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CHALLENGES FACED BY OCCUPATIONAL HEALTH AND SAFETY (OHS) PROFESSIONALS IN ZIMBABWE

PETER MUZORE

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DECLARATION

I, **MUZORE PETER** do hereby declare that this dissertation is my original paper and has not been submitted before for any academic reason at this institution or any other academic institution for any purpose.

Signature: MUZORE PETER

DEDICATION

I dedicate this work to my family in appreciation of their love, support, and care. Most importantly, my God, who made everything possible.

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First of all, I want to give thanks to the Lord for giving me the life, the power, and the wisdom to carry out this research. This research's compilation included the involvement and assistance of brilliant brains, and it would not have been possible without their support.

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ABSTRACT

Background: OHS professionals have been deemed a profession without professionals in recent years due to a lack of recognition in professional protection and career development (Uhrenholdt Madsen et al., 2019). According to studies conducted in developing nations, hiring an OHS specialist reduces accidents, improves compliance, and reduces expenses associated with workplace inefficiencies. Despite the fact that INSHPO is progressively pushing for OHS professionals globally, most companies continue to question the value that an OHS professional brings to the organization. OHS practice is expanding as an emerging profession in Zimbabwe, however unlike professions such as law and engineering, OHS practitioners confront a variety of hurdles that impact their contribution to the companies they serve. In order to fully appreciate the value of OHS professionals, this study aims to explore the challenges faced by OHS professionals in developing nations like Zimbabwe. **Methodology**: 100 OHS professionals from different Zimbabwean industries participated in the study. Data was gathered utilizing a Google survey to administer a structured questionnaire through email. Descriptive statistics were used to analyze the quantitative data, while thematic analysis was utilized to analyze the qualitative data. **Results**: According to the majority of respondents, the challenges faced by OHS professionals include poor management commitment, the profession's limited legal recognition, an unclear career path, a lack of clear roles and responsibilities, a lack of authority in organizations that puts value contributions at risk, inadequate resources, poor regulatory frameworks, and poor remunerations. OHS professionals also work under unfavorable conditions and lack job security. **Conclusion**: The study concludes by recommending a multifaceted strategy to address the challenges OHS practitioners in Zimbabwe face, including the funding of OHS, revision and strict enforcement of OHS laws, CPD and CE, the creation of a regulated OHS professional body, the creation of a body of knowledge that an OHS professional should be trained on, and revising salaries and allowances for OHS professionals. Further research should investigate the extent to which the strategies identified in this study address the challenges faced by OHS professionals in Zimbabwe and the value that OHS professionals bring to organizations.

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CHAPTER ONE: INTRODUCTION

1.1 Background

Occupational health and safety (OHS) is a new profession that is in its incipient stage (Moyo et al., 2015). Hence, accessibility to OHS services by workers has remained low (International Labor Organization (ILO), 2017) and it has long been a global concern. Alarming OHS statistics show that annually there are more than 2.3 million fatalities and approximately 313 million work-related non-fatal accidents, resulting in costs to the global economy that reduce global net profit (GNP) (Nikfar & Kharabaf, 2014). OHS started in the late 1800s and the early 1900s when Robert Virchow reported horrifying living and working conditions among coal mining workers and their families which launched campaigns for medical reforms and later progressed into concerns about OHS (Abrahams, 2001). Several interventions were introduced to cement the OHS system in reducing work-related accidents. The introduction of regulations and health and safety standards which became prominent during the early 20th century marked the beginning of the appreciation for OHS (Eddington, 2006). OHS progress has always followed revolutionary advancements in industry, and rules, regulations and standards have historically been reactive in nature (Badri et al., 2018).

As elicited, access to occupational health and safety services is one of the most important ways of reducing work-related accidents and illnesses (Bloch et al., 2018), and to reduce work-related injuries and illnesses in workplaces, it is imperative to employ competent occupational health and safety personnel (Atusingwize et al., 2018). The Global Framework reports that in the OHS profession, two categories exist which are the OHS professional and the OHS practitioner (Provan & Pryor, 2019). The OHS professional is seen as a key advisor, strategist, and pilot to the organization's leadership in fully integrating the management of OHS risk into sustainable business practice at all levels while the OHS practitioner implements strategy, notably at the site level, with an emphasis on state-of-the-art compliance (INSHPO, 2017; Provan & Pryor, 2019). In the OHS services, different specialists perform diverse roles such as occupational hygienists, ergonomists, safety engineers, safety officers, environmental health officers, occupational health nurses, physiotherapists, and inspectors (Hale et al., 2020; Yalala, 2021). In the SADC region, it was indicated that the number of experts to render these OHS services remains low (Masekameni et al., 2020).

Pryor et al., (2019) confirmed that most countries have not regulated the OHS profession. This is a simple identifier that the profession faces a number of problems globally with more dominance in low to medium-income countries (Moyo et al., 2015). In the context of Zimbabwe, the career path for OHS professionals is unclear. In a study conducted by Ncube & Kanda, (2018a), it was concluded that the OHS profession lacks essential categories. INSHPO, (2017) highlighted the importance of clarity on OHS roles to organizations in improving overall business performance. Hence the deficiency of clarity and confusion detracts from the professionalization of OHS (Pryor et al., 2019). The absence of compulsory regulations that stipulates the employment of OHS professionals, regulations concerning the licensing and registration of practicing OHS practitioners and professional entry criteria, and lack of professional bodies which govern them and a code of practice have brought major repercussions to the OHS field. Hence this has forced the researcher to unpack the challenges faced by OHS professionals in Zimbabwe as there are no senior studies that have been conducted to address this issue so that their value can be recognized.

Presently, Zimbabwe has ratified some of the ILO conventions, including Convention No. 155 on Occupational Safety and Health (OSH) and Convention No. 161 on Occupational Health Services (OHS), which call for the formation of enterprise-level health and safety services. These services are tasked with fundamentally preventive duties and, are accountable for guiding through workplace safety. Prevention is essential because it helps to ensure social and economic development as well as the lives and livelihoods of workers and their families (Bloch et al., 2018). As a result, structures for OHS that are legally binding have been developed. An investigation into the occupational health and safety situation nationwide reveals high levels of occupational injuries, even though these conventions have been ratified into national OHS laws. The distribution of occupational injuries is always fluctuating each year. This is evidenced by the statistics of the national OHS performance as measured by the key indicator of Lost Time Injury Frequency Rate (LTIFR) obtained from the period 2010 to 2014 which registered 1.64 with the period 2015 to 2019 recording 3.16 against the stipulated value of 1 (*Zimbabwe National OSH Policy*, 2021), showing a sharp 92,7% increase.

The unsatisfactory escalation in the amount of occupational injuries as observed in the statistics outlined above poses questions on the effectiveness of the existing OHS system in Zimbabwe and invite the need to look at challenges faced by practicing OHS practitioners as they are the key

professionals responsible for implementing systems to reduce work-related accidents. The representations of OHS in different developing nations show that several common issues and circumstances demand significant attention and backing from the global scientific community. (Lucchini & Landrigan, 2015).

Despite its impact on the lives of people in workplaces, OHS, as a new profession in Zimbabwe, has received little attention and support (Moyo et al., 2015), leaving OHS practitioners facing many challenges (Lucchini & Landrigan, 2015). As a result, occupational health and safety practitioners are unable to carry out their duties and responsibilities fully, as backed by laws in other countries, to reduce work-related accidents in workplaces (Moyo et al., 2015). This is also heavily influenced by the fact that the OHS profession in Zimbabwe is not regulated by professional bodies like in other countries with better-established OHS frameworks, such as Australia where the Safety Institute of Australia (SIA) oversees the accreditation of OHS professional education, defining the function of OHS professionals' knowledge and abilities, establishing a framework for career learning that supports OHS professionals, and certifying specific OHS practitioners (Provan & Pryor, 2019).

Hence, medical doctors, environmental health practitioners, nurses, engineers, and others who do not have adequate competence in occupational health and safety are all diving into safety and health departments as there are no legal requirements to license and register practicing OHS personnel in Zimbabwe. An incompetent OHS personnel can pose significant impacts on the challenges faced by OHS professionals in that they may not be able to properly identify and assess hazards, leading to inadequate control measures and consequently increased risk of work-related injuries, illnesses and fatalities and lack of compliance to legal requirements and other requirements (Lorente-Pedreille et al., 2020). As argued, the state of the OHS profession today indicates that there is a wide range of duties and responsibilities, role titles, role reporting frameworks, tasks, and activities. (Provan et al., 2017). It contributes to the challenges faced in the OHS profession as there is no standard training curriculum and code of conduct for OHS professionals in Zimbabwe which is recognized by a professional body. The OHS profession is not regulated and this weakens the formal status of OHS. It has been claimed that examining the scope of legal laws around a profession is one method of assessing its formal status (Provan & Pryor, 2019).

There is a poor organogram as in most organizations, the safety and health department is embodied under the human resources department, which facilitates a poor organizational map as the OHS professionals report to unrelated offices and as emphasized, assessing a professional's hierarchical position is one method of determining their official status in the OHS field. (Provan & Pryor, 2019). Poor regulatory frameworks and compliance proffers challenge OHS professionals. It was concluded that the provision of OHS in the SADC region is poorly regulated (Moyo et al., 2015). There is also a brain drain as Zimbabwe is training OHS professionals who are moving to other countries contributes to the shortage of recognized and competent specialists in the industry (Lucchini & London, 2014; Moyo et al., 2015). Leadership mindset and corporate commitment lack of adequate resources to support OHS systems and disempowered practitioners whose roles and responsibilities are not clearly defined are some of these challenges faced by OHS practitioners.

1.2 Problem Statement

Despite most organizations employing OHS practitioners, work-related deaths and injuries continued to exceed acceptable levels, as evidenced by the national OHS statistics which revealed that the LTIFR propagated above the NSSA stipulated LTIFR value which is 1 (Yalala, 2021; *Zimbabwe National OSH Policy*, 2021). A major contributory factor to these unsatisfactory statistics is that in Zimbabwe, OHS practitioners are not recognized as professionals and are not regulated. This has undermined the professional status and worth of OHS professionals. Provan & Pryor, (2019) argued that the coverage of legal regulations surrounding a profession influences its professional status. In conjunction with other factors such as; no standard training curriculum for OHS professionals, no legal requirement concerning the registration and licensing of practitioners, and code of conduct recognized by a professional body. Incompetent people from different fields are diving into safety and health departments without sound knowledge of OHS management bringing a plethora of problems contributing to these challenges faced by occupational health and safety practitioners in trying to reduce work-related injuries, illnesses, and fatalities.

Hence, this piece of study seeks to determine the challenges faced by occupational health and safety (OHS) practitioners in Zimbabwe and how they can be overcome to ensure a safe and

healthy working environment for all workers so that the value of OHS professionals can be realized.

1.3 Justification

In accordance with Convention 155(C-155) ratified by Zimbabwe, the Ministry of Public Service, Labour, And Social Welfare initiated a national OHS policy in an effort to advance OHS and improve working conditions. Despite the ratification of this convention, occupational accidents, injuries, and fatalities continue to occur at a high rate (NSSA, 2020). For a noticeable reduction of work-related accidents in workplaces, there is a need to employ a competent OHS practitioner in an organization, but regulations and the national OHS policy of 2021 do not recognize this. The need to improve the OHS profession and address its challenges to curb this unsustainable high level of occurrence of occupational accidents and injuries is urgent as the country is heading towards Vision 2030, where Zimbabwe is expected to be a middle-income country by 2030 with increased production (Ministry of Industry and Commerce, 2018). As economic activities increase in low and medium-income countries, work-related injuries, illnesses, and fatalities will likely increase hence the need for OHS services rises, but developing countries that prioritize economic growth are unlikely to be able to adequately provide it (Lucchini & Landrigan, 2015). Hence this study will explore the challenges faced by OHS practitioners in Zimbabwe proffered by the current national OHS system, which will reveal its effectiveness, weaknesses, gaps, and the strategies that can be employed to encounter the challenges.

1.4 Research Aim

This study aims to determine the challenges faced by occupational health and safety (OHS) practitioners in Zimbabwe and strategies that can be employed to encounter these challenges.

1.5 Research Questions

1. What are the challenges faced by OSH professionals in Zimbabwe?
2. What strategies can be employed to encounter these challenges?

1.6 Research Objectives

1. To determine the challenges faced by OHS professionals in Zimbabwe.

2. To determine the strategies that can be employed to reduce the challenges faced by OHS professionals in Zimbabwe.

1.7 Significance of the Study

As there are no senior studies that have been conducted to address the challenges faced by OHS practitioners in Zimbabwe, this study will help to provide information on the challenges and the strategies that can be employed by organizations and the nation at large to encounter these challenges. The data will be useful to policymakers, lawmakers, employers, safety professionals, and employees in recognizing the contribution of the occupational health and safety profession to achieving long-term business growth and economic growth. This research will also provide information for consideration in the development and review of OHS legislation and policies to improve the provision of OHS services in Zimbabwe.

CHAPTER TWO: LITERATURE REVIEW

2.1 Evolution of Occupational Health and Safety (OHS)

Occupational health and safety have evolved significantly since their beginnings (Zhou, 2022). At first, workplace safety was largely unregulated, and workers were expected to tolerate hazardous and unhealthy working conditions to earn a living (Kim, 2021). With the emergence of safety regulations and standards, improved technology, and increased awareness of workplace hazards, the attention to workplace health and safety has transitioned to a more proactive approach to sustainable solutions (Badri et al., 2018; Theodore et al., 2018).

Eddington, (2006) stated that the evolution of OHS occurred in three stages, the first stage is the industrial revolution and its aftermath. Eddington, (2006) highlighted that during this stage there was little concern for the health and safety of workers, and many hazards and risks were present in the workplace. However, the writings of Gorge Bauer (1492-1555) on ventilation in mining shafts (Raouf, A., & Dhillon, 1994), and Agricola Paracelsus on miners' diseases and dangerous tradesmen in the 16th century marked the beginning of work-related accident information (Hunters, 1978).

During the 17th century, Bernadino Ramazzini, acknowledged as the forefather of occupational medicine, wrote books on OHS and studied injury and fatality rates which brought the consideration of proactive approaches in reducing work-related injuries and illnesses (Hunters, 1978; Rosenman, 2016). In the late 1800s and early 1900s, typhus epidemics were reported among coal miners in the Prussian state of Silesia, where Rudolf Virchow, a famous physician, also reported horrifying living and working environments for the miners and their families (Abrahams, 2001). The report stirred up a medical reform campaign, which advanced into concerns about occupational health and safety.

According to Eddington, (2006), the second stage of OHS development was the post-World War II period which was also identified as the Robens Era named after the release of the Robens Report in 1972. Robens, (1972) recommended a more flexible and self-regulatory approach to OHS. The early twentieth-century industrial revolution increased workplace hazards, prompting the development of safety regulations aimed at reducing workplace-related injuries and accidents (Badri et al., 2018). During the 20th century, OHS succeeded in the development of conventions by the International Labor Organization (ILO) around the world (Davies, 2013).

The third stage of OHS development is the current era which has been identified by a shift toward a more holistic approach to OHS. As the development of OHS standards became more widespread, many countries adopted safety regulations (Badri et al., 2018). OHS has advanced significantly and led to the beginning of the OHS profession, assisting in the reduction of work-related accidents and illnesses (Yilmaz & Yildiz, 2020).

The evolution of occupational health and safety in developing countries, on the other hand, has presented a number of challenges (Simukonda et al., 2018). It is difficult for OHS practitioners to maintain adequate safety standards where there is a lack of resources and infrastructure, as well as limited access to technical information and expertise, inadequate regulation enforcement, and a lack of knowledge and understanding of safety and health issues among employers and employees. It was reported that employers force employees to work in an unconducive environment (Ncube & Kanda, 2018a).

2.2 Evolution of the OHS Profession in Zimbabwe

The evolution of the OHS profession in Zimbabwe has been shaped by various socio-economic and political factors. Key milestones and studies have contributed to the development of OHS and its profession in Zimbabwe. The OHS profession can be traced back to the early years of colonial rule. The mining and industrial sectors played a significant role in the shaping of the OHS profession, as the need for safe working conditions and measures to protect workers became increasingly important.

According to Eddington, (2006), the evolution of OHS which led to the development of its profession occurred in three stages. It explains that during the second stage which began after World War II up until the late 1970s, there was a rising acknowledgement of the importance of workplace safety, and many countries established regulatory bodies to establish safety standards. In Zimbabwe, the enactment of the Factories and Works Act (Chapter 14:08) introduced in 1948 led to significant improvements in workplace safety. The Factories and Works Act has undergone several amendments to improve working conditions in various sectors such as mining, manufacturing, and construction (Moyo et al., 2015). The Robens Report was a significant milestone that recommended a self-regulatory approach and influenced the development of OHS as a profession in many countries (Eddington, 2006).

The third stage of OHS development began in the late 1970s and continues to the present day. There was a shift towards a more holistic approach to workplace health and safety, with a great emphasis on a proactive approach. The report by Robens, (1972) has continued to have an impact as its principles of self-regulation have been incorporated into national OHS legislations. Due to the emphasis on the need for a more comprehensive and integrated approach to OHS by the Robens Report (Eddington, 2006), several developments occurred which led to the growth of the OHS profession in Zimbabwe. The development and enactment of various laws and regulations occurred and have significantly influenced the growth of the OHS profession in Zimbabwe. The Labour Act (Chapter 28:01) enacted in 1985 regulates the terms and conditions of employment and provides guidelines for worker protection, including OHS issues. The National Social Security Authority (NSSA) Act (Chapter 17:04) was established in 1989 for administering various social security schemes, including workers' compensation and occupational health and safety (Moyo et al., 2015). Also, SI 109 of 1990 the mining (management and safety) regulation was introduced to cement OHS in the mining sector.

The development of both national and international OHS institutions has played a crucial role in shaping the OHS profession in Zimbabwe. NSSA through its division of OHS has facilitated the advancement of the OHS (Moyo et al., 2015). The division helped to create awareness, promote best practices and provide training and certification opportunities for OHS professionals. Employment of NSSA inspectors who conducts workplace inspections and assess compliance with legal and other requirements (Mkungunugwa et al., 2022). The Zimbabwe Occupational Health and Safety Council (ZOHSC) established in the late 1990s, ensures national consensus on OHS issues in the country (*Zimbabwe National OSH Policy*, 2021).

Multinational companies which are taking an active part in Corporate Social Responsibility (CSR) operating in Zimbabwe have contributed to the growth of the OHS profession through the implementation of OHS policies and practices, providing training and education to employees, and collaborations with local stakeholders to improve OHS (Dziro, 2014).

2.3 Theories of Regulated Professions

Regulated professions have been the subject of much research and discussion in the field of occupational health and safety. While some professions, such as medicine and law, are heavily regulated, others, including occupational health and safety, are not regulated in most countries

(Pryor et al., 2019). The lack of regulation in the field of occupational health and safety can have significant implications for the effectiveness of the profession in protecting workers' health and safety (Masekameni et al., 2020; Provan & Pryor, 2019). Several key assumptions or propositions underlie the concept of regulated professions. One is that regulation can help to ensure a minimum level of competence among practitioners (Masekameni et al., 2020). Another is that regulation can help to protect the public by ensuring that practitioners adhere to certain ethical standards and codes of conduct (Provan & Pryor, 2019). Several theories have been developed that review how professions regulate themselves; guild system, self-regulation, trade associations, and licensing.

However, in Zimbabwe, the profession of occupational health and safety is not regulated. This means that there are no official requirements for education or training for practitioners, and no codes of conduct or ethical standards that must be followed. This lack of regulation can have several negative consequences (Moyo et al., 2015). For example, it may mean that practitioners are not adequately trained or qualified to provide effective services. It may also mean that there is no accountability for practitioners who engage in unethical or unsafe practices.

Overall, the lack of regulation in the field of occupational health and safety in Zimbabwe highlights the need for increased attention to this issue. By understanding the implications of unregulated professions and working to develop effective regulatory frameworks, policymakers and practitioners can work together to improve the quality and effectiveness of occupational health and safety services in Zimbabwe (Moyo & Dube, 2020).

2.3.1 Guild System

A guild system is a historical form of regulating professions that emerged in the middle ages and the concept has been discussed in various academic fields. It is a system in which members of a particular profession are organized into a guild, or an association to regulate their profession and protect the interest of its members. Teague, (2019) suggests that the guild system which emphasizes self-directed learning collaboration among members can provide a supportive and collaborative environment for individuals seeking to develop new skills and knowledge. Hruby, (2021) points out that the guild model may be a more effective approach to professional development.

Brante, (2013) examines the historical development of professions in Sweden and he argues that the guild system played a significant role in the development of professions in Sweden, as it

provided a framework for organizing and regulating various crafts and trades. The system has been used throughout history and is still seen in modern professions such as law and medicine

2.3.2 Self-regulation

Self-regulation is a topic that has been widely discussed in the literature on professions and professional organizations. Lester, (2016) defined self-regulation as a theory of regulated professions that states that professionals should be responsible for regulating their practice and ensuring that they meet certain standards of ethical behavior and competence. Adams, (2017) also emphasizes the importance of professional autonomy and self-monitoring when professional bodies regulate themselves and the members subscribing to them. Adams, (2017) examines the history of self-regulation in professions such as accounting, medicine, and law highlighting the challenges faced due to external pressures and societal expectations in sustaining effective self-regulation. Adams, (2017) also highlighted that there is a need for ongoing reflection and adaptation to ensure that self-regulation continues to serve its intended purpose.

Gorman, (2014) argued that self-regulation can lead to conflicts of interest and may not provide adequate protection for the public. Self-regulation is still relevant and necessary for professions, but there is a need to evolve in response to ongoing societal changes and technological advancement (Lester, 2016).

Jeffery et al., (2020) explore the concept of self-regulation in the context of occupational therapy, discussing the importance of ethical decision-making and professional accountability. The authors note that self-regulation is critical for ensuring that occupational therapists provide safe, effective, and ethical care to their clients. However, they also identify several gaps in the current understanding of self-regulation in occupational therapy, including the need for clearer definitions and standards, better training and education for occupational therapists, and more effective mechanisms for monitoring and enforcing ethical standards.

2.3.3 Trade Associations

Trade associations are a system in which members of a profession form an association to promote their interests and protect their reputation (Clarke & Clements, 1978). Kumar & Singh, (2020), explored the role of trade associations in the Indian competition regime and they argued that trade associations play a crucial role in facilitating economic growth and development, but they can also pose a risk to competition and consumer welfare if they engage in anti-competitive behavior. They

also examine the legal framework for trade associations in India and highlighted the challenges that these associations face in balancing their interests with the need for healthy competition. Trade associations can play a significant role in promoting innovation and development if they operate within a framework of healthy competition and ethical behavior (Kumar & Singh, 2020).

2.3.4 Licensing

Licensing is a regulatory system that has been widely used to ensure the quality and safety of professional practice (Sabin, 2016). In this system, a government body, or a professional body, grants a license to a person to practice a profession. Kessler et al., (2020) examine the impact of licensing on the quality of care in the home healthcare industry, discussing the benefits and challenges of this regulatory approach and arguing that the regulatory environment has an impact on professions. Sabin, (2016) explores the role of licensing in the medical profession, discussing the importance of standards of care and professional accountability, and implied that licensing has a significant impact on professions as it provides a means of enforcing regulations and holding professionals accountable for their actions.

2.4 Zimbabwe OHS Regulatory Framework

The Zimbabwe National Occupational Safety and Health Policy of 2021, clause 9, addresses occupational health and safety legislation in Zimbabwe, which advocates for the development of non-discriminatory OHS laws. To address the massive power disparities that are prevalent in the majority of workplaces in low- and middle-income countries, OSH policies must be strictly enforced (Atusingwize et al., 2018). There are still no clear laws to guide implementation, and OHS is still voluntary. Since the nineteenth century, the management of safety and health at work, as well as the measurement of safety performance, has been a major global debate, with many authors expressing opposing views. (Suliman & Kathairi, 2013).

The main custodian of OHS in Zimbabwe is the Ministry of Public Service, Labour, and Social Welfare which administers OHS services through the NSSA division of OHS. The OHS legislation in Zimbabwe covers most industries through nonspecific regulations. The Factories and Works Act Chapter 14:08 and its regulations apply to the construction industry, while the Mines and Minerals Act Chapter 21:05 and its regulations apply to the mining industry. The Pneumoconiosis Act Chapter 15:08 applies to all dusty occupations, including the mining industry and some manufacturing organizations. The NSSA provides injury benefits under statutory instrument 68 of 1990 (Moyo et al., 2015).

Results indicated that OHS is dispersed and lack an established approach in the SADC area (Masekameni et al., 2020). OHS laws have limited application in Zimbabwe. To support this, it has been determined that only about 30% of formally employed workers in Zimbabwe were covered by the workers' compensation scheme (Moyo et al., 2015). The agricultural sector is not covered by OHS legislation in Zimbabwe (Moyo et al., 2015; Ncube & Kanda, 2018b). Agricultural safety should be covered by OHS legislation since the agricultural sector is one of the mainstream of the country's income (Ncube & Kanda, 2018b). Employees in the informal sector, civil services, and domestic workers must also be protected by OHS laws because they work in high-risk environments.

It has been noted that our OHS laws lack coverage for other critical workplace hazards such as mental health, ergonomics, and vibration (Ncube & Kanda, 2018b). International standards are also limited in terms of coverage of these risks (Ncube & Kanda, 2018b). There are several weaknesses in Zimbabwe's current occupational health and safety legislation. Most OHS laws are outdated. A lack of standards or updates in reaction to the improvements in technology may possess significant effects on the OHS structures (Badri et al., 2018). Pneumoconiosis Act Chapter 15:08 focuses on less effective hazard control measures (Ncube & Kanda, 2018b). As a result, this piece of legislation should instead focus on creating a safe working environment by following the hierarchy of hazard control in risk management. Laws, rules, and standards should evolve in response to events, social change, technology advancements, and new methods of management of the business (Badri et al., 2018).

Fragmentation of laws is another weakness of OHS laws in Zimbabwe (Moyo et al., 2015; Ncube & Kanda, 2018b). This fragmentation can result in overlaps, inconsistencies, and duplication of duties in laws, as well as an inadequate level of cooperation and misuse of limited resources across administrative departments (Ncube & Kanda, 2018b). Bringing together OHS laws will make them compatible (Moyo et al., 2015).

2.5 Challenges Faced by OHS Practitioners

As a new emerging profession in most countries, the majority of Africa's developing economies confront significant difficulty in expanding access to and availability of OHS services (Moyo et al., 2015). Henceforth, Zimbabwe's OHS practitioners continue to suffer as the country's major focus and prioritization is on economic development. It is vital to develop other approaches to

escalate capacity in OHS (Masekameni et al., 2020). Supporting OHS practitioners remains a critical step in advancing the provision of occupational health and safety services both at the organizational and national levels.

2.5.1 Poor Regulatory Framework

In a study conducted by Umeokar et al., (2014), it was argued that poor regulatory framework is a major issue of concern in hindering the implementation of safety regulations in Nigeria. Moyo, (2021), also supplemented that most countries in Southern Africa, have a regulatory framework that is modeled on former colonial frameworks, it has not changed to account for the growth and development that has occurred during the past years. The absence of a unified, comprehensive legal framework that addresses the majority of workplaces is one of the issues OHS practitioners in Zimbabwe, like those in many other African nations, confront (Moyo et al., 2015). Zimbabwe has an elementary OHS legislative framework that serves to protect workers' health and safety. The agricultural sector is not covered by OHS legislation in Zimbabwe (Moyo et al., 2015; Ncube & Kanda, 2018b).

Hence, the levels of susceptibility of workers to occupational hazards are far greater than that experienced in developed countries where workplace safety is mature (London et al., 2014). OHS laws do not protect employees in other critical spaces where diverse hazards and risks exist such as the informal sector, civil services, or domestic workers (Moyo et al., 2015). It was also noted that many informal workers in Uganda consider their challenging working circumstances to be normal because their desire to survive in an environment marked by power imbalances outweighs their capacity to demand protection (Atusingwize et al., 2018).

To add on, the OHS profession is not regulated in Zimbabwe, which poses a major challenge to OHS practitioners. There is no legal requirement for organizations to hire OHS officers. In contrast to other nations with more developed OHS frameworks, such as Australia, where the Safety Institute of Australia oversees the accreditation of OHS educational institutions, describing the essential expertise and abilities of OHS professionals, certifying individual OHS Professionals and Practitioners, and developing career learning framework supporting OHS professional practice, there is no professional body that supports the practice and development of the OHS profession Zimbabwe (Provan & Pryor, 2019). Without the regulation of a professional body, or code of conduct; there is no guarantee of minimum standards of professional conduct, no monitoring of

the quality of services provided by unregulated professions, and consumers do not have any protection from hiring unethical or incompetent persons. Moyo, (2021) recommended that southern African countries should enact comprehensive and overarching OHS regulations.

2.5.2 Poor Professional Development and Entry Criteria

Due to the lack of legal professional entry criteria in the OHS profession, medical doctors, environmental health practitioners, nurses, engineers, and others who do not have adequate competence in OHS are all diving into safety departments as there are no laws to license and register practicing OHS personnel in Zimbabwe. Provan & Pryor, (2019) pointed to the fact that formal certification to a professional body is the most prominent legal requirement for recognized professions. Moyo, (2021) revealed how general medical practitioners are providing occupational medical services instead of occupational medicine specialists due to a lack of professional entry criteria in the OHS profession. An incompetent OHS personnel can pose a significant impact on the challenges faced by OHS practitioners in that they may not be able to properly identify and assess hazards, leading to inadequate control measures and consequently increased risk of work-related injuries, illnesses, and fatalities, and lack of compliance to legal requirements and other requirements. However, given the employers' reluctance to improve working conditions, the regulators must go beyond enforcing the law and provide or assist in the development of more innovative, practical, and suitable solutions to guarantee that health and safety standards are met. Yalala., (2021) recommended investing in OHS professional development to alleviate problems in the staff development of OHS practitioners.

2.5.3 Poor Leadership mindset and Corporate Commitment

In a study conducted by Mladenovska & Dubravac, (2021) on weaknesses regarding OHS in Macedonian companies, it was pointed out that the OHS situation is not sustainable as these concerns are mistreated by management. They also pointed out clearly that a lack of management commitment affects OHS. However, this has not been recognized much as a poor leadership mindset and corporate commitment contribute to the challenges faced by OHS practitioners in Zimbabwe. Benjamin Mutetwa, (2015) noted that OHS practitioners are frequently frustrated with the lack of sustained management commitment to OSH programs. Tappura et al., (2014) argued

that the development of OHS is centralized on management. It was also backed up that management has a duty to avoid accidents and eliminate health and safety risks in order to reduce employee pain and, in turn, their loss (Oisamoje, 2013). The benefits or value of OSH functions are usually undervalued due to communication barriers between OHS professionals and executive management and a lack of standard metrics for evaluating key aspects of OHS performance (Mutetwa et al., 2015). However, this leads to high noncompliance of organizations to OHS requirements as OHS practitioners are disempowered by their management (Mkungunugwa et al., 2022). Leadership management systems thinking at all levels, and worker engagement have all been identified as critical components of efforts aimed at ensuring workplace safety and health.

2.5.4 Poor Organogram or Structural Position

Occupational health and safety practitioners face enormous challenges as in some organizations there is poor organogram (Guo, 2014). The professional position of the OHS profession in Zimbabwe is highly unsteady, by identifying a profession's structural position, one can ascertain the official status of that profession (Provan & Pryor, 2019). The OHS practitioner's office is embodied under the human resources department, which facilitates a poor organizational map as the OHS practitioner reports to discrete offices. Tappura et al., (2014) articulated that lack of resources can affect position.

2.5.5 Acute Shortage of OHS Specialists

When compared to the populations in the southern African states, the number of occupational health and safety practitioners is worrisomely low in the majority of African countries (Lucchini & London, 2014). According to reports, there is a severe scarcity of OHS experts in general (D. Moyo, 2021), and services in most developing countries due to brain drain as Zimbabwe is training OHS practitioners who are moving to other countries. Africa lacks sufficient numbers of qualified and accredited experts in the field and in other cases none at all (Moyo et al., 2015; Ncube & Kanda, 2018b). Moyo, (2021) agreed that accredited specialists are low and he argued that occupational medical services are offered by general medical practitioners instead of occupational medicine specialists. This can present the lack of access to occupational health care services consequently leading to an increase in occupational injuries and illnesses. The loss of such significant human capital to northern nations has resulted from the migration of talented human resources in the field of occupational health and safety from developing nations that trained such

specialists (Lucchini & London, 2014). Moyo, (2021) recommended that institutions should support capacity building in the field of occupational medicine.

2.5.6 Inadequate Resources

Tappura et al., (2014) pointed to the fact that inadequate resources affect the effectiveness of OHS systems. Though no study has viewed this issue as a major challenge to OHS practitioners in Zimbabwe. OHS practitioners in Zimbabwe face a lack of adequate resources making it difficult for them to provide effective occupational health and safety services. Resources are critical in developing strategies to escalate capacity in OHS service provision (Masekameni et al., 2020). Mladenovska & Dubravac, (2021) highlighted that to achieve the best and most effective OHS systems at workplaces, the availability of sufficient resources, such as financial and human capital and technical support, should be ensured.

2.5.7 Conflicting Roles and Responsibilities

The roles and responsibilities of OHS practitioners are not clearly defined in some organizations. Pryor et al., (2019) emphasized how different position titles throughout organizations compromise the OHS profession's professionalism, creating a lack of clarity and uncertainty that undermines the OHS profession's professionalization. It becomes culpable as the OHS practitioner is not given full hand to execute expected duties for the continual improvement of health and safety in workplaces. Ncube & Kanda, (2018a) also highlighted that there is a lack of some critical categories of practitioners in the OHS profession. The plan for implementing and enforcing policy needs to be clear in order for businesses and OSH officers to understand their roles in improving working conditions and productivity in Zimbabwe (Mkungunugwa et al., 2022).

Several challenges faced by OHS professionals have emanated from the fact that the OHS profession is not regulated and is not recognized as a profession in Zimbabwe. This has undermined the value of OHS professionals as work-related accidents, injuries, and fatality rates continue to occur at high levels. Hence, my study will provide empirical evidence on the current status of the OHS profession, the challenges faced, and strategies that can be employed to improve the OHS profession and occupational health and safety services provision in Zimbabwe. Zwetsloot et al., (2017) pointed out that o ensure that OHS strategies address the proper causes, the foundation of the strategies should be an understanding of a safe work environment. Therefore, from the standpoint of the organization's sustainability, it is essential to investigate the methods used by management to improve workplace safety and health (Qian & Lin, 2016). Zwetsloot et al.,

(2017) also stated that strategies to reduce occupational accidents receive little attention in the literature.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Description of the Study Area

The project was conducted in Zimbabwe. Zimbabwe is a landlocked country located in the SADC region, and has a diverse economy, including agriculture, mining, manufacturing, construction, and other sectors (Gudukeya et al., 2019). These industries pose unique challenges to OHS professionals, who need to navigate complex environments to ensure worker well-being.

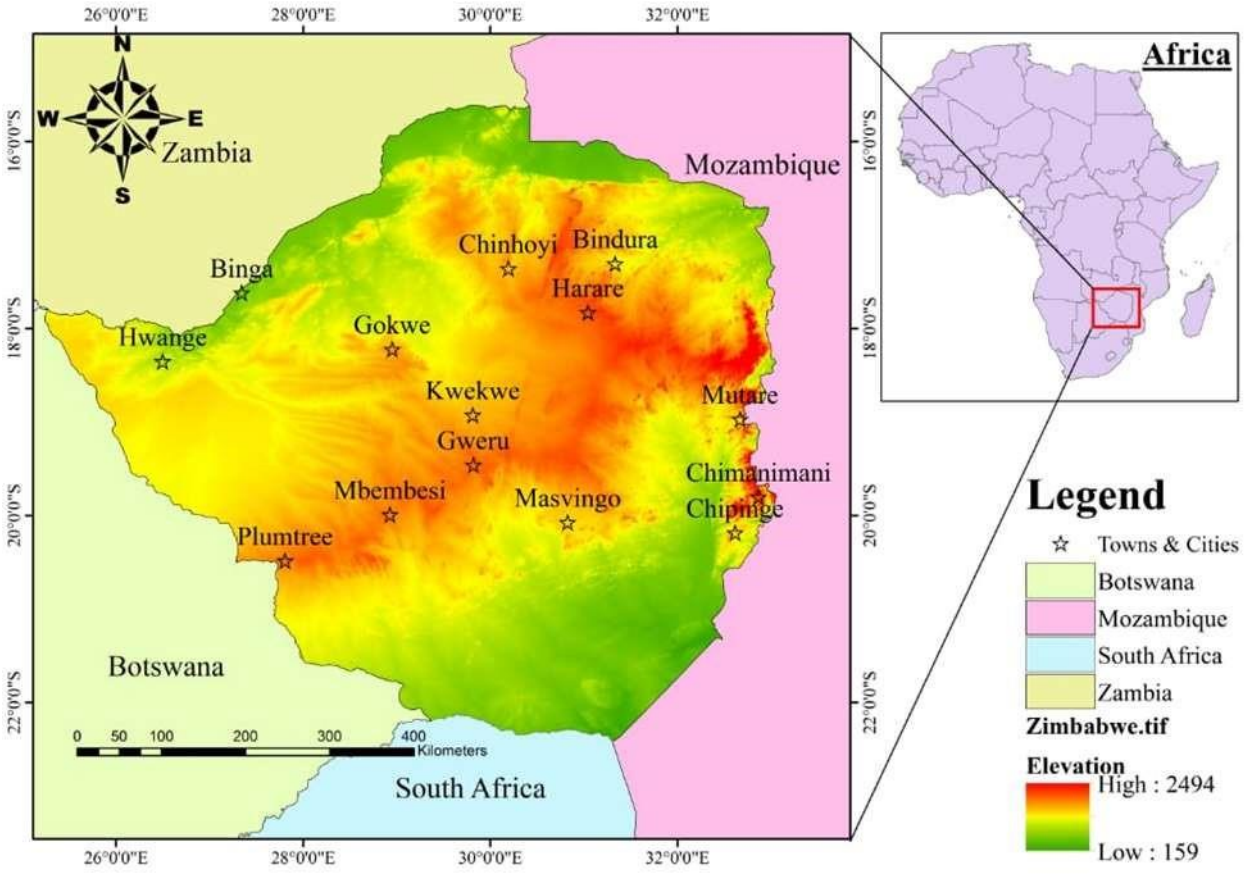

Fig 3.1 Map showing the location of the study area

3.2 Research Design

According to Creswell, (2013), a research design is a structured strategy for selecting research instruments and subjects for data collection, as well as for facilitating clear data analysis to address research objectives. Wang & Cheng, (2020) explain that a cross-sectional study, also known as a snapshot study, involves analyzing data from a population at a single point in time. In this study, a mixed methods approach was employed using a structured questionnaire with close-ended and

open-ended questions to gather both qualitative and quantitative data. This approach allowed for more in-depth examination of the challenges faced by OHS practitioners.

3.3 Study Population and Sample

The study population consists of occupational health and safety practitioners in Zimbabwe working from various industrial sectors. Due to limited resources and the nature of the topic, a combination of purposive and snowball sampling was used. Purposive sampling was used to obtain a representative of the study participants of OHS professionals from different sectors conveniently, and snowball sampling was used to add more participants difficult to reach from existing participants through referrals (Cheetham, 2015).

3.4 Data Collection

Data was collected using a structured questionnaire, administered to participants through Google surveys. The questionnaire consisted of both close-ended and open-ended questions to capture both qualitative and quantitative data. Questions were developed based on existing literature and the research objectives (Creswell & Creswell, 2017). The questionnaire is divided into three sections: respondents' socio-demographic information (A), Occupational Health and Safety (OHS) challenges (B), and strategies for OHS challenges (C). The questions in Sections B and C were based on the literature review and research objectives. To check the validity and reliability of the aspects included in the questionnaire, a pilot study was done on 10 OHS practitioners.

3.5 Ethical Considerations

In terms of ethics, the American Psychological Association's (APA) Ethical Principles of Psychologists and Code of Conduct were followed while conducting this study (American Psychological Association, 2017). The researcher followed several ethical guidelines, including fair presentation, informed consent, and confidentiality. The study's research topic was approved by the Department of Environmental Science at Bindura University of Science Education (BUSE) following the APA's Ethics Code. The study was carried out following the Department of Environmental Science's guidelines. Through electronic mail, participants in the study were told of the research’s goal, their freedom to deny participation and withdraw from the study, and the potential research benefits. By citing the works that were used in this research, the author honored the ideas and work of other authors. To ensure anonymity and confidentiality, the questionnaire did not ask for respondents' names or employee numbers. Furthermore, during this research, culture, language, beliefs, perceptions, and customs were all taken into account.

3.6 Reliability and Validity of Data

The researcher only employed content validity. The designed structured questionnaire was first sent to the supervisor for content validity checks. The researcher also conducted a content analysis of the data to assess the content validity of the data. It aided the researcher in ensuring that all relevant aspects of the research topic were covered. To assess the reliability of the data, the researcher conducted a test-retest reliability study, collecting the same data from 10 participants from the same group of OHS practitioners twice and comparing whether or not there was a significant difference between the two data sets collected.

3.7 Statistical Analysis

Quantitative data were analyzed using descriptive statistics (Creswell, 2013), employing the Statistical Package for Social Sciences (SPPS) version 20.0 and Microsoft Excel 2013. Thematic analysis was used to analyze qualitative data (Creswell, 2015). Findings from both qualitative and quantitative analyses were integrated to provide a comprehensive understanding of the challenges faced by OHS practitioners in Zimbabwe. Tables, figures, and narrative descriptions were used to appropriately report the results.

CHAPTER FOUR: DATA PRESENTATION AND ANALYSIS

4.1 Introduction

This chapter focuses on the presentation and analysis of the raw data which was collected from 100 OHS professionals using a structured questionnaire administered through Google form. Frequency tables and bar graphs were used in this chapter to appropriately present results. Descriptive statistics and frequencies were used to analyze quantitative data while thematic analysis was employed for qualitative data. The guiding principle used in this chapter was the research objectives.

4.2 Descriptive Statistics

The demographic information in this study was gender, level of OHS education, name of OHS qualification, industry type, and size of the organization, experience, professional body membership, and role title of the OHS professional in the organization.

4.2.1 Demographic Characteristics

The demographic information in this study was gender, level of OHS education, name of OHS qualification and other variables as shown in table 4.2.1 which summarizes the demographic characteristics of the respondents. Amongst the 100 OHS professionals who participated in the study, 61% of the respondents were male while female practitioners occupied 39%. Majority of the respondents, 56% having degrees as their highest level of education, mean 3.31 and S.D 0.84 indicating variation in education level as shown on table 4.2.1. A greater percentage from the participants, 56% obtained a qualification in SHEM. The mining industry had the highest percentage of participants (28%). Majority of the respondents (61%) were from large organizations with +150 employees. Those with less or equal to 5 years work experience had the largest proportion of participants (60%). The results indicate that 65% of the respondents were not registered with any OHS professional body. Among those who were registered, 71% were registered with ZIOSH. The results indicate that 49% of the respondents held the role title of SHE officer.

Table 4.2.1: *Summary of Demographic Information of the Participants*

Demographic Variable	Category	Relative Frequency (%)	Mean	Std. Deviation
Gender	Male	61	1.3900	0.49021
	Female	39		
Education	Certificate	6	3.1300	0.83672
	Diploma	8		
	Degree	56		
	Masters	27		
	Other	6		
Qualification	Safety Health and Environmental Management	56	2.2800	1.60856
	Natural Resources Management	2		
	Geography and Environmental Science	20		
	Environmental Health and Science	14		
	Risk Management and Insurance	2		
	Other	6		

Industry	Mining	28	2.7000	1.59228
	Construction	22		
	Manufacturing	26		
	Service	12		
	Transport	4		
	Energy	6		
	Other	3		
Size of Organization	>49 employees	18	3.1600	1.18680
	50-99 employees	9		
	100-149 employees	12		
	+150 employees	61		
Experience	Less or equal to 5 years	60	1.7000	1.02000
	6 – 10 years	21		
	11 – 15 years	8		
	16 + years	11		
OHS membership	Registered	35	1.6500	0.47937
	Not Registered	65		
Registered OHS body	ZIOSH	71	3.6800	1.78592
	SAIOSH	11		
	IOSH	13		

	Other	5		
Role title	SHE manager	11	4.1700	4.435976
	SHE officer	49		
	Risk and Quality officer	4		
	SHEQ assistant	14		
	Consultant	8		
	Occupational medical practitioner	1		
	Environmental health officer	2		
	Lecturer	3		
	OHS inspector	2		
	Training and promotions officer	1		
	Occupational nurse	1		
	Risk engineer	1		
	Ergonomist	1		
	Other	1		

4.2.2 Occupational Health and Safety (OHS) challenges

Table 4.2.2.1 summarizes the responses on rating the level of OHS professional's recognition by employers, value contribution by OHS professionals in organizations, level of OHS training and education available for OHS professionals and quality of the training institutions. The results indicate that level of recognition of OHS professionals by employers is poor as shown by the mean value of 2.88. The results indicate that value contribution by OHS professionals in organizations is at 3.72 mean and 0.80503 SD, level of OHS training and education available for OHS professionals, 3.69 mean and 0.97333 SD, and quality of OHS training institutions 3.61 mean and 0.97333 SD.

Table 4.2.2.1: *Summary of OHS professionals perceptions*

Aspect	N	Minimum	Maximum	Mean	Std. Deviation
Level of OHS professionals recognition by employers	100	1.00	5.00	2.8800	0.98760
Value contribution by OHS professionals in organizations	100	1.00	5.00	3.7200	0.80503
Level of OHS training and education available for OHS professionals	100	1.00	5.00	3.6900	0.92872

Quality of OHS training institutions	100	1.00	5.00	3.6100	0.97333

Table 4.2.2.2 summarizes the challenges faced by OHS professionals in Zimbabwe and their association with demographic information. The following scale was used to measure the significance the challenges based on the p-value:

More or equal to 0.1 (p-value): not significant

< 0.1 (p-value): slightly significant

< 0.05 (p-value): significant

<0.01 (p-value): highly significant

< 0.001 (p-value): very highly significant

The results obtained indicate that lack of authority (p-value: 0.0006) and OHS specialist shortage (p-value: 0.0017) have a strong association with gender. Significant challenges with moderate association with gender includes, poor management commitment (p-value: 0.0041), inadequate resources (p-value: 0.0026), lack of recognition (p-value: 0.0050), lack of proper roles and responsibilities (p-value: 0.0091), lack of a professional body (p-value: 0.0457), poor remunerations (p-value: 0.0054) and poor regulatory frameworks (p-value: 0.0457). Lack of recognition (p-value: 0.0044), lack of proper roles and responsibilities (p-value: 0.0476) and poor remunerations (p-value: 0.0034) have a significant association with level of education. Results obtained shows that inadequate resources (p-value: 0.0019) and poor regulatory frameworks (p-value: 0.0002) have a very strong association with the type of industry.

Table 4.2.2.2: *Summary of the challenges faced by OHS professionals in Zimbabwe*.

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	p-value
Gender	Poor management commitment	.327	1	.327	1.367	.0041
	Inadequate resources	.196	1	.196	.786	.0026
	Lack of recognition	.124	1	.124	.491	.0050
	Lack of proper roles and responsibilities	.150	1	.150	.592	.0091
	Lack of authority	.121	1	.121	.570	.0006
	Unclear career path	.009	1	.009	.046	.3001
	Lack of a professional body	.158	1	.158	.628	.0499
	Poor regulatory frameworks on OHS	.135	1	.135	.558	.0457
	Poor job security	.002	1	.002	.009	.0925
	Poor remunerations	.291	1	.291	2.062	.0054
	OHS specialist shortage	.232	1	.232	1.010	.0017
Level of Education	Poor management commitment	.607	4	.152	.622	.1048
	Inadequate resources	.375	4	.094	.367	.1831
	Lack of recognition	1.079	4	.270	1.073	.0044
	Lack of proper roles and responsibilities	.446	4	.111	.431	.0476
	Lack of authority	.624	4	.156	.728	.0075
	Unclear career path	.096	4	.024	.117	.1976
	Lack of a professional body	.650	4	.162	.638	.1637
	Poor regulatory frameworks on OHS	1.551	4	.388	1.657	.1167
	Poor job security	.435	4	.109	.639	.1636
	Poor remunerations	1.253	4	.313	2.314	.0034
	OHS specialist shortage	.097	4	.024	.101	.0092
Industry	Poor management commitment	2.897	6	.483	2.149	.0055
	Inadequate resources	2.155	6	.359	1.485	.0019
	Lack of recognition	1.225	6	.204	.800	.0050

	Lack of proper roles and responsibilities	1.691	6	.282	1.125	.0354
	Lack of authority	1.407	6	.235	1.113	.1361
	Unclear career path	.457	6	.076	.368	.1897
	Lack of a professional body	1.048	6	.175	.682	.1664
	Poor regulatory frameworks on OHS	.791	6	.132	.533	.0002
	Poor job security	.806	6	.134	.792	.1079
	Poor remunerations	1.709	6	.285	2.136	.0050
	OHS specialist shortage	1.913	6	.319	1.423	.0214

4.2.3 Occupational Health and Safety (OHS) strategies

The results obtained established that professional body development (M=1.55, SD=0.5), revision strict enforcement of OHS laws (M=1.5, SD=0.50252), CPD and CE (M=1.61, SD=0.49021), Body of knowledge (M=1.56, SD=0.49889), funding OHS (M=1.35, SD=0.47937) and revising salaries and allowances (M=1.22, SD=0.38612), can alleviate the challenges faced by OHS professionals in Zimbabwe.

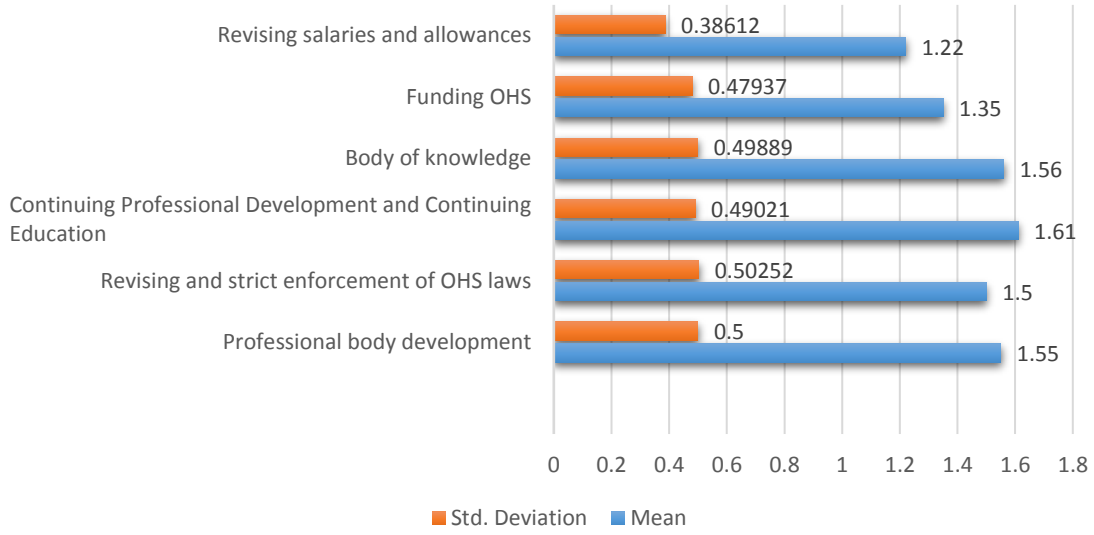

Figure 4.2.3.1: *Strategies to challenges faced by OHS Professionals in Zimbabwe*.

CHAPTER FIVE: DISCUSSION OF THE FINDINGS

5.1 Demographic

Gender sensitivity was considered imperative in this study to cogitate opinions from both genders and identify gender balance. The findings revealed that the male participants were predominant, representing 61% of the total sample. Female participants represented 39%. The level of education was also assessed to ensure that data was collected from qualified participants and the results revealed that all participants were qualified with the highest proportion holding degrees accounting for 56%, followed by those with masters with 27%, 8% diploma, 6% certificates and 3% held other qualifications. The results also appraised that the majority of the respondents did a qualification in safety health and environmental management occupying 56%, while 20% did geography and environmental science, 14% environmental health and science natural resources management 2%, risk management and insurance 2% and 6% did other qualifications. In terms of the type of industry, the findings showed a variety of respondents. Most of the respondents worked in the mining industry with 28%, followed by 26% working in manufacturing and 22% in the construction industry. Other industries included service, energy, transport, and others which presented 12%, 6%, 4%, and 3% respectively. In analyzing the size of the organization, the majority of the participants worked in large organizations with more than 150 employees (61%), small companies with less than 49 employees followed by 18% and 100-149 employee and 50-99 employee sized organizations accounted for 12% and 9% respectively. Regarding participants' work experience, 60% had less than 5 years. Participants with 6-10 years made up only 21%, while those with 11-15 years and 16+ years accounted for 8% and 11% respectively. Regarding professional body membership, 65% were not subscribed to any while 35% were registered. Among those registered 71% were registered with ZIOSH, 13% with IOSH, 11% with SAIOSH, and 5% were registered with other bodies. The role title of participants showed a broad range. The most common titles were SHE officer (49%), SHEQ assistant (14%), SHE manager (11%), consultant (8%), and risk and quality officer (4%). Other role titles included occupational medical officer (1%), environmental health officer (2%), lecturer (3%), OHS inspector (2%), training promotions officer (1%), occupational nurse (1%), risk engineer (1%), ergonomist (1%) and others.

5.2 Occupational Health and Safety (OHS) Challenges

OHS professionals in Zimbabwe faces a number of challenges as identified by the study. Analysis of the results showed that the majority of the respondents identified poor management commitment as a significant challenge that hampered their work performance and has a moderate association with type of industry and gender. These results assert with the literature by Mutetwa et al., (2015) who identified a lack of sustained management commitment as a critical challenge frustrating practitioners. Furthermore, Mladenovska & Dubravac, (2021) also pointed out clearly that a lack of management commitment compromises workplace safety. Yalala, (2021) argued that the improvement of OHS is anchored on management hence the need for its commitment. The results also show that OHS professionals face a challenge of inadequate resources, with 56% highlighting this as a significant hindrance to OHS professionals from performing their duties effectively. The results also affirm with literature by Mladenovska & Dubravac, (2021) and Tappura et al., (2014) who identified a lack of resources as a stumbling block to effective OHS systems. Masekameni et al., (2020) also confirmed that resources are imperative in developing strategies to maximize the provision of OHS services. The lack of a professional body that oversees the practice and development of OHS professionals was also identified as a challenge faced by OHS professionals in Zimbabwe. Provan & Pryor, (2019) pointed out that lack of a professional body that controls a profession will guarantee minimum standards of professional conduct. Lack of wide recognition by legal instruments, employers, and employees was reported as a challenge of concern by the respondents. It was reported as a significant challenge with a strong association with gender, level of education and type of industry. OHS professionals felt undervalued and overlooked which negatively impact their motivation, morale, and satisfaction in the organization. The results also showed that 49% of the respondents face the challenge of unclear roles and responsibilities. The results agree with the literature of Mkungunugwa et al., (2022) who suggested that roles and responsibilities need to be clear for better working conditions and increased productivity.

The results showed that another highly significant reported challenge faced was a poor regulatory framework with the majority of the respondents reporting this as a major challenge. It was proved to have a strong association with type of industry by its p-value (0.0002). This suggests that there are significant gaps in the legal and regulatory frameworks that govern OHS in Zimbabwe, which pose a major challenge for OHS professionals in carrying out their work. The results affirm Moyo et al., (2015) and Ncube & Kanda, (2018b) who also confirmed the lack of harmonized and

comprehensive legal instruments in Zimbabwe. Umeokar et al., (2014) also implied that poor regulatory frameworks are a major issue of concern and this aligns with the results as it was identified as a critical challenge faced by OHS practitioners in Zimbabwe. Results also identified an acute shortage of OHS specialists as a major challenge faced by OHS professionals, with 35% of the respondents. The results align with Moyo et al., (2015) and Ncube & Kanda, (2018a) who reported inadequacy in qualified and accredited specialists in the field of OHS. Moyo, (2021) also confirmed that accredited specialists are low. Lack of authority was also reported as a major challenge faced by OHS professionals with a strong association with gender and level of education as shown by its p-value. 86% of the respondents confirmed that OHS professional plays an advisory role and they reported the implication is that they have limited power or authority to enforce and this agrees with the above results. Atusingwize et al., (2018) argued that power disparities exist in most workplaces. An unclear career path was identified as a challenge that registered 27% of the participants. Yalala, (2021) recommended investing in professional development to mitigate these challenges. The results also identified poor job security as a challenge faced by OHS professionals and poor remunerations registering as significant challenges.

5.3 Strategies for Occupational Health and Safety (OHS) challenges

The results obtained from the study suggest that several strategies can be used to curb challenges faced by OHS professionals. One of the most commonly reported strategy was funding OHS (M=1.35, SD=0.47937), with 65% of the respondents indicating that it has the capability to minimize the impact of challenges faced by OHS professionals. OHS professionals who participated, suggest that organizations and all stakeholders should allocate more resources towards OHS, including funding for training, equipment, and personnel to improve workplace safety. This, however, aligns with the opinion made by Mladenovska & Dubravac, (2021) who articulated that the most effective OHS systems are achieved by providing adequate resources. The results revealed that revising and strict enforcement of OHS laws (M=1.5, SD=0.50252), is also a strategy that can be used to encounter challenges faced by OHS professionals. Several gaps in the existing OHS laws need to be addressed, revising all outdated laws, the OHS profession should be incorporated into laws, and making OHS mandatory in all organizations will drive the development of a safe working environment and alleviate the challenges faced in this profession. Badri et al., (2018) highlighted that laws should be continually revised to cater to changes in social,

technological, and models of business administration and management. The development of a professional body for OHS professionals that oversee their practice and development, and advocate for their interest was also seen as an important strategy. 44% of the respondents also picked out the development of a body of knowledge for OHS professionals as a strategy to lessen their challenges. The results obtained also confirmed with 39% of the respondents, that continuing professional development (CPD) and continuing education (CE) is important for OHS professionals to stay up to date with the latest developments and best practices in the field. This aligns with the recommendations by Yalala, (2021) who suggested investing in OHS professional development to minimize challenges. The revision of salaries and allowances (M=1.22, SD=0.38612), was also seen as a strategy to encounter challenges faced by OHS professionals. While it is important to ensure that OHS professionals are adequately compensated for their work, this strategy may not be as effective in addressing the underlying challenges faced related to OHS, hence the small percentage of the respondents.

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

The findings of this research conclude that OHS professionals face a wide range of challenges that obstruct them from performing their job effectively in improving workplace safety. In addition to that, for a noticeable improvement in the provision of OHS services respondents identified strategies that can be incorporated to encounter these challenges faced in this profession.

6.2 Recommendations

The study recommends a multi-faceted approach to address the challenges faced by OHS professionals in Zimbabwe, including funding OHS to support the provision of effective OHS services, revising OHS and strict enforcement, developing a professional body to ensure minimum standards of professional conduct, continuing professional development, and continuing education, a body of knowledge for OHS professionals. In addition, the study also recommends employers offer competitive remunerations.

6.3 Area of Further Study

Future research needs to investigate the extent to which the strategies identified in this study address challenges faced by OHS professionals in Zimbabwe and the value that OHS professionals bring to organizations.

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APPENDIX

APPENDIX 1: GOOGLE SURVEY FORM

Dear Respondent

I am Peter Muzore, a student at Bindura University of Science Education studying Bachelor of Science Honors Degree in Safety, Health and Environmental Management. I am conducting a study titled: Challenges faced by Occupational Health and Safety (OHS) professionals in Zimbabwe.

Your contribution to this study is vital and your response is highly appreciated. Please note that your input will be treated with strict confidentiality and anonymity, hence personal information should not be provided.

Thank you.

SECTION A: SOCIO-DEMOGRAPHIC INFORMATION

1. What is your gender?
   ☐ Male ☐ Female
2. What is your OHS level of education?
   ☐ Certificate ☐ Diploma ☐ Degree ☐ Masters ☐ Phd ☐ Other
3. What is the name of the qualification you obtained as an OHS practitioner?
   ☐ Safety Health and Environmental Management
   ☐ Natural Resource Management
   ☐ Geography and environmental science
   ☐ Risk management and insurance
   ☐ Environmental health and science
   ☐ Other
4. Which industry do you work for?
   ☐ Construction
   ☐ Agriculture
   ☐ Manufacturing

☐ Mining

☐ Other

5. How big is your company (number of employees)?

☐ Less than 49 employees

☐ 50-99 employees

☐ 100-149 employees

☐ +150 employees

6. How long have you been working in the field (OHS)?

☐ Less than or equal to 5 years

☐ 6-10 years

☐ 11-15 years

☐ +16 years

7. Are you a member of any recognized professional OHS body?

☐ Yes

☐ No

8. If YES, which OHS professional body are you registered with?

☐ ZIOSH

☐ SAIOSH

☐ IOSH

☐ Other

9 What is your role title in your organization?

_____

SECTION B: OCCUPATIONAL HEALTH AND SAFETY (OHS) CHALLENGES

Please use the Likert scale provided to respond to the questions asked between 10 and 13

*(**5**= Very Good; **4**= Good; **3**=Average; **2**= Poor; **1**= Very Poor)*

10. How would you rate the level of recognition of OHS professionals by employers in Zimbabwe?

11. How would you rate the value that OHS practitioners contribute to organizations in Zimbabwe?

12. How would you rate the level of training and education available for OHS professionals in Zimbabwe?

13. How would you rate the quality of the institutions that provide training for OHS professionals in Zimbabwe?

14. Do OHS professionals typically play an advisory or authoritative role in organizations when it comes to workplace safety and health?

☐ Authoritative role

☐ Advisory role

15. Based on your answer, what implication does it have to OHS professionals and their roles in organizations?

_____

_____

16. In what ways do OHS professionals provide value to organizations regarding workplace safety and health?

_____

_____

17. Does roles creates conflicting demands?

☐ Yes

☐ No

18. In your experience, what are the most common challenges facing occupational health and safety practitioners in Zimbabwe?

_____

_____

_____

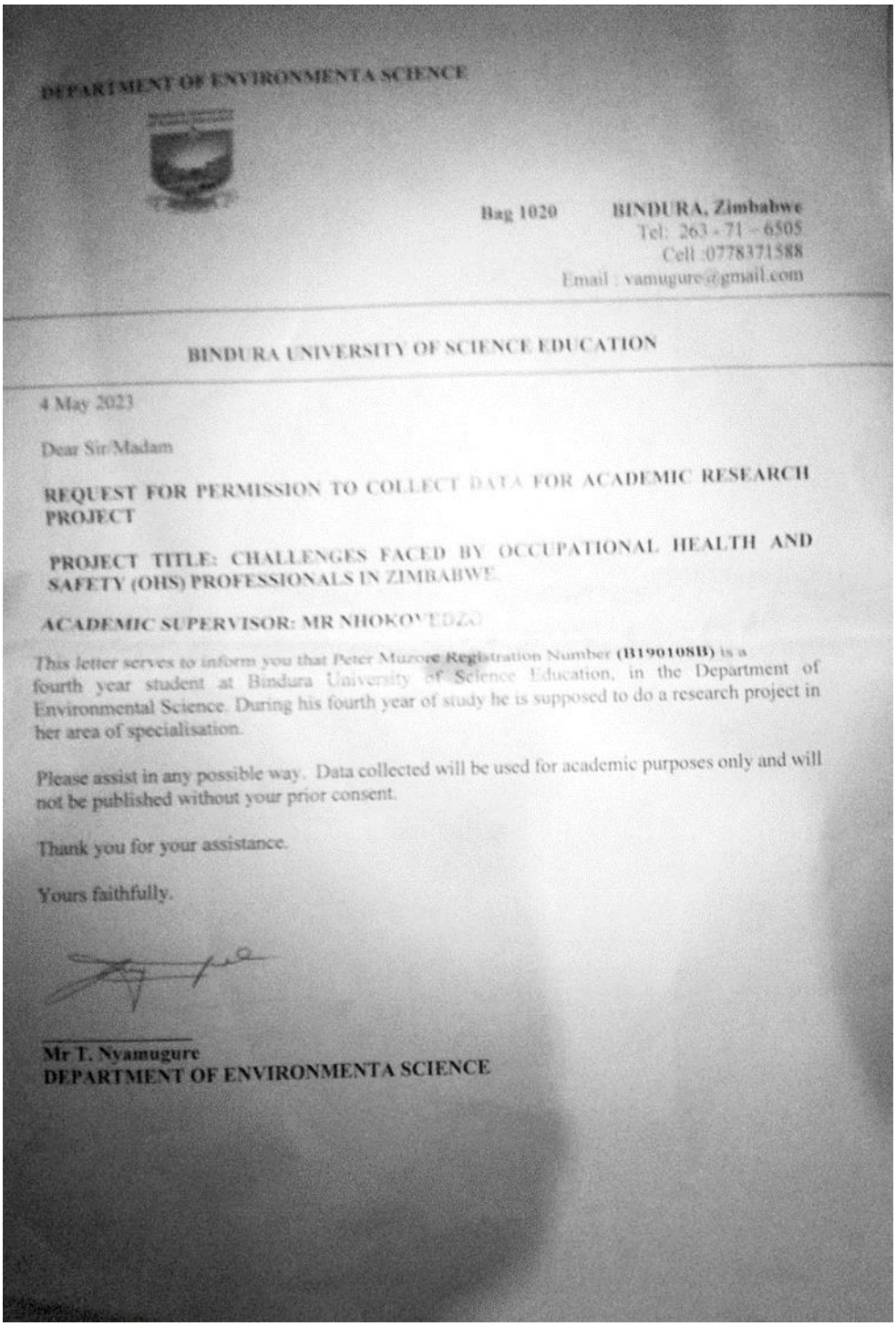
_____

SECTION C: STRATEGIES TO OHS CHALLENGES

19. What do you think are the strategies that can be employed to encounter challenges faced by OHS practitioners in Zimbabwe?

_____

APPROVAL FORM



DEPARTMENT OF ENVIRONMENTA SCIENCE

Bag 1020 BINDURA, Zimbabwe
Tel: 263 - 71 - 6505
Cell :0778371588
Email : vamugure@gmail.com

BINDURA UNIVERSITY OF SCIENCE EDUCATION

4 May 2023

Dear Sir/Madam

REQUEST FOR PERMISSION TO COLLECT DATA FOR ACADEMIC RESEARCH PROJECT

PROJECT TITLE: CHALLENGES FACED BY OCCUPATIONAL HEALTH AND SAFETY (OHS) PROFESSIONALS IN ZIMBABWE

ACADEMIC SUPERVISOR: **MR NHOKOVEDZO**

This letter serves to inform you that Peter Muzore Registration Number **(B190108B)** is a fourth year student at Bindura University of Science Education, in the Department of Environmental Science. During his fourth year of study he is supposed to do a research project in her area of specialisation.

Please assist in any possible way. Data collected will be used for academic purposes only and will not be published without your prior consent.

Thank you for your assistance.

Yours faithfully.

Mr T. Nyamugure
DEPARTMENT OF ENVIRONMENTA SCIENCE