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Assessing Employees Perception On Health And Safety Management In Public Hospitals

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This research examined the perception of employees regarding the management of occupational health and safety (OHS) in public hospital. 418 employees from three state hospitals in the northern region of Malaysia participated in this study. Data was collected using a set of questionnaires. Data analysis was done using descriptive statistics, t-test, one-way ANOVA, Pearson correlation and multiple regressions. Findings showed that employees perceived safety reporting as the most important dimension and work pressure as the least important component in their OHS practices. Empirical evidence indicated that there was no significant difference in safety satisfaction and feedback between male and female workers but there was a significant difference in safety involvement dimension. In addition, results also showed that there was a significant difference in safety satisfaction and feedback faced by job position like nurse but there was no significant difference between employees from all categories of job tenure. Findings suggested that there was a significant positive correlation between dependent variable and all independent variables. Regression analysis revealed approximately 55% (R^2 = 0.545) of variance in safety satisfaction and feedback, that was simultaneously explained by five independent variables including safety involvement, safety reporting, work pressure, management commitment, and safety objectives. In sum, this study has confirmed an empirical relationship between the nine dimensions of OHS management and the outcome variable.

Field of Research*:* Managing People and Organization, Managing Change, Safety Climate, Occupational Health and Safety (OHS) Management

1.0 Introduction

Current trends show that organizations have started giving attention to organizational and management impacts on safety performance particularly the function of health and safety management. The interest in health and safety management is due to major disasters that have highlighted the failings of

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management to protect the health and safety of their workers and thus, to comply with occupational health and safety legislation as to fulfill their responsibilities as an employer to ensure that workers have a safe work-place (Hale, Heming, Carthey & Kirwan, 1997).

In general, legislation alone is inadequate in addressing those problems as many organizations experienced problems in management of health and safety in the workplace. This is due to the "people" element having a tendency to engage in safe or unsafe behavior according to their interpretation and the unsafe behaviors leading to accidents. Fleming and Lardner (1999) reported that human factors contributed to 80 – 90% of all industrial accidents as people neglected the correct procedure in doing their job. For that reason, effective health and safety management and its relation to productivity have been considered an important element when managing the interaction between systems and people.

As such, the implementation of effective occupational health and safety (OHS) management in organizations will assist to resolve OHS problems successfully and is also a means to legal compliance. In addition, the need for research on the effectiveness of OHS management is vital to ensure continuous OHS performance improvement. The purpose of this study is to present an overview of employees' perception of the occupational health and safety management in meeting their OHS obligations.

2.0 Literature review

Previous studies such as by Mitchison and Papadakis (1999) have demonstrated that effective safety management improves level of safety in organization and thus can be seen to decrease damages and harm from incidents (cited from Bottani, Monica & Vignali, 2009). Safety management refers to the tangible practices, responsibility and performance related to safety (cited from Mearns, Whitaker & Flin, 2003). Mearns et al. noted some common themes of safety management practices: management commitment to safety, safety communication, health and safety objectives, training needs, rewarding performance, and worker involvement. They also maintained the associations between safety management, safety climate, and safety culture. Safety climate is considered to be the precise indicator of overall safety culture while safety management practices display the safety culture of top management and as a result, good safety management practices are reflected in enhanced safety climate of all employees. The terms "culture" and "climate" have been used interchangeably in the literature to reveal employees' attitudes towards safety (Glendon & Stanton, 2000; HSE, 2002). HSE (2002) defined safety climate as the attitudes in relation to safety within an organization. Hale (2000, p. 7) described safety culture as "the attitudes, beliefs, and perceptions shared by natural groups as defining norms and values, which determine how they react in relation to risks and risk control systems".

Hsu, Lee, Wu, and Takano (2007) study on organizational factors on safety in Taiwan and Japan reported that the influence of organizational factors in both countries were different due to dissimilar culture. For example, they discovered that Taiwanese leadership style was "Top-Down Directive" where top management communicated safety policies and involved in safety activities while Japanese safety leadership was more focused on "Bottom-Up Participative" where top management promoted employees' participation in any safety activities.

Besides leadership style, Marsh et al. (1995) noted that management commitment plays a vital role in all aspects of safety intervention. Management commitment to safety indicates the extent to which the organization's top management demonstrates positive and supportive safety attitudes towards their employees' safety (Hsu et al., 2007). From a prior study, Yule, Flin and Murdy (2007) noted that employees' perception of dedicated management's action to safety had resulted in accident reduction. The Occupational Safety and Health Council of Hong Kong conducted a study in the construction industry in 2001 and found out that senior management had a positive attitude towards safety culture; supervisors showed less positive responses than senior managers and front line workers demonstrated the lowest attitude towards safety culture. This study proposed cultivating a strong safety culture in the construction industry as this industry is one of the most hazardous industries in Hong Kong.

Supervisors also play an important role in ensuring safety in the workplace and employees conform to safety rules and procedures when they perceived that the action of their supervisor was fair (Yule, Flin & Murdy, 2007). On the contrary, they noted from previous surveys that supervisors who demanded more work from their workers demonstrated negative influence on safety climate and supervisors who delegated job task motivated employees to acknowledge their safety accountability.

Cheyne, Oliver, Tomas and Cox (2002) conducted a study on employee attitudes towards safety in the manufacturing sector in UK. The study identified safety standards and goals, and safety management, which include personal involvement, communication, workplace hazards and physical work environment as factors that enhance safety activities in organization. The study found that a good physical working environment and employee involvement were key factors that contributed to safety activities in organizations.

Safety training and safety policy are also essential determinants to enhance safety performance. Safety training is defined as knowledge of safety given to employees in order for them to work safely and with no danger to their wellbeing (Law, Chan & Pun, 2006). Lin and Mills (2001) found that clear policy statements and safety training played an important role in reducing accident rates. Earlier studies discovered the link between safety training and increased safety

performance (Huang et al., 2006). Consequently, effective training assists workers to have a sense of belonging and thus, is more accountable for safety in their workplace. In addition, a company objective and communication of the objective to all workers is the crucial aspect of effective health and safety management as lack of communication may hinder employee involvement (Vassie & Lucas, 2001).

Even previous researches have shown that high rates of injury and accidents are due to unsatisfactory or non-existent of health and safety systems (Lin & Mills, 2001). Vassie and Lucas (2001) investigated health and safety management in the manufacturing sectors and the results indicated that empowered workers who played active health and safety role could result in health and safety performance improvements although the empowerment was limited. Although employee participation and involvement are crucial, the accountability and responsibility in the safety and health must come from senior management as required by the occupational health and safety legislation (Vassie & Lucas, 2001).

In sum, many previous studies have shown and debated various dimensions in safety climate, safety culture and OHS management scale. As such, a combination of different dimensions in an instrument can ensure a high reliability of the health and safety management measurement and thus organizations can enhanced their understanding of employees' perception to ensure improvement of their safety performance.

Based on the previous research reported above, the following research framework is proposed.

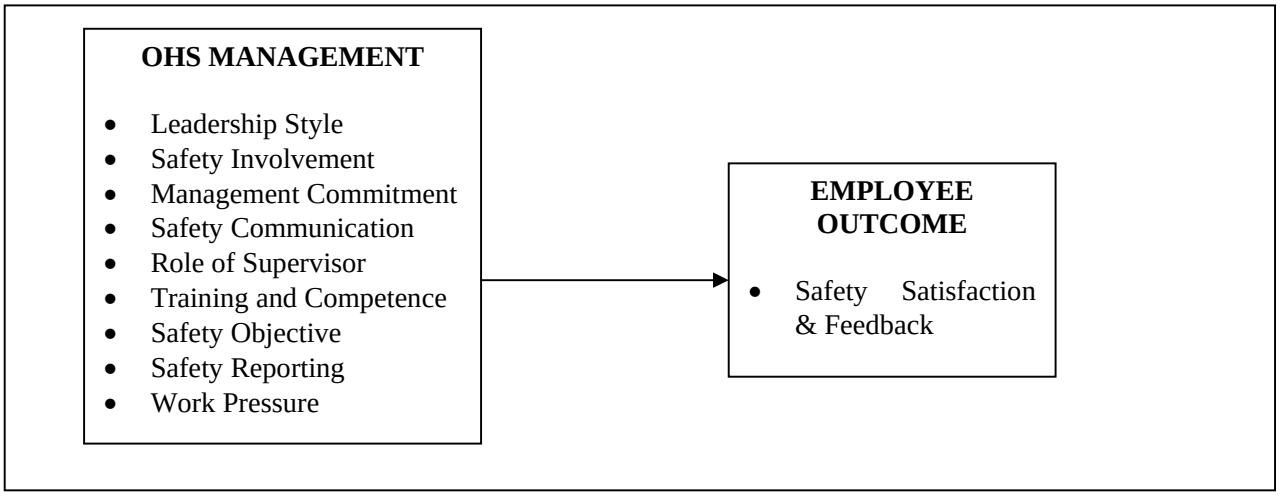

Figure 1: Conceptual Framework of this study

3.0 Methodology

3.1 Sample

The population of this study includes hospital employees from three state hospitals in the northern region of Malaysia. Public hospitals were selected as the hospitals provide basic healthcare needs to public and must retain patient safety practices; hospital employees are involved in various health and safety issues related to healthcare facilities; and public hospitals are listed as one of the top ten that have the highest accident rates compared to other public service sectors (SOCSO, 2008).

The sample was chosen using stratified proportional random sampling according to occupational group: physician, nurse, management officer, management support staff, medical officer, and medical support staff. 418 employees participated in this study and that gave a response rate of 43.15%. Although this response rate was a bit low but currently, most studies tend to have lower response rates, for example, 22.4% for small size enterprises and 14.06% for medium size enterprises in Kongtip, Yoosook and Chantanakul (2008) survey. According to researchers from Malaysia, most studies in Malaysia tend to have lower response rates between 15 – 25 percent (Rozhan, Rohayu & Rasidah, 2001).

3.2 Instruments

A survey approach was employed. The questionnaire was adapted from the Safety Climate Assessment tool developed by Flin, Mearns, & Burns (2004) from University of Aberdeen. The scale was modified slightly by changing the term from “patient safety” to “health and safety” more generally. The final version of the instrument groups the components into the following sections: safety communication, work pressure, safety satisfaction and feedback, management commitment, role of supervisors, training and competence, safety reporting, safety involvement, safety objectives, and leadership style. The questionnaire was intended to identify perceptions of the implications of OHS management elements towards their OHS performance. Table 1 summarizes the survey instrument. Overall the questionnaire survey seeks information on the following two sections: (1) demographic of personnel; (2) survey regarding the components listed above with scale items measured using a 5-point Likert-type scale.

Back-translation and decentering methods were used in this survey. We used two bilinguals: translating from the source (English) to the target language (Bahasa Malaysia), and translating back from the target to the source (Brislin, 1970).

3.3 Analysis

Analysis of data was done using statistical analysis from the SPSS version twelve. Descriptive methods were used to simplify and characterize the data. Further analysis includes correlation testing, one-way ANOVA, t-test, and multiple regressions. Significance was set at a two-tail with an alpha level of 0.05.

Table 1: Factors and total number of items included in the instrument

Factor	Description	Number of item	Rating scale
Safety communication	Perception about safety communication including openness in communication	7	1 = strongly disagree to 5 = strongly agree
Safety involvement	Attitudes relating to employees compliance with safety procedure and participation in health and safety activities	3	1 = strongly disagree to 5 = strongly agree
Training & competence	Attitudes to acquire knowledge and skills about risks in job	4	1 = strongly disagree to 5 = strongly agree
Safety reporting	Attitudes and perception relating to reporting about incidents	5	1 = strongly disagree to 5 = strongly agree
Work pressure	Perceptions of individual job duties relating to safety issues	8	1 = strongly disagree to 5 = strongly agree
Safety satisfaction & feedback	Attitudes and perceptions relating to aspects of safety measures in the workplace	21	1 = highly dissatisfied to 5 = highly satisfied
Management safety commitment	Perceptions of management commitment to safety issues in the workplace	7	1 = strongly disagree to 5 = strongly agree
Safety objectives	Perceptions of objective about safety in the workplace	5	1 = strongly disagree to 5 = strongly agree
Role of supervisor in safety and health	Perceptions of supervisor's role in ensuring safety in the workplace	11	1 = strongly disagree to 5 = strongly agree
Leadership style	Perceptions of leadership style in ensuring safety in the workplace	10	1 = not at all to 5 = frequently
TOTAL		81	

4.0 Results and discussion

4.1 Demographic information

Table 2 revealed demographics information where majority respondents (36.8%) were above the age of 40. There were about 79% female and 21% male comprising all the six ethnic groups of Malaysian, namely Malay (86%), Chinese (8%), Indian (4%), and others - Bidayuh, Siamese, and Punjabi (2%). About 39% of respondents were diploma holders. 44% of the respondents worked as nurse. About 37% employees have worked between 1 to 5 years.

Table 3 shows the working mode of the employees. Generally employees work for five to six days per week. About 53% employees worked between 21 to 40 hours per week. As for working mode, majority worked in the shift work arrangement, which was 51%.

Table 2: Demographic Information

Age in Years (n = 418)	
Age Group	Frequency (Percent)
< 20	4 (1.0)
20 – 24	42 (10.0)
25 – 29	101 (24.2)
30 – 34	66 (15.8)
35 – 39	51 (12.2)
40 & >	154 (36.8)
Gender (n = 418)	
Gender	Frequency (Percent)
Male	89 (21.3)
Female	329 (78.7)
Race (n = 418)	
Race	Frequency (Percent)
Malay	357 (85.4)
Chinese	35 (8.4)
Indian	17 (4.0)
Siamese	5 (1.2)
Punjabi	2 (0.5)
Bidayuh	2 (0.5)

Table 2: Demographic Information

Education Level (n = 418)	
Education Level	Frequency (Percent)
Year 6	3 (0.7)
*SRP	19 (4.5)
**SPM	147 (35.2)
***STPM	37 (8.9)
Diploma	161 (38.5)
Bachelor Degree	45 (10.8)
Certificate	2 (0.5)
Master	4 (0.9)

Job Position (n = 418)	
Job position	Frequency (Percent)
Physician	18 (4.3)
Nurse	182 (43.5)
Management Officer	8 (1.9)
Support Staff (Management)	102 (24.4)
Medical Officer	15 (3.6)
Support staff (Medical)	93 (22.2)

Years in Service (n = 418)	
Tenure (year)	Frequency (Percent)
< 1	43 (10.3)
1 – 5	154 (36.8)
6 – 10	60 (14.4)
11 – 15	47 (11.2)
16 - 20	31 (7.4)
21 & >	83 19.9)

*SRP (Sijil Rendah Pelajaran) – Lower Certificate of Education
** SPM (Sijil Pelajaran Malaysia) – Certificate of Malaysian Education
***STPM (Sijil Tinggi Pelajaran Malaysia) – Higher Certificate of Malaysian Education

Table 3: Work Duration/Mode

Number of Working Hours Per Week (n = 418)	
Hours per week	Frequency (Percent)
21 - 40	220 (52.6)
41 - 60	185 (44.3)
> 60	13 (3.1)

Shift work arrangement (n = 418)	
Shift work	Frequency (Percent)
Yes	214 (51.2)
No	204 (48.8)

4.2 Priorities of employee's perception

Table 4: Priorities of employee's perception on OHS management

Variables	Mean	SD	Cronbach's Alpha
Safety reporting	3.9383	.56950	.735
Training & competence	3.8463	.62700	.824
Safety objectives	3.5402	.62893	.877
Safety communication	3.4747	.50191	.625
Management commitment	3.4645	.52958	.751
Role of supervisor	3.4380	.51515	.854
Safety involvement	3.3182	.72232	.650
Leadership style	3.1060	.86490	.945
Work pressure	2.8490	.50183	.640
*Safety satisfaction & feedback	3.5222	.50890	.910
Overall			.954

***** dependent variable

Descriptive statistics were used to measure the elements of occupational health and safety management that is perceived to be the most important among employees. Employee's perception of occupational health and safety management was measured by nine elements as shown in Table 4. Overall cronbach's alpha for the 81 items were 0.954. Among the elements, safety reporting element was perceived as fairly high with mean of 3.9383 and standard deviation of 0.56950 while work pressure element was perceived as rather low with a mean score of 2.8490 and standard deviation of 0.50183. As indicated by the survey results, the mean of employees' perception on occupational health

and safety practices were between the ranges of 2.8490 to 3.9383, thus indicating a mixture of “disagree” to “almost agree”. The results indicated that the general view of the employees with regard to their occupational health and safety practices were low.

Evidence from previous researches demonstrated that employees’ awareness and involvement of health and safety were a matter of “common sense” and they discovered that the legislation, regulations and requirements of health and safety were not easy to understand as the issue was really complex (HSE 2005). In addition, HSE observed that there was also a trend to look at health and safety practices as preventing quick and effective working. Therefore, if this type of perception was to be ignored by the management and not to deal with proper training, then it could lead to the tendency to have negative consequences to the individual and the organization. In consequence, findings of previous studies showed a relationship between employee pessimism and poor safety performance (Oyan, 2000). When management blames the employee for injury and accident, OHS performance is lower (Erickson, 2000). For that reason, organizational culture is vital in determining that employees and employers have a high priority to implementing best practice in health and safety. Lin and Mills (2001) found from previous research that “humanware” that composed of leader and fellowship needs to play a major role of safety, as management is accountable for most “humanware” problems.

4.3 Differences between variables among genders

Table 5: t-test analysis

Variables	Levene test for equality of variances	t	Sig. (2-tailed)
Safety satisfaction and feedback	0.530	-1.862	0.063
Safety involvement	0.001	-2.087	0.039
Training and competence	0. 394	-0.013	0.989
Safety reporting	0. 006	-1.578	0.117
Management commitment	0. 612	-1.496	0.135

Based on the research findings at Table 5, t-test analysis was used to access the statistical significance of the differences between male and female employee’s perception on safety reporting, safety satisfaction and feedback, training and

competence, and management commitment. Empirical evidence indicated no significant differences were found for safety reporting, safety satisfaction and feedback, training and competence, and management commitment between the two categories of workers, where $t = -1.578$; $p > 0.05$ (safety reporting), $t = -1.862$; $p > 0.05$ (safety satisfaction and feedback), $t = -0.013$; $p > 0.05$ (training and competence) and $t = -1.496$; $p > 0.05$ (management commitment). Thus, null hypothesis was accepted. The results suggested that the two groups interpret the variables in the same way. Nevertheless, the results revealed significant differences between male ($M = 3.1573$) and female ($M = 3.3617$) workers on safety involvement, where $t = -2.087$; $p < 0.05$, thus, alternative hypothesis was accepted. It was seen that female workers perceived significantly stronger safety involvement than male workers.

The findings disclosed that health and safety issues affect both men and women at work (HASWIC, 1997). The ILO (2003) makes it very clear that every year there are 270 million occupational accidents and 160 million occupational diseases cases in the workplace. Therefore, according to HASWIC (1997, p. 15), "Analysis by gender is important to identify where there are significant gender-based differences in occupational injuries and illness". Furthermore, to ensure the survival of organizations, improvement of performance through efficient management system and well-structured performance evaluation are vital (Coelho & Moy, 2003). Carder and Ragan (2003) also supported the argument and highlighted that (1) management commitment and employee involvement, (2) work site analysis, (3) hazard prevention and control, and (4) safety and health training are the major elements of an effective safety program.

4.4 Differences between tenure and position

Table 6: One-way ANOVA analysis

Variables		**df**	**F**	**Sig.**
Job Tenure	Less than 1 year 2 to 15 years 16 years and above	2, 417	0.661	.517
Job Position	Nurse Doctor Management officer Support staff (management) Medical officer Support staff (medical)	5,417	4.127	0.001

Dependent variable: safety satisfaction and feedback

A one-way analysis of variance was conducted with job tenure as the independent variable and safety satisfaction and feedback as the dependent

variable. Levene's test was not significant, $F(2,415) = 2.31$, $p > 0.05$, and so the assumption of homogeneity of variances has not been violated. From Table 6, null hypotheses was accepted, that there was no significant difference for job tenure, $F(2,417) = 0.661$, $p > 0.05$

A one-way analysis of variance was conducted with job position as the independent variable and safety satisfaction and feedback as the dependent variable. Table 6 shows a significant effect for job position, $F(5,417) = 4.127$, $p<0.001$ and the alternative hypotheses was accepted. However, the homogeneity of variances assumption has been violated and the population variances for each group are approximately unequal, where $F(5,412) = 37.837$, $p < 0.000$. Thus, any interpretation of the main effect must be undertaken with caution. Post-hoc (Tukey HSD) test identify where the differences in job position lie: nurse, where $M = 0.3956$, $SD = 0.49033$, $p < 0.033$ to display significantly higher mean ratings of safety satisfaction and feedback. Mean ratings of employees from the other position were found not significantly differ from one another.

The findings revealed that health and safety issues affect all people at work. According to ILO (2005), occupational accidents and ill-health are avoidable and cooperation among all people with a positive commitment will ensure this mission to be achieved. However, individual accountability is the main factor in safety mission where it must be expanded to all department and starts from the management to all employees (Murphy, 2003). In addition, he added that safety does not "just happen" and committed team will reduce the frequency of injury, which resulted in a safer, compliant and more efficient workplace.

4.5 Intercorrelation among variables

A Pearson correlation analysis was used to test the correlation between safety satisfaction and feedback with nine elements of OHS management. Table 7 shows a significant positive correlation existed between safety satisfaction and feedback and nine elements of OHS management [$p < 0.05$, where p was in the range of 0.014 and 0.000] with correlation coefficient (r) range from 0.114 to 0.633. Lower to moderate correlations between the OHS management scales revealed that the construct were slightly dependable as reflected by this study's findings. Results of this study also suggested that the nine components of OHS management were positively correlated with each other. Thus, it is evident that the dependent variable (safety satisfaction and feedback) was influenced positively by all the nine independent variables.

The outcome is congruent with Johnson (2007) study on the predictive validity of safety climate where the positive and negative directions of the relationship showed improved safety climate predicted reduction in injury frequency in the

workplace and vice versa. This view is also supported by Zimolong and Elke (2006) that discovered from previous researches that high safety performance were correlated with elements including strong safety management commitment, interaction between workers and supervisors, and open communications on safety. Furthermore, Zimolong and Elke also indicated that significant relationship existed between performance and comprehensive training, managerial style, good communication channels, empowerment, good relations between management and workers, allocation of safety activities, and strong commitment from top management and supervisor.

Table 7: Interscale Correlations of the OHS Management Dimensions and the outcome variable: Safety satisfaction and feedback

	SC	SI	TC	SRT	WP	MC	SO	RS	LS	SF
Safety Communication (SC)	1									
Safety Involvement (SI)	.348**	1								
Training & Competence (TC)	.310**	.522**	1							
Safety reporting (SRT}	.431**	.414**	.522**	1						
Work pressure (WP)	.325**	.218**	.161**	.200**	1					
Management commitment (MC)	.412**	.327**	.252**	.360**	.331**	1				
Safety objective (SO)	.391**	.340**	.414**	.386**	.353**	.534**	1			
Role of Supervisor (RS)	.381**	.372**	.407**	.402**	.347**	.544**	.614**	1		
Leadership style (LS)	.238**	.285**	.312**	.319**	.221**	.391**	.433**	.633**	1	
Satisfaction & Feedback (SF)	.206**	.290**	.287**	.287**	.270**	.346**	.431**	.315**	.252**	1

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

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

4.6 Relationship between OHS management and safety satisfaction and feedback

A standard multiple regression was performed between safety satisfaction and feedback as the dependent variable and nine element of OHS management as the independent variables. Table 8 shows that the multiple correlation coefficient ($R = .738$) was significantly different from zero, $F(9, 408) = 54.23$, $p < .000$, and all the nine independent variables explain 54.5% of the variance in safety satisfaction and feedback ($R^2 = .545$). The findings disclosed that safety involvement ($t = 3.899$, $p < .000$), safety reporting ($t = 4.342$, $p < .000$), work pressure ($t = 5.073$, $p < .000$), management commitment ($t = 2.759$, $p < .006$), and safety objective ($t = 7.930$, $p < .000$), were found to significantly contribute to prediction of safety satisfaction and feedback. The magnitude of the contribution of each of the independent variables is given by the part correlation (sr_i^2). For safety involvement ($sr_i^2 = .130$), safety reporting ($sr_i^2 = .145$), work pressure ($sr_i^2 = .169$), management commitment ($sr_i^2 = .092$), and safety objective ($sr_i^2 = .265$).

This result was supported by MRS (2003) survey at General Chemical-Richmond Works Facility that showed managers and employees were unmotivated when communication of a safety vision was unreliable. Besides, workers had an attitude of “resigned acceptance” as to safety performance when supervisors and managers were uncertain of health and safety requirements. What is more, ILO’s philosophy of prevention and protection in the field of occupational safety and health affirmed that “and whereas condition of labour exist ……. to produce unrest so great that the peace and harmony of the world are imperiled; and an improvement of those conditions is urgently required; as, for example, by the regulation of the hours of work, including the establishment of a maximum working day and week …. the protection of the workers against sickness, disease and injury arising out of his employment ……” (Alli, 2001, p. 3). Thus, consistent communication of safety and health legislation, regulations and requirements and safety and health training regarding their work duties are vital to enhance safety performance.

Table 8: Multiple Regression Analysis

Variables	R	R square	F	Sig.	Beta	t	Sig.	Part correlation
Safety communication	.738	.545	54.226	.000	-.006	-.151	.880	-.005
Safety involvement					.161	3.899	.000	.130
Training and competence					-.008	-.175	.861	-.006
Safety reporting					.185	4.342	.000	.145
Work pressure					.189	5.073	.000	.169
Management commitment					.120	2.759	.006	.092
Safety objective					.367	7.930	.000	.265
Role of supervisor					-.007	-.141	.888	-.005
Leadership style					.045	1.031	.303	.034

Dependent variable: safety satisfaction and feedback

5.0 Conclusion

The findings of this study should make a major contribution to the practical and research aspects. In practice, this model should expand the knowledge of health care sector employers regarding the importance of employees' perceptions as an effective measurement tool to demonstrate improvement in public hospitals. Furthermore, motivated employees are persisting to improve safety when they know that management is more apparent and supportive of safety activities.

For research purposes, the model presents some insights into the components related to OHS management, which gives the basis for future research in hospital settings as it imparts early investigation into the significance of exploring the phenomenon from various job position perspectives as an attempt to improve safety performance in organization.

However, this study has some limitations which need to be noted. One limitation is the cross-sectional inquiry, making the outcomes only relevant to the time

during the study. For additional support, longitudinal research assessing the standard measures for OHS management in hospital is required. Secondly, due to resources constraint, this study focuses only on three state hospitals in the northern region of Malaysia and excluded data gathering from all 13 state hospitals in Malaysia. It is possible that perceptions of respondents from all state hospitals may allow comparisons across different locations. Lastly, future study is required to further refine this instrument using confirmatory factor analysis to come out with model of good fit that produce parsimonious measures and develop standard measures for examining OHS management in hospital.

The goal of this study was to examine the perceptions of employees on OHS management in their workplace. Results of the study were examined using t-test, one-way ANOVA, correlation and multiple regression analysis. This study has confirmed an empirical relationship between the nine dimensions of OHS management and the outcome variable: safety satisfaction and feedback. All the constructs demonstrated an acceptable internal consistency. In conclusion, consistent safety perceptions and attitudes on OHS management justify further research as the perceptions about safety problems in the workplace may differ among individuals. Therefore, there is a need for ongoing commitment and determination from all parties concerned to improve safety performance in an organization.

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