

**KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY,
KUMASI, GHANA**

**Workplace Health Promotion and its effects on production: A case study of CSGH
Design, Construction and Project Management Company**

By

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MASTER OF SCIENCE

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DECLARATION

I hereby declare that this submission is my work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the of any other degree or diploma at Kwame Nkrumah University of Science and Technology, Kumasi or any other educational institution, except where due acknowledgement is made in the thesis.

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ABSTRACT

The aim of the study was to explore the extent to which health promotion and a healthy work environment can influence the effectiveness and performance of businesses. The study dwelled on the following objectives: determine the various workplace health promotion programmes, determine the effect of workplace health promotion programmes on production and determine the association between workplace health promotion and performance in the private sector. Respondents for the study were drawn from CSGH Limited, a Project Monitoring and Evaluation company in Accra-Ghana. In all, thirty (30) workers were sampled. Twenty-five (25) workers were sampled using convenient sampling technique while five (5) administrators were purposively sampled. The results revealed that workplace health promotion programs are very important. The study revealed Awareness programs and Educational programs as the main workplace health promotion programs at the study area. Life style/behavior programs were not recorded though workers of the study area prefer that type of workplace health promotion program. The study also revealed a strong association between workplace health programs and performance in private companies. Again, the study indicated that production is increased in companies or organizations that invest in health of their employees through these workplace health promotion programs. The study concludes that it is important that employers invest in workplace health promotion programs, especially Life style/behavior programs as it is known to yield behavior change in employees.

Key words: Workplace Health, Awareness programs, Education programs, Life style/Behavior programs

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LIST OF ABBREVIATIONS

CSGH	Construction Ghana
GDP	Gross Domestic Product
GNP	Gross National Product
HSE	Health and Safety Executives
IGA	Initiative Gesundheit and Arbeit-Health and Work Initiative
ILO	International Labor Organization
OHS	Occupational Health and Safety
RACP	Royal Australasian College of Physician
WHO	World Health Organization
WHP	Workplace Health Programs

CHAPTER ONE

INTRODUCTION

1.1 Background of study

Workplace health promotion is the combined efforts of employers, employees and society to improve the mental and physical health and well-being of people at work. Employee health and wellness programs attempt to improve the overall health status of employees and sometimes even employee's family members through prevention, education and health interventions (Johnson and Johnson 2003).

The focus of workplace initiatives was traditionally centered on physical, chemical and biological effects of diseases, injuries and disorders associated with work. Issues like psychological risks at workplace are still neglected largely as the consequences and causes are widely insufficiently understood, more so in developing countries (WHO, 2007). Issues on health that involve physical work space, the type of occupation and related effects of health; work schedules, job stress and other important psychological issues affecting work in the work environment are however, being given some needed attention in recent initiatives by OHS in developed countries in particular (Warr, 1987).

Employers have a duty of care to their employees, which means that they should take all steps which are reasonably possible to ensure their health, safety and wellbeing. Demonstrating concern for the physical and mental health of your workers should not just be seen as a legal duty. It can be a key factor in building trust and reinforcing commitment to employees, and can help improve staff retention, boost productivity and pave the way for greater employee engagement.

The health, safety and well-being of workers, who make up nearly half the global population, is of paramount importance. It is important not only to individual workers and their families, but also to the productivity, competitiveness and sustainability of enterprises/ organizations, and thus to the national economy of countries and ultimately to the global economy.

1.2 Statement of Problem

Ghana is gradually becoming an industrialized nation, and this modification is exposing a large percentage of the workforce to various health and safety hazards at the workplace. The Labour Department of Ghana Annual report (2000) gave a total of 8,692 work-related accidents reported to the Department for compensation claims, while the 1999 figure stood at 4,088. These figures represent only those occurring at the formal sector. The International Labour Organisation (ILO) constitution highlights that the protection of the worker against sickness, diseases and injury arising out of employment is a fundamental element of social justice.

However, some studies have shown that employers do not factor the health of employees in their organization but rather focus on output for profit. This study therefore seeks to determine workplace health promotion among private companies in the Greater Accra Region of Ghana.

1.3 Research Aim

The overall aim of the study was to explore the extent to which health promotion and a healthy work environment can influence the effectiveness and performance of businesses.

1.4 Specific Objectives

The specific objectives of the study included;

- i. To determine the various workplace health promotion programmes
- ii. To determine the association between workplace health promotion and performance in the private sector.
- iii. To determine the effect of workplace health promotion programmes on production.

1.5 Research Question

To achieve the objectives of the study the following research questions were explored;

- What are some of the workplace program at your work place?
- What is the association between workplace health promotion and performance?
- To what extent does workplace Health promotion increase or contribute productivity?

1.6 Significance/Justification of Study

This study was intended to examine the literature related to healthy workplaces in some depth, and in the end, suggest flexible, evidence-based working models for healthy workplaces that can be functional by employers and employees of Ghana.

1.7 Structure of study

This research was organized into five chapters. Chapter One is the introduction, this entailed the background of the study including previous studies on the topic, the problem statement, research questions, the objectives of the study, significance of the study, limitations of the research, and the organization of the study. Chapter Two included

review of relevant literatures to the study and the conceptual framework relevant to the study.

Chapter Three also dealt with the methodology of the study. It included the research design, source of data, target population, sampling methods and techniques, research instrumentation, data analysis plan as well as issues from the field, ethics and how they were addressed. Chapter Four dealt with the analysis and interpretation of results and discussions.

Finally, chapter five drew possible conclusions on the basis of the findings and an indication of their relevance or policy making implications. Recommendations will also be made in this chapter.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The most fundamental right is the right to life. In spite of this, it is reported that 2.2 million women and men are denied this right every year through work related diseases and occupational accidents (ILO, 2005). An estimated number of 270 million workers suffer occupational accidents and 160 million workers face occupational diseases each year (ILO, 2005). These figures might not be the exact figures as data for non-fatal injuries and illnesses are not accessible in developing countries (DCPP, 2007). According to DCPP (2007), work related injuries alone is responsible for more than 10 million lost in healthy years of life, be it through premature death or disability as well as 8% unintended injuries around the world. Anything that can reduce the working capacity of workers or poor occupational health can lead to economic loss making up 10-20% Gross National Product of a nation (WHO, 1994). Work related deaths, illness and disease amount to an estimated 4% loss of Gross Domestic Product globally (Takala, 2002).

Workers around the world represent half of the world's population as they contribute immensely to the world's social value and economy (WHO, 2006). Jahodo (1982) indicated that a significant part of people's lives are spent at the work place as their jobs contribute meaningfully to their living structure. Generally, it is mandated that people should have a healthy and safe working environment as work is integral in a person's life (Warr, 1987). According to the Rio Declaration (1992) on environment and development, "human beings are at the center of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature". It is thus evident that

the ability to enjoy a health and safe work environment is an essential part of sustainable future (Amponsah-Tawiah and Dartey-Baah, 2011).

Till date, in developing countries, issues of work or occupational health have not gained much profit in sustainable development issues. Though WHO and ILO have explicitly stipulated that right to safety and health at workplace mandatory, no country is on record to have fully and successfully achieved this objective (Amponsah-Tawiah and Dartey-Baah, 2011).

2.1 Occupational/Workplace health and safety and productivity definitions

WHO (1986) defined health as a state of complete mental, social and physical wellbeing and not just the absence of disease. According to Nutbeam (1990), health is a positive concept, including personal, social and physical resources and capabilities. Raphael et al (1997) conceptualized health as the ability to set and reach goals, cope with daily life and meet personal needs. WHO and ILO endorsed a universal definition for occupational health as:

“the promotion and maintenance of the highest degree of physical, mental and social wellbeing of workers in all occupations; the prevention amongst workers of departures from health caused by their working conditions; the protection of workers in their employment from risks resulting from factors adverse to health, the placing and maintenance of the workers in an occupational environment adapted to their physiological and psychological capabilities, and to summarize: the adaptation of work to man and of each man to his job” (WHO, 1995).

As such, workplace health has developed gradually to a multidisciplinary and comprehensive approach as against the former mono-disciplinary risk-oriented activity. This new approach considers the workers mental, physical and social well-being, personal development and general health (WHO, 1994). Thus, it is evident that man is at the core of every business, man's output is dependent (partially) on the state of health. This implies that the concept of occupational safety and health is imperative to any organization's success (Amponsah-Tawiah and Dartey-Baa, 2011).

Leka (2003) also defined occupational health and safety (OHS) as a concept, multidisciplinary in nature, covering issues relating to technology, economies, psychology and medicine disciplines. The multidisciplinary nature of occupational health is subsumed as disciplines like law and medicine are mute. It is only in critical situations that they are referred to. For example, it is only when employers are to pay health and safety compensations that the law discipline is referenced.

The focus of OHS initiatives was traditionally centered on physical, chemical and biological effects of diseases, injuries and disorders associated with work. Issues like psychological risks at workplace are still neglected largely as the consequences and causes are widely insufficiently understood, more so in developing countries (WHO, 2007). Issues on health that involve physical work space, the type of occupation and related effects of health; work schedules, job stress and other important psychological issues affecting work in the work environment are however, being given some needed attention in recent initiatives by OHS in developed countries in particular (Warr, 1987). Productivity contributes to added value or value creation by continuously contributing to growth through the use of resources in a better way, as well as growth in employment and innovation; it is not only seen as a statistical ratio (Hesapro, 2013). According to

EANPC (2005), productivity can be explained as how effectively and efficiently services and goods (which are demanded by users) are being produced. The key characteristics of productivity are that, it is expressed in economic or physical units-in values (money) or quantities-based on measurements at different levels: at the overall economy, sector or branch level and enterprise and individual units/plants (EANPC, 2005). Especially true to the service industry is the fact that productivity is not only measured by quality and quantity; the benefits customers obtain is also vital (Hesapro, 2013). Social, mental and physical conditions at workplace as well as the adequacy of safety and health measures are the core indicators of measuring quality working life (Hesapro, 2013).

2.2 Importance of occupational health promotion

The main aim of workers and their representatives is to reach old age in a healthy condition after earning a living (WHO, 2007). This is complementary to the interest of companies. Though companies traditionally evaluate their health in terms of the bottom line (Robin, 2003), past studies have provided evidence to back enormous human and financial cost associated with organizations that are unhealthy (Cooper, 1994). Thus, human resources experts began positioning health workplace activities and programmes as a link to competitive advantage to reduce the increasing health care cost, manage better employer-employee relationship, meet the needs of a diverse and increasing workforce as well as boost morale of employees (Fulmer, Gerhart & Scott, 2003; Jaffer, 1995; Pfeffer, 1994).

The costs of stressful, unhealthy and unsafe workplace are horrific in economic, social and personal terms and as such needs attentions (Kelloway and Day, 2005). There is enough evidence that establishes a strong link between financial health and investing in the well-being of employees. This is gradually placing issues related to the safety and

health at the fore front of job, work or organizational designs. Many organizations had their goal to avoid being unhealthy as against optimization of health (Goetzel, Guindon, Turshen & Ozminskowski, 2001).

Many scholars are recognizing the benefits of a healthy people and healthy organization. The risky investments and interest in promotion of workplace health raises no question due to the fact that a cost benefit analysis is likely to favor prudent workplace health (Frost & Robinson, 1999). In recent times, more publications are focusing on interventions, directed at preventing injury, employee health and work-related illness (Amponah-Tawiah and Dartey-Baah, 2011). For instance, in 2007/2008, Health and Safety Executives (HSE) conducted a survey on work-related illnesses, an estimated 34 million workers were lost as a result of work-related illness (28 million) and work-injury (6 million) (HSE, 2009). This in monetary terms means there is an erosion of huge profit margins of organization. According to Jones, Hodgson, Clegg and Elliot (1998), 14% of workers that retired early in the United Kingdom due to ill-health, attributed to poor work conditions or their conditions were worsen by work conditions. Stout (1974) believes that manpower is expandable and that any company can lose some of its personnel and replace them in no time is a thing of the past. Companies thus, no longer afford to lose committed and experienced workers due to ill-health caused by poor and unhealthy working conditions. This is because the cost of selecting, recruiting, motivating, developing and eventually retaining new employees to replace the experienced workers lost through ill-health is incalculable (Amponsah-Tawiah and Dartey-Baah, 2011).

OHS remains a very essential consideration for all companies. Upholding prudent OHS practices shall improve employee morale and productivity as well as ensuring a safer working environment (ASCC, 2006). Corporate image is enhanced, higher employee retention is achieved, fewer workplace injuries are recorded when organizations pursue good OHS practices. This ensures that costs involved in replacing new equipment, recruiting new staff and production delays are avoided. Also, the uncertainties and pressure from workload place on co-workers are reduced (ASCC, 2006). The benefits of practicing good OHS principles trickle down to not only the employer and employee but families, communities and the larger economies. The importance of OHS have led many scholars to advocate for the adoption of OHS as performance variable just like profits, productions, quality control etc (Kivimaki, Kalimo and Salminen, 1995).

OHS issues in an organization are important because working adults spend at least a quarter of their lives at work. Also, job satisfaction is said to account for a fifth to a quarter of satisfaction in adults, as such OHS issues are essential (Harter, Schmidt & Keyes, 2003; Harter et al, 2003).

In relation to national economies, OHS policy accrues benefits to national economies through taxation and reduction of social services such as health care facilities and social support benefits. It is said that there is positive correlation between high Gross National Product (GNP) per capita and high standard of OHS (WHO, 1994). As such, there is high productivity in the economies of countries that invest in the occupational health and safety as compared to countries who invest less in OHS, recording lowest production and weak economies (WHO, 1994).

2.3 Global performance on OHS

According to Lamm, Massey and Perry (2006), the provision of safe and healthy working environment has the tendency of increasing labor productivity and increase profit at the end. However, productivity gains are mostly at the expense of the safety and health of workers. As businesses strive to increase productivity, they drive their employees to work harder, longer, high utilization, in very hazardous conditions; implementing safety and health conditions only to keep the cost of compensation down (Massey and Perry, 2006; Mayhew and Quinlan, 1999; Dorman, 2000; Quinlan, 2001).

Lamm et al, (2006) indicated that attempts to increase productivity by the provision of occupational health and safety can produce contradictory results. This is because there is limited literature to back the fact that the reduction of illnesses and injuries will influence productivity gains automatically. However, there is enough evidence to back the fact that occupational illnesses and injuries affect productivity negatively.

Work-related ill-health and workplace accidents place much burden on the global economy and affects economic growth negatively. Data from ILO and IMD shows that countries with the best statistics on work related accidents are most competitive, leading to conclusion that heavy burden is placed on the economy when there is poor working conditions; leading to poor economic growth (Hesapro, 2013). According to ILO (2006), an estimated total cost of accidents and work-related ill health has amounted to approximately 4 percent of the world's GDP.

European Agency (1997) also reported that all work-related diseases and accidents have cost member states from 2.6% to 3.8% of the GDP. In Netherlands, according to Koningsveld (2004) work place accidents, long term absence and illness account for 3% cost incurred in total GDP.

2.4 OHS and Ghana

Ghana is one of the countries on the African continent that is experiencing rapid industrialization in recent times. With industrialization comes its own problem which includes OHS. Characterized with fast growing labor force and growing informal sector as against the formal sector, Ghanaian workers are likely to fight for job satisfaction as against the need to ensure quality of work life; irrespective of the fact that the provision of safe and healthy working environment is a human right (Amponsah-Tawiah and Dartey-Baah, 2011). There has never been evidence to support any country that have benefited from low level of safety and health, however, there is a common saying that companies and poor countries are unable to afford health and safety measures (Amponsah-Tawiah and Dartey-Baah, 2011).

According to Muchiri (2003), poor infrastructure and funding, lack of comprehensive OHS policy, inadequate qualified safety and occupational workers as well as general lack of enough information are the main factors hindering the smooth delivery of OHS in most African countries. This clearly is the case of Ghana (Amponsah-Tawiah and Dartey-Baah, 2011). Ghana as a country is yet to have a national policy on OHS. Past and present governments in Ghana have shown no political will to operationalize the drafted occupational policy (drafted by the ministry of Manpower Youth and Employment, Health and Lands, Forestry and Mines) that was presented in 2000. More evident is the fact that only ten (10) of the seventy (70) recommendations/conventions of the ILO on OHS have been rectified by the government of Ghana (Conventions 45, 81, 89, 90, 103, 115, 119, 120, 147 & 148). The core elements of the conventions on workplace safety and health have not been rectified. The rectification of the conventions of ILO cannot be viewed as a panacea to the many OHS issues that Ghana face in organizations today. However, a strong message is directed to investors and other employers that Ghana as a

country attaches less importance to OHS issues (Amponsah-Tawiah and Dartey-Baah, 2011).

According to Amponsah-Tawiah and Dartey-Baah (2011), in Ghana, two main statutes inform the execution of OHS; Workmen's Compensation Law 1987, PNDC law 187 and The factories, office and shops Act 1970, Act 328. The factories, office and shops Act 1970 centers on improvements needed to attain acceptable international standard of providing health, safety and welfare for workers in offices, shops, dock work, construction and factories. In this Act is missing the numerous workers in the agricultural and most companies in the informal sector. This act is also limited in scope as it provides inadequate prevention. Risk assessment, control of hazards, medical surveillance; which are prudent preventive strategies are not covered in this act. Standards against which services will be measured are also missing. Aside, the Radiation Protection Convention, 1960 (NO. 15) which was rectified in 1961, no regulations or rules are there for certain levels of hazardous work cases like in the agricultural and construction sectors. This account` for employers not complying with the laws and add to the discretionary inspectors powers (Amponsah-Tawiah and Dartey-Baah, 2011). In the Workmen's Compensation Law, 1987, provision is made for employers to pay employees in event of injury as a result of accidents when working. In the event of a death, the amount is payable to the families of the victim. However, thee compensations cannot, in real terms, compensate for the lost limbs or the death of a worker. Also, the court processes involved to redeem these compensations are normally laborious (Amponsah-Tawiah and Dartey-Baah, 2011).

Some organizations in Ghana still trample upon the rights of employees by not offering adequate safety and healthy work places; whiles operating under the assumption that the protection of life and limbs should serve as a good reason for employees to behave safely at work places. Other laws that cover OHS in Ghana includes: Environmental Protection Agency Act 490, 1994, Ghana Health Service and Teaching Hospital Act 526, 1999, Mining Regulations 1970, LI 665, Labor Act 651, 2003 and Ghana Aids Commission Act 613, 2002 (Amponsah-Tawiah and Dartey-Baah, 2011).

2.5 Impact of OHS at the enterprise level

According to ILO (2013), there are direct and indirect effect of work-related accidents and diseases. These affect employers and employees as well as families. For employers, the following are some cost:

- Compensation and medical payments
- Replacement and repair of damaged equipment and machinery
- Temporal or reduced halt in production
- Payment for work not done
- Possible reduction in quality of work
- Negative effect on the morale of employees
- Increased administrative and training expenses, pension and insurance cost
- Poor safety and health conditions at workplaces lead to poor public relations

Table 2.1: Consequences of work-related accident and illness for different groups

	Non tangible	More or less tangible
Victim	Pain and suffering Moral and psychological suffering (especially in the case of a permanent disability) Lowered self-esteem, self confidence Strain on relationships Lifestyle changes	Loss of salary and premiums Reduction of professional capacity Medical costs Loss of time (medical treatments)
Family and friends	Moral and psychological suffering Medical and family burden Strain on relationships	Financial loss Extra costs
Colleagues	Psychological and physical distress Worry or panic (in case of serious or frequent accidents/cases of ill-health)	Loss of time and possibly also of premiums Increase of workload Training of temporary workers
Company	Presenteeism (employees are present at work but limited in their job performance by physical and/or mental problems) Company image Working relations and social climate	Internal audit Absenteeism Decrease of the production Damages to the equipment, material Quality losses Training of new staff Technical disturbances Organisational difficulties Increase of production costs Increase of the insurance premium or reduction of the discount Early retirement Administration costs Legal sanctions
Society	Reduction of the human labour potential Reduction of the quality of life	Loss of production Increase of social security costs Medical treatment and rehabilitation costs Early retirement Decrease of the standard of living

Source: De Greef et al, 2011

The United Kingdom's Health and Safety Executives (HSE) collated experiences of more than 20 main enterprise related to business of safety and health in order to demonstrate the productivity benefits of OHS at enterprise level. The results indicated that the enterprise benefit hugely when OHS practices are properly in place (ILO, 2006). According to Kirsten (2010), the survey "Working well: A Global Survey of Health Promotion and Workplace Wellness Strategies" by Buck Consultants (2009), which over 10 million workers from 45 nations across the world participated, the main important

strategic objective for improving health promotion in most countries is improving presenteeism and productivity. Improving engagement and workforce morale is a priority for employers in Asia while for US employers, reducing health care costs remain their top priority.

2.6 OHS and organizational performance

Organizational performance is affected positively by the effects occupational safety and health programs generate; this contributes to the goals of the organization. To have an effective influence on the organizational performance, programs on occupational health and safety must be aligned with organizational goals (Hesapro, 2013). It eventually becomes part of the organizational business strategy and continues improvement circle, driving the company toward excellence. Occupational health and safety measures create better working conditions, improve organizational process and social climate, as such, outcomes are noticeable at the organizational level (Hesapro, 2013).

Many scholars (Aldana, 2001; Barling et al, 2013; Ervasti and Elo, 2006; Pot and Koningsvold, 2009; De Greef and Van den Brock, 2004; Sockol et al, 2009 and Kuusela, 1997) have argued out the business-positive effect of investing in the health and safety at the workplace, including:

- Reduction in staff turnover
- Increase in productivity
- Reduction in absenteeism and sickness
- Keeping qualified personnel in the long term
- Improvement in the image presented to customers

According to Sockoll et al (2009), the Initiative Gesundheit und Arbeit-Health and Work Initiative (IGA) presents literature on the effectiveness and benefits (economic) of occupational health prevention and promotion, where it was revealed that the field of preventive interventions aimed at individuals, which show strong evidence that exercise programs can prevent musculoskeletal disorders and increase physical activity of employees. The evidence is much weaker for organizational and environmental interventions (Sockoll et al, 2009).

2.7 Types of OHS programs

According to Cook and Campbell (2009), there exist different wellness program design levels which is dependent on the budget or outcomes.

Awareness programs are noted for promoting health by making information about health available and accessible to all workers. Handouts on variety of issues, wellness articles in newsletters, e-mail health messages, bulletin board displays etc. are frequent in this program. Health and wellness fairs are normally designed as awareness programs, where vendors offer wellness screenings to workers and information (Everlyn, 1999). Awareness programs do not require business extensive employee time commitment, as such, it is inexpensive. Awareness programs efforts do not really result in behavioral change; it can only be used to arouse employees to enroll for programs (Kabango, 2013).

Educational programs support more details on a topic. They also offer time for questions and answers, but it is similar to awareness program. For instance, there can be an organized lunch-n-learn sessions on issues related to health in an organization. Educational programs turn to cost more than awareness programs; they are however still inexpensive and demands less time in planning and attending a session (Kabango, 2013). Ladou (2006) indicated that increasing awareness and providing information may not

lead to desired behavior change, unless ongoing rewards, supports or incentives are planned.

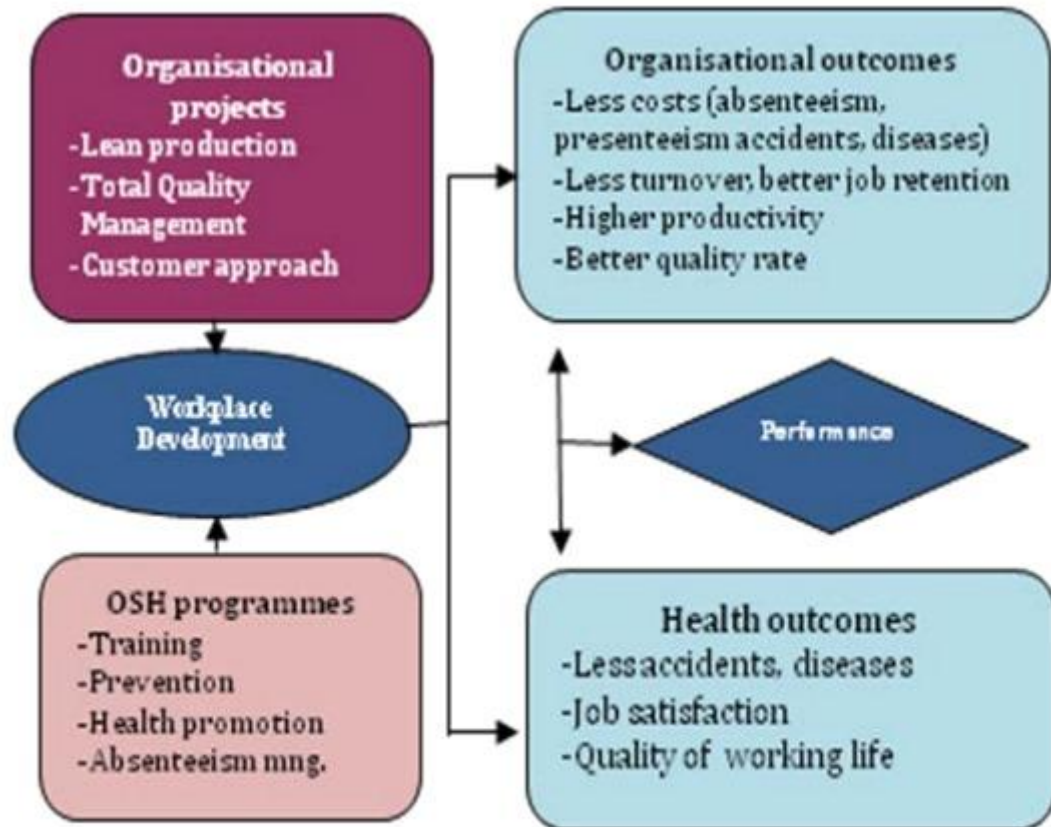
Lifestyles/behavior change programs are also good health promotion programs. As weekly classes or sessions can be designed to offer health and wellbeing lesson, offer opportunities to practice the desired skills and address barriers. Additional business resources, more cost and additional employee, commitment efforts and time are required to undertake behavior change programs (Kramer, 2004). The results after behavior change programs are positive lifestyle change, which can lead to potential cost savings if sustained (Kabango, 2013). Example of lifestyle behavior change program include weight loss and weight management meetings, smoking cessation classes or ongoing fitness program (Kabango, 2013).

The continuing growth in health care expenditure has propelled many employers to adopt Workplace Health Programs (WHP) programs. WHP programs do not uniformly increase health behavior. Exercise facilities, smoking cessation programs and weight/nutrition loss programs do not necessarily increase the likelihood that employees will always participate in health promoting activities (Roughton, 2002). Promoting preventive care is also helpful. This can be done by encouraging programs that encourage preventive health care. For instance, AIDS/HIV education or bringing flu vaccinations to the workplace in flu seasons (Kristen, 1982). According to Leong (1993), on-site clinic gives employees the chance to schedule routine office visits without taking time off work. In a survey, Leong (1993) indicated that productivity is increased, medical cost reduced; company's reputation enhanced when there is an on-site clinic.

2.7.1 Participatory approach of OHS programs

The designing of health and safety programs for an organization is not enough. The full participation of employees in the OHS program is as essential as the design; ensuring lasting efforts. OHS programs need a participatory approach to succeed (Hesapro, 2013). Organization innovations also play a leading role in ensuring good working and health conditions. Companies that innovate the most i.e abandon, adopt, recycle these processes faster than others have their OHS programs sustainable (Hesapro, 2013).

According to Hesapro (2013), workplace development is the relationship between health, work and performance of a company. The concept of workplace development dimensions, lies the patterns of work, subjectivity of individual, the potential for collective regulations and mutual help etc. Workplace development intervention start with various component update: performance, wellbeing of employees and work organization. Below is a figure that explains how workplace development: integrating work organization and OHS programs.



Source: Hesapro, based on De Greef and Van den Broek, 2004b

Figure 2.1: Work place development.

2.8 Successful programs by organizations and SMEs

Many employers associated poor health with reduced employee safety, morale and performance. The cost (organizational) of employees in poor health and employees with behavioral risk factors (disability, high medical and employee's expenses) (Goetzel and Ozminiskowski, 2008). Workplace Health Promotion (WHP) programme can increase worker's productivity and health if well designed. According to Goetzel and Ozminiskowski (2008), the characteristics of WHP include: attract participants, use of behavioral theory as a foundation, ability to assess the need for service, multiple ways to reach people and efforts to measure the impact of the program.

Goetzel and Ozminiskowski (2008) also outlined barriers to WHP including perception of employers on WHP as being expensive and employer's belief that WHP during normal working time may distract employees from their daily activities and impact employee productivity negatively. Small business also complains of lack of needed resources needed to fully implement WHP programs as they do not realize the same advantage as the bigger firms.

When WHP programs are implemented well in accordance with behavioral theory, using effective evidence-based principles and adequately measured, the programs are more likely to improve employee's performance and health. Successful implemented WHP programs will ensure safety at work environment, ensuring more production and healthier employees (to Goetzel and Ozminiskowski, 2008).

According to Champonx and Bruu (2001), methods developed for big firms cannot be used for smaller firms. As such, WHP policies need to be developed, taking into consideration the size of the organization. For small firms on OHS management, the aim should be for the specific sub-groups, based on their practices as well as the owner-manager's perceptions and management style and organizational characteristics (Champonx and Bruu, 2001).

2.9 The impact of the workplace on the employee

Employees need to understand the connection between a healthy individual, healthy productivity and healthy workplace. According to Royal Australasian College of Physician (2013), key indicator that impact employee's health and healthy workplace includes:

- Levels of support from supervisors and co-workers
- Leadership styles
- Supervisory practices and safety leadership
- Workers perceptions of supervisors
- Level of control over work or job demands
- Repetitive tasks and other jobs characteristics
- Bullying and incivility

Supervision and leadership styles are recurring themes. A sense of control or autonomy over one's job and a feeling of being supported contribute to productivity and wellbeing at work. In organizations however collaborative leadership at all levels in management is promoted, there is improvement in the health and engagement in the workplace. Thus, the workplace according to RACP (2013) can impact significantly on various aspects of health of employees; this includes:

- Depression
- Musculoskeletal disorders
- Cardiovascular functioning
- Emotional wellbeing
- Burnout
- Post-traumatic functioning
- Chronic fatigue and sleep disturbance

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter dealt with the description of the methods and methodology used in the realization of the stated objectives. It included the research design, research setting, sample size and the target population, that would be used. The tools used, the method of data collection and analysis, as well as data management was described in this chapter. Finally, it has information on ethical requirements, and how confidentially information of participants was kept out of reach of other people.

3.1 Study Area

The study was carried out in CSGH Design, Construction and Project Management Company. The company is located in Kokomlemle, Accra, Ghana. CSGH limited was formed in 2010 by Kwabena Debrah and Brendan Quinn. CSGH is a team of professionals providing design, construction and project management solutions in Ghana. They ensure clients receive a trusted, transparent and high quality service to meet their requirements. From feasibility studies, cost consultancy, design, construction to the handover of projects that are ready for use, we ensure we work to the satisfaction of our clients. Employees comprise professionals from Europe and Ghana enabling the company to meet the needs of international and local clients by providing a service that meets international standards (CSGH Limited, 2017).

3.2 Research Design

The study was descriptive and explorative in nature. A single method was used for this study. This involved the use of quantitative and qualitative approaches. Multiple data collections techniques were used to collect qualitative and quantitative data that are essential to the study. This approach allowed for much collaboration between the respondents and the researcher. The mixed method approach to data collection helped to enrich the data collected as both the qualitative and quantitative complement each other.

3.3 Population of the study

The population for the study were workers of CSGH Limited, a Monitoring and Evaluation company in Accra-Ghana. They formed the population where samples were taken for the study.

3.4 Sampling Design

Sample is a subset of the target group. Convenient sample technique and purposive sampling technique will be used in selecting the sample size for this study. Convenient sample technique that any individual has no equal probability of being selected. This ensured that respondents were picked at will and not presented with workers that will only give answers to favor the company. For this study thirty workers were selected. Five (5) administrators were picked purposively whiles twenty (25) other workers were picked using convenient sampling technique.

3.5 Date collection and procedure

3.5.1 Sources of data

Sources of data to be employed for this research work came from both primary and secondary data sources. On the field, information from respondents through the administering of questionnaires was the primary source of information. The Secondary data sources used were information such as the profile of CSGH Limited. Also, the internet, books, articles etc. helped gain additional knowledge on the topic and also had access to some relevant information.

3.5.2 Research Instrument-Questionnaire

In every research, tools for collection of data are very important because it influence the kind of data the researcher wishes to obtain. Instrument in research is the tool for measuring, observing and documenting data. In this research one instrument will be resorted to; questionnaires. A questionnaire is a sequential set of questions specially designed to tackle a specific objective. An advantage of a questionnaire is that, is easy to administer, quick to fill in and can be answered by all the respondents simultaneously (Hopkins, 1993).

3.5.3 Procedure

The primary source of data was collected through questionnaires after an introductory letter was submitted to the Administration of CSGH Limited. Respondents were briefed about the aim of the study and were assured of the researcher's integrity and the value of the study. Only respondents who accepted to be used for the study were used.

3.6 Data analysis

Data collected were analyzed based on descriptive statistic which gave room to use graphs, charts etc. for illustration. Descriptive statistics is the term given to the analysis of data that helps describe, show or summarize data in a meaningful way such that, for example, patterns might emerge from the data (Lund Research, 2013). All responses to the various questions on the questionnaire were carefully edited and cleaned to arrive at figures that can be trusted. Statistical Package for Social Science (SPSS) and Microsoft Office 2010 (Excel) helped in the process of analyzing the data.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.0 Introduction

This chapter presents results and discussions of the study. The results were presented in tables and charts. Discussions were linked to some findings in the literature review. From the Monitoring and Evaluation department of CSGH Limited, thirty (30) respondents were sampled for the study. All respondents answered and returned the study's questionnaire. This implies a 100% return rate.

4.1 Demographic Information

Sex

Majority (60%) of the respondents used for the study were males. Only forty percent (40%) of the respondents were females (Table 4.1).

Table 4.1: Sex distribution

Sex	Frequency	Percentage (%)
Male	18	60
Female	12	40
Total	30	100

Source: Field survey (2018)

Age

The age grouping of 31-40 constituted majority (43%) of the age of respondents used for the study. Thirty percent (30%) of the respondents indicated that they were between the ages of 20-30 whiles twenty percent (20%) indicated that they were between the ages of 41-50. The least age grouping was 50+, recording only seven percent (7%) (Table 4.2).

Table 4.2: Age distribution

Age range	Frequency	% Respondents
20-30	9	30
31-40	13	43
41-50	6	20
50+	2	7
Total	30	100

Source: Field survey (2018)

Number of years in the company

Of the respondents used for the study, majority (44%) of them had work between two (2) and four (4) years at the company whiles thirty percent (30%) had worked in the company between five (5) and seven (7) years. The longest serving members in the company had worked for eight (8) years and constituted thirteen percent (13%) of the respondents used. The least number of years as a worker in the company was less than a year, this constituted thirteen percent (13%) (Table 4.3).

Table 4.3: Showing number of year as a worker

Years	Frequency	Percentage
Less than 1 years	4	13
2-4	13	44
5-7	9	30
8	4	13
Total	30	100

Source: Field survey (2018)

Highest educational attainment

On education, majority (67%) of the respondents either had attained a diploma or a degree. Twenty-seven percent (27%) of the respondents had attained their masters (Msc/MBA). Only six percent (6%) had attained PhD and they constituted managers in the company (Table 4.4).

Table 4.4: Educational attainment

Educational level	Frequency	% Respondents
HND/B.SC	20	67
MBA/MSC	8	27
PhD	2	6
Total	30	100

Source: Field survey (2018)

4.2 Various workplace health promotion programmes

Existence and type of health promotion programs at CSGH Limited

With regards to the existence of health CSGH Limited, all respondents (100%) indicated that there are some instituted workplace health programs. On the specific workplace health programs present at CSGH Limited, only Awareness programs and Educational programs were indicated as present or takes place at CSGH Limited. No Life styles/behavior program has been implemented in CSGH Limited.

On Awareness health programs, respondents were asked to indicate how effective it has been over the years. Forty percent (40%), representing majority of the respondents indicated that Awareness health programs are not effective. Twenty-seven percent (27%) of the respondents indicated that Awareness health programs are less effective. Only

twenty percent (20%) of the respondents indicated that Awareness health programs are effective while thirteen percent (13%) indicated that they are effective (Figure 4.1).

Life styles/behavior programs are however, not present or have been undertaken at CSGH Limited before. As such, no response was given.

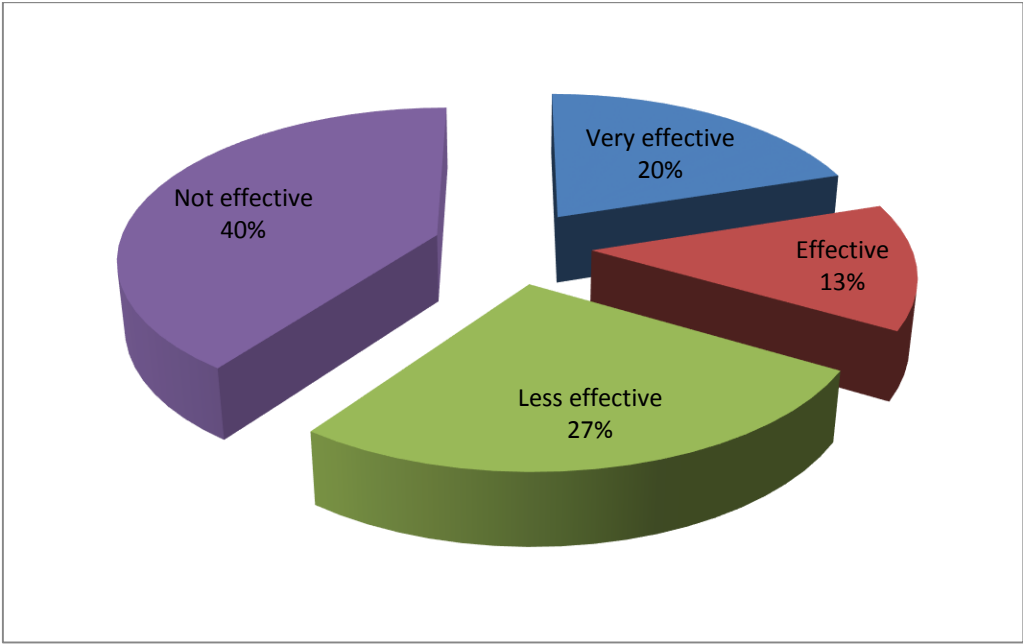


Figure 4.1: Effectiveness of Awareness programs

In relation to the effectiveness of Educational workplace health programs, forty-five percent (45%) indicated those Educational health programs are less effective. However, thirty-three percent (33%) indicated that Educational health programs are effective while twenty-two percent (22%) indicated that Educational health programs are effective (Figure 4.2)

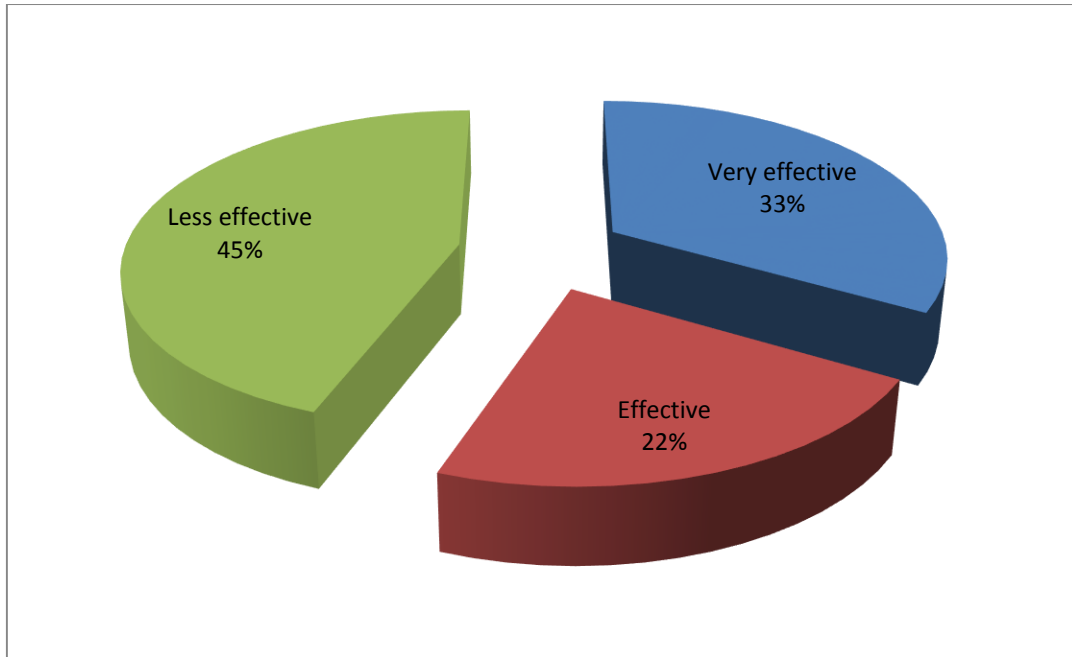


Figure 4.2: Effectiveness of Educational programs

Respondents were asked to prescribe appropriate workplace health promotion program for CSGH Limited. Majority (48%) of the respondents indicated that Life style/behavioral programs will be more acceptable and appropriate for CSGH Limited whiles thirty-seven percent (37%) suggested that Educational health programs are more appropriate. Only fifteen percent (15%) indicated that Awareness programs are more appropriate for CSGH Limited.

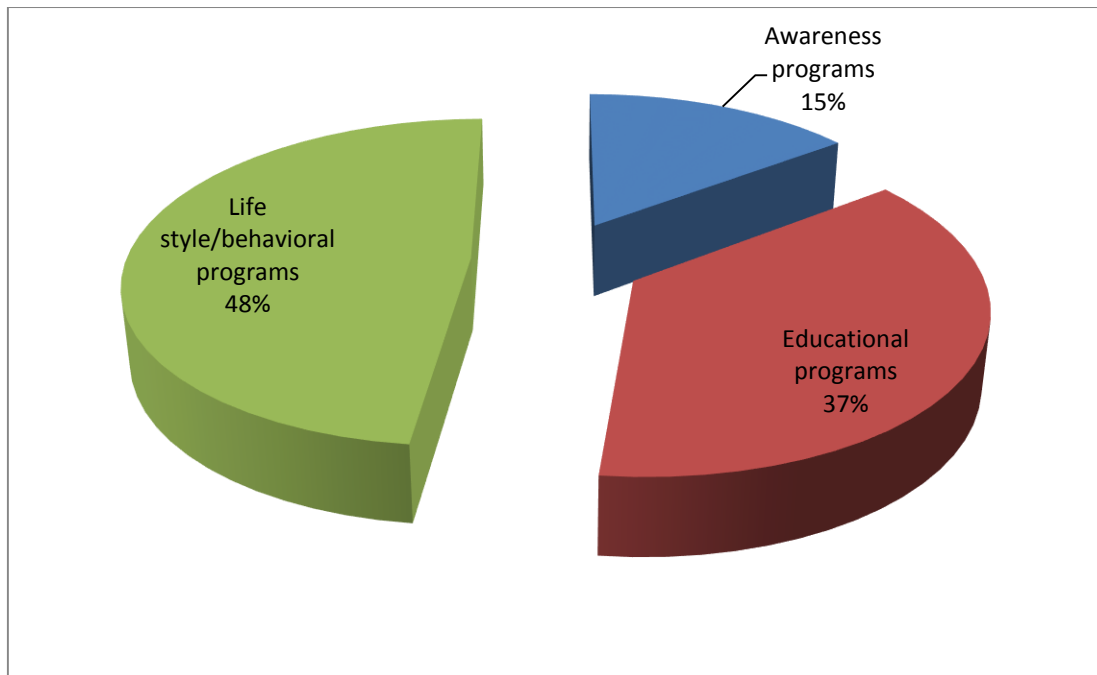


Figure 4.3: Appropriate health promotion program CSGH Limited-Respondents views

4.3 Association between workplace health promotion and performance in the private sector

Importance of promoting workplace health at organizations

Respondents were asked whether it is important to promote workplace health in organizations. All the respondents (100%) indicated that it is very important to promote health at workplace at organizations. Also, all (100%) indicated that workplace health promotion has positive effects on work performance as members are taught and encouraged to live and practice healthy living.

With regards how important workplace health promotion is important to employers of CSGH Limited, forty percent (40%), representing majority of the respondents indicated that they strongly disagree with the statement that workplace health promotion programs are important to employers while twenty-three percent (23%) do not agree. Only thirteen

percent (13%) agree that workplace health promotion is important to CSGH Limited employers while seven percent (7%) strongly agree. However, seventeen percent (17%) of the respondents were neutral to this question (Figure 4.5).

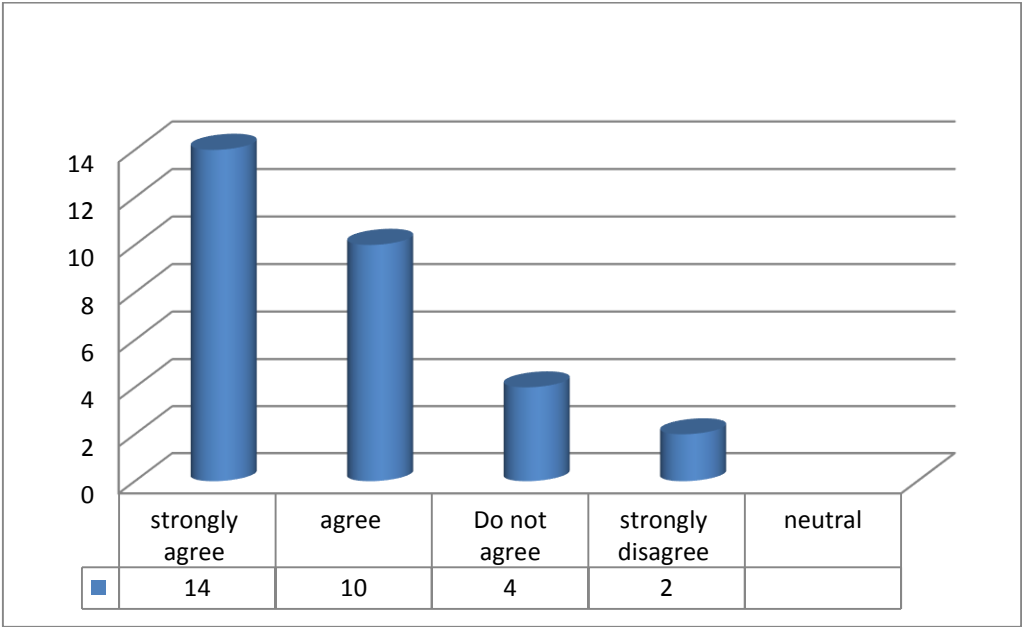


Figure 4.4: Importance of workplace health promotion to the employer

Association between workplace health promotion productivity and job satisfaction

On the association between workplace health promotion and work productivity, all (100%) the respondents indicated that workplace health promotion aids a company’s rate or level of productivity. However, in relation to workplace health promotion and job satisfactions, a majority of the respondents, thirty-four percent (34%) strongly disagreed that job satisfaction has a strong link with workplace health promotion while twenty-three percent (23%) do not agree with that statement. However, thirteen percent (13%) agreed with the statement and seven percent (7%) strongly agreed to workplace health promotions having a strong ling with job satisfaction. Only twenty percent (23%) of the respondents acted neutral to this question (Figure 4.6).

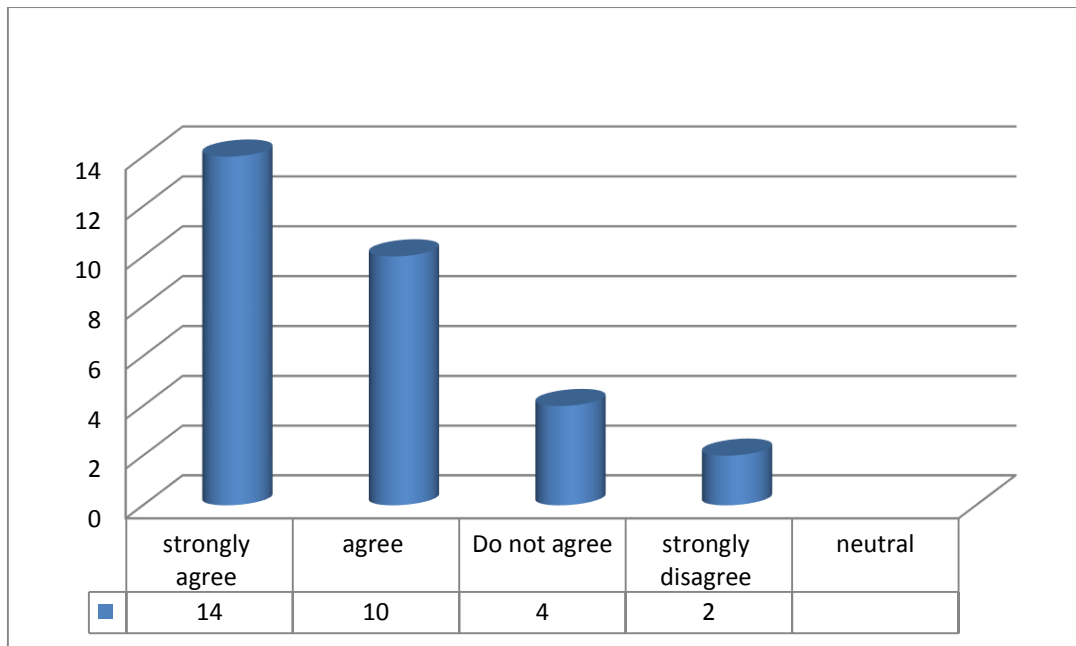


Figure 4.5: Workplace health promotion and job satisfaction

4.4 Effect of workplace health promotion programmes on production

Workplace health promotion and direct effect on production

Majority (33%) respondents strongly agreed that workplace promotion has direct effect on production whiles twenty-seven percent (27%) agreed. However, seven percent (7%) strongly disagreed with the statement that workplace health promotion has direct effect on production whiles thirteen percent (13%) of the respondent do not agree. Twenty percent (20%) of the respondents were however neutral to the statement (Figure 4.7).

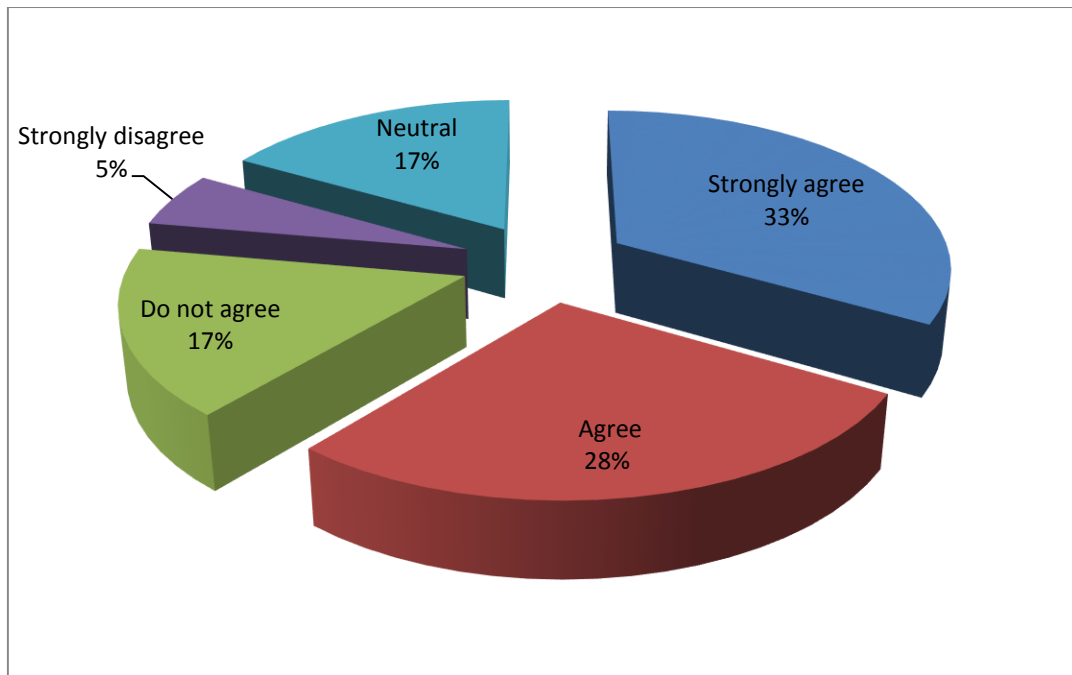


Figure 4.6: Workplace health promotion and direct effect on production

Respondents were asked to rank whether negative workplace health promotion has bad effects on production. Majority of fifty-three percent (53%) strongly agreed with the fact that negative workplace health promotion has negative effects on production whiles twenty-seven percent (27%) of the respondents agreed. Only seven percent (7%) strongly disagreed with the statement whiles thirteen percent (13%) do not agree (Figure 4.8). However, all (100%) respondents strongly agreed with the statement that employees are able to work well in companies where workplace health promotion is effective.

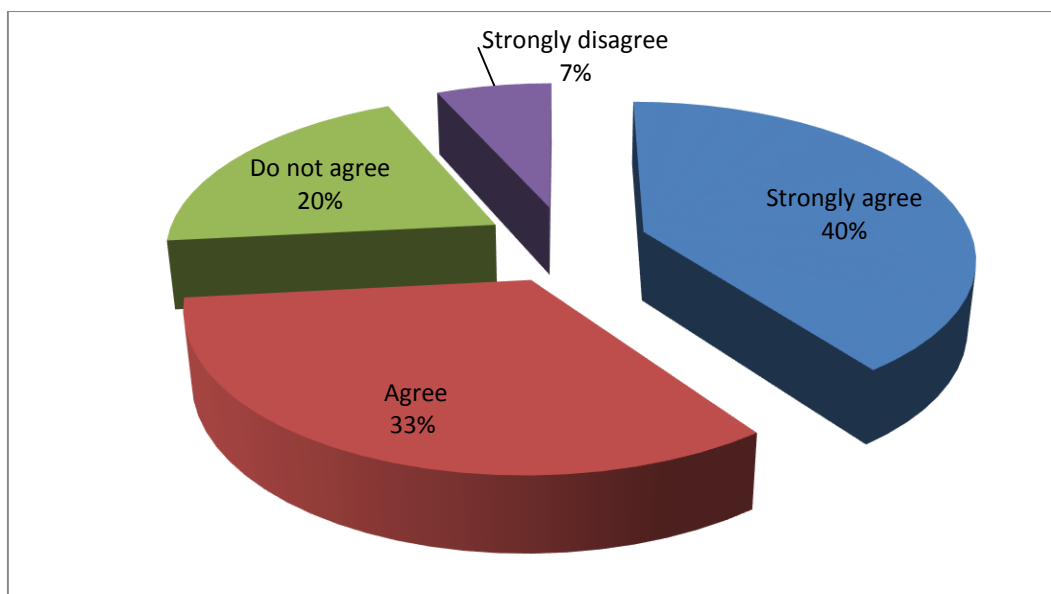


Figure 4.7: Negative workplace health promotion and bad effect on production

Majority (47%) of the respondents strongly agreed with the statement that employers understand the need to promote workplace health conditions as it affects production whiles twenty-seven percent (33%) of them agreed. Only three percent (7%) of the respondent strongly disagree whiles seventeen percent (13%) do not agree. (Figure 4.9).

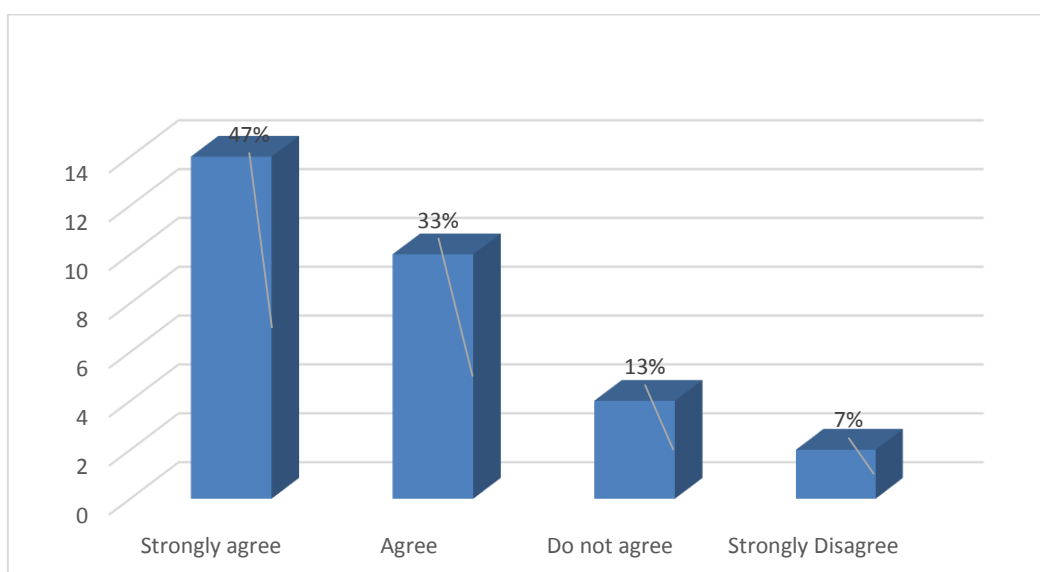


Figure 4.8: Employers understanding of the need for workplace health promotion

Respondents were asked to rank a statement on whether employees are not willing to undertake workplace health promotion programs. A majority of forty-seven percent (47%) strongly agreed that employers are not willing to invest and undertake workplace health promotions whiles thirty-three (33%) also agreed. Only thirteen (13%) do not agree with the statement that employees are not willing to undertake workplace health promotion programs (Figure 4.10).

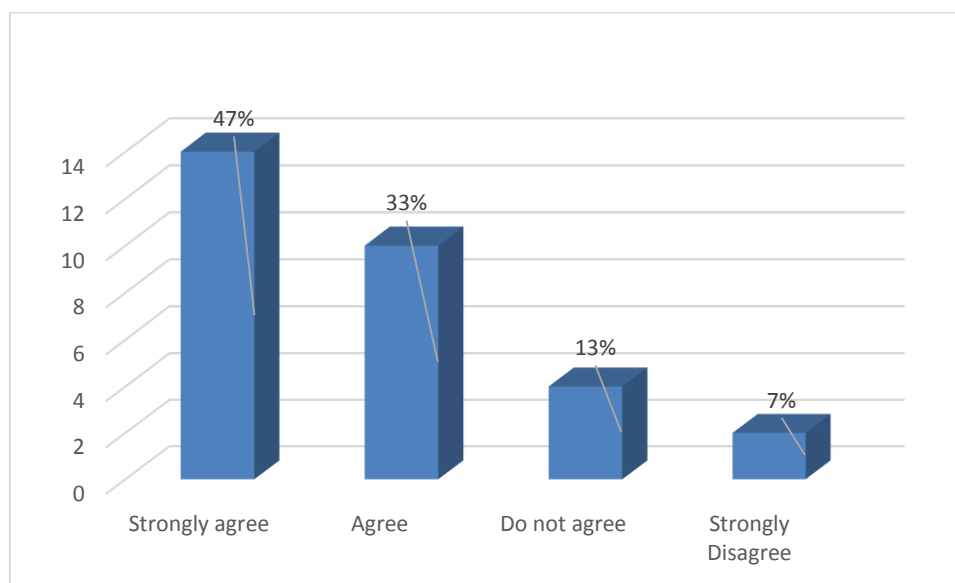


Figure 4.9: Employers wiliness to invest in workplace health promotion

4.5 Discussions

Various workplace health promotion programmes

The findings indicate that workplace health promotion is very important to both employers and employees. This corroborates the findings of Frost & Robinson (1999) who stated that many employers are recognizing the benefits of a healthy people and healthy organization. The risky investments and interest in promotion of workplace health raises no question due to the fact that a cost benefit analysis is likely to favor prudent workplace health. The results suggest that the employers are able to institute

Awareness and Educational workplace health promotion programs as these programs are inexpensive. This authenticates the findings of Kabango (2013) which stated that Awareness programs do not require business extensive employee time commitment, as such, it is inexpensive. This is confirmed by the availability of the Awareness and Educational workplace health promotion programs at the study area. Though Awareness programs are noted for promoting health by making information about health available and accessible to all workers (Everlyn, 1999), the results of the study suggest that Awareness program is not very effective in CSGH Limited. This confirms the findings of Kabango (2013) which indicated that Awareness programs efforts might not be effective or do not really result in behavioral change; it can only be used to arouse employees to enroll for programs.

The results also confirm the availability of Educational workplace health programs. The results suggest that the Educational programs are very effective. This is contrary to the findings of Ladou (2006) which indicated that education and providing information may not lead to desired behavior change, unless ongoing rewards, supports or incentives are planned. However, workers in CSGH Limited confirmed the effectiveness of the Educational program. The educational level of workers may have had positive impact on the Educational health programs as workers are able to read and appreciate information on workplace health problem and possibly put them to needed use.

The study did not record any Life style/ behavior workplace health program. However, the result suggests that workers of CSGH Limited prefer Life style/behavior health programs to Awareness and Educational health programs. Though Kabango (2013) indicated that after life style/behavior change programs, there are positive lifestyle change, which can lead to potential cost savings if sustained, many employees find it

difficult implementing this program. This is due to the expenses attached to Life style/behavior program which include additional business resources, more cost and additional employee as well as commitment efforts and time are required to undertake behavior change programs (Kramer, 2004).

Association between workplace health promotion and performance in the private sector

In relation to the association between workplace health promotion and performance, the results of the study indicate a strong association. In that, workplace health promotion has positive effects on private sector. This is in line with the findings of Hesapro (2013) which states that organizational performance is affected positively by the effects occupational safety and health programs generate; this contributes to the goals of the organization. However, in order for companies or organizations to make workplace health promotion have an effective influence on the organizational performance, these programs must be aligned with organizational goals. Occupational health and safety measures create better working conditions, improve organizational process and social climate, as such, outcomes are noticeable at the organizational level.

Though workplace health promotion has a strong link with performance, the results suggest that it is not a guarantee for job satisfaction. The findings of Sockol et al, (2009) indicated that workplace health promotion helps job satisfaction and keeping qualified personnel in the long term. However, the study contradicts that; showing that there are other factors aside workplace health promotion that will offer job satisfaction to employees.

Effect of workplace health promotion programmes on production

From the results, workplace health promotion has a positive effect on a company's production. It is only in good health that workers can commit their all to vehement work. The best can be obtained from workers when they are healthy. As such, programs geared towards making workers aware of their health needs and the consequence of living healthy all contribute positively to total production. This authenticates the findings of Lamm, Massey and Perry (2006), which indicated that the provision of safe and healthy working environment has the tendency of increasing labor productivity and increase profit at the end.

The results suggest that though employers are fully aware of the need and benefits of instituting workplace health programs, there are usually reluctant or unwilling to invest into these programs. More so when these program are expensive or demands a portion of the company's time. This is confirmed by the lack of Life style/behavior health programs in CSGH Limited.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Summary of findings

The study was aimed to explore the extent to health promotion and a healthy work environment can influence the effectiveness and performance of businesses. The objectives that drove the study were to determine the various workplace health promotion programmes, determine the association between workplace health promotion and performance in the private sector and to determine the effect of workplace health promotion programmes on production. The study used CSGH Limited, a Monitoring and Evaluation Company as case study, drawing thirty (30) respondents for the study. The study revealed that workplace health promotion is very important. The study also indicated that there is an association between workplace health promotion programs and performance. Finally, the study stresses the positive effect of workplace health promotion programs in the production of a company or organization.

5.2 Conclusion

The study concludes that workplace health promotion programs are very important. Promoting health at work places create a healthy environment. The study also concludes that Awareness programs and Educational programs are common at organizations where workplace health is promoted. This is largely because both Awareness and Educational health programs are less expensive and requires limited time. For Life style/behavior health programs, the study concludes that due to the resources (time and money) involved in organizing it, more organizations do not patronize it (Life style/behavior programs). The study again concludes that there is a strong association between workplace health promotion and performance in private organizations. When employees are not in good

health, performance in any organization is affected. The working environment will also feel the effects of poor health. However, the inception of workplace health promotion programs is geared towards good health and enabling healthy working environment. This eventually leads to good performance.

Finally, the study concludes that effective workplace health promotion programs at organizations help improve or increase the total production of companies or organizations that make use of them. Production is positively affected because employees are in good health and in good environment. This means that all employees are to work with their maximum ability, hence, positive increment in production. In spite of the documented positive effects of workplace health promotion programs, the study concludes that employers are most at times reluctant in implementing them, especially the ones that require enough money and time.

5.3 Recommendations

Based on the findings of this study, the following recommendations are outlined:

- Employers should make conscious efforts to plan for workplace health programs. Budgets for these programs should be attached to the general budget of the company. This will ensure that workplace health programs received the needed attention and priority.
- Companies or organizations are encouraged to invest more in Life style/behavior health promotion programs since they are noted to have positive effects on employee bad health behaviors.
- Companies and organizations should make sure they record all workplace health programs undertaken and their respective results on employees and production.

This will also act as evidence and motivation for companies to always engage the services of workplace health promotion programs.

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APPENDIX

Questionnaire

Dear Respondent,

I am an MSc Project Management student of the Kwame Nkrumah University of Science and Technology, Kumasi - Ghana. Writing my thesis on the topic ‘Workplace Health Promotion and its effects on production: A case study of CSGH Design, Construction and Project Management Company’; I plead to solicit responses from you on the questions below to help me carryout this academic work. Be sure that, information obtained from you will be used only for this work. Information obtained will also be treated with the greatest confidentiality, making you anonymous. Thank you

Do you consent to being part of this study? A. Yes B. No

Key Informant number ----- Start: ----- End: -----

Section A: Demographic Information

1. Age

18- 25 years []

26- 33 years []

34- 41 years []

Over 49 years []

2. Gender

Male [] Female []

3. Position held.....

4. How long have you worked for your company?

a. Less than 1 year []

b. 2 – 5 years []

c. 5 – 10 years []

d. More than 10 years []

5. What is the highest education level reached?

Secondary level []

Diploma level []

Degree level []

Post graduate []

Masters []

PhD []

Section B: Various workplace health promotion programmes

6. Does your company roll out some health promotion programs?

Yes { } No { }

7. What type of program is in place?

Awareness programs { } Educational programs { } Life styles/behavior programs { }

All the three { }

8. How effective are Awareness programs?

Very effective { } Effective { } Less effective { } Not effective { }

9. How effective are Educational programs?

Very effective { } Effective { } Less effective { } Not effective { }

10. How effective are Life styles/behavior programs

Very effective { } Effective { } Less effective { } Not effective { }

11. From the workplace health promotional programs, which do you think is more appropriate for your work place?

Awareness programs { } Educational programs { } Life styles/behavior programs { }

All the three { } None { }

Section C: Association between workplace health promotion and performance in the private sector

On a scale of 1 -4 rank the following statements

1-----Strongly agree, 2-----Agree, 3-----Neutral, 4-----Do not agree

12. Workplace health is important to promote at organizations

Strongly agree { } Agree { } Neutral { } Do not agree { }

13. Workplace health promotion has positive effects work performance.

Strongly agree { } Agree { } Neutral { } Do not agree { }

14. Workplace health promotion is important to my employer?

Strongly agree { } Agree { } Neutral { } Do not agree { }

15. There is a strong association between workplace health promotion and productivity.

Strongly agree { } Agree { } Neutral { } Do not agree { }

16. There is a strong link between workplace health promotion and job satisfaction?

Strongly agree { } Agree { } Neutral { } Do not agree { }

Section D: Effect of workplace health promotion programmes on production

17. Workplace health promotion has direct effect on production.

Strongly agree { } Agree { } Neutral { } Do not agree { }

18. Negative workplace health promotion has bad effect on production

Strongly agree { } Agree { } Neutral { } Do not agree { }

19. Employees are able to work well in companies where workplace health promotion is effective

Strongly agree { } Agree { } Neutral { } Do not agree { }

20. Employers understand the need to promote workplace health conditions as it affects production.

Strongly agree { } Agree { } Neutral { } Do not agree { }

21. Employers are not willing to invest in workplace health promotion.

Strongly agree { } Agree { } Neutral { } Do not agree { }

22. Employees are not willing to undertake workplace health promotion programs.

Strongly agree { } Agree { } Neutral { } Do not agree { }

Thank you for your time.