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Experiences of Employees in Implementing the Occupational Health and Safety Programme in a Limpopo Government Department

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Abstract:

This study explores the experiences of employees involved in implementing the Occupational Health and Safety (OHS) programme within a Limpopo government department. Occupational health and safety programmes are critical in promoting employee well-being, preventing workplace hazards, and ensuring compliance with legislative requirements. Despite the existence of OHS policies, challenges often arise during implementation, particularly in public sector institutions. The present study determines the extent to which the programme contributes to the wellbeing of the employees, compliance to the legislation of the country and the promotion of productivity. The study adopted a qualitative research methodology. Employees of the department from the Capricorn, Mopani, Sekhukhune, Vhembe, Waterberg districts and Head office were considered for the study. A semi-structured interview was done with 19 employees of the Government department under study. Thematic analysis was used to analyse qualitative data. The result of the study shows that the Government department under study is implementing the programme although there are some challenges that are affecting the effective implementation. The study further identifies gaps between policy and practice, emphasizing the need for stronger leadership commitment, continuous capacity-building initiatives, and effective monitoring systems. The main challenges identified include infrastructural challenges, lack of capacity within the department and financial constraints to implement the occupational health and safety programme.

Keywords:

Public Sector, Health and Safety, Occupational Health and Safety Act, Employees

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Introduction

Employers expect their workers to execute their jobs as best they can in order to meet goals, even in the face of stressful, difficult, and competitive circumstances that negatively impact their health and quality of life (Bazan-Bulanda, 2019). In order to accomplish the goals of the company, the employer must have a group of motivated, healthy workers who perform better overall and have comfortable working conditions. According to the Republic of South Africa's Constitution, "everyone has a right to health care services and an environment that is not harmful to health and wellbeing" (South Africa, 1996). Therefore, it is imperative that all organizations public or private ensure that their workplaces are conducive to fitness and that workers are not subjected to illnesses and injuries. According to a profile of occupational health and safety (OHS) in South Africa, the country has great and comprehensive laws, but they are not sufficiently enforced (Myeni & Ngcobo, 2020).

According to a study by Ifeanyi (2017), a lack of proactive attitude to wellness activities is caused by low compliance levels with occupational health and safety standards because people believe that safety is a luxury rather than a necessary component of the project. The Ghanaian study came to the conclusion that employees might create an emotional attachment and dedication to their responsibilities as well as a commitment to the organisation when they feel comfortable performing their activities (Amponsah-Tawiah & Mensah, 2016). Amponsah-Tawiah & Mensah (2016) Maintained that inadequate participation and interest in the OHS matters by workers negatively affects the implementation of OHS laws and regulations as well as job tenure and security.

A study on the occupational health and safety (OHS) of workers in small and medium-sized businesses in Gauteng Province found that their challenging circumstances included a lack of skills, a lack of education and experience, poor communication, a lack of regular site inspections, and a lack of awareness of regulatory requirements (Mashwama, Aigbavboa & Thwala, 2019). There are many obstacles to overcome during implementation, but if they are found, the program for employee adherence to the law can be strengthened. According to the aforementioned, the necessary laws are not being implemented sufficiently, so the researcher concentrated on examining the difficulties. In light of the above, the main objective of the study is to:

- Explore the experiences of employees in implementing the Occupational Health and Safety programme in a Limpopo Government Department.

Literature Review

Every employee has a responsibility to manage hazards, minimise risk, and create a safe workplace because occupational health is a multidisciplinary activity that deals with the development and protection

of human health by preventing and controlling occupational injuries and illnesses through the elimination of risk factors and conditions that threaten workplace safety (Mojapelo & Kok, 2017; Tambe, 2017). Implementation of OHS is described as the science of anticipating, identifying, evaluating, and controlling workplace hazards that could endanger employees' well-being while considering potential community repercussions (Jilcha, Kitaw & Beshah, 2016; Yilmaz, Yildiz & Zorlu, 2020).

For any employer to evaluate risks, manage hazards, and safeguard against and avoid occupational illnesses and injuries, OHS is essential. Additionally, it helps the employer cut down on unnecessary expenditures of billions of rands that may be claimed from the employes who might have died, been incapacitated, or suffered from illnesses related to their jobs (Mojapelo & Kok, 2017). OHS avoids or lessens workplace fatalities and disability while also promoting the health and wellness of employees (Michell & Rispel, 2019). Additionally, as noted by Windapo and Oladapo (2012) in Ifeanyi (2017), perceived quality and safety at work will boost employee and supervisor morale and make the company more appealing to customers.

Increased productivity, improved job quality, higher employee morale, and lower employee turnover are just a few advantages of occupational health and safety practices (Mojapelo & Kok, 2017). Literature indicates that in order to properly execute the program at work, it must incorporate activities like accident investigations, the use of secure technologies, workplace inspections, risk assessment, and emergency management (Mojapelo & Kok, 2017).

Implementation of Occupational Health and Safety

The International Perspective

Concern over the poor application of OHS-related programmes in various workplaces is widespread. In order to advance the "Decent Work Agenda," which aims to promote a safe, effective, and healthy workplace for both genders in an environment of freedom, equity, security, and human dignity, the ILO established international standards (ILO, 2007). Several nations have implemented legal labour protection in an effort to protect workers' health, safety, and well-being against hazardous working conditions (ILO, 2008).

Furthermore, Article 4 (1) of the Convention of the International Labour Organisation (2009) stipulates that each nation must develop, implement, and periodically review a cogent national policy on occupational health and safety (OHS) and the working environment in accordance with national conditions and practices, including consultation with the most represented organisations of workers. Since there is no one-size-fits-all version of national policy, reference to "national conditions and practice" implies that it must be modified, mostly depending on the assessment of each nation's needs and circumstances (ILO, 2009).

According to Wang et al. (2012) industrial activities have expanded over the last 20 years, bringing with them new health risks that are more dangerous in developing nations due to a lack of technological advancements in occupational hygiene monitoring and occupational disease diagnosis. In essence, more mechanisms are required to help practitioners in underdeveloped nations improve their comprehension of the fundamental OHS services (Masekameni et al., 2020).

There is a need to improve OHS implementation through the adjustment method related to project work and risks and the enforcement of the legislation, as the study conducted on the Indonesian construction industry found that the implementation of OHS is affected by lack of knowledge about OHS, lack of supervision, limited funds, and low OHS priority by the company management (Pramana, Diputra & Frederika, 2019). Additionally, a number of directives to the current legislation were issued by European Union affiliates, requiring businesses to assess workplace risks and put preventative measures in place (Sehume, 2016).

The African Perspective

Literature shows that occupational health and safety programs can be informed from the experiences of numerous African nations. OHS is developing slowly in Ghana, however this shouldn't deny workers their fundamental rights regarding their health and safety (Mustapha, Aigbaiboa & Thwala 2016). Government leadership and dedication are required, and they should adhere to the International Labour Organization's minimal standards. Inadequate workplace inspections, a lack of education and training, a lack of funding for occupational health and safety research, a lack of capacity building, monitoring, and a low level of ILO commitment ratification are the main obstacles to the implementation of OHS practices in Ghana (Mustapha et al., 2016).

OHS in an organisation lowers absenteeism, lowers staff turnover, and boosts productivity, employee satisfaction and morale, customer satisfaction, and timely completion of work, according to a Tanzanian study that assessed the relationship between effective OHS and organisation performance in an industry (Simon, 2020). Alternatively, low levels of legal compliance, a lack of leadership commitment, the inability to share audit results, a lack of funding, and guidance notes on PPE use were among the issues found with the deployment of OHS services within the same business (Simon, 2020). This suggests that every program in various organisations has unique advantages and disadvantages in every nation; for this reason, it is crucial to put the necessary policies, procedures, and processes in place to prevent injuries.

The South African Perspective

According to surveys of occupational diseases conducted in South Africa before the democratic era in the 1990s, the activities that occurred there were similar to those that occurred in the United States and

the United Kingdom in the 1970s, before the Occupational Safety and Health Act of 1970 and the Health and Safety at Work Act of 1974 were introduced (Grainger & Michell, 2006).

The Erasmus Commission of Inquiry noted a number of difficulties in providing healthcare in South Africa in 1974. These include exposure to hazards, a lack of workplace data, the health of employees, and insufficient rehabilitation for employees who have been afflicted by illnesses (South Africa, Department of Health, 2003). In addition, 71% of workers were not covered by the occupational health laws, which were mainly insufficient and repetitious across several government agencies. Furthermore, there was no accountability for any laws, and the slowest departments made it difficult to modify existing laws.

OHS services in South Africa were examined in the January 1996 Abdullah Report. The study includes profiles of workplace occurrences and services provided, as well as the laws and statutory agencies that deal with occupational health in South Africa. It gives information on topics including information systems, human resources, research, and ideas for a cohesive OHS system. It also discusses the Department of Health's national, provincial, and district functions (South Africa, Department of Health, 2003).

The National OHS Council of South Africa was examined in the 1997 Benjamin and Greef Report. The findings showed that facilities suffered, and workplace health and safety practices were fragmented. Inadequate use of human resources and a lack of personnel for policy creation and law enforcement were also identified in the report. According to the committee, technological difficulties, a failure to meet employee expectations, the need for productivity, competitiveness, and state obligations are the main causes of occupational accidents, illnesses, and their effects on human and material resources (South Africa, Department of Health, 2003).

A number of laws and regulations were implemented during the new administration. The Republic of South Africa's Constitution, which declares that "everyone has the right to an environment that is not harmful to their health and wellbeing," served as the foundation for the more recent directives. The Department of Labour is in charge of inspecting and enforcing occupational health and safety regulations in all organisations in South Africa. The Department of Labour is in charge of implementing the Occupational Health and Safety Act 85 of 1993 (OHSA) and the Compensation for Occupational Injuries and Diseases Act 130 of 1993 (COIDA), which are statutory legal documents pertaining to OHS, in both the public and private sectors (South Africa, Department of Labour, 1995).

According to Masekameni et al. (2020), Michell's (2012) study on OHS provision in South Africa found that workers' services differed depending on their employment categories. Additionally, it noted that public sector workers have a less organised OHS service than private sector workers. It also underlined that primary health care services hinder OHS services in the public health system (Masekameni et al., 2020). Even though workers in all industries face the same risks, it is surprising that the government

upholds laws safeguarding private sector workers while failing to offer their own employees the same protection (Masekameni et al., 2020).

A new, integrated, coordinated legislative framework and the establishment of a national health and safety agency for policy-making and standard-setting with input from organised labour, government departments, business, and OHS specialists were the goals of the White Paper for the Transformation of the Health System in South Africa. However, because of a lack of funding and the fragmented development of services, those strategies have never been put into practice (Michell & Rispel, 2019).

The Mine Health and Safety Act 29 of 1996 was enacted to provide efficient condition monitoring and enforce health and safety protocols for the protection of mine workers. It also makes it easier to promote health and safety training, as well as collaboration and consultation between the state, employers, workers, and occupational health and safety representatives. For these reasons, it was decided that an occupational medical practitioner should conduct all fitness to work and exit medical examinations (Michell & Rispel, 2019).

High levels of non-compliance and poor performance with regard to OHS regulations are caused by inadequate management commitment or supervision, poor communication, low worker involvement, lack of resources, and workplace pressures, according to a study conducted in the South African construction industry (Mashwama, Thwala & Aigbavboa, 2019).This suggests that in order to encourage adherence to OHS regulations, management and leadership in all sectors need to be improved.

The Provincial Perspective

As required by the DPSA, the Office of the Premier launched the Employee Assistance Program in the Limpopo Public Service in November 2001. Later, the program was extended to additional departments (DPSA, Circular 3/3/1/9/26 1996). The Head of the Department is required by Public Service Regulation 2001 (1) to create and maintain a safe and healthy work environment for all employees (DPSA, 2001). Effective distribution of the OHS policy to all relevant parties is essential for its implementation and adherence (Alli, 2008). For accessibility and awareness reasons, a copy of the signed and approved policy must be posted in the place of employment where staff members are reporting (South Africa, Department of Health, 2006).

Recognising the value of OHS in healthcare facilities, the Gauteng Department of Health and Social Development launched an integrated Employee Health and Wellness Program as part of a turnaround plan and created a policy to guide the program's implementation. The program adheres to the principles of the International Labour Organisation (ILO) and the World Health Organisation (WHO), which include enhancing and preserving the wellbeing of individuals in all occupations as well as boosting employee retention, job satisfaction, and morale (Gauteng Department of Health and Social Development: 2008).

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Directive No. R 639 was released in June 2020 by Mr. T. Nxesi, Minister of the Department of Employment and Labour, in South Africa to avoid the escalation of COVID-19 infections in the workplace and to specify steps to protect employees and clients against workplace activities. The purpose of the Directive was to ensure that all measures implemented by employers to reduce COVID-19 infection were in compliance with national laws (DEL, 2020).

The Local Perspective

In 2002, LEDET launched the Employee Health and Wellness Program (Kanama, 2018). The Employee Health and Wellness Programme sub-directorate is in charge of carrying out the Strategic Framework with all of the DPSA's pillars (Kanama, 2018). Despite several obstacles, it has been determined that the department carries out the OHS Pillars mandated by the DPSA. The study's main goal is to identify the obstacles that the program's execution faces.

Methods and Data

Research Context

This study utilised a qualitative, exploratory approach within a public sector organisation with the Limpopo Province of South Africa. Before data collection was done, all ethical consideration regarding researching with humans like informed consent and permission to conduct the study among others were considered. Ethical clearance was granted by the University of Limpopo research ethics committee.

Data Collection and Sample

A purposive sampling method was carried out to obtain in-depth information from the total of 19 employees from the department. In purposive sampling, the sample is approached as having a prior purpose in mind. Alvi (2016) mentions that “we do not include everyone who is available but those who meet a defined criterion”. Furthermore, purposive sampling is widely used for the identification and selection of information- rich situations related to the phenomenon of interest (Palinkas, Horwitz, Green, Wisdom, Duan & Hoagwood, 2016).

In this study, this included one from the executive management, three Directors, two Deputy Directors and four reserve managers. In addition, 10 participants were purposively selected from the health and safety representatives to have a manageable number during interviews. The participants are experienced and knowledgeable about the topic and their reliable information is sufficient to reach the objectives of the study. The sample is presented as follows:

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Type of Participant(s)	Target population	Sample
Executive management	1	1
Directors	5	3
Deputy Directors	3	2
Reserve managers	8	4
Health and safety representatives	45	10
Total	**62**	**19**

Table 1: Study sample

Measurement and Research Instrument

A semi-structured interview guide was used to conduct in-depth interviews with the participants. The interviews were taped for future transcriptions and lasted roughly thirty to forty-five minutes. The data was analysed using thematic data analysis. In order to generate data categories, key words and phrases were highlighted. These categories were then merged to produce themes that provide an explanation for the occurrence under observation (Humble & Mozelius, 2022).

Results

The findings of this study are reported according to the themes that aligned with the study's goal. The themes focused on the difficulties encountered when putting a health and safety program into action within a government agency in South Africa's Limpopo region.

All 19 participants OHS representatives, OHS coordinators, reserve managers, directors, and executive management who were sampled for the study's qualitative component gave good answers, resulting in a 100% response rate. Ten participants were interviewed in two focus groups, and nine were interviewed one-on-one.

Theme 1: Whether the employees are satisfied with OHS programme of the department or not

The study wanted to understand whether the managers and supervisors are satisfied with the available OHS programme, i.e. the way it is implemented and whether they think it is benefiting the employees in the department. The dialogues with the participants suggest that they are pleased with the programme and that they feel that the programme is benefiting the employees. For instance, one of the respondents indicated that "*Yes because the employees, especially the cleaners and field rangers are provided with uniform. Recently with the Covid 19 pandemic all the regulations are being implemented*".

However, during the group discussion with the health and safety representatives they highlighted that the employees are not satisfied with the implementation of the programme, especially the fieldworkers and those who are stationed at the districts and the service points. In addition, the group discussions indicate that although some employees are benefitting from the programme and there are some areas where there is a high level of compliance, field workers are not benefitting from the programme.

The following reasons were stated by a reserve manager: "*When an employee gets injured while on duty no one takes the responsibility for the injured worker especially when there is a need for a medical specialist intervention. No one becomes accountable to act urgently to assist in case of emergencies. There is also a role conflict between the directorates within the department as if similar roles are distributed among different competencies*".

Another participant who is also a reserve manager indicated that: "*Within the nature reserve we are not benefitting from the programme because it has been a long period whereby the reserves are having infrastructural challenges. We are operating in old dilapidated buildings, no security, insufficient ablution facilities, shortage of water, shortage of staff, shortage of transport, expired fire extinguishers, no first aid material, no training and motivations were done and so far there is no implementation*".

Therefore, from the above responses, it would appear that there are some inconsistencies in that those who are on the ground and therefore close to the operational employees do not see that employees are benefiting from the way the OHS programme is implemented while the managers are happy with the programme. This is also the reason why, during the interviews, one of the participants said that "*The programme is very good but most of the employees are not benefitting from it as it is having a lot of challenges and the same problems had been there for a long time without any improvement*".

Theme 2: Perceived roles and responsibilities of employees in promoting the wellbeing of employees

The study wanted to find out if different categories of employees know their roles as well as each other's duties in the department. Responses from the semi-structured interviews indicated that "*there is a challenge between the role of the supervisor and the health and safety representative in terms of health and safety of the organisation. The supervisors are shifting the health and safety roles to the OHS representatives. As a result, the employees become confused in terms of whose responsibility it is. For example during an injury on duty there becomes a role confusion*". This confusion of roles may be linked with the sentiments in the above section that nobody wants to take responsibility when employees get injured.

It was noted from the group session that the OHS representatives are aware of their roles as stipulated in Section 18 of the OHSA. They pointed out that some of their functions include reviewing the

effectiveness of the OHS requirements, identification potential hazards and workplace incidents, workplace inspection and attending health and safety meetings. One of the participants in the group sessions indicated that "*There is a need for more trainings and workshops or OHS awareness sessions for all the employees because due to the existence of a lot of challenges at the workplace the other employees do not value their existence or the work that they perform as health and safety representatives*". This response was given despite the fact that the OHS representatives were trained and appointed by the Head of the department for a three years period as stipulated by Section 17 of the OHSA.

Implementation of the OHS programme entails referral of employees who encounter challenges to those who are responsible for the programme. Therefore, the study also asked whether the participants are satisfied with the referral of employees. For instance, in response one director said that "*there is a system in place for the referral of employees but the challenge is that some supervisors are not referring employees because of the paper work involved and the employees do not disclose to the supervisors due to confidentiality related issues. Most of the employees prefer to refer themselves especially those with sensitive issues and the system allows that to avoid psychological problems*". It would seem that employees prefer to refer themselves while at the same time the supervisors are deterred from referring by the cumbersome paper work.

Another important consideration for an effective OHS programme is regular monitoring of the workplace to identify and report any risks and hazards. A question about monitoring was also discussed during engagement with the participants. One participant said: "*It is the responsibility of the supervisor to regularly monitor the workplace and the subordinates, identify hazards and risks and any changes in the employees' behaviour and performance. No employee is forced to participate in the health and wellness programmes but they must adhere and comply with the policies and procedures of the department*". Therefore, the participants are aware that frequent monitoring is important although it is not clear whether it is done or not.

Theme 3: Challenges in implement an effective OHS programme

The researcher wanted to know about the prevailing challenges within the department and their effect on the implementation of the programme. According to the respondents, their frustrations were linked to the issue of infrastructure whereby there is a problem of dilapidated buildings at the nature reserves, insufficient budget, shortage of water, insufficient working tools and uniform and no signage within the work stations. One of the participants indicated that "*The OHS policy of the department is good but the challenges remain with the implementation thereof. There is no person who is directly appointed to implement the policy hence there are a lot of challenges and nobody is having the answers*".

Theme 4: Enabling factors for implementing effective strategies for the OHS programme

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The final research question sought information as to whether any measures are available for facilitating the implementation of the OHS programme and compliance to legislation. One director identified the cumbersome paper work as posing a challenge for the referral process to run smoothly. They said "*There is a system in place for the referral of employees but the challenge is that some supervisors are not referring employees because of the paper work involved and the employees does not disclose to the supervisors due to confidentiality related issues. Most of the employees prefer to refer themselves especially those with sensitive issues and the system allows that to avoid psychological problems*".

Regarding the monitoring and identification of risks, one participant said "*Each district has a co-ordinator who is responsible for all the administrative processes, conducting monitoring and evaluation assisted by all supervisors to promote service delivery*". Another participant said: "*At the workplace there are health and safety representatives that are being trained and attend meetings about OHS therefore the programme is always monitored*".

Another participant added that "*the Employee health and wellness practitioners, Department of Labour once in a while and the health and safety representatives do conduct inspections at the workplaces therefore there is monitoring even though there are no changes in their findings*".

Discussion

Despite the fact that participants brought up a number of issues that suggest difficulties in carrying out the program, the majority of them had to do with administration. The results of this survey indicate that the employees' frustrations include working in deteriorating buildings, not having enough water or sanitary facilities, not having enough working resources, incomplete projects, a lack of security, a staffing shortfall, etc. Clients and employees with disabilities are also impacted by structural designs.

Similar to this, Tambe's (2017) analysis of Cameroon's woodworking sector found that the majority of worker locations had dangerous working conditions. The study's findings in Tambe (2017), which stressed the necessity of implementing preventive and protective methods to eliminate and control hazards and risks through the use of administrative and engineering controls as well as protective measures, are in conflict with the research's conclusions. PPE was undersupplied, according to the study, but part of it was not being used for its original purpose. "The use of PPE is a necessary condition of employment and should not be reliant on worker's decision," according to Sehume (2016), who supports the claim.

Employers can save medical expenses and complications by making sure that all workplaces have urgent emergency preparedness, as research findings also revealed a barrier in basic emergency preparedness. According to this study, workers do not report small accidents and injuries that result from administrative issues because they do not recognise their importance. To enable everyone to carry out

emergency preparedness responses and catastrophe management plans, current legislation must be reinforced (Myeni & Ngcobo, 2020).

Responses revealed that workers are exposed to ergonomic dangers, such as backache due to the use of defective, inappropriate furniture and worn out or damaged working gear. Additionally, when feeding animals, the workers run the risk of developing bacterial infections from carcasses and dust or grass allergies. The difficulties that cleaning services present also put workers at risk for occupational ailments and disorders include weariness, heart problems, digestive issues, and high blood pressure. Additionally, security-related issues, staffing shortages, long workdays, and field workers' erratic shifts expose the personnel to psychological stress on a daily basis.

The way that management and supervisors have supported the program's implementation has left employees unhappy. The current study found that the department's health and safety issues are not adequately communicated, consulted, or participated in; as a result, participants brought up a number of administration-related difficulties. Although the program's execution presents certain difficulties, there are also benefits that enhance worker health and safety, such as the availability of exercise equipment, quarterly health checks, and staff assistance and care.

Conclusion

The study's main goal was to find out what obstacles LEDET faces when putting the OHS program into practice. The findings showed that although staff members are aware of the department's program, they are dissatisfied with how it is being implemented because of issues with infrastructure, a lack of emergency readiness, and exposure to risks. Because of the numerous obstacles that hinder the program's efficacy, there is a need to strengthen the employer-employee commitment to working together to create and preserve a supportive atmosphere. Suggestions for improving the situation were emphasised, including those that will support staff well-being, productivity stimulation, legal compliance, bolstering supervisory duties, and proper program execution.

Theoretical Contribution

This study contributes to the theoretical understanding of employee experiences in implementing Occupational Health and Safety (OHS) programmes within public sector contexts, particularly in under-resourced and rural environments such as Limpopo, South Africa. Drawing from organizational theory and safety climate frameworks, the research reveals how institutional culture, leadership commitment, and resource allocation critically shape the implementation and effectiveness of OHS initiatives.

The study extends existing OHS literature by emphasizing the lived experiences of frontline employees, rather than focusing solely on policy compliance or managerial perspectives. It highlights how

bureaucratic constraints, communication gaps, and limited training affect employee engagement and adherence to safety protocols. Furthermore, the findings suggest that in government departments, the success of OHS programmes is influenced not only by formal structures but also by informal norms and worker perceptions of safety relevance and management support. By contextualizing OHS implementation within a Limpopo government department, this research deepens the theoretical discourse on how local socio-economic and organizational dynamics influence occupational safety, offering a grounded model that can inform future studies in similar public sector settings across developing regions.

Managerial Implications

The experiences of employees in implementing the Occupational Health and Safety (OHS) programme in a Limpopo government department highlight the critical role of management in fostering a safe and compliant work environment. A key implication for managers is the need to provide consistent support, adequate training, and clear communication regarding OHS policies and procedures. Where employees feel undertrained or unsupported, the implementation of OHS measures tends to be inconsistent and ineffective. Therefore, management must prioritize proactive engagement with staff, allocate sufficient resources, and establish accountability systems to ensure that health and safety protocols are not only understood but actively integrated into daily operations. This approach can improve compliance, reduce workplace incidents, and enhance employee well-being and morale.

Limitations of Study/Future Directions of Research

The statewide lockdown caused by the COVID-19 pandemic had an influence on the research since some participants were working remotely and it was challenging to reach them because of a roster system in place at work. The study's findings cannot be extrapolated to other provincial agencies because it is limited to LEDET. The negative responses of certain employees affected the data collection process. However, the researcher was able to draw conclusions thanks to the data collected from the cooperative personnel.

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