, p value = 000<0.05). Falls, slips and trips result to poor job performance as evidenced by (r=.364, pvalue=000<0.05). This signifies that physical hazards are peculiar to housekeeping jobs and negatively affect employees' performance.

Table 4.38 reveals that there a significant association between biological hazards and job performance. It shows that stained bed linen are hazardous and therefore affect employees performance this is reported by a correlation of (r.397, p value .000<0.05) the result also indicate that injuries caused by sharp objects affect job performance

this supported by a correlation of (r=.222, p value .032<0.05). It is evident that biological hazards have effect on employees' job performance.

Table 4.39 shows that there is significant relationship between psycho- social hazards job performance. The result indicates that, demand for a quick service delivery, leads to low performance (r=.394, p value=.000<0.05) It also shows that intensive working hours have effect on job performance(r=.446, p value<.000).The overall results on occupational hazards peculiar to housekeeping jobs indicate that there is a significant relationship between occupational hazards and employees job performance and therefore reject the null hypothesis.

4.8Hypothesis 2

The null hypothesis that there is no significant relationship between implementation of preventive measures and the employees' job performance was tested using Pearson coefficient of correlation analysis at 5% level of significance.

Table 4.40: Effect of Preventive Measures on Job Performance

Preventive measures		Job Performance
Training	Pearson Correlation	.298**
	Sig. (2-tailed)	.004
Personal protective equipment	Pearson Correlation	.391**
	Sig. (2-tailed)	.0000
Risks assessment	Pearson Correlation	.407**
	Sig. (2-tailed)	.003
Safety policy	Pearson Correlation	.311**
	Sig. (2-tailed)	.002
Follow manufacturer's instructions	Pearson Correlation	.204*
	Sig. (2-tailed)	.049

**Correlation is significant at the 0.01 level (2- tailed)
*Correlation is significant at the 0.05 level (2tailed)

Table 4.40 explains the Pearson Correlation between Preventive measures and Job Performance.The Pearson correlation reveals that there is a significant relationship

between preventive measureand employees' job performance as being supported by table4.40.Training is reported to have a significant positive relationship with job performance(r=.298, p value=.000<0.05).The result also indicates that there is significant relationship between risk assessment and job performance as being shown by (r=.298, p value =.000<0.05).Protective equipment has a correlation of (r=.391, p value =.000<0.05) indicates that protective equipment have significant relationship with job performance. It is evidenced that implementation of preventive measures have significant association with employees performance and therefore the null hypothesis that there is no significant relationship between implementation of preventive measure and employees' job performance is rejected.

4.9Hypothesis 3

The null hypothesis that there is no significant relationship between implementation of rehabilitative measures and the employees' job performance is tested using analysis at 5% level of significance.

Table4:41 Effect of Rehabilitation Measure on Employees Performance

Rehabilitation Measure		Performance
Compensation policy not functional	Pearson Correlation	.377**
	Sig. (2-tailed)	.000
the management has no good occupational health scheme	Pearson Correlation	.311**
	Sig. (2-tailed)	.002
injured employees are not reinstated back to work	Pearson Correlation	.451**
	Sig. (2-tailed)	.000
employees have to litigate before being compensated	Pearson Correlation	.518**
	Sig. (2-tailed)	.000
safety policy is a motivating factor	Pearson Correlation	.600**
	Sig. (2-tailed)	.000
occupational related illness can contribute to reduce efficiency and mistakes at work	Pearson Correlation	.627**
	Sig. (2-tailed)	.000

**Correlation is significant at the 0.01 level (2- tailed)
*Correlation is significant at the 0.05 level (2tailed)

Table 4.41 explains the Pearson Correlation between Rehabilitation measures and Job performance. The hypotheses were tested using Pearson correlation. The use of Pearson correlations considered an appropriate method of determining influence of independent variables on dependent variable. The Pearson correlation statistical test of significance in table 4.41 indicates that there is a significant relationship between implementation of rehabilitation measure and employees' job performance.

The result indicates that employees litigate before being compensated as being explained by(r=.518, P value =.000 < 0.05).It is also indicated that no good occupational health scheme affects job performance negatively as shown by (r=.311, p value=.002<0.05).Injured employees are not reinstated affect good job performance as indicated by(r=.451, P value =.000<0.05). This tells us that there is statistically significance relationship between implementation of rehabilitative measures and the employees' job performance. Hence, the null hypothesis that there is no significant relationship between implementation of rehabilitation measure and employees' job performance is rejected.

4.10 Regression Analysis on the Relationship between, Occupational Hazards, Implementation of Preventive Measures, Implementation of Rehabilitative Measures and Employees' Job Performance (Model)

Regression analysis is a statistical process that aims to establish the degree of relationship between variables. It basically helps one to understand how typical values of the dependent variable if any one of the independent variables changes. In this case, employees' job performance is the dependent variable and independent variables areOccupational Hazards, Implementation of Preventative Measures and Implementation of Rehabilitative Measures. The results of multiple regression analysis were presented and interpreted in the model summary below.

Table 4.42: Model summary

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.567[a]	.321	.299	.61728

Table 4.43: ANOVA

ANOVA						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	16.411	9	5.470	14.356	.000[b]
	Residual	34.674	61	.381		
	Total	51.084	70			

Table 4.44: Coefficients

Coefficients						
		Un-standardized Coefficients		Standardized Coefficients		
Model		B	Std. Error	Beta	T	Sig.
1	(Constant)	1.313	.445		2.947	.004
	Occupational hazard	-.442	.162	.364	2.731	.008
	Preventive measures	.158	.121	.155	1.313	.193
	Rehabilitative measures	.090	.086	.119	1.046	.298

a. Dependent Variable: Employees' job performance
b. Predictors: (Constant), Rehabilitative measures, Preventive measures, Occupational hazard

Results in table 4.44reveals that employees job performance and the variables affecting it are significantly correlated with the coefficient R= 0.567 and the coefficient of determination R^2= 0.321 at a significant level of p=0.000. The results shows that employees job performance is explained by the changes in the occupational hazards, implementation of preventative measures and implementation of rehabilitative measures. In addition, it gives the summarized ANOVA (Analysis of Variance) table and F statistic, which reveals that the value of F (14.356) is significant at the 0.000 level which is less than 0.05. This indicates that all or at least one of independent variables (occupational hazards, implementation of preventative

measures or implementation of rehabilitative measures) is a significant predictor of the dependent variable (employees' job performance).

The evaluation of the regression equation is to estimate the contribution of each independent variable in the study to the dependent variable Employees' job performance. Looking at the coefficients table, the coefficient for the constant is the value of Y-intercept. These values calculated the possible level of employees' job performance. The equation from this output is in the form of:

$Y= 1.313+0.442x_1+0.158x_2+0.090x_3$

Where,

Y represents employees' job performance;

$X_1$is occupational hazards;

X_2 is preventative measures and:

X_3 is rehabilitative measures

It shows that occupational hazards has negative relationship with employees job performance as demonstrated by the B coefficient -0.0442 at a significant level of 0.008>0,05 while preventive measures is positively related with 0.158 at significant level of 0.193 >0,05 significant level and rehabilitation measures is positively reported with .0.090 at a significant level of 0.298> 0.05 significant level.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Introduction

This chapter gives an overview of the study which tries to explain the achievements of the research objectives which were to investigate the prevalent occupational hazards peculiar to housekeeping jobs in budget hotels in Nigeria, Preventive measures available to reduce occupational hazards, rehabilitation measures on injured housekeepers, the level of employees' job performance in housekeeping jobs and the relationship between occupational hazards and job performance. Thesewere discussed under the following sub-headings: Summary of the findings, conclusion, recommendations for policy and further research.

5.2 Summary of the Findings

The major findings from the analysis of the data and test of hypotheses are summarized below.

Demographics

The analysis revealed that there are more female employees than males in hotel housekeeping jobs in the selected budget hotels as the percentage is 61.7%.

The study indicates that youth are the majority of employees in housekeeping department of the selected budget hotels as the percentage of the youth was 58.5%. It was also revealed that majority of the workforce have no education signifying that housekeeping jobs are carried out by unskilled staff since the work of room attendants to some extent remain unseen.

The result indicated that housekeeping jobs are characterized by low pay of $10 monthly. It was also indicated that majority of the housekeeping employees are guestroom attendants.

Objective 1: Occupational Hazards Peculiar to Housekeeping Jobs

The study revealed that housekeeping jobs are tedious. Itwas also revealed that employees encounter hazards when carrying out their duties.

The study shows that housekeeping employees sustain injuries in the course of carrying out their jobs and that they are prone to such hazards as ergonomics, muscular sprains and chemical hazards. These hazards according to the respondents are as a result of exertions and use of hazardous substances during cleaning processes. It was indicatedthat employees are prone to biological and physical hazards similarly the responses from the public area cleaners showed that chemical hazards are more prevalent in cleaning jobs

The Pearson correlation results indicates that there is a relationship between peculiar occupational hazards (ergonomic, biological and psychosocial hazards) and employees job performance with a significant level <0.05.

Objective 2: Preventive Measures to reduce Occupational Hazards

The studies also revealed that majority of the employees are not provided with safety equipment. Those that used safety equipment provide the equipment themselves. It was also revealed that employees do not often go on training despite that both employees and management agreed that training is not often organized in the hotels, the executive housekeepers who are part of the management crew consented that training is a preventive strategy. Results from the interview schedule for the executive head housekeepers indicate that injuries are not often reported by the employees. It

was evidenced that experts are not engaged to redesign occupational health and safety policies. Responses from the supervisors on preventive measures indicate that there is no adequate implementation of preventive measures by the management of the budget hotels.

The Pearson correlation results indicates that there is a positive relationship between preventive measures (training, protective equipment, risk assessment and safety policies) and job performance at a significant level <0.05 and therefore the null hypothesis was rejected.

Objective 3: Rehabilitation Measures on Injured Employees

Both the management of hotels and government do not pay hospital expenses incurred by the injured employees and that incapacitated housekeepers are always at their duty posts. It was also reported that incapacitated housekeepers are not compensated either by the management or government. Management does react negatively in terms of fatal accidents of employees. The result indicates that injured employees are not reinstated to work.

The Pearson correlation results show that there is a positive relationship between rehabilitation measures (insurance policy, reinstating employees back to work, mitigation, occupational related illness) and job performance at a significant levels <0.05 and therefore the null hypothesis which states that there is no significant relationship between rehabilitation measures and employees job performance is rejected.

Objective 4: Levels of Job Performance

The study revealed that the numbers of rooms cleaned, hospitalization, absenteeism and quantity of linen washed were used to measure employees' performance.

Thusemployees agreed that occupational hazards result into not being able to be at work, unable to wash the required quantity of linen and clean the assigned rooms properly. Result also indicated occupational related illness can contribute to reduced efficiency and mistakes at work.

Objective 5: Occupational Hazards and Job performance

The study revealed that hazards threaten employees' performance, job strains trauma, stress and work demands are related to job performance. The result also indicated that daily exposure to noise, shoulder pains, biological risk factors such as blood as well as repetitive nature of housekeeping jobs are empirically related to employees' job performance.

5.2 Results of Model Summary

The model summary demonstrated that employees job performance and the variables affecting it are significantly related with the coefficient of R= 0.567 and the coefficient of determination R^2 0.321 at significant level of P value =0.000< 0.05.

The ANOVAS table and F statistics evidenced that the value F (14.356) is significant at 0.000 levels which is less than 0.05 explaining that if not all the independent variables, at least one is a significant predictor of the dependent variable.The result also specified that relative importance of association of each independent variable was different. This was evaluated and interpreted by the coefficients of correlation (β). Occupational hazards negatively influence employee's job performance with β= -.442 at significant level 0.008. This indicates that the value of Y (employees job performance) will change if $x_1$changes by 1 unit. That is -0.442, so if occupational hazards go up by 1 unit, employees' performance is predicted to plummet by -0.442.

Implementation of preventative measures positively affect employees job performance with β = 0.158 at significant level 0.193. This indicates that the value of Y (employee's job performance) will change if $x_2$changes by 1 unit. That is 0.158, so if implementation of preventative measures is raised up by 1, employees' job performance is predicted to rise up by 0.158.

Implementation of rehabilitative measures is positively related to employees' job performance with β =0.090 at significant level 0.298. This means that the value of Y (employees' job performance) will change if $x_3$changes by 1 unit. That is 0.158, so if implementation of rehabilitation is improved by 1, employees' job performance is predicted to improve by 0.090.

The model further explained that occupational hazards negatively influence the employee job performance as being demonstrated by B is equals to -0.442. This signifies that the more the prevalent of occupational hazards the decreased employees job performance. It was also indicated that good preventive measures have positive influence on employees' job performance as being demonstrated by B=0.0158 this signifies that the better the preventive measures the higher the job performance. There was an indication that good rehabilitation measures has positive influence on employees job performance as being explained by B=0.090. This signifies that if there are good rehabilitation measures employees' job performance will be enhanced.

5.3 Conclusions

Based on the findings and summary of findings the following conclusion could be drawn:

Objective 1: Prevalent of Occupational Hazards Peculiar to Housekeeping Jobs

It is apparent that hotel housekeepers sustain injuries at work due to the nature of the tasks assigned. The peculiarities of theirduties expose them to such hazards such as ergonomic, biological, chemical and psycho social.

Objective 2: Preventive Measures to reduce Occupational Hazards

Appropriately, designed and diligently practiced preventive measures will reduce the frequency of occupational injuries among hotel housekeepers. Suitable designed workstations protective equipment as well as adequate ventilation will prevent injuries. Training employees is pre requisite to accident prevention because employees will be able to carry out their duties with less supervision.

Objective 3: Rehabilitation Measures For injured Housekeepers

It is paramount that good rehabilitation measures such as paying compensation, hospital bills for injured housekeepers and reinstating them back to work will enhance good performance and attainment of organizational objective.

Objective 4: Level of Employees Performance

Occupational hazards affect employees' performance. Injured housekeepers will not be able to complete their room quota, wash the required quantity of linen, among other things. Injuries will result into absenteeism from work, hospitalization and consequently affect their performances.

Objective 5: Relationship between Occupational Hazards job performance

Occupational hazards have negative influence on employees' job performance Injured and incapacitated worker will not be able to carry out the assigned duties effectively and efficiently. Reducing the incident rates of workplace injuries and improving the working conditions of employees through compensations, insurance policies good renumerations, reinstating injured workers, organization become significantly

effective on employees performance. The study further concludes that occupational hazards have negative influence on employee job performance.

5.4Recommendations

The following recommendations are suggested based on the findings of the study:

Recommendations for Practice

- Awareness on occupational hazards should be made to the employees.
- Adequate trainingshould be given to employees on preventive measures.
- Workloadshould be reduced in order to reduce the risk of occupational injuries.

Recommendations for Policy Formation

- A law should be put in place to force employers to be liable for hospital bills for employees injured at work.
- The law enacted on Occupational Healthand Safety policy should include hospitality industry.
- Employers should reinstate incapacitated employees to work.
- Federal Government of Nigeria should include hospitability industry into its occupational health and safety policy.
- State government should compensate injured hotel employees particularly hotel housekeepers.
- Federal, state and local government authorities should enforce compliance to safety rules on hotel operators in Nigeria.

5.5Suggestions for further studies

- Comparative analysis of rehabilitation measures in star rated hotels and budget hotels in Nigeria.

- Training relevance of preventive measures on occupational hazards in budget hotels in Nigeria,
- Influence of compliance to safety rules on employees job performance in star-rated hotels in Nigeria.

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APPENDICES

APPENDIX I: INTRODUCTION LETTER FOR RESPONDENTS

Department of Hospitality and Tourism Management,

Kenyatta University,Nairobi,Kenya

Dear Respondents,

Iam a student undergoing degree of Masters of Hospitality and tourism Management at Kenyatta University. As part of the requirements for the completion of the programme, I am required to carry out a research on the Influence of Occupational Hazards on Employees Job Performance in Housekeeping Departments of Budget Hotels in Kaduna Metropolis, Nigeria. I will appreciate your kind gesture in filling the questionnaire and responding to the interview schedule. The responses obtained will be strictly used for the research work only and the purpose of the research is not associated to denying the respondent his/her right to confidentiality. Thanking you for your prompt responses

Faithfully yours

Rakiya L. Abubakar.

APPENDIX II: QUESTIONNAIRES FOR THE GUESTROOM ATTENDANTS

Demographic Data

The following questions are about you; please follow the instructions for each question.

Please tick the most appropriate response that applies to you or fill in the blank space provided.

1. Gender

   a) Male ☐

   b) Female ☐

2. Current age in years

   a) 20 -25 ☐

   b) 26-30 ☐

   c) 31-40 ☐

3. Academic qualification

   a) No Education ☐

   b) WAEC/ SSCE ☐

   c) OND/NCE ☐

   d) HND/ BSC ☐

4. Income per month Nigerian Naira.

   a. 10,000 and below ☐

   b. 10,001-20,000 ☐

   c. 20,001 - 30,000 ☐

   d. 30,001 – 40,000 ☐

   e. Above 40,000 ☐

5. Years of service?

a) Less than 12 months ☐

b) 1 -10 years ☐

c) 11- 20 years ☐

d) Over 20 years ☐

6. What are your key tasks/duties as a guest room attendant/ laundry man/ public area cleaner?

……

……

SECTION B:

In this section you are requested to tick(√) against the number in the scale with regard to the statements provided

Objective1: To what extent do you agree with the following statements concerning Occupational risks peculiar to housekeeping jobs?					
Questions on Ergonomics Hazards	**(5) Strongly Agree**	**(4) Agree**	**(3) Neutral**	**(2) Disagree**	**(1) Strongly Disagree**
I often get injured at work due to the nature of my job.					
I am exposed to some tasks that have a high risk of causing injury.					
I clean more than 16 rooms daily. I race through the tasks in order to complete the work.					
When rushing to clean a slippery tub or lift a heavy mattress I get hurt.					
I experience back and shoulder pains after performing my task.					
Housekeepers are supposed to potent industrial cleaning on a daily basis.					
I do not understand the tasks involved in housekeeping jobs.					
Housekeepers strained their lower back while leaning over and pushing a queen sized bed.					

Housekeepers felt pain in their lower back while repeatedly handing over to pick up laundry from the floor.					
Dangerous chemical agents cause respiratory problems and dermatitis.					
Physical Hazards Manual handling and falls are very common in housekeeping job.					
Falls, slips &trips can be caused by such features as electric cables, unclean floor surfaces.					
When I use vacuum cleaner it impaired my hearing.					
Poorly maintained or designed equipment vibrate too much.					
Housekeepers consistently report pain in their shoulders, neck, hands and upper and lower back.					
Biological Hazards Body fluids such as blood, urine, feaces are hazardous to housekeepers.					
Hazards.					
Guests' bed linen are stained with blood					
Housekeepers do not come into contact with vomits on hotel linen					
Sharp objects do not cause injuries to housekeepers					
Sanitary towels /pads are well dropped in the waste bins inside guest rooms					
Psycho-socio hazards Customers always demand for a quick service delivery					
There is no break or lunch time because of the room quota					
Working hours are intensive					
Housekeepers are not less paid					
There isn't fair promotion system					

The personnel are not motivated at work					
Housekeepers get hurt as a result of working long hours in bending or awkward positions					
Objective2: To what extent do you agree with the following statements onPreventivemeasures toreduce occupational hazards?					
Questions	**Strongly Agree (5)**	**Agree (4)**	**Neutral (3)**	**Disagree (2)**	**Strongly Disagree (1)**
Employees do not often go for training.					
I do not follow instructions when I use cleaning agents,					
Personal protective equipment are not provided for the housekeepers,					
Risks assessment is not done regularly,					
There is good safety policy that we follow at work Safety measures help to reduce occupational hazards					
Objective3: To what extent do you agree with the following statements on Rehabilitation measures for victims of occupational hazards?					
Questions	Strongly Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly Disagree (1)
Management reacts positively in times of fatal accident of an employee.					
Management is mostly concerned about injured employees' compensations.					
Injured employees are reinstated back to work.					
Employees have to litigate before being compensated.					
Government is taking the responsibility of injured workers.					
I come to work even though I am sick.					
Appropriate counseling is not provided to employees in case of traumatic incidents.					

The management has good occupational health scheme.					
Management reacts positively in times of fatal accident of an employee.					
Management is not mostly concerned about injured employees' compensations.					
Injured employees are reinstated back to work.					
Employees have to litigate before being compensated.					

Objective 4: To what extent do you agree with the following statements on Level of employees' job performance

Questions	**(5) Strongly Agree**	**(4) Agree**	**(3) Neutral**	**(2) Disagree**	**(1) Strongly Disagree**
Cleaning above 16 rooms per shift					
Cleaning below 16 rooms per shift					
Cleaning only 16 rooms per shift					
Washing above 20000kg of linen per shift					
Washing 20000kg of linen per shift					
Washing only 2000kg of linen per shift					
Absent from work due to injury					
Present at work despite the injury					

Objective 5: to what extent do you agree with the following statement on the relationship between occupational hazards and job performance

Questions	**(5) strongly agree**	**(4) Agree**	**(3) Neutral**	**(2) Disagree**	**(1) strongly disagree**
Hazards threatens job performance					
Housekeeping jobs are repetitive in nature					
shoulder and back pains are related to housekeeping jobs					
Chemical hazards are risk factors related to job performance.					

Job strains, trauma, stress and work demands are related to job performance.					
Daily exposure to noise affects me in my job.					
Biological risk factors such blood affect my job.					

Open End Questionnaire for Guestroom Attendants

1. What are your task/duties as a guestroom attendant?
   Cleaning of guestroom
   Lifting heavy equipment
   Providing room supplies
2. Hotel housekeeping jobs are tedious.
   Yes
   No
3. Do you encounter any hazard when carrying out your duties?
   Yes
   No
4. If yes what type of hazards do you encounter?
   Ergonomic
   Physical
   Psychological
   Chemical
   Biological
   Others
5. How many rooms do you clean per shift in a day?
   5 rooms
   10 rooms
   16 rooms
   Above 16 rooms
6. Do you sustain injuries when cleaning guestroom?
   Yes
   No
7. What types of injuries do you sustain?
   Back pain
   Shoulder pain
   Waist pain
   Skin rashes
   Cuts
8. Are you provided with safety equipment?
   Yes
   No
9. What types of safety equipment do you use when cleaning?
   Face masks
   Boots
   Hand gloves
   Coats/overalls

None at all

10. How often do you go for training?
    Weekly
    Quarterly
    Monthly
    Yearly
    Not at all
11. Do you follow the manufacturer's instruction before using cleaning agents?
    Yes
    No
12. Hotel management pays the hospital expenses for injured employees.
    Yes
    No
13. Incapacitated housekeepers are always at their duty posts.
    Yes
    No
14. Incapacitated housekeepers are laid off from their jobs due to injuries sustained.
    Yes
    No
15. Incapacitated housekeepers are compensated by hotel management.
    Yes
    No
16. Government compensates injured housekeepers
    Yes
    No
17. Housekeeping jobs are best carried out when employees are injured.
    Yes
    No
18. How long have you been absent from work?
    1 – 7 days
    10 days
    2 weeks
    One month
    More than one month

19. What are the reasons of your absenteeism?
    Sickness and causal leave
    Back injury/ Waist pain
    Fracture
    Cuts
    Burn and scald

APPENDIX III: QUESTIONNAIRE FOR THE LAUNDRY STAFF

Demographic Data

The following questions are about you; please follow the instructions for each question.

Please tick the most appropriate response that applies to you or fill in the blank space provided.

Gender

Male ☐
Female ☐

Current age in years

20 -25 ☐
26-30 ☐
31-40 ☐

Academic qualification

a) No Education ☐

b) WAEC/ SSCE ☐

c) OND/NCE ☐

d) HND/ BSC ☐

5. Income per month Nigerian Naira.

10,000 and below ☐

10,001-20,000 ☐

20,001 - 30,000 ☐

30,001 – 40,000 ☐

Above 40,000 ☐

Years of service?

Less than 12 months ☐

1 -10 years ☐

11- 20 years ☐

Over 20 years ☐

What are your key tasks/duties as a Laundry staff?

……

……

Questions	**(5) Strongly Agree**	**(4) Agree**	**(3) Neutral**	**(2) Disagree**
There is a considerable force when sorting laundry.				
Loading laundry into the washer affects my arms.				
Pulling wet laundry from the washer results into back-ache.				
Laundry soiled with blood pathogens cause infectious diseases.				
Laundry staff is exposed to blood borne pathogens through contact with contaminated laundry.				
Unlabelled chemicals result into exposure to hazardous chemicals in laundry.				
Splattering when pouring chemicals from larger container to smaller container may affect the eyes.				
Soaps and detergents may cause allergic reactions.				
High noise levels from machinery leads to occupational induced hearing loss, hearing impairment or hypertension.				
Exposure to heat stress often result in heat exhaustion and heat stroke.				
Work surfaces are not of suitable height for the work. Laundry equipment is not regularlymaintained. First aid kits are not kept in the laundry. Staff does not undergo regular medical examination for solvent exposure. Laundry staffs do not work with their arm above their shoulders. There is no sufficient rest breaks. There is no opportunity for job rotation.				

APPENDIX IV: QUESTIONNAIRE FOR THE SUPERVISORS

Demographic Data

The following questions are about you; please follow the instructions for each question.

Please tick the most appropriate response that applies to you or fill in the blank space provided.

4. Gender
   - c) Male ☐
   - d) Female ☐
5. Current age in years
   - d) 20 -25 ☐
   - e) 26-30 ☐
   - f) 31-40 ☐
6. Academic qualification
   - a) No Education ☐
   - b) WAEC/ SSCE ☐
   - c) OND/NCE ☐
   - d) HND/ BSC ☐

5. Income per month Nigerian Naira.
   - f. 10,000 and below ☐
   - g. 10,001-20,000 ☐
   - h. 20,001 - 30,000 ☐
   - i. 30,001 – 40,000 ☐
   - j. Above 40,000 ☐

6. Years of service?
   - e) Less than 12 months ☐
   - f) 1 -10 years ☐
   - g) 11- 20 years ☐
   - h) Over 20 years ☐

7. What are your key tasks/duties as a supervisor?

……

……

Questions	**(5) Strongly Agree**	**(4) Agree**	**(3) Neutral**	**(2) Disagree**	**(1) Strongly Disagree**
Management is not aware of the workplace safety and health act.					
All potential hazards at the workplace have notbeen identified.					
Risk assessments covering work activities and processes in the housekeeping jobs have not been conducted					
Staffs are not advised on the control in place to manage identified hazards					
Work safety and health is provided regularly to all staff.					
There is no system in place for staff to report incidents of occupational hazards					
Management does not organize a periodic health talk/discussion.					
Supervising employees to ensure safe work procedures are not effective and followed.					
Employees are not trainedparticularly where changes in work procedures occur.					
Investigating accidents involving housekeeping personnel and equipmentis not carried out.					
Personnel do not know the company's safety rules and safe job procedures for all occupational hazards.					

APPENDIX V: QUESTIONNAIRE FOR PUBLIC AREA CLEANERS

Open end questionnaires for public area cleaners on peculiar occupational hazard, preventive and rehabilitative measures

i. What is your task as a public area cleaner?

ii. Are cleaning jobs tedious?

iii. What types of hazards do housekeepers encounter?

iv. What type of personal protective equipment do you use?

v. Do you comply with safety rules before using cleaning agent?

vi. Doesgovernment compensateinjured employees?

vii. Are incapacitated cleaners call back to work?

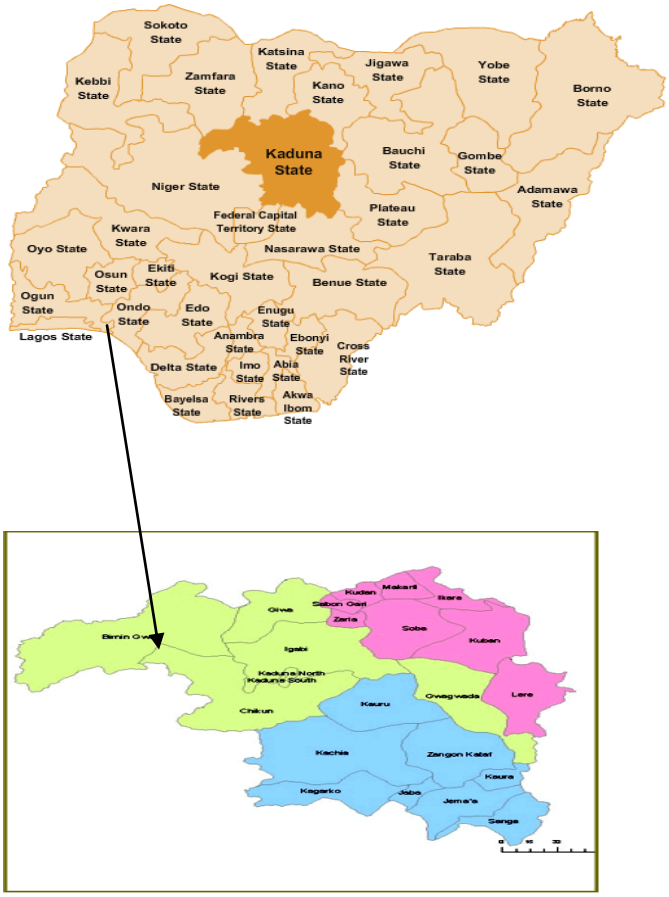
viii. Does hotel management pay hospital bills?

APPENDIX VI: INTERVIEW SCHEDULE FOR EXECUTIVE HEAD HOUSEKEEPERS

How often do you receive accident cases from the employee?
Which section of the department is most affected? What are the peculiar injuries reported?

- Do you engage safety experts to redesign occupational health safety policies in the hotel?
- What is the time frame for monitoring, inspecting and evaluating safety practices among hotel employees?
- How often do the hotels organize safety training, for the employees?
- What types of safety trainings are being offered?
- Is there any accident reporting system for employees in case of occurrence of accidents at workplace?
- What are the strategies used for reducing injury among employees?
- Do you have employees' representation on OSH committees?

APPENDIX VII: MAP OF KADUNA STATE, NIGERIA.



Source: FGN (2014)

APPENDIX VIII: TABLE FOR DETERMINING SAMPLE SIZE FROM A GIVEN POPULATION

TABLE 1

Table for Determining Sample Size from a Given Population

N	*S*	*N*	*S*	*N*	*S*
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	1000000	384

Note.—*N* is population size.
S is sample size.

APPENDIX IX: INTRODUCTION LETTER FROM THE KENYATTA UNIVERSITY

KENYATTA UNIVERSITY
GRADUATE SCHOOL

E-mail: kubps@yahoo.com
dean-graduate@ku.ac.ke
Website: www.ku.ac.ke

P.O. Box 43844, 00100
NAIROBI, KENYA
Tel. 8710901 Ext. 57530

Our Ref: T129F/23846/13

Date: 3rd August, 2015

The Permanent Secretary,
Ministry of Culture & Tourism,
Kaduna State,
NIGERIA

Dear Sir/Madam,

RE: RESEARCH AUTHORIZATION FOR MS.RAKIYA L. ABUBAKAR - REG. NO. T129F/23846/13

I write to introduce Ms. Rakiya who is a Postgraduate Student of this University. She is registered for a M.Sc. degree programme in the **Department of Tourism Management in the School of Hospitality & Tourism Management.**

Ms. Rakiya intends to conduct research for a M.Sc. degree thesis entitled, **"Influence of Occupational Hazards on Employees' Job Performance in Housekeeping Department of Budget Hotels in Kaduna Metropolis, Kaduna State Nigeria".**

Any assistance given will be highly appreciated.

Yours faithfully,

MRS. LUCY N. MBAABU
FOR: DEAN, GRADUATE SCHOOL

EO/cao

APPENDIX X: RESEARCH AUTHORIZATION LETTER

MINISTRY OF CULTURE AND TOURISM

☎:062 - 212220
062 - 212219

No. 30 MUHAMMADU BUHARI WAY,
(FORMER WAFF ROAD,)
P.O. BOX 202, KADUNA,
KADUNA STATE.

Ref: No KDS/MCT/69/VOL.II/135 Date: 17/8/2015

Mrs. Rakiya .L. Abubakar
c/o Department of Tourism Management
School of Hospitality and Tourism Management
P.O.Box 00100
Nairobi Kenya.

RE-RESEARCH AUTHORIZATION FOR MRS. RAKIYA .L. ABUBAKAR

1. I am directed to write and acknowledge the receipt of your letter reference No. TI 29F/23846/13 dated 3rd August 2015 on the above subject matter.
2. I am further directed to inform you that Management has approved your intention to conduct research as requested.
3. Accept the best wishes of the Permanent Secretary please.

ALIYU ABDU
Director Hospitality
For: Permanent Secretary