

# Chapter 79

## Work Leadership, Occupational Health, and Safety

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### ABSTRACT

*Occupational health and safety (OHS) systems are designed to identify and minimize risks at the workplace. A thriving business community should seek to create jobs, wealth, good leadership, safe, and healthy working conditions that are essential for production of goods and provisions of services. Therefore, managers have a legal and moral duty to safeguard the health and safety of those who work for them, and the exercise of these duties needs to be seen as central to the role of leadership. There is a growing interest among researchers and organizational practitioners about occupational safety in recent years. The chapter provides an exhaustive discourse on the relevance of occupational health and safety systems in modern day workplaces as well as the nexus between management leadership and occupational health and safety. It highlights the guiding principles to leadership and key issues in efficient administration of OHS. The chapter concludes by recommending the role leaders should play to improve safety and health in the workplace.*

### INTRODUCTION

The organized workplaces across the global world has in the recent past witnessed tremendous economic, technological growth and enhanced employability except in some developing countries such as Nigeria. This growth has raised serious concerns over occupational safety in virtually all work sectors, particularly manufacturing sector, including tertiary and quaternary services. Managing Occupational Health and Safety (OHS) effectively is a key element in running a successful business in today's workplace. Nowadays, work place safety is considered by World Health Organization (WHO) a priority setting for health promotion in the 21st century (Takala, 1999; WHO, 2010). Therefore, managers have a legal and moral duty to safeguard the health and safety of those who work for them, and the exercise of these duties needs to be seen as central to the role of leadership. There is a growing interest among researchers,

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management and organizational practitioners about occupational safety in recent years. This is probably informed by the growing incidence of workplace illness, injury and death which impose large cost on national economies and operational efficiency of organizations. International Labor Organization (ILO) and WHO reports indicated that in manufacturing industries many employees suffer from workplace injuries and property damage resulted in economic crisis (ILO, 2006; ILO, 2010; WHO, 2010). Every 15 seconds, a worker dies from a work-related accident or disease. Every 15 seconds, 153 workers have a work-related accident (Jilcha & Kitaw 2016). Every day, 6,300 people die as a result of occupational accidents or work-related diseases – more than 2.3 million deaths per year (ILO, 2010; WHO, 2010; Jilcha & Kitaw, 2016).

These costs accrue to the individual workers who suffer, their families, the businesses that employ them, and the society at large due to the costs associated with health care and treatment (Gahan, Sieve-wright & Evans, 2014). Economic analysis of workplace health and safety has for example, consistently shown that jobs or occupations associated with lower levels of workplace safety typically attract a wage premium (Heaney & Irish, 2007; Gahan, Sieve-wright & Evans, 2014)). Economists have also sought to estimate the marginal costs associated with work related death in different part of the world. For example, using Australian data, Miller, Mulvey and Norris (1997) estimate the economic cost associated with a work-related death to be between \$11million and \$19million only in Australia. Although estimates vary significantly from country to country, the International Labor Organization (ILO, 2006) has estimated that the cost associated with workplace death, injury and illness is approximately 4 percent of annual global domestic product. In developing countries including Nigeria, the risk of having work-related injury is almost 15 to 25 times higher than that of developed counties. This is because in developing countries (e.g. Nigeria), majority of the workforce is employed in small and medium scale industries that do not meet the minimum standards and guidelines set by the WHO and the ILO for occupational health, safety and social protection (Barling, Loughlin & Kelloway, 2002; Tadesse & Kumie, 2007). Occupational health and safety laws cover only about 10% of the population in developing countries, omitting many major hazardous industries and occupations (see LaDou, 2003; Linhard, 2005). Occupational health remains neglected in most developing countries under the pressure of devastating social, economic, and political challenges (Ahasan & Partanen, 2001; O'Neill, 2000; Christiani, durvassula, & Myers, 1990; Barling, Loughlin & Kelloway, 2003)

Occupational Health and Safety (OHS), also commonly or otherwise referred to as Occupational Safety and Health (OSH), or Workplace Health and Safety (WHS), is a multidisciplinary field concerned with the safety, health, and welfare of people at work. It is a field of healthcare concerned with enabling an individual to undertake their occupation, in the way that causes least harm to their health. As defined by the World Health Organisation (WHO) occupational health deals with all aspects of health and safety in the workplace and has a strong focus on primary prevention of hazards. While “Health” has been defined by WHO as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. By implication, occupational health and safety is all about promotion of health and safety at work, which is concerned with preventing accidents, harm or injury from any incidental hazards, arising in the workplace.

In recent years however, occupational health and safety of the workers has improved and is relatively satisfactory in developed countries, whereas in developing countries, occupational health receives little attention and comes at low level in the list of national priorities (Perrow, 1984). Studies showed that there are baskets of measures providing information on a range of health and safety performances (HSE, 2001; Yusuf, Moges, & Ahmed, 2014). Nevertheless, the traditional workplace-oriented occupational health

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