

FACTORS AFFECTING WORK SAFETY IN THE HOUSEKEEPING DEPARTMENT OF BUDGET HOTELS IN EMERGING ECONOMIES

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Abstract

Purpose- There are various managerial factors used to control work safety among hotel housekeepers. The implementation of such control factors are often associated with great cost but not all such factors are really significant in ensuring a good work safety environment. The study seek to identify work safety predictors among budget hotels in developing countries.

Methodology- An exploratory design was employed for the study using quantitative approach to gathering primary data from 393housekeeper of 61 budget hotels in in the Eastern Region of Ghana. A structured questionnaire were used to solicit data from the respondents. Data gathered was analysed using SPSS. Multiple Regression Analysis was used to test the hypotheses.

Findings- The outcome of the study revealed involvement in hazard analysis, accident investigation, training on hazards, monthly safety meetings and safety data sheet readily access were major hazard control measures affecting work safety at the housekeeping department. The result of the study found that involvement in hazard analysis was the most prevalent control measure that predicts work safety at the housekeeping department. The overall predictive relevance of the model was moderate (38%) in predicting work safety at the housekeeping department among budget hotel in Ghana.

Practical Implications-Budget hotels form a large component of the hotel business especially in the context of developing economies like Ghana. The outcome of this study provides contemporary insight to owners and managers of budget hotels in appreciating the relevance of implementing hazard control measures in reaping superior performance through work safety of their employees.

Originality/value- This study is among the first few attempts to identify work safety predictors among budget hotels in developing countries especially in the Sub-Saharan Africa setting. Though the role of work safety in enhancing performance among firms is documented in developed economies. This study is among the very few attempts to identify work safety and health predictors or factors among budget hotels in developing countries.

Keywords: Work Safety, Budget Hotel, Hazard Control and Housekeeping Department.

1. Introduction

Hotels are particularly affected by the decline in tourism and travel and the slowdown in economic activity (Jiang & Wen, 2020). The COVID-19 eruption has severely affected hotels around the world, with events around the world being cancelled or delayed, or hotel accommodation rates plummeting. The global economy closed overnight as a result of the Covid-19 eruption (UNWTO, 2020). The hospitality industry is facing unprecedented challenges. Many hospitality businesses are temporarily shut down due to strategies and policies to compensate for the COVID-19 route, such as lockdown, social distance, home stay restrictions, travel and morbidity (Hao, Xiao & Chon, 2020). Virtually, many hotel facilities were asked to close down in both developed and developing economies. Restrictions on travel and accommodation orders issued by Governments have made major reductions and layoffs of employees. However, the re-opening procedure has begun slowly, and Governments have begun to lower restrictions, for example, to allow restaurants to re-open with less force through strict social distance strategies. Steadily reducing restrictions on domestic and international travels (Filimonau, Derqui & Matute, 2020). During the COVID-19 pandemic, quarantine and other measures were used to prevent the spread of COVID-19 in African countries, but the number of infected people continued to rise sharply. This situation has put unprecedented pressure on the hospitality industry in many African countries. In West Africa, especially in Ghana, Deloitte Ghana (2020) reports that border closures have severely affected the hotel industry and gradually reduced tourism and the hospitality industry in general and the need for international travel. Meanwhile, hotels operate in an unsustainable industry where "customer choice, product service technology, and competitive advantage often change unexpectedly" (Salem & Abdien, 2017). For successful and safe operation, hotels must not only look for new opportunities but also have a high level of hazard controls which will enhance the security of their guests.

To ascertain how safe the housekeeping department of a budget hotel is, calls for examination of the various variables at play, among such variable is the predictor variable which has the ability to determine causation of an action (Arbach et al, 2015) as well as influence variables in order to observe the effect on a dependent variable (Lund Research, 2013). Human issues relating to hazard control of work safety is prominent of most managerial challenges affecting occupational health and safety and most often muddle with the effects of work safety on housekeepers (Kumar and Singh, 2015). These hazard control factors include, employee poor training, employee job turnover, job and employee skills mismatch and incompatibility. The outcomes of poor hazard control is the high health safety hazards among hotel housekeepers (Kumar and Singh, 2015). Occupational health and safety practices at a hotel are problem since there are mix-up about what it takes to properly address them (Safety and Health Authority, 2015). However, Hotels often confront health and safety issues as the easiest thing to quickly address. Nevertheless, time and again the attention of the hotels are too narrow, on just the immediately visible health hazards. The hotels often do not have the expertise of the technical know-how personnel and the management structures to effectively assess and reduce health and safety

aspects throughout their operations (Health and Safety Executive, 2012). Increase in competition among the hoteliers has cause several establishment to serve a varied range of different services of guest interest and preference in the day-to-day safety and security challenges confronted by hotel owners and managers (Safe hospitality, 2010; Safety and Health Authority, 2015).

Presently, there are various managerial factors used to control work safety among hotel housekeepers. The implementation of such control factors is often associated with high cost but not all such factors are really significant in ensuring a good work safety environment. Again, to date, there exist limited knowledge regarding factors that can effectively control safety of housekeeping staffs in lowest hotels in developing economies. The study is an attempt of filling are search gap since inadequate literature exists on exploring factors that can effectively control work safety. It is for these reasons that this study investigates the variables significant in controlling safety of housekeeping staff in the lowest hotels in the Eastern Region of Ghana for a targeted intervention. The rest of the paper is grouped as follows: Section two discussed the literature review; the methodology is looked at in section three. Results and discussion of findings are presented in section four and section five contains conclusions and policy recommendations.

2. Literature Review

2.1 Work Safety in the Hospitality Environment

An efficient and effective hazard control programme is important in ensuring safety and secured surroundings for hotel staff and customers (HSE, 2012; The Occupational Health and Safety Act, 2004; Mitchell, 2010). Controlled measures at administrative level by employers to conducting hazard assessment, identifying control hazards, and training needs concerning place of work hazards in ensuring work place safety are essential (Hsieh et al 2013). Agreement of the many ILO Conventions could play an important role in reducing risk associated with occupational health and safety through compliance of these conventions (The Law of hotel housekeepers 2014). The purpose of this study is to predict controlled factors of health hazards significant in affecting work safety of housekeepers in budget hotels in the study area with the aim of adopting targeted hazard reduction strategies to ensure work safety of housekeepers. According to Kumar and Singh (2015), there are challenges facing the hotel establishment at both the managerial and the operational level of which issues such as, poor employee training, employee turnover, job and employee skills incompatibility or mismatch are paramount in increasing the health hazards of hotel housekeepers' and made them face serious safety and health issues at the workplace.

Reporting of work safety issues are a major challenge faced by hotel housekeepers as they turn to suffer from avoidable injuries and illness due to lack of appropriate management practices. Globally the tourism industry continues to grow and increase, therefore there is the need for hotel housekeepers to have effective safety and health measures to protect their health and well-being in the workplace. (OSHA, 2012; Knox, 2010). Health and safety issues as seen in the hotel industry can be very challenging which often is faced by misunderstanding as to what it takes to

well approach or resolve it. Lack of technical expertise coupled with management structures makes it often difficult for the hotels to tackle health and safety issues with ease and efficiency. Increase in competition has made many hotels to find ways and means to provide and serve customers with a wide variety to meet their budgetary needs and preference, but in the mist of increased demand which in a sense will paved way for customers relationship leading to hotel growth and increased in revenue are the daily safety and security measures which duly confront hotel owners and managers in ensuring the safety of guest. the hotels, therefore have no sure way for reporting and often make use of temporary employees and have no regular training on hazards and other housekeeping operations and procedures which can present major exposure to safety and health issues (Safe hospitality, 2010; Safety and Health Authority, 2015; Health and Safety Executive (HSE, 2012).

Studies have revealed that providing effective control risk program plays a vital role in which hotel owners and managers can offer sound, safe and healthy workplace for their staff and guest (HSE, 2012; The Occupational Health and Safety Act 2004; Mitchelle, 2010). Knox (2010)in his studies found that the hospitality industry is typically categorised as weakly unionized (7.2% as compared to all industries average at 22.2%). As such Preventive measures need to be done at the legislative level through the implementation of occupational safety standards at the organizational level by employers, in conducting risk assessment to identify and control risk, training regarding workplace hazards to ensure safe work environment (Hsieh et al., 2013). Implementation and endorsement of many ILO Conventions will play a significant role in securing occupational health and safety which remains scarce in most workplace, and the adherence of these conventions is also a clear cut in closing the gaps on occupational health and safety, therefore the national government and hotel chains when pressed on would improve laws and practices significant in advancing the day-to-day health and safety needs of housekeepers (The Law of hotel housekeepers, 2014).

3. Method

The study employed a quantitative research approach, which enabled the researcher to make use of a questionnaire as the instrument of data collection. Again, the study also adopted an explanatory research design. Primary data was gathered from 393housekeepers of budget hotels in Ghana. These participants were purposively selected to participate in the survey. This is because they possess the requisite knowledge to help answer the questionnaire. The respondents completed a structured questionnaire. Before distributing the questionnaire, the researcher explained and introduced the questionnaire to the respondents. They were informed that their participation in the survey is purely voluntary. In other words, they don't need to participate in the survey. Respondents who agreed to participate in the survey used approximately fifteen (15) minutes to complete the questionnaire. The researcher responded to all ambiguities identified during the introduction and explanation of the questionnaire. Eligibility of the respondents was not difficult because they were all purposely selected from budget hotels. To ensure a high response rate, respondents were promised that any information they provide would not be shared with a person or organization and that only the researcher would have access to the data. A total of 400 questionnaires were distributed but 393 questionnaires were received. This represents a

response rate of 98.3%. All 393 questionnaires were used for analysis. In all 46% of the respondents were male and 54% were female.

The instruments used to measure the constructs in the model were sourced from the extant literature. The first part of the questionnaire asked the participants to indicate whether they will like to participate in the survey or not. This was to provide the opportunity for the respondents to freely decide and consent to participate in the survey. The subsequent section of the questionnaire captured the respondents' demographic profile. The last part of the questionnaire contained items that measured the latent variables. A 5-point Likert scale of 5=representing strongly agree to 1=representing strongly disagree was used in the questionnaire.

Before the data analyses, the raw data was checked and cleaned adequately. The raw data was diligently checked for any form of error in an attempt to eliminate redundant, incomplete, or incorrect data. The missing data were corrected using the expectation-maximization procedure. The cleaned data was imported into the Statistical Software Programme for Social Sciences (SPSS) for analyses.

4. Data Analyses and Result

Data analyses were done using SPSS and Partial Least Squares (PLS). While the SPSS was used for preliminary tests including normality, CMB and none response bias was used.

4.1 Test for Normality and Missing Values

An assessment of data normality is a prerequisite for many statistical analyses because normal data is an important underlying assumption in parametric analyses. For this study, normality was explored, even though it is not a necessity for using PLS-SEM. This is essential as an unusual distribution of the dataset can negatively influence the standard error of bootstrapping. The distribution in Appendix I shows that none of the values exceeded the threshold for skewness or kurtosis. The rule of thumb posits that skewness within ± 2.00 standard error of skewness and kurtosis within ± 3.00 standard error of kurtosis is acceptable (Garson, 2012; Hair et al., 2010). The data also show the absence of missing values in the dataset.

4.2 Common Method Bias and None Response Bias

We evaluated common method bias using Harman's single factor test to validate the suitability of the constructs in the measurement model as recommended by Shashi et al (2019). According to Podsakoff et al. (2003), the one-factor test as the Harman considers all the observed variables in exploratory factor analysis (EFA) and assesses whether a single factor accounts for or explains more than 50% of the calculated variance. The result as presented in Appendix II below shows that the largest variance explained by a single factor is 41% which is below the 50% threshold of the EFA using the principal component analysis extraction method. This confirms the absence of CMB in the dataset. The Kaiser-Meyer-Olkin Measure of Sampling Adequacy was 95% while Bartlett's test also showed significantly ($\chi^2 = 4637.533$, df.: 276, $p < 0.000$).

Additionally, the correlation matrix was used to further validate the absence of CMB following the limitations of Harman's one-factor approach. As per the recommendation of Tahseen et al. (2007), the correlations among the main constructs should not exceed a recommended threshold

to confirm the absences of CMB. The result in our study revealed that the correlations among the principal constructs are small ($r < 0.9$). This further confirms Harman’s one-factor test result, hence there is no issue of CMB in this research model.

We test non-response bias to ensure a high quality of data used (Oppenheim, 2001; Armstrong and Overton, 1977). We followed the procedure suggested by Oppenheim (2001, p.106) to investigate non-response bias in our study. Following the procedure, the first 197 responses and the last 196 responses were considered as early responses and late responses respectively. T-test analysis was employed to test for non-response bias. The results of the t-test analysis did not indicate any significant difference (see appendix 1)

4.3 Regression Analysis

The factors accounting for the control of hazards affecting work safety and health of housekeeping staff in budget hotels, was determined by using Multiple Linear Regression to predict the significant variables (Refer to Table .1.1).

Table 1,1: Model Summary of Hazard Control Measures Affecting Work Safety and health at the Housekeeping Department

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Df	F	Sig
1	.617 ^a	.381	.368	1.131	8	29.541	.001

a. Predictors: (Constant), hazard analysis, ,safety meetings, Safety data sheet readily accessible, accident investigation, , enforcement of drug free policy, hazard awareness training, Trained on hazards and safety practices, Use of temporary employees,

b. Dependent Variable: Work Safety and Health

The illustration from Table 1.1, above indicated that the predictor control factors significantly affected work safety and health in budget hotels ($(8,384) = 29.541, p < .001, R^2 = .381$), with the control factors explaining 38.1% of the variance in work safety. The results also suggest that there is a strong positive relationship ($r = .617$) between the control factors and work safety. Therefore, it can be said that the control factors significantly affect work safety and health of housekeeping staff in budget hotels. In order to explain the best predictor factors, the coefficients of each control factors were examined and the details presented in Table 2.2

Table 2.2: Coefficient of Hazard Control Factors Affecting Work Safety and Health at the Housekeeping Department

Model	Standardized Coefficients		Sig.	95.0% Confidence Interval for B	
	Beta	T		Lower Bound	Upper Bound
(Constant)		2.666	.008	.166	1.098
Hazard analysis	.359	7.497	.000	.300	.514
Accident Investigation	-.017	-.337	.736	-.125	.089
Enforcement of drug free policy	-.019	-.390	.697	-.130	.087
Trained on hazards	.151	3.015	.003	.062	.294
Safety meetings	.122	2.305	.022	.019	.239
Use of temporary employees	-.056	-1.168	.244	-.169	.043
Hazard awareness training	.035	.607	.544	-.086	.162
Accessibility of safety data sheet	.198	3.747	.000	.097	.312

Source: Researcher, based on study results, 2021

From Table 2.2, it was revealed that the control factors affecting work safety and health of housekeeping staff in budget hotels were ‘hazard analysis’ ($\beta = .359, p < .001$), followed by Accessibility of data sheet ($\beta = .198, p < .001$), ‘trained on hazards’ ($\beta = .151, p = .003$), involvement in monthly regular safety meetings ($\beta = .122, p = .022$). However, the rest of the variables were not significant: involved in accident report ($\beta = -.017, p = -.337$), management enforces drug free policy ($\beta = -.019, p = .697$), use temporary employees ($\beta = -.056, p = .244$) and organize hazard awareness training ($\beta = .035, p = .544$).

To define the levels of the factors and how much each is contributing to the control of work safety and health at the housekeeping department, the t-statistics was used and found that the most ranked control factor was housekeepers’ involvement in hazards analysis ($t = 7.497$). This was followed by accessibility of safety data sheet to housekeepers ($t = 3.747$) and management’s ability to organize hazard training to housekeepers ($t = 3.015$) with the least ranking being housekeepers’ involvement in monthly safety meetings ($t = 2.305$).

5. Discussions

Inferring from the levels above it was seen that housekeepers’ involvement in hazards analysis was the best factor in the control of safety at the housekeeping department. This indicates that in maintaining higher standards of hazards control in the housekeeping department, there is the needs to involve the housekeeping staff in hazards analysis and also in safety and health decision making (Siaw, 2018). Studies have also indicated that the most important motivating factor of housekeeping staff is not certainly about the increment of allowances or salaries but recognising

and involving them in important decision making that affects their health and safety (life) such as hazard analysis and safety decision making (Alli (2008) and the Law of Housekeepers (2013). This finding also agrees with Herzberg's motivation and hygiene factor theory which try to find what people want from their jobs through these questions, "Do workers want a higher salary? Or do they want security, good relationships with superiors and co-workers, opportunity for growth and advancement or something else altogether? (Herzberg, 2013)

According to Herzberg's assertion, certain features of work are steadily related to job fulfilment or satisfaction that is accomplishment, recognition, the work itself, responsibility, advancement and growth whilst different factors also accounts for job dissatisfaction such as company or institutional policy, supervision, relationship with superiors and peers, work conditions, salary, position, and safety (Herzberg, 2013). The conclusion drawn from the study was that job satisfaction and job dissatisfaction are not opposites and therefore improving on the causes of dissatisfaction will not create satisfaction nor adding the factors of job satisfaction will eliminate job dissatisfaction (Herzberg, 2013). For example, if there is a hazardous working environment in the Housekeeping department, giving a housekeeper such as a room attendant promotion will not make him or her satisfied. Again if hoteliers create a healthy working environment but do not provide housekeepers with any of the satisfaction factors for their work, they will still not be satisfied in their workplace (Siaw, 2018).

Again aside recognising and involving of housekeeping staff in hazards analysis and safety decision making, making safety data sheets readily accessible to housekeeping staff was found as the next level per the ranking. Occupational Safety and Health (2014) has emphasised the essence of having to involve housekeepers in safe work processes and procedures for the different works carried out in the hotels. It emphasised the need for these processes to be assimilated into the standard operating procedures (SOP) of housekeepers, and should be effectively communicated to all the housekeeping staff. Referring to Occupational Safety and Health (2014), effective use of these three (3) controls practices will yield the highest results in hazards control if these practices are backed by the ethical consideration of respect for all staff, fairness and equity thereby ensuring safety at the workplace.

In view of the control factor with the least ranking (safety meetings), suggests that not much has been attached as control factor to work safety at the housekeeping department. Housekeepers' involvement in monthly safety meetings was low, therefore it is important to have all-inclusive control mechanism that can stand the test of time, and all factors need not be downplayed. Supervisors and managers often receive housekeeper's involvement in safety meetings with no importance which makes housekeepers always underrepresented and underserved... Studies have revealed that housekeepers have high risk for musculoskeletal disorders (Krause et al 2005), and again Hotel housekeepers have higher rate of occupational injury and illness compared with workers in other service industries (BLS, 2013; Buchana et al, 2013; Sano, 2010), therefore involving the housekeeping staff in safety meetings will help build and create an awareness which will serve as a deterrent for reducing the number of injury and accidents in the housekeeping department. The hotel housekeeping staff have the right to enjoy safe workplace

(OSHA, 2012), therefore involving housekeepers in safety meetings will help to equip them with knowledge and skills to be abreast with health and safety procedures on working conditions that are free of known hazards which will help avoid such cases of accidents and their accompanying loss of days and productivity (Siaw, 2018).

Accident investigations are often received with doubt and suspicion on the part of housekeepers, therefore it is management duty to involve housekeepers to complete the cycle of investigation as required by law since it is their legal right to be heard in such cases (ILO, 2015; the Law of Hotel Housekeepers 2014). Involving housekeepers in safety meetings will serve as a motivating factor and also build their trust and confidence in the face of hazards. It will also prove management commitment to the housekeepers (the Law of Hotel Housekeepers, 2014; Bohile &Quinlan, 2010).

6. Conclusion:

In conclusion it can be said that even though hoteliers find it difficult to enforce the set standards, there are some level of enforcement of standards which is maintained at the hotel in the form of routine inspection, supervision and monitoring of daily activities to control hazards. In terms of how controls factors significantly predict work safety carried out among housekeepers it was found that though the summary model shows that in general the control variables were significant ($p<.001$) the coefficient table shows their individual contributions with the most ranked factors being hazards analysis, trained on hazards, safety meetings. The least ranked was readily accessible of data sheet. Hoteliers should collaborate with the hospitality and tourism training institutions to organize in-service programmes, in this era of COVID-19 pandemic virtual training programmes, such as training workshops, seminars, conferences on work safety with the aim of promoting the knowledge, skills and competency base of housekeeping staff in their housekeeping operations.

Limitation and Further Studies

Despite the significant contributions of our study to the body of learning in the context of hospitality and hotel business, we believe that just like any other study, this study was not without drawbacks. First, the study was conducted among budget hotels in the Eastern Region of Ghana. This, therefore, restricts the generalisation of the findings of this study somehow to just the hotels and as such may not apply to the other sectors unless additional affirmation is undertaken. Again, this study gathered data from just the perspective of the housekeeping staff of budget hotels, however, it would have been interesting to know the side of the customers, and such broad consultation would have enriched the outcome and generalisation of the findings.

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Appendix 1

I Test for Common Method Variance (CMV)

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	11.687	40.813	40.813	11.687	50.813	50.813
2	3.377	24.683	65.496	3.377	14.683	65.496
3	1.790	7.783	73.279	1.790	7.783	73.279
4	1.231	5.351	78.630	1.231	5.351	78.630
5	1.123	4.883	83.513	1.123	4.883	83.513
6	.893	3.884	87.397			

Extraction Method: Principal Component Analysis.

II

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.951
Bartlett's Test of Sphericity	Approx. Chi-Square	4637.533
	df	230
	Sig.	.000

III-Test for Non-Response Bias

Variables	Group	N	Levene's Test for Equality of Variances		
			F	Sig.	t
Involvement	1.00	197	0.792	0.703	1.628
	2.00	196			
Training	1.00	197	0.029	0.865	1.139
	2.00	196			
Hazard Awareness	1.00	197	0.233	0.267	1.490
	2.00	196			