



Safety Standards Compliance among Universities Employees in Nairobi County, Kenya During the Covid-19 Pandemic

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ABSTRACT

The COVID 19 pandemic is a global health crisis which has introduced different parameters in the work environment. This is especially true for university employees who have been affected by it. This has led to introduction of various adjustments to the workplace environment such as social distancing measures of 1.5 meters, wearing of face masks, regular washing of hands, online learning, remote working etc. There are over 22 million confirmed cases worldwide and this shows just how far reaching the virus is within different geographic areas and communities. The communities which encompass university employees are now faced with multiple challenges emanating from the risk of contracting the virus itself, to the knock-on repercussions from containment measures on health, education and livelihood systems. The specific objectives of this study are to determine the following among university employee during COVID 19 pandemic and they include: to determine the worker's knowledge of safety standards, to determine safety policies, to establish safety communication and to establish employee participation in implementation of safety standards. This study adopted a mixed method research design which encompassed desk review methodology. Data was collected through use of key informant interviews. Thematic analysis was carried out to analyze qualitative data. This paper therefore was to find out whether the employees in the sampled universities in Nairobi County, Kenya complied with safety standards especially regarding with the issue of COVID-19 pandemic.

Keywords: COVID-19, Thematic Analysis, Safety Standards, University Employees

INTRODUCTION

COVID 19 pandemic is an ongoing global pandemic of corona virus disease 2019 caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The novel virus was first identified from an outbreak in the Chinese city of Wuhan in December 2019, and attempts to contain it there failed, allowing it to spread across the globe (Zoumpourlis et al., 2020). Ultimately it has bought about many deaths for example more than 6.12 million deaths had been attributed to COVID 19 pandemic since March this year (Gollwitzer, et al., 2020). Africa is expected to be the most vulnerable continent where COVID 19 spreading is having a major impact (Lone and Ahmad, 2020). The continent confirmed its first case of COVID 19 in Egypt and sub-Saharan Africa on February, 2020.

The continents' weak health care system and a large immunosuppressed population owing to high prevalence of malnutrition, anemia, malaria, HIV/AIDs, tuberculosis and poor economic discipline make it distinct from other countries that have experienced COVID 19 to date (Lone and Ahmad, 2020). The best way to prevent and slow down transmission is to be well informed about the disease and how it spreads. Protect yourself and others from infection by staying at least one metre apart from others, wearing a properly fitted mask, washing your hands and be vaccinated. Several vaccines have been introduced to curb the rising case such as Astrazeneca, Moderna, Pfizer, Janssen (not currently available) which have been administered 1st, 2nd, 3rd and 4th in which the latter two are booster vaccines. Most people infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment. However, some will become seriously ill and require medical attention. Older people and those with underlying medical conditions like cardiovascular disease, diabetes, chronic respiratory disease, or cancer are more likely to develop serious illness. Anyone can get sick with COVID-19 and become seriously ill or die at any age.





This study is a review of literature on safety standards compliance among universities employees in Nairobi County, Kenya during the COVID 19 pandemic. The main aim is to check whether safety standards are being complied among university employees in Nairobi, Kenya during the COVID pandemic.

Problem Statement

The universities are required to comply with OSHA standards and ministry of health guidelines which their main goal is to keep employees in secure, safe and healthy working environment. The OSHA standards are also in line with the WHO guidelines, among these are the protection of workers against occupational diseases and injury according to WHO. Kenyan universities have been complying with ministry of health directive since the COVID-19 first occurrence in March 11, 2020 when it was first declared a pandemic. They subsequently had stoppages on physical learning and embraced online and blended learning in their curriculum. This was done to prevent and stop the spreading of the corona virus. The university employees were also required to comply with these directives. All persons should self-monitor for fever and other symptoms such as cough, sore throat, runny or stuffy nose, body aches, headache, chills, and fatigue.

Despite the preventative measure kept in place by the Universities in Nairobi, a significant number of university employees (60%) were infected by the Corona Virus Disease. The overall readiness and response measure for the infectious disease were not fully adhered to. This in turn brought about prolonged institutional closure, a significant number of employees contracting the disease and some deaths related to the diseases. As at April, 2020, Kenya had reported 374 confirmed cases of COVID-19, with 124 recoveries and 14 deaths. Most of these cases were concentrated in the counties of Nairobi, Mombasa and Kilifi, Kwale and Mandera with other cases spread across all counties. It is possible that the increased number of cases that contracted COVID 19 were associated with non-compliance to safety standards. It's against this background that the study sought to find out the safety compliance among university employees in Nairobi, Kenya during the COVID pandemic.

Objective of the Study

General Objective

The overall objective of the study was to determine safety standard compliance among university employees in Nairobi, Kenya during the COVID 19 pandemic

Specific Objective

- 1. To determine the worker's knowledge of safety standards among university employees during the COVID 19 pandemic
- 2. To determine safety policies among university employees during the COVID 19 pandemic,
- 3. To establish safety communication among university employees during the COVID 19 pandemic
- 4. To establish employee participation in implementation of safety standards among university employees during the COVID 19 pandemic.

METHODOLOGY

Study Design

This was a descriptive qualitative study. This design was chosen because about a situation which enabled a comprehensive understanding of social phenomena (Creswell, 2007), focusing on the why and how situations exist (Guba and Licoln, 1982). Our inquiry was based on the social constructivist worldview that asserts that individuals construct their understanding of the world in which they live, and work based on their experiences and interpretations. It emphasizes understanding the context and recognizes the existence of multiple realities which allowed us to explore varied perspectives of university employees (Creswell, 2007). The study design used was mixed methods that had a combination of qualitative through key informant interviews and systematic reviews.





Study Population

The number of universities that participated were three, the number of informants were 36 informants comprising of 12 informants from each university. The study population constituted of university employees from selected universities in Nairobi, that is, Jomo Kenyatta university of Agriculture and Technology, Kenyatta University and Kiriri Women University of Science and Technology. The employees constituted administrative staff.

Sampling technique

The study utilized convenience sampling whereby sampling of participants as based on availability. Recruitment of participants as stopped when the researcher reached saturation point in terms of the information that was needed. At participant number 12 in Jomo Kenyatta University of Agriculture and Technology, 12 in Kenyatta University and 12 in Kiriri Women University of Science and Technology, the study reached saturation point where no new information was coming out to address the research question (Guest et. al., 2006). However, the researcher continued data collection while recognizing the pragmatic possibility of not reaching saturation point with this sample size, seeking additional participant perspectives up to 36 participants and found no new information from the participants (Saunders *et. al.*, 2018).

Data Collection

Data on safety standards compliance among university employees in Nairobi, Kenya was obtained from various documents and key informant interviews. The documents reviewed included the following: Interim guidelines on management of COVID 19 in Kenya, COVID 19 response by Voluntary Service Overseas. Key informants were purposively sampled. Key informants mainly constituted the administrative as they were considered to be more knowledgeable on safety issues in their organizations.

Data Management

Translation and transcription of audio-recorded data was done by the researcher together with the help of an experienced transcriber. Audio-recorded data had a unique identification code which ensured anonymity by removing all names of individuals and institutions that may appear in the transcript. Data were stored in computers protected by passwords. Back-up of the data were kept in an external hard drive while hard copies of the used interview and observation guide was stored in lockable drawers for safety.

Data Analysis

Data were analyzed manually using framework analysis. Framework analysis was used having considered study objectives and the flexibility of framework analysis which would help to identify, describe, and interpret key patterns within and across cases and themes within the phenomenon of interest(Collaço, *et al.*, 2021).

Using deductive methods and the framework analysis as the starting point, data was analyzed manually using Excel sheet following the five steps of framework analysis. The following were the five steps of framework analysis applied according to Goldsmith, (Goldsmith, 2021): familiarization, identifying thematic framework, indexing, charting, mapping and interpretation

RESULTS

Participant characteristics

A total of 36 respondents participated in the study. There were 12 from each facility. Out of the 36 participants, 20 were males. The ages of the employees who took part in this study ranged from 18 to 60 years old, with an interquartile range of 25. In terms of education level, the majority had attended up to tertiary education.

Workers knowledge of safety standards

A substantial number (47%) of the university employees knew the safety standards they are supposed to observe during the COVID 19 pandemic mainly because they were sensitized from the onset when COVID 19 pandemic began.





One of the participants observed that: The university organizes covid 19 awareness creation sessions regularly for the employees. The sessions are facilitated by health workers from the ministry of health we are very grateful. We learnt a lot including promoting prevention measures like mask-wearing and hygiene - employee 004.

The university also promotes COVID-19 awareness by sharing prevention and safety information through various media channels, including its website, billboards, notice boards, radio, television etc.(employee 006)

Safety Policies

A significant number (50%) of employees knew and observed the safety policies that university has set up. Safety policies set the tone that predisposed both individual and organizational behavior and fills in the blank spaces in the organization's policies, procedures and processes, providing a sense of purpose to safety efforts. This one of the employees reported: We have safety policies in the university such it is mandatory that we wear masks in public places. We have to wash hands with running water and soap at designated hand washing stations before accessing University facilities -employee 003.

We have safety policies in the university such as having social distance of 1.5 meters, mandatory vaccination, regular sanitizing ourselves to prevent spread of the virus – employee 005.

Workers participation

Results show that when workers participate in implementation of safety standards, they own the process and are more likely to observe and adhere to safety regulation set by the institution. One of the participants observed that: We participated in installation of hands-free hand-washing points, hand sanitizer points and distribution of masks to other employees (employee 008)

We took part in promoting adherence to COVID-19 safety regulations across the university by raising awareness about the disease, its effects, and preventive measures (employee 007)

Safety communication

Results suggest that one of the ways of maintaining a safe and healthy workplace was by communication and feedback of safety programs and procedure to workers. Safety communication was done through use of various platforms such as emails, notice boards, Vice Chancellor's address that is cascaded down up to the head of section finally to employees. This one of the employees reported: Our management ensured that they kept everyone updated on actions being taken to reduce risks of exposure in the workplace and made sure everyone's contact numbers and emergency contact details are up to date employee - 003

Our management also ensured that any new information by the Ministry of Health relating to COVID-19 was disseminated to employees as soon as it was provided (employee 009).

DISCUSSION

Workers knowledge: This study found that there was a relatively high level of knowledge on occupational health risks associated with covid 19. This finding agrees with what Akinwale & Olusanya, (2016) in a study conducted in Nigeria among managers and senior staff members of selected organizations. He established that knowledge encompasses awareness of occupational health and safety risks, including an evaluation of occupational health and safety programmes in an organization

Safety policies: The study findings revealed that many employees observed occupation safety and health guidelines which is important in any work environment as indicated by Ahmad, Sitar and Naas (2017). A study conducted by Huang, et al., (2004) among corporate employees showed that many organizations established safety policies to reduce risk of injury and promote job safety. Employees in companies that had safety policies were likely to observe work safety procedures and perform better compared to their counterparts





Worker's participation: This study found that the workers were involved in implementing COVID 19 safety measures. This finding is in line with what Crawford (2019), found in his study in which he established that worker participation is important in all aspects of workplace changes which are developed to assess work-related risks and reduced work-related injury and work-related health problems

Safety communication: This study found that safety communication was embraced between the workers and the employees regarding safety and the required safety measures that employees need to observe. This finding supports what Williams (2003) in a study conducted in the South East of the United States steel manufacturing facility found in his study. In this study it was noted that one of the most effective ways to improve a safety culture and prevent injuries is to optimize safety-related communication throughout an organization

CONCLUSION

The study concludes that there was a significant relationship between workers knowledge of safety standards and COVID 19 pandemic. This therefore supports the debate that knowledge of safety standards prevented the employees from contracting COVID 19 as they were able to prevent and cure the disease for those who unfortunately contracted it. The study also concluded that with effective safety policies if adhered to will ensure that employees minimize and prevent occupational injuries and diseases at the workplace such as contracting corona virus. It also concluded that worker participation in implementation of safety standards is important as the more they participate the less the resistance of adhering to the safety protocols. In regards to safety communication the study conclude that the university management should continually communicate on ways to prevent, cure and handle employees affected by the COVID 19 pandemic.

RECOMMENDATION

Based on the documents reviewed and key informant interviews conducted the following are the recommendations:

The study recommends that there should be periodic safety training and awareness of safety standards from university employees in regards to COVID 19 pandemic. It also recommends that in regards to safety policies, the universities should have well-structured policies and have a mechanism to enforce these policies so that employees can be able to comply and ensure work safety is adhered to. The study also recommends for worker participation that workers should be involved in decision making of safety standards so that they can own those policies. This will make it easier for them to comply with the set safety standards since they participated in making them. Finally, in regards to safety communication, the study recommends that there should be efficient safety communication from the top management to subordinate staff. Safety regulations and instructions should be well displayed in strategic areas where employees work.

REFERENCES

- 1. Ahmad, I., Sattar, A., & Nawaz, A. (2016). Occupational health and safety in industries in developing world. Gomal Journal of Medical Sciences, 14(4).
- 2. Akinwale A.A. and Olusanya O.A., (2016) "Implications of occupational health and safety intelligence in Nigeria," Journal of Global Health Care Systems, 6(1), pp.1-13, www.jhgcs.info
- 3. Babbie, E. R. (2020). The practice of social research. Cengage learning.
- 4. Collaço N, Wagland R, Alexis O, Gavin A, Glaser A, Watson EK. (2021) Using the framework method for the analysis of qualitative dyadic data in health research. Qual Health Res.31(8):1555–64
- 5. Crawford, J. (2019). Employment and the Workplace Supporting Healthy Aging. In Healthy Aging (pp. 349-354). Springer, Cham
- 6. Creswell J. (2007) Qualitative inquiry & research design: choosing among five approaches. Thousand Oaks, California 91320: SAGE Publications Inc.; 472 p
- 7. Dückers, M., Faber, M., Cruijsberg, J., Grol, R., Schoonhoven, L., & Wensing, M. (2009). Safety and risk management interventions in hospitals. Medical care research and review, 66(6_suppl), 90S-119S.
- 8. Goldsmith LJ. (2021)Using framework analysis in applied qualitative research. Qual Rep. 26(6):2061–76





- 9. Gollwitzer, A., Martel, C., Brady, W. J., Knowles, E. D., & Van Bavel, J. (2020). Partisan differences in physical distancing predict infections and mortality during the coronavirus pandemic. Available at SSRN 3609392.
- 10. Guba EG & Lincoln YS (1982) Epistemological and methodological bases of naturalistic inquiry. Educ Commun Technol. ;30(4):233–52
- 11. Guest G, Bunce A, Johnson L. (2006) How many interviews are enough?: an experiment with data saturation and variability. Field methods.18(1):59–82
- 12. Huang, Y. H., Chen, P. Y., Krauss, A. D., & Rogers, D. A. (2004). Quality of the execution of corporate safety policies and employee safety outcomes: assessing the moderating role of supervisor safety support and the mediating role of employee safety control. Journal of Business and Psychology, 18(4), 483-506.
- 13. Koshy, K., Shendell, D. G., & Presutti, M. J. (2021). Perspectives of region II OSHA authorized safety and health trainers about initial COVID-19 response programs. Safety Science, 138, 105193.
- 14. Lone, S. A., & Ahmad, A. (2020). COVID-19 pandemic—an African perspective. Emerging microbes & infections, 9(1), 1300-1308.
- 15. Niu, S. (2018). 1658b Occupational diseases in the world and the new ilo list.
- 16. Niu, S. (2010). Ergonomics and occupational safety and health: An ILO perspective. Applied ergonomics, 41(6), 744-753.
- 17. Saunders B, Sim J, Kingstone T, Baker S, Waterfield J, Bartlam B, (2018) Saturation in qualitative research: exploring its conceptualization and operationalization. Qual Quant. 52(4):1893–907
- 18. Williams, J. H. (2003). "People-Based Safety: Ten Key Factors to Improve Employees' Attitudes." *Professional Safety* (2), 32-36.
- 19. Zoumpourlis, V., Goulielmaki, M., Rizos, E., Baliou, S., & Spandidos, D. A. (2020). The COVID-19 pandemic as a scientific and social challenge in the 21st century. Molecular medicine reports, 22(4), 3035-3048.