



UNIVERSITI PUTRA MALAYSIA

***EMPLOYEE INFORMAL PARTICIPATION IN OCCUPATIONAL SAFETY
AND HEALTH MANAGEMENT IN A PHARMACEUTICAL
ORGANISATION IN GHANA***

ANITA ASIWOME ADZO BAKU

GSM 2018 24



**EMPLOYEE INFORMAL PARTICIPATION IN OCCUPATIONAL SAFETY
AND HEALTH MANAGEMENT IN A PHARMACEUTICAL
ORGANISATION IN GHANA**

By

ANITA ASIWOME ADZO BAKU

**Thesis Submitted to Putra Business School, in Fulfillment of the Requirements
for the Degree of Doctor of Philosophy**

March 2018

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DEDICATION

This thesis is dedicated to:

This thesis is dedicated to all companies who prioritise employee participation in OSH management over strict adherence to their organisational structure.



Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfilment of the requirement for the degree of Doctor of Philosophy

EMPLOYEE INFORMAL PARTICIPATION IN OCCUPATIONAL SAFETY AND HEALTH MANAGEMENT IN A PHARMACEUTICAL ORGANISATION IN GHANA

By

ANITA ASIWOME ADZO BAKU

March 2018

Chairman : Tee Keng Kok, PhD
Faculty : Putra Business School

The reported increasing rate of workplace accidents, injuries, and deaths across the globe in the literature indicates a persistent problem of workplace safety. In most jurisdictions, laws have been used to curb accident rates. In other jurisdictions like Ghana, existing laws are not comprehensive and do not require employee participation like other countries. Management research suggests that employee participation in management results in positive organisational outcomes. Whilst research abounds on representative participation and formal participation, minimal research exists on informal participation. Therefore, this study was conducted to bridge this literature gap. Using the social exchange theory as the overarching theory, the study discovered that informal participation could provide effective alternatives for the management of occupational safety and health. A qualitative research approach using a single case study strategy was adopted. Data was collected from a Ghanaian pharmaceutical manufacturing organisation through individual and group interviews, observations, and document analysis. A total of 60 persons in the organisation were either interviewed or engaged in focus group discussions. Significant among the contributions of this study are the development of a conceptual framework, the identification of factors which encourage and hinder employee informal participation, and the establishment of a link between employee informal participation and improved safety behaviour. The study recommends that future studies should use the quantitative approach to test the validity of the relationships identified in the conceptual framework developed in this study.

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia sebagai memenuhi keperluan untuk ijazah Doktor Falsafah

**PENYERTAAN PEKERJA SECARA TIDAK FORMAL DALAM
PENSURUSAN KESELAMATAN DAN KESIHATAN PEKERJAAN
ORGANISASI FARMASEUTIKAL DI GHANA**

Oleh

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Kadar peningkatan kemalangan di tempat kerja, kecederaan dan kematian di seluruh dunia yang dilaporkan dalam literatur menunjukkan masalah keselamatan kerja yang berterusan. Dalam kebanyakan bidang kuasa, undang-undang telah digunakan untuk mengekang kadar kemalangan. Di negara lain seperti Ghana, undang-undang yang ada tidak komprehensif dan tidak menghendaki penyertaan pekerja seperti negara lain. Penyelidikan berkaitan pengurusan mencadangkan bahawa penyertaan pekerja dalam pengurusan menghasilkan hasil organisasi yang positif. Walaupun terdapat banyak penyelidikan berkaitan penyertaan yang mewakili dan penyertaan formal, terdapat sedikit penyelidikan berkaitan penyertaan tidak formal. Oleh itu, kajian ini dijalankan untuk merapatkan jurang literatur ini. Menggunakan teori pertukaran sosial sebagai teori yang menyeluruh, kajian itu mendapati bahawa penyertaan tidak formal dapat memberikan alternatif yang efektif untuk pengurusan keselamatan dan kesihatan pekerjaan. Pendekatan kajian kualitatif menggunakan strategi kajian kes tunggal telah diterima pakai. Data dikumpulkan dari organisasi pembuatan farmaseutikal Ghana melalui temubual secara individu dan berkumpulan, pemerhatian dan analisis dokumen. Sejumlah 60 orang dalam organisasi telah ditemubual atau terlibat dalam perbincangan kumpulan fokus. Antara sumbangan penting kajian ini ialah pembangunan rangka kerja konseptual, mengenal pasti faktor-faktor yang menggalakkan dan menghalang penyertaan pekerja secara tidak formal, dan pembentukan hubungan antara penglibatan pekerja tidak formal dengan tingkah laku keselamatan yang lebih baik. Kajian ini mengesyorkan bahawa kajian masa depan perlu menggunakan pendekatan kuantitatif untuk menguji kesahihan hubungan yang dikenal pasti dalam rangka kerja konsep yang dibangunkan dalam kajian ini.

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I certify that a Thesis Examination Committee has met on 16 March 2018 to conduct the final examination of Anita Asiwome Adzo Baku on her thesis entitled “Employee Informal Participation In Occupational Safety and Health Management In A Pharmaceutical Organisation In Ghana” in accordance with the Universities and University Colleges act 1971 and the Constitution of the Universiti Putra Malaysia [P.U. (A) 106] 15 March 1998. The Committee recommends that the student be awarded the Doctor of Philosophy.

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LIST OF ABBREVIATIONS

AGI	-	Association of Ghanaian Industries
COO	-	Chief Operations Officer
FDA	-	Food and Drugs Authority
FID	-	Factories Inspectorate Division
GMP	-	Good Manufacturing Practices
ILO	-	International Labour Organisation
L.I.	-	Legislative Instrument
LMX	-	Leader-Member Exchange
OSH	-	Occupational Safety and Health
PMAG	-	Pharmaceutical manufacturers' Association of Ghana
PNDCL	-	Provisional National Defence Council Law
POS	-	Perceived Organisational Support
SET	-	Social Exchange Theory
SHE	-	Safety, Health and Environment
USD	-	United States Dollars
WHO	-	World Health Organisation

CHAPTER 1

AN OVERVIEW OF THE RESEARCH

Introduction

This study sought to explore employee informal participation in occupational safety and health management in a manufacturing organisation in Ghana. This opening chapter, therefore, presents the rationale for undertaking this study. Generally, this chapter discusses current happenings in terms of practice and literature in the management of occupational safety and health. The key issues discussed are the failure of legislation in reducing workplace accidents, and the limitations of research works on the role of organisational cultures in safety management. In addition, a gap in the management literature on employee informal participation in management was identified and a case made for why it was important that it be investigated. Furthermore, this chapter provides a justification on why the study was conducted in a manufacturing organisation in Ghana.

1.1 Background

The health and safety of employees continue to be of concern to international organisations like the International Labour Organisation (ILO), the World Health Organisation (WHO), economic blocks like the European Union, some national governments and some labour unions. Indeed, safety and health of employees in the workplace is paramount as national and organisational developments are dependent mostly on the availability of healthy human resources. The ILO estimates that an average of 2.3 million people die from work related accidents and diseases every year (ILO, 2014). The ILO further states that, on a daily bases, 1000 workers die from workplace accidents and about 5,400 workers die as a result of work related diseases. The cost of these workplace accidents, injury, diseases, and death; which manifest in the form of loss of work time, interruption in production, medical expenses, and compensation payments on an annual basis is about 1.2 trillion USD (about 4% of the world's total Gross Domestic Product) (ILO, 2014).

Among approaches adopted for managing occupational safety and health (OSH) in organisations are legislation, the regulations that emanates from the legislation and the enforcement of such regulations. Regulations that result from legislations on OSH can take two forms, the prescriptive and the goal setting regulations (Rahman, 2007). The prescriptive type of regulation ensures that employers adhere to the "letter of the law". This means that compliance with the law is strict and there is no room to adapt or adopt to what the law states. The goal setting type of regulation often leads to "self-regulation". Self-regulation means that the law provides general guidance on ensuring safety in the workplace. Thus, organisations are encouraged to adapt the legislation

to their peculiar situation in the workplace (as in ‘the spirit of the law’) (Rahman, 2007).

There have however, been a number of debates on the effects of these regulations on reducing accidents, injuries, occupational diseases and death in the workplace (Almond, 2006; Khrais, Al-Araidah, Aweisi, Elias, & Al-Ayyoub, 2012; Tombs & Whyte, 2010, 2013a, 2013b). Whilst some researchers are of the opinion that regulation is good and should be encouraged (Torres, Greaves, Gapas & Ong *et al.*, 2002; Khrais *et al.*, 2013) others are of the opinion that deregulation is best for ensuring worker safety (Tombs & Whyte, 2010, 2013a, 2013b).

Closely related to the issues of regulation is the inability of enforcement agencies to adequately do their work. Discussions on the ineffectiveness of enforcement have mainly centred on inadequate human and logistical supplies for the work as well as the overlapping roles of several agencies in charge of ensuring safety (Aagaard, 2011; Burman & Daum, 2009; Hale, Borys, & Adams, 2015). A study in Australia for example found that approximately 25% of top management’s time was spent on compliance with regulations (Australian Chamber of Commerce and Industry, 2005 as cited in Hale *et al.*, 2015). As a result, some countries like the United Kingdom and the Netherlands have embarked on a deregulation of the occupational safety and health sector (Hale *et al.*, 2015).

At the organizational level, several researches have been conducted to identify and resolve the issue of accidents, injuries, occupational diseases and deaths in the workplace as a result of regulated OSH. Some of these have boarded on safety culture (Drakopoulos, Economou, & Grimani, 2012; Ek, Runefors, & Borell, 2014; Guldenmund, 2007; He, Xu, & Fu, 2012; Nielsen, 2014; Shi & Shiichiro, 2012; Taylor, 2011). Researchers (see Guldenmund, 2000; Guldenmund, 2007; He *et al.*, 2012; Shi & Shiichiro, 2012) have identified that there appear to be little consensus on the concept of safety culture; resulting in an inability to develop a clear cause and effect theoretical models. Most studies have used questionnaires that have not been able to adequately capture the safety culture concept (Guldenmund, 2007). In addition, Guldenmund (2007) has added that most studies on safety culture have ignored industry and national cultures that may have an impact on the safety culture of an organisation. Thus, in spite of these safety culture research, accidents and death rates are still high according to ILO records cited earlier.

The consideration of a management concept, which has also been applied to organizations for a long period of time; employee participation in management (Dundon, Wilkinson, Marchington, & Ackers, 2004; Dundon, Wilkinson, Marchington, & Ackers, 2005; Townsend, Wilkinson, & Burgess, 2012) appears as a possible way of determining if injury and death rates could be reduced. This is because studies on employee participation indicates that there are benefits accruing from involving workers in the management of organisations (Cox, Marchington, & Suter,

2009; Cox, Zagelmeyer, & Marchington, 2006; Dundon, Wilkinson, Marchington, & Ackers, 2004; Knudsen, Busck, & Lind, 2011).

There are two main ways in which participation in organisational management takes place: these are representative and direct participation (Knudsen, Busck, & Lind, 2011; Marchington & Kynighou, 2012; Marchington, 2015). According to Marchington (2015) representative participation is when employees have representatives taking decisions on their behalf with management of organisations. This could be in the form of Trade Union Representations or other formal representation. Direct participation, on the other hand is where employees are directly involved in the management of organizations. Direct participation in management is of two forms: formal and informal. Literature indicates that, the least researched form of participation is the informal (see Cox *et al.*, 2009; Gollan & Dundon, 2007; Marchington & Kynighou, 2012; Marchington & Suter, 2013; Marchington, 2015a; 2015b; Markey & Townsend, 2013; Townsend, Wilkinson, & Burgess, 2012; Townsend & Loudoun, 2015; Wilkinson, Townsend, Graham, & Muurlink, 2015).

Although informal participation has been considered important in building trust and commitment among employees and management (Marchington & Suter, 2013; Marchington, 2015a; Townsend, Wilkinson, & Burgess, 2012), it appears to have received little research attention in management research and OSH management in particular. Conversely, the direct formal form of participation has been relatively more researched (see Knudsen *et al.*, 2011; Robinson & Smallman, 2013; Widerszal-Bazyl & Warszewska-Makuch, 2008; Raymond Markey & Patmore, 2011; Skorupińska, 2013). This thus, presents a knowledge gap on informal participation in OSH management.

1.2 Motivation for the Study

The need to undertake such a study in a manufacturing organisation in Ghana, is informed by several issues relating to occupational safety and health in the country and in the manufacturing industry. Employee participation in the management of organisations and in occupational safety and health in particular holds immense benefits for employees as well as organization as a whole (Gunningham, 2008; Tucker, 2013).

Participation in OSH management is usually covered under the health and safety law(s) that governs a particular country. Most legislation require the formation of a “health and safety committee” made up of management of the organization, employees and or representatives of employees in the organization (Ali, 2008; Yassi *et al.*, 2013; Tucker, 2013; Eaton & Nocerino, 2000). The effectiveness of such a committee, in an organization, in ensuring participation of employees has however been questioned (Yassi *et al.*, 2013; Tucker, 2013; Rees & Porter, 1998; Liu *et al.*, 2010; Nielsen, 2014b). Yassi *et al.* (2013) for instance found out that in Canada, the

effectiveness of Joint Health and Safety Committees in ensuring the safety of employees are mixed.

The effectiveness are mixed because, those organizations that voluntarily established them had improved safety records (for instance, injury rates reduced by 5.7 fewer injury per 1000 employees: Yassi et al., 2013) and those that did so as a result of meeting regulatory requirements did not appear to have changes in the safety outcomes of employees in the manufacturing sector, where the study was conducted. Yassi *et al.* (2013) thus, concluded that, generally, the existence of health and safety committees improved safety outcomes of employees in organizations in comparison to those organizations that did not have any such committees. In addition, a mandatory requirement for the establishment of a committee with strict enforcement was necessary in any country (Yassi *et al.*, 2013). Rees and Porter (1998) adds that, participation in occupational safety and health management required by legislation demands the application of sanctions and strict monitoring to work. This often leads to employers establishing non-functional committees under the pretext of adherence to legislation (Rees & Porter, 1998).

Ghana has neither a comprehensive law on occupational safety and health nor a national policy on safety. The occupational safety and health regulatory system that currently exists is guided by several pieces of disjointed legislation administered by different agencies. These legislations include the Factories, Offices and Shops Act of 1970 (Act 328); the Civil Liability Act of 1963 (Act 176); the Workmen Compensations Act of 1987 (PNDCL 187); the Labour Act of 2003 (Act 651), the Persons with Disability Act of 2006 (Act 715), the Environmental Protection Act 1994 (Act 490), and the Mining and Minerals Regulation 1970 (L.I. 665).

The existence of these scattered legislations, with different oversight agencies and inadequate logistics makes the enforcement of OSH regulations almost impossible (Annan, Addai, & Tulashie, 2015; Norman, London, Aikins, & Binka, 2014) in the country. Much more importantly, a review of the laws revealed that the requirement of setting up a health and safety committee does not exist in any of the legislation covering OSH in Ghana. This implies that unless an organization and its employees go out of their way to initiate a participation process in OSH management, nothing compels any organization to actively involve employees in the participation process.

1.3 Research Problem

Ghana has a growing manufacturing industry that contributes about 4.7% to the Gross Domestic Product (GDP) of the country (Ghana Statistical Service, 2015). The sector is the third highest employment provider with an overall estimated employment level of 9.1%, whilst the agricultural, forestry and fishing sector is the highest, providing 44.3% of all employment in the country (Ghana Statistical Service, 2014).

There appear to be a general issue of underreporting of workplace accidents, injuries and deaths in the manufacturing sector of Ghana (Annan *et al.*, 2015). This is evidenced in the disparities in injury records of the Factories Inspectorate Division of the Labour Office of Ghana and the compensation claims records of the Labour Department for the manufacturing sector within the same periods. According to Alli (2008), as many as 50% of all occupational accidents and injuries go unreported, particularly in developing countries. However, some newspaper reports exist on accidents, injury and deaths in the manufacturing sector whenever it happens.

For instance, Abubakar (2012) reported for the Daily Guide (Ghanaian newspaper) that 11 workers were injured in the course of their employment in the manufacturing sector and were rushed to a healthcare facility on January 30, 2012. He also reported that in the previous year, 2011, an accident as a result of explosion in another factory resulted in one person dying and 13 others sustaining various forms of injuries as a result of explosion. The Daily Guide reported again on May 31, 2012 of eight people sustaining various degrees of burns as a result of a mishap on a night shift in a factory in Tema, the industrial hub of the country. Several of such other reports exist in the media indicating that accidents, injuries and deaths occur in Ghana's manufacturing sector. Nevertheless, in as much as some accidents, injuries and deaths are reported in the media, it is incumbent on the management of organisations to ensure all such cases are duly reported to the labour office so as to inform the taking of appropriate remedial measures. Table 1.1 shows some statistics of reported injuries to the Factories Inspectorate Division of the Labour Office in Ghana for the period 2010-2015.

Table 1.1 : Recorded Injury Statistics in Ghana's Manufacturing Sector 2010-2015

Year	Non-fatal Accidents	Fatal
2010	33	1
2011	40	5
2012	60	2
2013	23	3
2014	40	-
2015*	20	-

*Report for only three quarters
(Source: Factories Inspectorate Division, 2015)

According to the Ghana Statistical Service labour force report for 2014, the total number of persons employed in the manufacturing sector of Ghana which constitutes the 9.1% of the total employed persons in the country is 1, 672,070 persons. In calculating the percentage of this number who were injured within the same period (2014) appears negligible (see Table 1.1). However, since value cannot be placed on human life and each human life that is injured on the job, or dies as a result of work related disease or through an accident that occurs in the workplace it is still important that death and accident rates are reduced to zero.

Additionally, the cost of accidents or death in the workplace, according to Hughes & Ferrett (2011) is manifested in the form of compensation claims and payment, lawsuits, loss in production time, increase in insurance premiums for workman compensation insurance policies. To the employees, the authors assert that the results in loss of employment, livelihood and may have rippling effects of the immediate and external families of those affected. These effects require that the management of occupational safety and health issues be such that accidents and work related deaths are deruced to zero.

Closely related to reported accidents are compensation claims which could be used as a proxy to determine accidents, injury, diseases and deaths that occur on the job in respect of occupational safety and health. Compensation claims indicates claims made, but not necessarily paid out to claimants of workplace injuries, diseases or deaths. The actual payments made as a result of these claims are determined on a case-by-case bases in a court of law based on the interpretation of the Workman Compensation Act that exists in a country and in the case of Ghana, it is the Workman Compensations Act of 1987 (PNDCL 187). Statistics obtained from the Labour Office indicates 2,572 compensation claims in a period of six years (2010-2015) in the manufacturing industry. Table 1.2 shows the yearly compensation claims made.

Table 1.2 : Compensation Claims Made: 2010-2015

Year	Non-fatal	Fatal
2010	374	8
2011	347	2
2012	321	2
2013	302	14
2014	397	10
2015	789	6

(Source: Labour Office, 2015)

These statistics provides an indication of the state of OSH management in the manufacturing sector of Ghana.

As mentioned in the introduction, research has indicated that involving employee in the management of an organisation results in benefits to both employees and the organisation as a whole. Whilst research abound on representative participation and formal participation, minimal research exist on involving employees informally in the management of organisations (Knudsen, Markey, & Sompkin, 2013; Marchington & Suter, 2013; Marchington, 2015a; Townsend et al., 2012; Townsend & Loudoun, 2015). The few studies (Cox *et al.*, 2009; Marchington & Suter, 2013; Townsend *et al.*, 2012) that exist have investigated employee informal participation in relation to formal participation and have been unable to arrive at a consensus on the specific role of informal participation in achieving the benefits of involving employees in the management of organisations. However, researchers (see Marchington & Suter, 2013;

Marchington, 2015a; Townsend *et al.*, 2012) have opined that informal participation in management is important in ensuring the trust and commitment of workers.

In the area of OSH management, researchers have focused on investigating representative participation (example Knudsen *et al.*, 2011; Markey & Patmore, 2011; Ollé-Espluga *et al.*, 2015; Robinson & Smallman, 2013; Widerszal-Bazyl & Warszewska-Makuch, 2008). These studies have generally also indicated that involving the representatives of employees in OSH management have to some extent led to improved safety in the workplace. Meanwhile, the activities of representatives, particularly trade unions have been dwindling; thus, most workers no longer have union representations or any form of representations to represent them (Knudsen *et al.*, 2011; Marchington, 2015; Taras & Kaufman, 2006; Ackers & Wilkinson, 2009).

Widerszal-Bazyl and Warszewska-Makuch (2008) adds that, generally, research on employee participation in organizational management has often not been related to occupational safety and health issues. This can be attributed partially to the difference in definition of safety participation and employee participation in management (a human resource management and industrial relations literature. One research (see Robinson & Smallman, 2013) on the subject discovered that very few managers consult employees on occupational safety and health issues. Robinson and Smallman (2013) thus concluded that non-consultation of employees often jeopardized safety in the workplace.

Closely related to the literature gap identified is the assertion of Nuwayhid (2004) and Ahasan and Partanen (2001) that OSH issues are not prioritized in developing countries as a result of competing and priorities needs governments have to contend with. In addition, Jeyaratnam (2011) posits that, there are inadequate legal and institutional structures in developing countries on health and safety. He argues that developing countries adopt legal and regulatory standards from developed countries but do not adapt these regulations to their local context. This issue of weak regulation and enforcement coupled with the presence of cheap labour, as well as the quest to pursue a fast-tracked development agenda of these developed countries, he argues, often attracts high risk industries such as those producing chemicals to relocate to developing countries. Thus in the quest to industrialize, developing countries have not strengthened their legislature on occupational safety and health and have also not put in place adequate measures to ensure that existing legislature on the subject matter are enforced.

The policy and practical gaps presented in the preceding paragraphs can be summarised as follows; the existence of injury, death and compensation claims as reported for the manufacturing sector in Ghana; the non-existence of a comprehensive law on occupational safety and health; the existence of fragmented laws administered by different agencies with overlapping roles (and its attendant problems of not getting anything enforced); the non-requirement for the establishment of a health and safety committee under these laws, and the dwindling activities of trade unions that could

perhaps speak to safety issues for employees. In the area of literature, although studies have established that involving employees informally in management results in eliciting the trust and commitment of employees to an organisation, there appear to be little research done to actually explore the phenomenon of informal participation of employees in OSH management.

The aim of this study is to contribute to the effective management and sustainability of OSH management in the manufacturing sector by exploring how employee informal participation in OSH management in a manufacturing organisation in Ghana. This is expected to provide an in-depth understanding of the phenomenon of informal participation, in the context of a social exchange relationship that results in reciprocity where both employees and the organisation benefits in terms of OSH issues.

1.4 Research Objectives

The main objective of this study is to explore employee informal participation in OSH management in a manufacturing organisation in Ghana.

Specifically, the study seeks to;

1. Understand why employees informally participate in occupational safety and health management in the organisation.
2. Discover how informal participation in occupational safety and health management occur in the organisation.
3. Describe the factors that encourage or hinder employee informal participation in occupational safety and health management in the organisation.
4. Understand how the experiences of employees who participate informally in occupational safety and health management inform their safety behaviour in the organisation.

1.5 Research Questions

- 1 Why do employees informally participate in occupational safety and health management of the organisation?
- 2 How does informal participation in occupational safety and health management occur in the organisation?
- 3 What factors encourage or hinder employee informal participation in occupational safety and health management in the organisation?
- 4 How does the experiences of employees who participating informally in occupational safety and health management in the organisation inform their safety behaviour?

1.6 Contributions of the Study

Although much research exist on employee formal participation in management, and in the area of representative participation in occupational safety and health, little exist on the informal participation of employees in OSH management generally. This study has bridged the knowledge gap in that area by investigating employee informal participation in OSH management.

Theoretically, the study makes a major contribution to the body of knowledge on informal participation is the development of a conceptual framework. This framework was developed out of the findings presented in chapter six. These concepts are positive reaction from managers, perceived effectiveness of informal participation, organisational enabling factors, human disabling factors, and good safety behaviour. The theories and concept used to explain the relationships of the concepts in the framework are the social exchange theory, the leader-member exchange theory (LMX), and the perceived organisational support concept (POS) and Hofstede's national cultural dimensions.

Some of the findings of the study contradicts Hofstede's assertion on the behaviour of a group of people based on the national cultural dimension. The findings indicate that these behavioural characteristics differ from the cultural dimensions predicted by Hofstede. For instance, reverence for authority as predicted by Hofstede et al. (2010) in a high power distance culture was not practiced by employees. Another deviation identified in the findings is that, although Ghana is considered a strong uncertainty avoidance country thus Hofstede et al. (2010) suggests that citizens will adhere strictly to rules and laws, it was found that employees were not adhering to the organisational rules which directs that they report their grievances or safety concerns through an established formal structure of communication.

The study established some key success factors of an effective employee informal participation namely: (a) safety training, (b) reward schemes, (c) promotion of freedom of expression among employees, (d) non-insistence on formal participation, (e) positive feedback, and (f) absence of fear of victimisation. It was found that the availability of these factors enabled employees to informally engage safety representatives, supervisors, safety manager, and COO on safety concerns. This discovery suggests that organisations who seek to initiate or promote informal participation should consider these factors carefully.

Another major contribution of this study to knowledge is that it has provided empirical evidence to strongly suggest that informal participation actually influence management decisions on safety. These findings however, appear to disagree with the findings of Redman and Snape (2005) (cited in Townsend et al., 2012) that it was only representative participation that yielded results in organisations. Also, though some researchers (Marchington & Suter, 2013; Markey & Townsend, 2013; Dundon,

Curran, Ryan & Maloney, 2006) have insisted that informal participation can only work in tandem with formal participation, it was found in this study that informal participation actually influence management decisions.

1.7 Scope and Limitation of the Thesis

This study explored employee informal participation in occupational safety and health management in a pharmaceutical organisation in Ghana. The aim was to provide an understanding of the phenomenon of informal participation by focusing on why employees engaged in informal participation, how informal participation occurred in the organisation, the factors that encouraged or discouraged informal participation of employees and how informal participation affected employee safety behaviour in the organisation. The study covered Ghana because of the myriad of occupational safety and health issues facing the manufacturing sector, and a pharmaceutical company was chosen because the phenomenon of informal participation was identified to be practiced there. An understanding of how informal participation would provide managers with practical examples of how to involve employees informally in the management of safety and health in their organisations.

The choice of a single case study limits the ability to generalise the findings of the study. This limitation does not however, invalidate the findings. It rather provides a rich set of data that explains the lived experiences of respondents that when replicated, others can relate to.

1.8 Operational Definition

The key terms requiring operational definition for this study are employee participation, employee formal and informal participation. The operationalized definition of these terms have been provided and that was the meaning that had been used through the study.

1.8.1 Employee Participation

Employee participation can be simply explained as the extent to which employees of an organisation have a say in their work activities (Wilkinson & Fay, 2011) and decision-making (Strauss, 2006) within that organisation. Busck, Knudsen and Lind (2010) appear to agree with Strauss (2006) with their definition indicating employees participate when they enter the domain of authority and operations of an organization. Thus for the purposes of this thesis, employee participation is when employees are able to influence the management of safety in their organisation.

1.8.2 Employee Formal Participation

Employee formal participation are interactions between employees and management on issues of common interest, usually done through formal mechanisms laid down by the organization in the form of scheduled meetings such as staff durbars and problem-solving committees (Cox *et al.*, 2009). Other formal arrangements of employee participation includes scheduled meetings, noticeboard information, debriefings, and newsletters (Pyman, Cooper, Teicher, & Holland, 2006). For the purposes of this study, formal participation is operationalized as interactions on occupational safety and health issues discussed through formal avenues created for them such as meetings, noticeboard messages, staff durbars and problem solving committees.

1.8.3 Employee Informal Participation

Informal participation involves unplanned interactions between management and staff where workers get the opportunity to influence their conditions of work (Strauss, 1988, as cited in Marchington, 2015; Marchington & Suter, 2013; Markey, Ravenswood, Webber, & Knudsen, 2013; Townsend *et al.*, 2012). This occurs in the form of information sharing and consultations that enables employees to have some influence over their work.

Informal participation is usually differentiated from formal participation by the setting in which participation occurs. Whilst an issue discussed at a meeting, or a forum created for that is considered as formal, the same issue discussed outside of the formal setting at a place such as on the shop floor, in the cafeteria or even outside of the organization is considered informal (Dundon, Curran, Ryan, & Maloney, 2006; Marchington & Suter, 2013). Strauss (1998) (as cited in Townsend *et al.* 2012) posits that informal participation is not concerned with issues discussed by management and employees, but rather the setting within which the discussion takes place. Whilst formal arrangements may be made for employees to have discussions with management on certain organisational issues, when those issues are discussed outside of those formal settings provided, they are qualified as informal. Informal arrangements include ad hoc discussions on corridors and chanced discussions over work and lunch.

Thus for the purposes of this study, informal participation is operationalized as the ad hoc interactions between management and employees on occupational safety and health issues that occur outside of formal structures meant for such discussions (Strauss, 2006). It does not matter that persons involved in the interaction may be part of a formal setup for those same interactions. The setting within which the interaction takes place, defines the interaction as formal or informal.

1.9 Organisation of the Thesis

The thesis is organised into seven main chapters. The first chapter provides an introduction to the whole study, providing background information and outlining existing literature and practical gaps in occupational safety and health management in Ghana. The chapter then makes a case for why it is important to investigate the phenomenon of informal employee participation in occupational safety and health management. The second chapter provides an overview of occupational safety and health management in Ghana. The chapter provides a country context for the study, discussing a brief history of occupational safety and health management, the existing pieces of legislation on occupational safety and health, the challenges facing occupational safety and health management in Ghana, occupational safety and health in the manufacturing sector is also discussed.

The third chapter reviews existing literature on employee participation in management with specific focus on informal participation and the factors that affect it. The fourth chapter reviews literature on theories and concept that guided the collection of and analysis of data on the phenomenon of employee informal participation in OSH management. The fifth chapter discusses the methodology for the investigation of the phenomenon of employee informal participation. The research philosophy, research approach and the rationale for the choice of methodology. A step by step process of data collection and analysis as well as ethical considerations made are all discussed.

The sixth chapter presents the findings of the study and discusses the findings in the context of the literature reviewed. The seventh chapter, which is the concluding chapter that discusses the contrclusion of the study, contribution to knowledge and practice, with the presentation of a conceptual framework developed from the themes identified in the data and recommendations for further studies on the subject matter.

1.10 Chapter Summary

This chapter has made a case for exploring informal participation of employees in OSH management as a result of the failure of previous approaches to ensure safety in the workplace for employees. The literature gap identified indicates that informal participation is not much explored in literature and thus requires further research. In addition, Ghana as a country has a lot of challenges in the management of occupational safety and health issues. Some of these include but are not limited to a lack of a national policy on occupational safety and health, inadequate occupational safety and health legislation, inadequate enforcement of existing legislation on occupational safety and health, and the non-existence of the requirement for the establishment of health and safety committees by existing legislation in the country (see Annan *et al.*, 2015; Kheni & Briamah, 2014; Amponsah-Tawiah, 2013; Puplampu & Quartey, 2012). All these challenges are in the face of a growing manufacturing sector (Ghana Statistical Service, 2015). The thesis of this study is that informal participation of employees in OSH management may result in the development of safety behaviour

among employees in an organisation. The next chapter discusses the context of the study with a focus on why in the face of failed legislation, the management approach of informal participation is necessary.



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