

The Influence of Occupational Health and Safety (OHS) Leadership at the Organizational Level on OHS Performance in Botswana's Construction Industries

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Abstract

The study examined the relationship between occupational health and safety (OHS) leadership at the organizational level and OHS performance in Botswana's construction industry. It aimed to assess how leadership influences workplace safety. Data was collected using surveys and in-depth interviews. Quantitative data was gathered from construction employees in Gaborone through simple random sampling, while purposive sampling was used to select SHE officers for qualitative insights. Findings revealed that most respondents were laborers (28%), followed by bricklayers (18%), electricians (11.5%), and painters (10%). The majority were aged 21–30 years (38%), while 60% had less than five years of experience. Over 75% of respondents agreed that workplace leadership fosters an inclusive environment where opinions are valued. They believed leaders prioritize employee collaboration, identify hazards, and promote safety by communicating expectations, allocating resources, and fostering a strong safety culture. However, qualitative findings contrasted this view, indicating that leadership in Botswana's construction industry does not consistently prioritize OHS. Some leaders fail to engage with employees or address workplace hazards effectively. The study highlighted the weak commitment to safety culture, characterized by ineffective communication, insufficient resource allocation, and minimal collaboration with OHS committees. This discrepancy between employee perceptions and qualitative findings suggests that while some leaders demonstrate commitment to safety, others treat it as a compliance requirement rather than a proactive measure. Strengthening leadership engagement and resource allocation is crucial for improving workplace safety standards and ensuring a safer construction industry in Botswana.

Keywords: Botswana, Construction Industries, OHS Leadership, OHS Performance, Safety Culture.

Introduction

Almost 3.5 billion people, 63% of the global population, belong to the world's workforce [1]. This workforce must be shielded from occupational illness, disease, and injury to gain momentum and boost productivity in the workplace [2]. However, millions of workplace managers across the world fail to achieve this objective. Globally, 2.78 million work-related deaths are reported each year, of which 2.4 million are attributed to occupational diseases [3]. Globally, access to occupational health and

safety (OHS) by workers has remained at very low levels [4], worse still is the African Region, where work-related threats to human health and life are becoming increasingly evident [5]. This is emphasized in [4] report where it was noted that the full adoption and success of OHS systems in Southern Africa, where Botswana is located, remains constrained. The organization and implementation of OHS in this part of Africa has remained at suboptimal levels with this stature closely associated to inadequacy of human resource capital, training, and education

in the field of OHS which has had a major negative impact on the improvement of worker access to such services in expanding economies [4]. As per [6] study, the provision of Occupational health and safety services to workers has long been a global concern that has drawn the attention of the international bodies like International Labor Organization (ILO), as cited in its Convention No. 161 of 1985 as well as the World Health Organization (WHO)'s 2008-2017 Global Plan for Action, which both reiterated the value that the international community has to safety issues. Despite all this echoing, developing countries are still lagging far behind in comparison with their industrialized counterparts, with regard to the provision of OHS services to workers. According to [4], OHS is basically a new discipline that is still in its infancy stage, even in developed countries with better economies. This is reflected in the accident and occupational diseases statistics and the low global access to it thus far. [4], also noted that OHS has a huge negative effect on the lives of people, despite that, it has not received any significant focus and support when put in the same scale with other public health problems like HIV, malaria, and tuberculosis. This far, OHS has remained an island whose existence has always been recognized but with no concerted efforts toward support, he observed. Southern Africa, a region where Botswana lies, is no exception to this, as evidenced by the significant gaps in human resource capital, training, and education and programmatic approaches in the workplace.

According to [7], there are many definitions of 'leadership' that exist in the literature. In organizational psychology [8, 9], leadership is defined as a group phenomenon (including interaction between two or more people) and an intentional social exertion of influence, which aims at attaining objectives by communication processes. Leadership is seen as more than a micro-organizational phenomenon. [10], elaborated on leadership to mention that it goes

beyond direct, mutual relationships between leaders and subordinates; rather, it takes place at all levels of an organization. It can occur in different forms, i.e. indirectly as well as directly. It also includes the efforts of the management to reach both short-term and long-term objectives. [11], also acknowledged self-leadership within an organization as it plays an important role in organizations, as employees are required to take responsibility for their productivity. For several decades, researchers have investigated what constitutes effective leader behaviors, what the pertinent personal characteristics of leaders are, and what leader behaviors best suit particular contexts and conditions. Generally, effective leadership has been shown to strengthen employee commitment to the organization and to improve the work climate, enhance innovation and increase productivity [12, 11].

According to [13], effective leadership can promote OHS by focusing on the safety behavior of employees, which has two aspects: safety compliance and safety participation. Safety compliance concerns what employees are required to do to stay safe in the workplace (such as adhering to standard procedures or wearing protective clothing). Safety participation refers to actions to help develop a safer environment more generally (for example, participating in voluntary meetings about safety or helping others to stay safe). Leaders can have a positive influence on encouraging and supporting safe and healthy behavior amongst employees [14]. Improving the safety behavior of employees is an ambitious leadership goal. Usually, it depends upon establishing a positive prevention culture, to build a labor force that is essentially motivated about OHS. [15], explains further that in the organization, there is a leader, and leadership is a crucial aspect of the OHS management system because leaders in an organization are expected to establish a superior system and give the necessary resources to protect workers from harm, therefore leaders are required in organizations to instill discipline

and achieve organizational goals. As alluded to by [16], organizational leaders communicate with subordinates to share experience and knowledge, promote solidarity and cooperation, harmonize work implementation, avoid double burdens in carrying out tasks, promote harmony, discuss ways to overcome obstacles that arise and correct each other to avoid mistakes and promote harmonious relationships and collaborations. Leadership communication affects employee discipline in an organization, and organizational discipline will affect OHS performance. Therefore, to improve OHS performance, it is necessary to increase leadership communication [17].

Research shows that how safety and health are led and integrated into an organization can significantly impact wellbeing at work, including addressing problems of worker absence through ill-health. Successfully managing Occupational Health and Safety (OSH) is a key element in running a successful industry. As such, managers have a legal and moral duty to safeguard the health and safety of those who work for them, and the exercise of these duties needs to be seen as central to the role of their leadership. Therefore, managers have a pivotal role in ensuring that OHS policies and practices are given sufficient weight within their organizations [18]. According to [18], a good safety programme is an essential part of efficient management, designed to ensure that the whole of a company's assets remain continuously available for profit making. As alluded to by [19] in [20], the physical place in which people work says a lot about the organization, its values and its policies. Employees are more productive and tend to stay in the firm where the working environment is comfortable, pleasant and efficiently organized for the tasks to be performed. Employees feel a sense of responsibility, when they see that the management is putting extra efforts to make the working environment suitable and conducive. The purpose of the study, therefore, is to

investigate the impact of leadership on workplace safety performance within the construction industry in Botswana. Given the high-risk nature of construction work, effective leadership is vital for ensuring adherence to safety protocols, reducing accidents, and fostering a sense of security among workers. This study seeks to analyze how leaders, including project managers, site supervisors, and corporate executives, develop safety policies, encourage a culture of safety, and influence overall performance in Occupational Health and Safety (OHS). By pinpointing essential leadership practices that contribute to improved safety outcomes, the research intends to offer valuable insights for enhancing safety management in Botswana's construction industry. Since only a limited number of studies have been performed on this particular topic, this research may help us gain more knowledge about the topic and be used for future interventions.

Methodology

This study adopted an explanatory sequential mixed-method design. This method was deemed appropriate for the study because it breaks down the study into phases which are easy to implement, and the inclusion of a quantitative phase to the qualitative phase makes the study more objective as both approaches (quantitative and qualitative) employ techniques that reinforce each other [21]. For the quantitative phase, the study targeted employees from construction industry companies based in Gaborone. Five major companies undertaking construction work in Gaborone were selected based on the convenience sampling technique. However, the selection criterion that was employed was that the companies had to have had at least 200 construction workers. This gave an estimated target population of more than 1000 workers. This study used a simple random sampling method to select respondents within the selected companies. Names of workers engaged

directly on construction sites were obtained from respective foremen. They were numbered, and a random number generator was used to generate random numbers that were then used to select respondents. Participants were informed through an informed consent debriefing about the nature of the study, and their obligations and rights in taking part in the study. This was a scholarly study that had minimal harm to the participants. Their privacy and confidentiality of data supplied to the study were assured. Participants were not lured into participating by any financial incentives. Permission was also sort from the sampled construction companies.

Yamane's formula was used to determine the sample size and a sample size of 286 construction site workers was therefore selected for the study. Only workers at the construction site at the time of the study were enumerated for this study. The included had to have worked in the construction setting for a minimum cumulative period of one year. They should have been familiar with basic health and safety issues. They should have been able to communicate in English. Quantitative data were collected using a questionnaire. The researcher personally delivered questionnaires in person to the selected respondents. The study used SPSS v.24 as a data management and statistical analysis tool for the quantitative phase, which has a very versatile data processing capability.

A sample of five (5) SHE officers was purposively selected for the qualitative phase. That is, one SHE officer from each of the selected construction companies. The selection was informed by the fact that SHE officers are knowledgeable about health and safety issues both at the site and what is required of them by various health and safety legislation. The study used an interview guide to collect data from the five SHE officers that were purposively selected for the study and the researcher recorded the interview both in a notebook and

also on a Dictaphone for later transcription. Qualitative data were analyzed by the use of thematic analysis to find common themes, topics, concepts, and patterns of meaning that recur. This study used an approach in which quantitative data were explained using qualitative data. Since qualitative data were collected from SHE officers through interviews, the findings were used to explain the findings of quantitative data collected from workers at construction sites.

Results

The analysis of the data collected and the results obtained are presented and discussed as follows:

Quantitative Results

Demographic Characteristics of the Respondents

The study sought to find out the number of years of experience participants had in the construction industry. The results in Figure 1 indicate that the majority of the respondents had experience of less than 5 years (60%, n=120), followed by those with 6–10 years of experience (29.5%) and those with more than 10 years' experience (10.5%). It can be concluded that most of the respondents were blue-collar workers who typically engage in manual or labor-intensive tasks. Workers in "blue collar" jobs face the greatest risk of physical harm or injury as a result of work-related engagement, although "white collar" workers may also be in danger. The study also sought to identify the age bracket of the respondents. The results are summarized in Figure 1. Findings reveal that the majority of the respondents were between 21 and 30 years old (38%, n=76), followed by those aged less than 20, between 31 and 40 years, and those between 41-50 years old at 25.5%, 22.5% and 11%, respectively. This shows that construction workers of all age categories participated in the study.

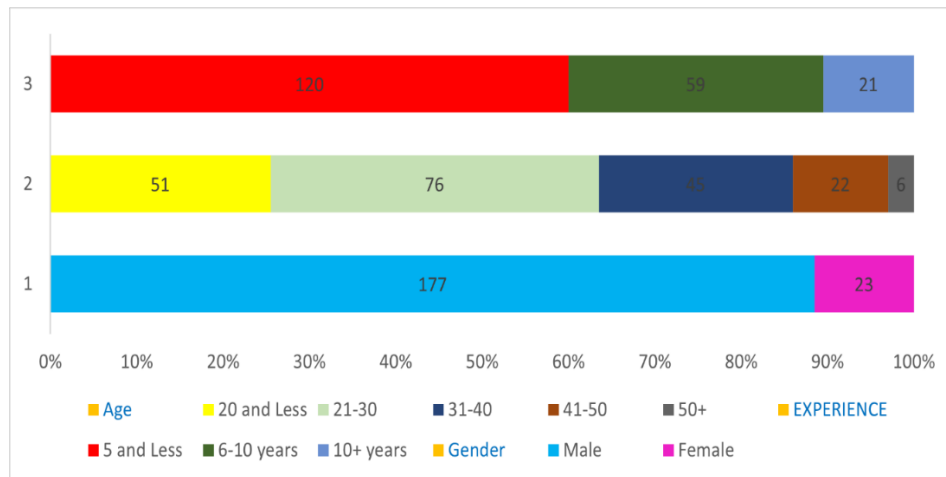


Figure 1. Study Participants' Demographic Characteristics

Occupation Categories

Findings as shown in table 1 indicate that the majority of the respondents were Laborers (non-skilled) (28%), followed by bricklayers (18%), electricians (11.5%) and painters (10%), respectively. The lowest compared to the information communication numbers were for

tread millers, quantity surveyors, plasterers, and store keepers, which were 0.5% each, respectively. The findings reveal that the majority of the employees are unskilled laborers, and this can be generalized as the general case in Botswana's construction industry.

Table 1. Occupation Categories

| Occupation | Frequency | % |
|-----------------------|------------|------------|
| Driver | 9 | 4.5 |
| Painter | 20 | 10 |
| Brick Layer | 36 | 18 |
| House Keeper | 13 | 6.5 |
| Treadmill | 1 | 0.5 |
| Carpenter | 15 | 7.5 |
| Laborer (non-skilled) | 56 | 28 |
| Electrician | 23 | 11.5 |
| Store Keeper | 1 | 0.5 |
| Artisan | 9 | 4.5 |
| Plumber | 9 | 4.5 |
| Granite Installer | 3 | 1.5 |
| Quantity Surveyor | 1 | 0.5 |
| Supervisor | 3 | 1.5 |
| Plasterer | 1 | 0.5 |
| Total | 200 | 100 |

Leadership in OHS

The study investigated the role of leadership in OHS performance, and the following aspects were tested. Three out of four of the surveyed

study participants (>75%) either agreed or strongly agreed with the statement that at their workplaces, leadership creates an inclusive environment where all opinions are valued

(Figure 2). This is also observed about the responses given to all other statements posed to participants on leadership and OHS at their workplace: “Leadership is passionate and enthusiastic about workplace safety”; “Leadership leads by example and never walks past unsafe acts or conditions without addressing them”; “Leadership provides adequate resources to ensure health and safety

issues are identified, analyzed and prioritized to drive improvement”; “Leadership is positive and proactive delivery and reinforcement of safety messages direct to staff”; “Leadership is receptive to input from others, ensuring action is taken to get things done and that solutions are implemented”; and, “Leadership regularly meets OHS committee to deliberate about health and safety in the organization”.

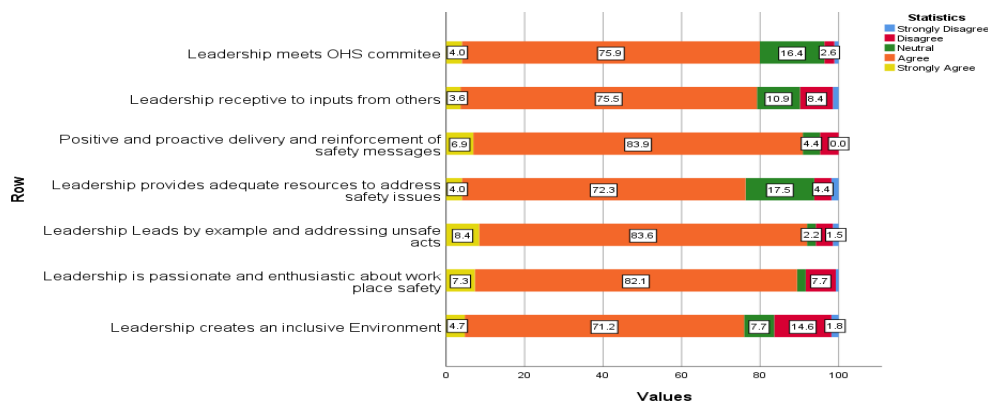


Figure 2. Participant Response Distribution on Leadership and OHS

Qualitative Results

Out of the five SHE officers interviewed, 2 were females and 3 were males. All the interviews were carried out in their respective workplaces at the construction sites. The average age and year of experience were 32.4 and 3.6, respectively.

Leadership Meets OHS Committee

Involving leadership with Occupational Health and Safety (OHS) committees is essential for building a strong safety culture within the construction industry. Insights from Safety, Health, and Environment (SHE) officers highlight the critical importance of this engagement in several key areas:

“Most of our leaders, more specially the immediate supervisor, do engage actively with the SHE committee. He normally attends some of the scheduled meetings we hold monthly, and we engage freely with him in most of the safety related issues we face. However, other top managers are not very interested. This is a concern because most of those not interested are decision makers”, KII#1.

This speech is held by many of the respondents. Some added to lack of meetings with owners of the company and top managers.

“Our company is dominated by the Chinese citizens, and it is difficult for them to understand health and safety. They focus more on the work to be done as opposed to what should be done to protect employees. It is fortunate, though, that we have other leaders who are locals and have done some OHS modules and they are the ones who have a better understanding of SHE and are supporting us as much as they can. To address this, we have included even management in the toolbox talks that we conduct twice a week.”

KII #2

However, some respondents still agree to having constant fruitful meetings as the SHE committee with top management in the company, as reported by the following respondent;

“The company we work for originates in South Africa, and top management here holds regular meetings and maintains good communication between themselves and the

SHE committee. This helps establish an atmosphere of open dialogue about all health and safety concerns. This transparency nurtures trust among employees, allowing them to share safety concerns without fear of repercussions. Such proactive communication leads to better identification of hazards and more effective mitigation efforts". KII #5

Leadership Receptive to Inputs from Others

In the construction industry, leadership's receptiveness to input from Safety, Health, and Environment (SHE) officers and other employees is pivotal for fostering a robust safety culture and enhancing project outcomes. However, in the construction industries, certain leadership styles have been observed to hinder effective communication and collaboration with Safety, Health, and Environment (SHE) officers and other stakeholders. Insights from key informants within this sector highlight several challenges. This is best described by some of the informants in these terms:

"The owners of the company make decisions unilaterally, with minimal input from us. We normally do risk assessment, and we prioritize control measures that we think are effective and recommend that management implement them. What we see mostly are their interests implemented not what we recommended. A recent example is the purchase of face masks. Most employees here are exposed to too much dust, and we recommended the provision of dust masks, however, managers bought the surgical masks instead. This is not the only example; even the choice of PPE we provide and the frequency of issue is determined by them against our advice. This is leading to resentment and a sense of undervaluation in us, as our insights and expertise are overlooked. This dynamic is slowly resulting in decreased morale and hindering the implementation of comprehensive safety measures. KII #2

The interviews revealed that leadership receptiveness in construction companies is uncommon, and it includes an inability to

influence others effectively, poor leadership skills, and a lack of clear task definition.

"Leaders in this company put more emphasis on productivity and profitability, which often leads to the marginalization of safety considerations. They prioritize immediate project outcomes over the integration of proactive safety measures we normally come up with as SHE officers. This undermines our role as SHE officers and compromises overall safety performance. Our efforts and input in this company are not recognized, and at times, we feel we are only employed because it is a requirement from the government for a company of this magnitude to have SHE officers. I think insufficient leadership training in safety management contributes to a disconnect between our leaders and SHE officers. Without a comprehensive understanding of safety protocols and the importance of collaborative input, we see our leaders undervalue our contributions as SHE professionals, leading to ineffective safety strategies adopted most of the time". KII #1

Positive and Proactive Delivery and Reinforcement of Safety Messages

Effective and proactive communication and reinforcement of safety messages are vital for cultivating a robust safety culture and minimizing workplace incidents. Utilizing creative strategies and engaging communication techniques has resulted in significant enhancements in safety results.

"As a SHE officer, I firmly believe that delivering safety messages positively and proactively to construction workers is essential for building a robust safety culture on-site. One of the most effective methods I employ is engaging workers through regular toolbox talks, safety meetings, and practical demonstrations. Instead of solely focusing on compliance, I emphasize making safety a collective effort by promoting open discussions and encouraging feedback from team members. I make sure that safety signage is prominently

displayed in all high-risk areas and that important safety messages are conveyed in a way that is easily understood by workers. This approach helps them internalize safety procedures and respond effectively during emergencies. Furthermore, we advise them to maintain regular communication with leadership to ensure that safety is prioritized at all levels, not just documented but integrated into daily practices. All this is made possible by management in the construction company that I work for because they allow for 15 minutes every day before the beginning of work to do toolbox talks. If more time is required to complete a planned task, they allow for up to 30 minutes as well.” **KII #4**

Almost unanimously, informants' responses made it possible to understand that the influence of the positive and proactive delivery and reinforcement of safety messages are crucial for fostering a strong safety culture and reducing workplace incidents. Implementing innovative strategies and engaging communication methods has led to notable improvements in safety outcomes. Management is making all this possible by committing a few minutes before the beginning of duty for such to happen.

Leadership Provides Adequate Resources to Address Safety Issues

Active leadership is essential for improving safety standards by providing sufficient resources to tackle safety concerns. Nonetheless, insufficient commitment from leadership to dedicate adequate resources for safety initiatives has resulted in considerable obstacles. One respondent confirms this in these terms:

“As SHE officers, we are not made aware of any budget allocated for health and safety measures. Leadership often fails to ensure sufficient budgeting for health and safety measures. We normally experience limited resources allocated for safety training, which leads to inadequate worker education on

hazard recognition and safe practices. Even refresher trainings are not done at all. This deficiency increases the likelihood of accidents and injuries on the sites. Every week, we record about three minor incidents, which is an indication that employees need more training”.

KII #3

This speech is held by many of the respondents. Some add that this lack of leadership commitment to allocating adequate resources for safety initiatives has led to significant challenges.

“We are expected by legislation to buy PPE for employees twice a year, and the prescribed companies are listed for us to use which sells quality PPE. Nonetheless, our leaders buy from cheap suppliers, and the PPE, more especially overalls, they buy only lasts for 3 months, and employees will not be given a replacement until after a year. This makes our work difficult because we cannot enforce proper use of PPE in employees with knowledge of the situation they experience. Even with other safety equipment, we experience the same thing”. **KII #1**

Leadership Leads by Example and Addressing Unsafe Acts

Leadership that actively leads by example and addresses unsafe acts is pivotal in enhancing workplace safety. By leading by example, construction company leaders can significantly improve workplace safety, resulting in better protection for workers and more efficient project execution. The lack of leadership commitment to safety in the construction industry results in preventable accidents, low worker morale, and increased project delays due to frequent safety violations. The respondent reported this as follows:

“In this construction company, leaders often ignore violations of health and safety protocols rather than addressing them appropriately. As SHE officers, we bear the full responsibility, but our efforts are often ineffective because unsafe practices and a risk-taking workplace culture

stem from management's lack of commitment. Senior managers rarely spend time on-site and view safety as a mere formality. Instead of actively tackling hazardous conditions, they prioritize documentation and regulatory compliance over meaningful safety improvements. Their primary focus is on passing audits rather than preventing actual risks, creating an environment where safety is acknowledged in theory but not enforced in practice". **KII #4**

*"The leadership in our company places cost-cutting above worker safety. Rather than allocating funds for proper training, high-quality PPE, or modern safety equipment, they choose lower-cost alternatives or postpone essential safety measures. As a result, we are often forced to respond to accidents after they occur rather than preventing them beforehand. This reactive mindset means that safety improvements are only implemented after serious injuries or fatalities, instead of taking proactive steps to mitigate risks before they escalate". **KII #2***

Leadership is Passionate and Enthusiastic about Workplace Safety

When leaders demonstrate genuine passion and enthusiasm for workplace safety, it can result in substantial benefits. This commitment fosters a culture where safety is woven into the fabric of the organization, enhancing employee well-being and operational success. Conversely, insufficient leadership dedication to safety can create serious problems, as noted by key informants. When key informants were asked, "Does leadership understand the OHS policy?" many answered in the negative, suggesting a disjuncture and lack of corporate leadership support for OHS policies. responses are as follows:

"In this organization, there is no support or understanding from the leadership, it is only us SHE officers who come up with the policy and communicate for them to be implemented. Management is mostly Chinese and they are not

*very much interested in SHE. Even if there are binding issues like following COVID protocols, we struggle to make things work because it is difficult to make things possible when it comes to Chinese supervisors. They only want the work done and not focus on the health and safety of the employees." **KII #1***

The absence of passionate and enthusiastic leadership in workplace safety continues to put workers at risk across different construction sectors. Without a fundamental shift in attitude and commitment, safety will remain an afterthought rather than an integral part of construction operations. This is best described by one of the informants in these terms:

*"It is very unfortunate that in this company, leaders view workplace safety as a regulatory requirement rather than a tool to promote safety in the workplace. Normally, attention is given to health and safety issues if the company is due to be inspected, but after passing the inspection, nothing is maintained. Employees receive only basic safety briefings, and refresher training is rarely conducted; safety committees exist on paper but have little to no influence over decision-making because leadership often disregards their recommendations, leading to unresolved safety concerns and frustration among workers who feel their voices are ignored. The company fail to provide adequate personal protective equipment due to cost-cutting measures, and workers are sometimes forced to reuse damaged or inadequate PPE, exposing them to unnecessary risks. This negligence is a direct reflection of leadership's lack of genuine interest in worker safety. **KII #3***

Leadership Creates an Inclusive Environment

Unanimously, informants' responses were similar when it came to the responsibility of leadership in creating an inclusive environment in the workplace. Leadership that promotes inclusivity has greatly improved health and safety outcomes. By fostering an inclusive

workplace, leaders enhance company culture, drive innovation, and boost employee satisfaction. Conversely, the absence of inclusive leadership can create numerous workplace challenges. When leaders fail to cultivate inclusivity, it negatively impacts employee morale, reduces productivity, and heightens safety risks and operational inefficiencies. Overcoming these issues requires a commitment to embracing diverse perspectives, promoting fairness, and actively involving workers in decision-making. One respondent confirms this in these terms:

“Managers in the company exclude us, the workers on the ground, from key safety and operational decisions. Despite our direct experience with workplace hazards, our input is rarely sought, and our recommendations on safety measures or equipment purchases are often disregarded. This lack of communication leaves us feeling unheard, creating a disconnect between management and employees. As a result, morale and motivation decline, and trust in leadership erodes, especially since critical issues like inadequate PPE, poor working conditions, and unrealistic deadlines are consistently overlooked. The absence of inclusivity also fosters misunderstandings, discrimination, and workplace conflicts, with SHE officers unfairly shouldering the blame for overall safety failures.” KII #1

The insights gained from key informant interviews indicate that leaders within many construction companies in Botswana do not fully endorse Occupational Health and Safety (OHS) policies, despite having awareness of them. Safety, Health, and Environment (SHE) officers in the construction sector acknowledge that active involvement from leadership in OHS committees is vital for building a robust safety culture, enhancing communication, and encouraging employee participation in safety initiatives. However, the reluctance of leadership to consider feedback from SHE

officers poses major obstacles to workplace safety and the success of projects.

Discussion

This study was conducted to determine the influence of Occupational Health and Safety (OHS) leadership at the organizational level on OHS performance in the construction industry of Botswana. The study found disparities in terms of gender representation. The findings indicate that there are significantly more males than females due to the nature of occupation in the construction industry, which is male dominated in Botswana. This result is also similar to a study conducted by [22], which reported male participants as higher than female participants. The results also indicated that construction workers of all age categories participated in the study; however majority of the respondents were between 21 and 30 years old and had experience of less than 5 years which is an indication that most of the respondents were blue-collar workers who typically engage in manual or labor-intensive tasks. Workers in "blue collar" jobs face the greatest risk of physical harm or injury as a result of work-related engagement, although "white collar" workers may also be in danger. Occupational categories among respondents vary with the majority being laborers (28%), bricklayers (18%), electricians (11.5%) and painters (10%), while other occupations representation was less than 10%.

The results of the study showed that three out of four of the surveyed study participants (>75%) either agreed or strongly agreed with the statement that at their workplaces, leadership creates an inclusive environment where all opinions are valued. This is also observed about the responses given to all other statements posed to participants on leadership and OHS at their workplace: “Leadership is passionate and enthusiastic about workplace safety”; “Leadership leads by example and never walks past unsafe acts or conditions without addressing them”; “Leadership

provides adequate resources to ensure health and safety issues are identified, analyzed and prioritized to drive improvement”; “Leadership is positive and proactive delivery and reinforcement of safety messages direct to staff”; “Leadership is receptive to input from others, ensuring action is taken to get things done and that solutions are implemented”; and, “Leadership regularly meets OHS committee to deliberate about health and safety in the organization”. The results of this study are in agreement with a similar study by [23], which highlighted that the importance of management commitment and involvement in health and safety is fundamental to an organization’s health and safety culture.

The results of the quantitative study show that leadership in Botswana’s construction industry is essential to Occupational Health and Safety (OHS), and it sets the tone, expectations, and requirements for a secure workplace. The findings additionally demonstrate that leaders in this industry emphasize employee partnerships and actively endeavor to identify and mitigate potential hazards. The findings demonstrate that leaders recognize that safety is a critical component and set the tone for an organization’s safety culture by communicating expectations, allocating resources, and fostering a shared commitment to a safe work environment. By regularly meeting OHS committees to deliberate about health and safety in the organization, leaders inspire trust and collaboration among team members and empower them to take ownership of their safety and the safety of others. Committees identify OHS issues to be addressed and make improvements. In-depth deliberation of the same issues from the qualitative study findings reveal that leadership in Botswana’s construction industry does not always place sufficient emphasis on Occupational Health and Safety (OHS). Rather than establishing clear guidelines and ensuring a secure work environment, some leaders fail to engage actively with employees or address workplace

hazards. The results indicate a weak commitment to safety culture, characterized by poor communication, inadequate resource allocation, and minimal collaboration with OHS committees. Without consistent discussions on health and safety, trust and teamwork among employees may deteriorate, diminishing their sense of accountability for workplace safety. Consequently, critical OHS concerns may remain unresolved, leading to persistent safety risks.

Conclusion

Organizational leadership plays a crucial role in guiding the direction of a company. It directly influences employee discipline, which in turn affects overall OHS performance. Strengthening leadership commitment is essential for enhancing workplace safety. As a fundamental aspect of the OHS management system, leaders are responsible for designing robust safety frameworks and providing the necessary resources to safeguard employees from harm. Strong leadership is, therefore, essential in fostering discipline and steering the organization toward achieving its safety and operational objectives. Furthermore, effective leadership cultivates a culture of accountability, ensuring that safety policies are not only implemented but also consistently upheld. Leaders who actively engage with employees and OHS committees create a workplace where workers feel valued and are more likely to follow safety protocols. By prioritizing health and safety, leadership can minimize workplace accidents, boost efficiency, and drive overall organizational success.

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Ethical Clearance

This study was approved by the Institutional Review Board, and ethical clearance was

obtained from the Ethics Committee of the Health Research Unit of the Ministry of Health, Botswana.

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Conflict of Interest

The author declares that there is no conflict of interest.

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