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Perceptions of Worker Safety and Health Benefit Practice on Employee Performance in Construction Firms

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Abstract— *Construction firms operationalize infrastructural and economic development of a country. Employee performance in these firms is therefore very critical. Available statistics indicate that occupational health compensation and safety practices characterized by worker health benefit practice contribute to employee performance in these firms. There have been attempts by studies to investigate the relationship between worker health benefit practice and employee performance however limited has been carried out about such a relationship moderated by management support. It is against that background that this study was carried out. The purpose of this study was to determine the influence of worker health benefit practice on employee performance in construction firms in Kenya. The specific objectives were: To establish the influence of Worker health benefit Practice on employee performance in construction firms in Kenya and To determine the moderating effect of Management Support on the influence of Worker health benefit Practice on employee performance in Construction firms in Kenya. The study was anchored on Universalistic, Contingency, Resource Based View and Motivation Hygiene Theories. This study was shaped by Positivism and interpretivism paradigms realized through Explanatory Research design. The population of study was 449 and a sample size of 212 drawn using Yamane 1967 formula. Stratified proportionate, simple random and Purposive sampling techniques were used. Primary data was collected using questionnaires, interview guide and document analyses. Qualitative data was collected and analyzed by Thematic content analysis whereas quantitative data by Descriptive statistics, Regression and ANOVA. The moderating effect of management support was analyzed by Regression. The findings of the study indicated that the stated variables namely: Worker health benefit Practice explained a variance of 20% of employee performance in Construction firms in Kenya whereas with the moderating effect of Management Support, Worker health benefit Practice explained a variance of 40% of employee performance in Construction firms in Kenya. ANOVA test at 0.05 significance level indicated a calculated table value of 7.392 which was more than the critical F table value 1.71. Hence worker health benefit practice moderated by management Support influenced employee performance in construction firms in Kenya. Subsequently a conclusion was drawn that construction firms should direct focus on worker health benefit practice through sick off pays, medical schemes and health insurance cover. The study recommended management* preoccupation and implementation of sound worker health benefit practice through medical schemes, insurance cover and sick off pay

I. BACKGROUND OF THE STUDY

UK- Health Safety Executive, (2018) spotlights that worker health benefit and safety practices depict value lost by a firm owing to occupational accident compensation and value created through safety initiatives. Employee and firm performance remain intricate affairs relative to global economy and hyper competition. This situation calls for managerial orientation on matters of grave concern that inform performance indicators namely profitability, employee efficiency and effectiveness, work quality,

Productivity and customer satisfaction. Occupational health compensation is a global concern (ILO, 2001). Occupational health compensation is a wakeup call on natural prevention of occupational hazards. Herzberg (1959) theory opines that the foundation stone that underpin employee performance can be classified as either motivation or hygiene factors. Motivation factor triggers positive attitudes of employees towards work whereas hygiene negative attitudes. Occupational health compensation is one such practice that informs positive attitudes hence employee performance. Demsky et al, (2018) allude to the fact and observe that occupational health and safety practices and inherent compensations lead to a psychological contract between employer and employee. The concept of occupational health compensation and safety practices involve employee physical, mental and psychosocial wellbeing and therefore makes economic sense in so far as performance is concerned (ILO, 2011). There is value a firm realizes by sound management and implementation of occupational health compensation and safety practices (Keynack, 2016). Notwithstanding the fact that occupational health compensation and safety practice portends costs of operating business, favorable workplace health and safety practice and compensations mitigate employee turnover and litigations (Armstrong 2011). UK- Health and safety Executive, (2011) observe that worker health benefit practice should be premised on occupational health insurance cover, medical schemes and sick off pays. Occupational health compensation practice should be well structured and shaped by among other host of issues market based rates and cost of living valuations as opposed to reliance on only pay scale ratio structures popular with most managements. Hitherto the enactment of occupational health and safety and inherent compensation were carried out haphazardly. Moderations and refinements have been carried out on the practice to address the stated structural issues. The current occupational health compensation and safety Act, Kenya provides a policy framework that would guide the practice of Worker health benefit in firms including Construction firms that would otherwise play a fundamental

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role in infrastructural development towards attainment of both the government agenda on affordable Housing and Vision 2030.

It is however apparent that most studies about Occupational health compensation and safety practice delved into investigating the direct relationship between occupational health compensation and safety practices and employee or firm performance. This particular study is a departure as it considered the contingent of the intervening effect of Policy regulations of the occupational health and safety Act, (2007) and also the moderation effect of Management support. Further majority of studies on occupational health compensation on employee performance consider compensation as a cost on firm performance. This study sought to investigate the influence of Worker health benefit Practice and employee performance in Construction firms in Kenya however with the relationship shaped by occupational health and safety Act, (2007) and management support.

Construction firms in Kenya are considered as one of the most vulnerable firms' in so far as occupational health compensation and safety practices on employee performance is concerned. These firms alongside manufacturing, mining transport and agricultural exhibit 60% cases of occupational health compensation and safety practices in Kenya (Makori et al., 2012). Ndegwa et al., (2014) allude to the fact that the myriad cases have negatively impacted on employee job satisfaction and performance. The Government of Kenya places importance on construction firms owing to the fact that the sector is a key contributor to the Government agenda on affordable housing program and the attainment of vision 2030. According to the Kenya National Bureau of Statistics, (KNBS) Economic survey, 2015 the sector contributes 10% of the Gross Domestic Product (GDP) and is a potential employer that generates an annual exponential employment growth of 12%. The government of Kenya therefore looks forward to this sector to surmount the escalating rate of unemployment in the country. Suffice it to say that the affirmative action by the government on construction firms informed the enactment of the National Construction Authority, Kenya (NCA). The Act is mandated to ensure that the firms comply with all the statutory regulations hence steer them to performance and competitive advantage.

The firms play a crucial role in planning, construction, maintenance and repair and generally contribute to the society economically and socially. An economic survey of construction firms in Kenya, (2019) indicates 30% rise in cases of litigation on issues bordering on occupational health and safety compensation that would otherwise impede on employee and Construction firms performance.

Statement of the problem

The concern about employee performance is on the rise owing to the vital role in the global economy. Construction firms explain 10% of the GDP and play a fundamental role towards realization of infrastructural and economic development (Kenya National Bureau of Statistics, KNBS, 2010). The firms continue to re-examine their position in the global economy by redefining best practices and policies towards employee productivity, efficiency, effectiveness target attainment and quality work. Worker Health Benefit Practice refers to such practices. Kenya Government is keen on this sector and employee performance as it's a foundation stone that would underpin the affordable housing agenda by the government. Despite efforts by firms to institutionalize Worker Health Benefit Practice in firms, the consequent influence on employee performance is debatable. Numerous arguments have emerged considering the practice an extraneous obligation that offsets firms' productivity (Dey et al., 2012 and Kimeto et al, 2012). According to some studies the practice is carried out merely because it is a labor requirement as evidenced by (Ndegwa et al, 2014). The studies are not conclusive and indicate discrepancies. The firms continue to witness annual growth rate of occupational health compensation cases of 30% (Directorate of Occupational Health and Safety, 2019). This is against the Occupational Health and safety Act, (2007) domesticated from ILO and meant to provide guidance and streamline Worker Health benefit Practice. The firms are closing down owing to customer complaints as exhibited in growing cases of collapsing bridges and condemned structures (County Government Economic Survey, 2019) hence the incumbency for management support. It is in light of the foregoing that this study sought to determine the influence of Worker Health Benefit Practice on employee performance moderated by management support in Construction firms.

Objectives

i) To establish the influence of Worker health benefit practice on employee performance in Construction firms in Kenya.
ii) To determine the moderating effect of Management Support on the influence of worker health benefit practice on employee performance in construction firms in Kenya.

Null Hypothesis

i) H_0 There is no influence of worker health benefit practice on employee performance in construction firms in Kenya
ii)H_0 There is no moderating effect of management support on the influence of worker health benefit practice on employee performance in construction firms in Kenya.

Justification of the study

Policy makers emphasize improving quality life of a people to spur social economic development (Price water house coopers, 2016).

Matters concerning human capital empowerment and performance in the construction firms in Kenya remain an imperative owing to the fact that stakeholders look forward to this sector towards the fulfillment of the Kenya government agenda on Affordable housing and attainment of vision 2030 on infrastructural development. Focus hitherto had been placed on manufacturing and agricultural firms with limited attention to this sector and the findings of such studies cannot be used as a generalization for interactions of the variables in this study.

II. Literature Review

2.1 Concept of Worker Health Benefit Practice

Worker Health Benefit Practices refer to programs involving financial and non-financial, direct or indirect benefits employees are entitled to in the wake of workplace injuries, ill-

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health and fatalities (Guthrie, 2001 and Walsh & Taylor, 2007). Heneman and Judge, (2000) assert that compensation of any type should be top one priority in firms. Compensation is a psychological comparison of how the gains measure relative to expectations of employees. Compensation helps to uphold psychological contract between employer and employee. Arshworth et al., (2001) prescribes in their survey that Worker health benefit practice should revolve around indicators namely: Medical schemes, health insurance cover, sick off pays and Death Gratuity. The survey further advices and recommends that firms should seek to incorporate a comprehensive structured compensation program that provides a set of coherent and integrated processes mutually supportive and contributes to employee and firm performance. The compensation program should be aimed at the injured worker, dependents and general public and ensure worker receives best care and benefits entitled to and return to work in early and safer manner (Olney, 2006) The practice of Occupational Health Compensation should be guided by the worker health benefit clause of the Occupational Safety and Health Act (ILO, 2001) an endeavor that when properly executed enhances employee organization commitment, loyalty, job satisfaction and performance.

2.2 Concept of Occupational Safety and Health Act

The Occupational Safety and Health Act is meant to foster protection, safety and health of employees alongside welfare of persons at work (ILO, 2011). The Act also seeks to provide guidance and streamline occupational safety and health practices in Organizations. The Occupational safety and health Act was unprecedented by the myriad cases of occupational hazards, ill health, injuries and fatalities, inherent litigations, compensations, employee turnover and decreased employee and firm performance (Premier Osh, 2010). The Act was therefore enacted to address the hitherto unstructured work environment. Procedures, processes and practices in organizations that predisposed employees to occupational injuries, fatalities and illnesses. The Act was to provide a legal framework on matters of litigations and compensation courtesy of the compensation clause embedded on it. ILO member states were directed to domesticate and enact the Act in their national governments to provide oversight role on Hazard Identification and Assessment, Hazard Prevention and Control, Safety education and training, Safety Monitoring and Evaluation alongside Occupational Health Compensation practice. The Directorate of Occupational Safety and Health Services Kenya, (2017) in a wakeup call issued a directive with respect to Registration and Compliance with Occupational Safety and Health Act (2007) Provision of section 44 to all workplaces in Kenya. According to the Act, investment on Occupational Health Compensation and safety practices was no longer going to be considered by firms as extraneous obligations that offsets productivity (Dey et al., 2015 and Kimeto et al., 2015), but an endeavor that contributes to employee and firm performance. The key components of the Act according to ILO, (2001) were namely: Employee Participation, Implementation, Training and development, Compliance, Enforcement, Penalty for violation, Leadership and Policy Awareness. The benefits of the Act according to ILO in the short and long term included: Hazard free work environment, positive work culture, enhanced productivity, work quality, efficiency, effectiveness, creativity/innovation, job satisfaction and overall firm performance as attested to by the following raft of studies;(Akpan 2011, Keynack et al., 2016, Akpan, 2011, Gbadago et al., (2012), Gaceri, 2015, Kimeto et al., 2015, Dey et al., 2015). The Act currently has been improved to include contemporary challenges of HIV/AIDS, terrorism at work place and Covid 19 or Corona virus Pandemic (ILO, 2020).

2.3 Concept of Employee Performance

Employee performance refers to the actual output or results of employees measured against the intended output objectives (Kaplan, 2001). Measurement systems should be carefully matched with firm's unique strategic policies and operational goals (Becker, Huselid, & Ulrich, 2001). Kaplan and Norton, (2001) advocated for Balanced score card methodology where performance management is not limited to financial, but includes other important considerations of non-financial indicators like employee satisfaction, customer satisfaction or feedback results, work quality, employee efficiency, employee effectiveness, employee retention, accuracy and speed, meeting of deadlines and targets. This study considered the influence of Worker Health Benefit Plan on Employee performance based on Employee performance indicators namely: Employee effectiveness, Employee efficiency, Employee productivity, Quality work, Customer reports and meeting of targets.

According to the study, the variables namely Worker Health Benefit Plan parameters: Insurance cover, Sick off pay and Medical scheme carried out by the construction firms could influence employee productivity, quality work, work efficiency and meeting of targets. A skilled employee exhibits speed and accuracy and therefore meets set targets. The study also took cognizance of the fact that the variables of management support and Occupational health and safety Act streamlined the practices to influence Employee performance. The measures carried out about Management support namely: Effective communication creates understanding and clarity of operations thereby influencing employee efficiency, meeting targets and positive customer reports. The performance of employees motivated by the management also improves. Participation on the matters of the Act ensures employee engagement in decision making which empowers them hence influences their productivity, efficiency and overally their performance. Compliance with the Occupational safety and health Act vide penalty for violations mitigate cases of workplace injuries and ailments resulting to Hazard free work environment that contribute to employee productivity hence performance. The employee performance indicators had also been embraced by empirical studies on Worker Health Benefit Practice as attested to by the raft of studies: (Gaceri, 2015; Matzihza, 2018; Akhter et al., 2016; Walker, Pope & Orr, 2016; Edemi et al., 2017).

This study has value addition to the body of knowledge in that it is a departure from a majority of studies that delve in direct relationship between other forms of compensations namely salary, bonuses, and allowances or commissions on employee performance with absolutely no regards to employee

work place health and safety benefit plan as institutionalized in the firms. Further the interplay of variables of management support and occupational safety and health Act and how they play out in the Construction sector cannot be gainsaid in this particular study.

2.4 Theoretical review

The study was anchored on four theories namely: Universalistic theory, Resource Based Theory, Contingency theory and Herzberg Motivation- Hygiene theory.

2.4.1 Universalistic theory

Universalistic theory was postulated by Dewar and Werbel, (1979). Other researchers who furthered this theory are namely Lewin & Chiniowski,(1989), Huselid (1993&1994), Terp-stra and Rozell, (1993) and Pfeffer, (1994). The theory asserts that there is a linear direct association between human resource management practices and firm performance. The theory also observes that human resource management practices influence performance and competitive advantage significantly since the practices improve worker behavior, attitude, productivity and decrease employee absenteeism and turnover. The theory however is criticized for its simplistic nature of assuming a linear no problematic relationship between human resource practices and performance which may not be the case in an ideal business environment where other factors come to the fore during analysis of performance of firms. This theory is merited for recognizing that certain human practices consistently exhibit superior performance of firms other than just engaging on trial error pursuits.

The theory is relevant to this study because Worker Health Benefit Practice refers to human resource practice that may attract, maintain and retain human resource to realize performance and competitive advantage in firms.

2.4.2 Resource Based View [RBV]

This theory was founded on the work of Penrose, (1959). Extension of RBV thereafter was carried out by Barney, (1996); Rumelt, (1984) and Werner felt, (1984). The underlying principle of this theory is that firms achieve performance and competitive advantage by acquiring, developing and effectively deploying physical, human and firm resource in a complex web that competitors may not imitate. The theory's preoccupation is human capital development and not just aligning human resource practices to strategic goals. The weakness of the theory is that it fails to give a firm a strategic posture and works on the theory of horizontal integration of human resource function thereby creating complacency and duplications in firms devoid of the dynamic business environment that calls for innovations. The significance of this theory to this study is that it recognizes empowerment of human resource capital and internal resources as a foundation that underpins firm performance and competitive advantage. Worker Health Benefit Practice empowers internal human capital that otherwise influence employee productivity and firm performance.

2.4.3 Contingency theory

Contingency theory was founded by Fielder, (1983) that argues against the universal applications of practices based on context of the firm internal and external environment. The theory was influenced by Researches done in 1950 in Ohio State University; the theory was further advanced by Fred Fielder and Galbrath in 1994. The central tenet is that Human Resource practices only impacts on firm performance if consistent with organizational policy and strategy. It is imperative that internal and external factors be conditioned with the strategic policy to realize performance and competitive advantage facts alluded to by Dyer (2005) & Wright (2005).

Panayatopoulou Bourantis & Papalexandries, [2003 p682] observed that the theory has limitation since research has failed to consistently support the efficacy of fit or link between strategic fit and performance as characterized by contingency theory. Other factors come to the fore to influence performance as the market is characterized by complex economic legal and firm's structure making contingency theory adoption neither exhaustive nor conclusive as alluded by [Purcell 2002 & 2004]. This theory is however above board since it represents a firm's reality of nonlinear synergistic influence on performance due to complex interaction of variables [Delery& Doty, 2000; Waiganjo, Mukulu & Kahuri, 2012]. This theory is significant for this study due to the fact that the performance of a firm is a function of uniqueness, creativity and innovation and interconnections of Human Resource practices

2.4.4 Herzberg's Motivation- Hygiene theory.

Motivation – Hygiene is a behavioral theory founded by Fredrick Herzberg in 1959. The foundation that underpins this theory is that factors that trigger job attitudes are twofold and are either positive or negative. Positive job attitudes inform motivation factors while negative attitudes hygiene factors. According to Herzberg, motivation factors include opportunities for achievement, advancement, recognition, responsibility, promotion and personal growth. Hygiene factors are associated firm policies, micro management, work relationships, job security, personal life and work conditions. The theory posits that factors that motivate individual to work are not necessarily the same factors that demotivate and that motivation and demotivation are not the opposite ends of a continuum.

Herzberg's motivation hygiene theory is merited for considering employee motivation as interplay of the two dimensions of attitude unlike other theories that only expound on the positive job attitudes. This theory is an edge over others as it recognizes that job attitudes whether positive or negative when considered by firms not only influence employee productivity and employee performance, but also performance of firms. This theory is relevant to this study because Worker Health Benefit Practice triggers positive job attitudes hence a motivation factor. The Practice when manifest at work place touches on employee's health and safety and inherent compensation hence personal life that if not addressed by the firm may evoke negative job attitudes hence hygiene facto. The short coming of this theory is that it relies on attitudes and classification of attitudes which is a complex process.

Empirical literature Review

2.5 Influence of Worker Health Benefit Practice on Employee Performance

Compensation has been considered glue that mutually binds employer and employee relationship. A research report

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by society of Human Resource Management observes that six out of ten employees in a firm indicate compensation as key to job satisfaction. An employee expectation of an ideal compensation is that which is fair and equitable. Accordingly the discrepancy from expectations is emotional dissatisfaction whose indicators include turnover and industrial action. The determination of ideal compensation by firms is controversial; however compensation should be premised on tripartite Collective Bargaining Agreement (CBA) involving employer, employee and trade union, with base rates adjusted to reflect cost of living or market rates (ILO, 2010). Occupational Health and Safety Compensations are occupational injuries, fatalities and ill health associated compensations and includes health insurance cover, sick off pays, gratuity medical schemes and medical allowance (Ashworth, 2001). Empirical studies have been carried out to establish the direction and strength of the relationship between Occupational Health Compensation Practice and Employee Performance.

According to a survey by Health and Safety Executive – HSE, (2018) about cost of workplace fatalities, self-reported injuries and ill health in Britain based on annual worker health benefit statistics for the year 2016/2017, Compensations was a shared responsibility borne by the Government, employees and employers. According to the study the cost of compensation for the Government stood at 22%, employees 57% and employers 21%. According to the study impact of worker health benefit was measured based on employee quality life and fatal injuries (loss of human life). Financial cost involved loss of production and healthcare cost. The findings of the same survey revealed that total cost of compensation comprised 35% for injuries and fatalities and 65% for occupational ill health. Never returns were estimated at 16,000 workers for 2016 – 2017, sick offs for injuries was 1 to 6 months This study was based on data collected from available workplace statistics which was analyzed by descriptive statistics and percentages. The indicators for occupational health compensation adopted by this survey included medical bill payments, health insurance cover and sick off pays. The current study used both descriptive statistics for data analysis, thematic content analysis and document analysis. The study also used both qualitative and quantitative data generated by interview guide and questionnaires respectively with the interaction of occupational health compensation practice with the intervening effect of Occupational Safety and Health Act, (2007).

Battaglia, Frey & Passetti, (2014) investigated accident at work cost analysis in Italy. This was a case study of a company where primary and secondary data was collected and analyzed using descriptive statistics. This was a worker health benefit cost analysis study with the indicators of cost being first aid, transport to healthcare cost, cost of equipment and material, period absence from work, loss of time by other workers and insurance cover. The findings of the study indicated that the cost of occupational accident compensation was directly proportional to the number of occupational accidents. Compensation with respect to injuries at workplace was at 79% and that of fatalities 21%. The current study took cognizant of the limitation of the study by use of interviews to collect qualitative data to provide explanations and clarify underlying issues about the interaction of variables of occupational health compensation and employee performance. Other than descriptive statistics data was also analyzed by regression, document analyses and the thematic content analysis. This study involved construction firms and was carried out against the background that case studies as manifested by the study may not stand the test of generalization of findings across firms.

Forcier et al., (2008) investigated occupational accidents (Musculoskeletal disorders) that are upper and lower limb and back problems, associated Employee Benefit and performance of firms in Canada. The study targeted 20,000 employees. The findings of the study were to serve the importance placed on intervention and prevention of occupational accidents and inherent compensations in all sectors of the economy. The cross-sectional survey used self-administered questionnaires and descriptive statistics namely percentages and frequency tables to analyze data. Compensable injuries were classified by the study as cuts, fractures, burns, bruises, confusions, lacerations, nervous shock and stress. Occupational accident compensation statistics based on indicators: number of reported injuries, number of employees injured, rate of injuries and severity of injuries. The indicator of severity of injuries was considered with respect to consultations carried out and duration of recovery. Performance indicators were namely; employee hours work, presentiseem and productivity. The findings of the study indicated 83% respondents strongly agreed that they reported occupational accidents and were compensated on musculoskeletal disorders where as 32% of respondents strongly agreed that the disorders had severity that impeded on their performance. The study recommended policy anchorage to give the findings credibility and relevance to which the current study has headed to by inclusion of Occupational Safety and Health Act, (2007).

In a Danish longitudinal study of (2016) about employee work environment and employee characteristics, data was realized by online questionnaires, company data bases, balance sheet and statement of accounts from firms and online statistics. This study matched worker and firm data and merged the data with representative cross-sectional survey data about work place condition and its consequent influence on performance. Variables of study were employee work environment and employee characteristics. The findings indicated that improvement in physical dimensions of workplace environment for example repetitive and strenuous activity, internal climate, strongly influenced productivity and performance of firms. The findings further indicated that only internal climate was the sole workplace hazard compensated for. The findings revealed indicated that total costs of occupational accidents related costs was estimated to range between 2.5 to 4 of the Gross National Product (GNP) of Denmark. This particular study sought to fill the gap of micro-economics of the firm's work environment and productivity. The study used factors of work environment namely; firm characteristics, work environment rules and regulations and training. The current study as opposed to online questionnaires used self-administered questionnaires and interview guide for employee and human resource manager respondents respectively in construction firms. The indicators

for worker health benefit practice included sick off pays, insurance cover and medical scheme.

Guthrie Westway & Goldacre, (2009) carried out a survey in Australia that used available statistics from the study firms to investigate occupational accidents relative to the worker inherent Benefits. Descriptive statistics was used to analyze data. Occupational accidents was classified according to nature of accidents (severity) and the average number of deaths annually whereas compensation with regards to the number of claims annually. The findings of the study indicated between 300-350 occupational injuries for the year 2010-2013 and those of compensation claims between 5500-6000 for the same period. The findings further observed that older employees at the age of 52 years and above had a higher propensity to fatalities at 25% while the young at 75%, however older employees took longer to recover from injuries thereby increasing their benefit costs. Casual laborers according to the study were more vulnerable to occupational injuries hence more Benefits as they lacked personal responsibility and accountability while discharging their duties. The current study investigated occupational health compensation practice on employee performance however intervening effect of Occupational Safety and Health Act, (2007) while relying on both quantitative and qualitative data generated using questionnaires and interview guide respectively. The strength and direction of interaction of the variables of the study namely; occupational health compensation practice, Occupational Safety and Health Act, (2007) and employee performance was realized through regression, thematic content analysis and document analyses.

Kankaanpaa , Suhonen & Valtonen, (2008) in study whose purpose was to examine the monetary consequences of ill health due to occupational health and safety on economic performance of firms in Finland had finding that resources invested in occupational health and safety was not positively significant on economic firm performance. According to the study the average cost of occupational health and safety cost was 0.04% of a firm's turnover. This was case study with indicators of performance being return on investment, return on asset and return on equity. Indicators of worker health benefit included health insurance cover, medical schemes, sick offs and early retirement gratuity. This study used data collection instruments which were financial statements of companies, business economic reviews and compensation statistics. The current study took cognizance of the fact that case study is limited with regards to generalization of findings about a phenomenon under study. The study adopted both positivism and interpretivism paradigms. Explanatory mixed method research design was applied where quantitative data was collected using questionnaires and explanations provided for using qualitative data collected using interview guide.

In a landmark survey by Chartered Institute of Personnel and Development –CIPD, (2007) of 500 firms across the globe, there was a revelation that 84% compensation is carried out for strategic corporate ends and competitive advantage. The study relied majorly on secondary data; reports of publications and researches. This study asserted 66% of firms adopting globally consistent strategies realize performance and competitive advantage. The research however was carried out by survey and dealt with compensation in general with indicators classified as either direct or indirect. Direct compensation practice indicators included salaries, medical allowance, house allowance and commuter allowance while indirect worker benefit indicators included gratuity, security fund, insurance cover, medical schemes and retirement benefits. The current study major preoccupation was occupational health compensation and its influence on employee performance streamlined by Occupational Safety and Health Act, (2007). This study involved both quantitative and qualitative data generated from construction firms and analyzed using descriptive statistics, thematic content analysis and document analyses.

Agneszka and Marni, (2012) study in Canada investigated occupational health and safety Compensation on Productivity among workers in Canada, majority who were immigrants in a diversity of firms, majorly manufacturing and construction. Cross sectional descriptive survey design was used. Secondary data was used and data analyzed using descriptive statistics. The study findings indicated lack of structured Occupational health and safety compensation due to ignorance of immigrant workers who were non-unionized and were unaware of existence of Occupational health and safety policy regulations. The current study relied majorly on primary data, analyzed data using descriptive statistics, multiple regression analysis, thematic content analysis and document analyses with the findings shaped by their anchorage of Occupational Safety and Health Act, (2007) and management support variables. The study was also premised on both positivism and interpretivism paradigms realized by collecting quantitative and qualitative data through questionnaires and interview guide respectively.

A cross-sectional survey founded on Vroom's expectancy theory by Karen, (2012) investigated workers health insurance benefit and occupational health and safety and had results that showed that there was a significant relationship between insurance coverage and reduced injuries and performance. This was a cross sectional survey study based on worker compensation statistics in majorly manufacturing and construction firms with descriptive statistics used for data analysis. The indicators of Worker health benefit practice according to this study were insurance cover, medical bills and medical allowances. Performance indicators included reduced injuries, reduced turnover and improved efficiency. The focus of the current study was premised on Universalistic, RBV, Motivation – Hygiene and contingency theories as opposed to Vroom's expectancy theory, adopted explanatory mixed method research design as opposed to Descriptive survey and involved primary data, document analyses with interviews to give the findings deep insights about the phenomena of study.

II soon SHIN (2011) sought to establish workers Health insurance Benefit and occupational injuries in majorly construction and manufacturing firms. The cross sectional survey was founded on Needs theory, relied on data that was majorly secondary based on occupational health compensation and insurance statistics. Descriptive statistics was used to analyze data. The indicators of Worker Health Benefit according to this study were; number of fatalities, insurance cover, medical bills and payment of medical bills. The findings

of the study revealed that private insurance system lowered Occupational safety and health accidents compensation costs by 0.74 and that 1% increase in construction industries increased accidents at work by 13-15%. The study asserted that Occupational safety and health compensation escalates firm costs hence impede on its performance. The current study was founded on Universalistic, Resource Based View, Motivation – Hygiene and Contingency theories. Explanatory mixed method research design involving Quantitative and Qualitative data as opposed to cross sectional survey design was applied. Quantitative data that provided in depth perspective of the interactions of the study variables was generated by interview guide and analyzed by thematic content analysis.

In a study whose purpose was to evaluate workers health and safety benefits at work place and management commitment to safety and risk of work place injuries by Schofield et al, (2015) in the USA, respondents who were Occupational health compensation professionals were engaged in interviews. Data was also captured from worker health benefit claim data from the targeted firms that were mainly construction firms. The Occupational compensation health professionals rated the management commitments with respect to Occupational health compensation. Findings on total time lost, medical injuries and inherent worker benefits revealed limited differences on aggregate levels between firms having good or poor management commitment. The study did not premise its finding on simultaneous interactions of universalistic, motivation – hygiene and more so contingency theory by vertical integration of Occupational Safety and Health Act, (2007). The current study also underscored the role qualitative data plays in providing in depth explanations and clarifications of study findings by inclusion of interview guide as an instrument of data collection with data analyzed by thematic content analysis.

Yusuf, Eliyana & Sari (2012) studied influence of Occupational health and safety practices and Employee Benefits on job satisfaction and performance of mining, construction, manufacturing, transport and forestry firms in Indonesia. This was a survey of 170,000 companies that classified accidents in terms of severity, frequency, type and associated compensations and the consequent influence on job satisfaction and performance of firms. Job satisfaction was used as mediating variable on the relationship between occupational health and safety practice and performance of firms. The study involved both primary data collected using questionnaires and secondary data. The study however did not use interviews to generate qualitative data but analyzed data using descriptive statistics and path analysis. The current study placed importance on the role qualitative data plays by providing insights about interactions of study variables by involving interviews. The study carried out document analyses in construction firms to find out if the information contained in the document corroborated or confirmed the qualitative data generated through interviews with Human Resource Managers. The strength and direction of the influence of study variable was shaped by Occupational Safety and Health Act, (2007) and management support variables and data whose effects was analyzed using regression.

Mihiravi & Perera (2016) investigated the influence of Occupational safety and health inherent practices on job satisfaction and performance of employees in selected large apparel firms in Colombo. This was a cross sectional study that used questionnaire to collect primary data. Univariate and bivariate methods of SPSS were used to analyze data. The study used performance indicators like worker interactions with workers and management and worker motivation. The study was anchored on positivism paradigm and was pre-occupied majorly with quantitative data. The current study having identified the limitations exhibited by the study, adopted explanatory mixed research design and collected both quantitative and qualitative data characteristic of both Positivism and Interpretivism paradigms with data analyzed by thematic content analysis for qualitative data, multiple regression and descriptive statistics for quantitative data

2.6 Conceptual framework

Worker Health Benefit Practice according to the framework influences employee performance in Construction firms. The intervening effect implies the causal relationship between the independent variable of Worker Health Benefit Practice and Employee Performance is streamlined by occupational health and safety act, (2007). It is hypothesized that Occupational safety and health Act, (2007) indicators: Penalty for violation, participation and awareness and implementation would either weaken or strengthen the relationship. The differential effect of worker health benefit on employee performance is tested and measured based on worker health benefit practice indicators namely: Insurance cover, sick off pays and medical scheme. Management support moderation by the indicators: communication, employee engagement and resource allocation according to the framework also shape the relationship between the independent variable (worker health benefit practice) and the Dependent variable (Employee performance). The study was therefore restricted to worker health benefit practice on employee performance in construction firms and not any other firms.

III. Research Methodology

This chapter presents and discusses research paradigms that are the philosophical stand points and also techniques used in the study. It includes research design, target population, research instruments, data analysis, procedures, reliability and validity of instruments and ethical considerations.

3.1 Location of the study.

Areas around the borders manifest high cases of Occupational health and safety and inherent worker health benefit practices (Agnieszka and Marni, 2012). The areas have new immigrant employees who are more exposed to Occupational health compensation and workplace health and safety situations as compared to the indigenous owing to their tendency to take poor quality jobs beleaguered by unsafe practices out of desperation (Ibid).

Nduda, (2013) study of the implementation of the one stop border concept by Kenya and Uganda governments at the Busia border spurred economic growth by opening the frontiers of

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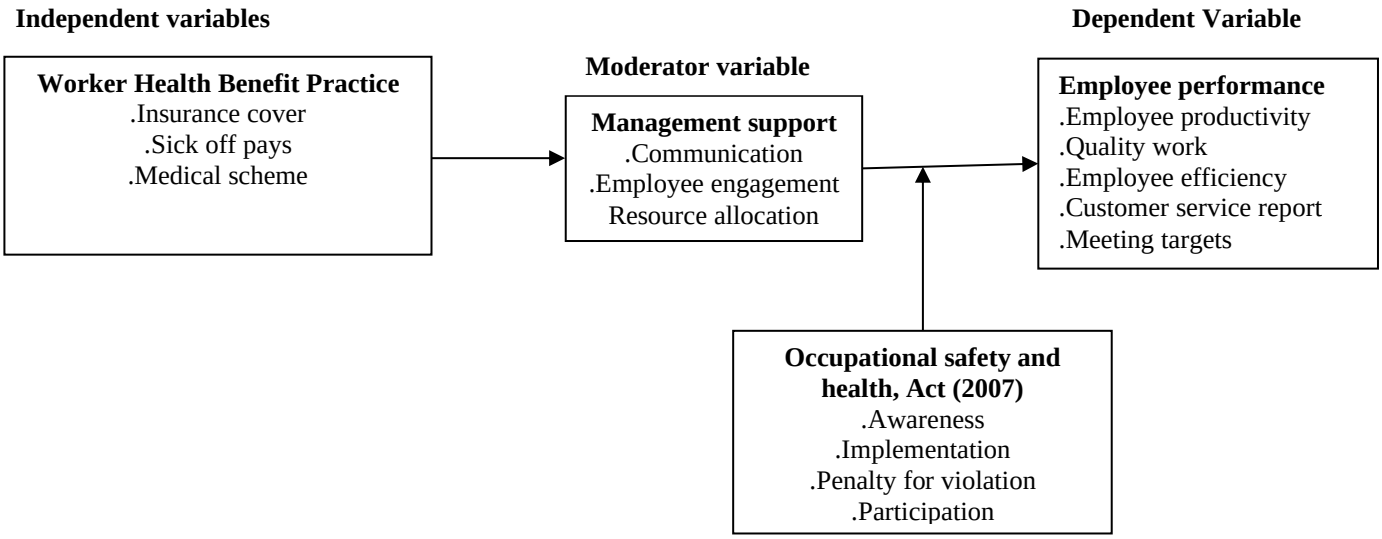
Busia county Kenya to landlocked countries namely: Uganda, Rwanda and Burundi. The influx of immigrants from notably Uganda to Busia County alludes to the foregoing facts. The County witnessed an exponential growth rate of 30% occupational health and safety accidents hence compensations according to 2018/2019 statistics at County occupational health and safety office. Kenya institute for Public policy research and analysis (KIPPRA) Economic survey Report at the same point in time did indicate Busia county amongst the counties with low Employee Performance Index(EPI).



Moderator variable
Intervening Variable

3.2 Research Paradigm

The study was anchored on Interpretivism and Positivism paradigms. The study sought objective reality of interaction amongst variables methodologically quantified and statistically tested reminiscent of positivism paradigm. Interpretivism paradigm was adopted as the researcher was socially engaged on subject meanings through exploring complex contextual and historical and cultural views vide interviews to demystify interactions amongst study variables of worker health benefit practice, management support, occupational safety and health Act, (2007) and employee performance.

3.3 Research Design

Explanatory research Design was used to realize both positivism and interpretivism paradigms. Quantitative data was firstly collected using a questionnaire, results analyzed followed by a qualitative phase whereby data was realized vide an interview guide and explanations provided to determine corroboration of findings from the two phases if any with regards to the interactions of the study variables.

3.3.1 Target population

The target population was 449 comprising of 30 Human Resource Managers and 419 employees in Construction firms registered by the county Government of Busia, Kenya (Busia County Government, 2019). The construction firms also engaged casual laborers but that wasn't the focus of the study as casual laborers lack organizational citizenship and responsibility and are also unconcerned with cultural practices and policies of the organization (Agnieszka and Marni, 2012). The sample size was computed by Yamane formula for its degree of accuracy in representing the study population (Newman, 2009).

Sample size

n= $\frac{N}{1+N(e)^2}$ by substitution given N=449, e=5%=0.05=$\frac{449}{1+449(0.05)^2}$=212

Sample size for the study was 212 involving both Human Resource managers and employees.

3.3.2 Sampling techniques of the study.

Stratified proportionate sampling of employees in each of the 30 construction firms was carried out. According to Mugenda and Mugenda, (2013) proportionate sampling gives a fair and proportionate representation of each firm. In effect a firm with the highest number of employees is assigned a highest number of respondents. The number of respondents drawn from each firm was realized on the basis of the ratio of the number of employees in every firm to that of the population (N=449) and the result multiplied by the sample size (n=212) as illustrated in table 3.1 below. The 182 employee respondents were realized through proportionate and simple random sampling. All 30 HR managers were sampled for interviews as census is appropriate for management owing to the fact that they are fewer (Creswell, 2009). Members of the management are always ideal for interviews since they are the custodians of organization information and can also give in depth perspectives of interactions of variables under study(ibid).

3.3.3 Instrument of data collection

Structured self-administered questionnaires were used to collect data from the employee respondents whereas interview guide was used to capture data from the Human Resource

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Manager respondents. Interviews provide indepth perspective of the subject matter under study (Creswel, 2003). Further members of the Management are few and are also the custodians of pertinent information about interaction of variables in an organization.

TABLE 3.1 Sampling of Respondents

S/No.	Registration No/Code	Hr Managers	Employee Respondents	Total Number of Respondents
1.	BSA/CTY/CA/001	1	6	7
2.	BSA/CTY/CA/002	1	6	7
3.	BSA/CTY/CA/003	1	6	7
4.	BSA/CTY/CA/004	1	7	8
5.	BSA/CTY/CA/005	1	13	14
6.	BSA/CTY/CA/006	1	7	8
7.	BSA/CTY/CA/007	1	5	6
8.	BSA/CTY/CA/008	1	7	8
9.	BSA/CTY/CA/009	1	5	6
10.	BSA/CTY/CA/010	1	5	6
11.	BSA/CTY/CA/011	1	12	13
12.	BSA/CTY/CA/012	1	5	6
13.	BSA/CTY/CA/013	1	6	7
14.	BSA/CTY/CA/014	1	5	6
15.	BSA/CTY/CA/015	1	5	6
16.	BSA/CTY/CA/016	1	5	6
17.	BSA/CTY/CA/017	1	7	8
18.	BSA/CTY/CA/018	1	5	6
19.	BSA/CTY/CA/019	1	4	5
20.	BSA/CTY/CA/020	1	6	7
21.	BSA/CTY/CA/021	1	7	8
22.	BSA/CTY/CA/022	1	5	6
23.	BSA/CTY/CA/023	1	4	5
24.	BSA/CTY/CA/024	1	7	8
25.	BSA/CTY/CA/025	1	5	6
26.	BSA/CTY/CA/026	1	5	6
27.	BSA/CTY/CA/027	1	5	6
28.	BSA/CTY/CA/028	1	5	6
29.	BSA/CTY/CA/029	1	6	7
30.	BSA/CTY/CA/030	1	6	7
	TOTAL	30	182	212

3.3.4 Reliability of the questionnaire

Reliability is about the consistency of the measurement of an intended attribute. A questionnaire is considered reliable when the Cronbach's Alpha coefficient is 0.70 and above (Mugenda and Mugenda, 2009). All the variables of the study were subjected to reliability test and the results depicted a Cronbach's Alpha coefficient of more than 0.7 for all the variables under study. Cronbach's Alpha was calculated based on the number of items in the survey (K) and the ratio of the average inter item covariance to the average item variance.

Table 3.2: Reliability coefficients for the study

Variables	No of items	Cronchbas Alpha
• Worker Health Benefit Practice	10	0.953
• Management support	9	0.907
• Employee performance	7	0.819

Source: (Research Data 2020)

3.3.5 Document analysis

Documents provided for data triangulation to ensure convergence and corroboration with other sources notably the interviews hence credibility of the results. Documents were used as confirmatory, supplementary and reinforcement as prescribed by (Bowen, 2009). Thematic content analysis for patterns and regularities based on the predetermined themes applied in the interview transcripts. Validity of the documents was realized by consideration of the time frame of the documents and also checking to find out if documents were in tandem with the themes of the study. Reliability of the documents was realized by engaging a peer rater within the field of study that ran through the entire process of data analysis to confirm the coherence of the results.

IV. Result and Discussion

Data analysis

Quantitative data was gathered from respondents coded and entered into excel sheet and exported to SPSS software for analysis. The study adopted convergent mixed parallel method where quantitative and qualitative data are analyzed separately and results used to determine conformity and non-conformity. (Creswel,2003). Thematic content analysis was applied for qualitative data. This was through systematic searching for regularities or patterns based on the themes. Coding categories on themes was carried out and code labels given meaningful names depicting themes they represented. Background information was analyzed by Descriptive statistics and presented in tables and percentages. The interactions amongst variables of study namely: Worker Health Benefit Practice (Independent variable), Management support (Moderating variable) and employee performance (Dependent variable) was analyzed by Regression. Regression is a reliable method to test

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strength and influence of a factor in Research (Creswel, 2009). The researcher followed steps prescribed by Baron, (1986) by firstly analyzing the direct relationship of the influence of predictor variable (Worker Health Benefit Practice) on outcome variable (Employee Performance) holding the moderator variable (Management support) then finally influence of predictor variable on outcome variable with the moderator variable. F statistics with ANOVA was used to test hypotheses with the level of significance P=0.05. The critical F table value was determined and compared with the calculated F value. A decision was hence forth made on whether to accept or reject the Null hypothesis.

Data Analysis Presentation Discussions

TABLE 4.1 Qualitative data matrix

Transcript	Themes	Code
Manager 19 Management has a good will about human resource practices as seen in resource allocation	Management support	**MS**
Manager 18 In my view Occupational safety and health compensation has led to customer expectations	Employee performance	**EP**
Manager 14 Engaged employees feel well utilized valued and steadfast in fulfilling personal and organizational goals	Management support	**MS**
Manager 16 Employees are entitled for sick leave with full pay that has indeed resulted to job satisfaction Employees realize maximum production with minimum effort	Worker health Benefit Practice Employee performance	**WHBP** **EP**
Manager 25 Employee and employer have equal responsibility in so far as matters policy and practice of Occupational health compensation are concerned	Occupational health and safety Act	**Osh Act**
Manager 1 Employees and employer subscribe to a medical scheme	Worker Health Benefit Practice	**WHBP**
Manager 8 Employees purchase intended results by the firm	Employee performance	**EP**

Source: Research Data (2020)

TABLE 4.2 Distribution of Documents based on thematic areas

Thematic study area	Thematic code label	No. of documents confirming practice
Worker Health Benefit Practice	WHBP	19
Management Support	MS	5
Occupational Safety and Health Act(2007	Osh ACT	16
Employee Performance	EP	10

Source: Research Data, (2020)

Note that the construction firms kept a lot of documents about the variables of study however this study delved only on updated documents.

4.2 Worker Health Benefit practice

TABLE 4.3: The firm has Worker Health Benefit practice.

	Yes	No	Total
reduces loss and cost of accidents	2	13	15
improves the performance	15	29	44
promotion and maintenance of the highest degree of physical, mental and social well-being of workers	2	5	7
increase their productivity	1	18	19
chairs/tables and facilities for sitting	5	17	22
first aid kit and medical facility helped in treatment	1	10	11
drinking water quenched thirst	3	14	17
sanitary facilities helped females work comfortable and prevent absenteeism	5	14	19
employees are satisfied and committed	4	10	14

From the findings 36 respondents indicated 'yes' that the firm had Worker Health Benefit practice while 12, 'No' that the practice did not exist in their firms. The justification for their opinion was distributed with respect to a range of statements they indicated as illustrated. The distribution of responses about the practice of Worker Health Benefits depicts that however much the practice is carried out in the firms, employees have scanty ideas and information about the practice, the varied responses also indicate Lack of a clear policy on Worker Health Benefit to streamline the practice across the construction firms. It is against this background that ILO, (2001) recommended a clear cut Occupational safety and Health Act to help guide and shape the practice of occupational health compensation. The tenets of the Osh Act namely: creation of awareness and employee participation was meant to ground this practice in firms.

TABLE 4.4: Employee level of efficiency before implementation of practice

Employees level of efficiency before implementation of practice			
	Frequency	**Percent**	**Cumulative percent**
1-10%	58	34.5	34.5
11-20%	44	26.2	60.7
21-30%	21	12.5	73.2
31-40%	18	10.7	83.9
41-50%	9	5.4	89.3
51-60%	4	2.4	91.7
61-70%	5	3.0	94.6
71-80%	4	2.4	97.0
81-90%	3	1.8	98.8
91-100%	2	1.2	100.0
Total	**168**	**100.0**	

1-10% followed by 44 at 11-20%, 21 at 21-30% and 18 at 31-40% with the rest as illustrated in the table on level of efficiency before implementation of practice.

TABLE 4.5: Employee level of Efficiency after implementation of practice

Employees level of efficiency after implementation of practice			
	Frequency	**Percent**	**Cumulative percent**
1	2	1.2	1.2
2	3	1.8	3.0
3	3	1.8	4.8
4	4	2.4	7.1
5	10	6.0	13.1
6	13	7.7	20.8
7	29	17.3	38.1
8	35	20.8	58.9
9	36	21.4	80.4
10	33	19.6	**100.0**
Total	**168**	**100.0**	

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After implementation of practice of Work Health Benefit employee level of efficiency had the majority respondents at frequency count of 36 at 21.4% followed by respondents at frequency count of 35 at 20.8%. 35 respondents at 19.6% cited employee level of efficiency after implementation of practice. Cumulatively approximately 62% respondents cited efficiency level rise by between 17.3% to 21.4% after the implementation of the practice. This suggested that Worker Health Benefit practice influenced employee level of efficiency.

The result suggests that after implementation of the practice of occupational health compensation through measures like medical schemes, insurance cover and sick off pays. The employees were motivated a situation that translated to employee performance. Consequently the efficiency level prior to implementation of the practice was lower than that after implementation. This is in total agreement with findings of studies for example Akpan, (2011) and Premier Occupational Health and Safety (2015) that observe that the practice of occupational health and inherent compensation assures employees of how they are valued by their firms which motivates them and influences their performance

Worker Health Benefit practice

The study used the indicators where: 5= strongly agree, 4=Agree, 3= Neither agree nor disagree, 2= strongly disagree and 1= disagree

TABLE 4.6: Responses on Worker Health Benefit practice

Opinion item indicator	5	4	3	2	1
10) My firm has a medical scheme for its employees that influenced their performance	102(60.7%)	3(1.8%)	1(6.0%)	1(6.0%)	61(36.3%)
11) Employees in my firm have a health insurance cover that influences their performance	134(79.8%)	0(0%)	0(0%)	3(1.8%)	31(18.5%)
My firm offers sick offs with full pay for its employees that has influenced performance	146(86.9%)	5(3.0%)	0(0%)	0(0%)	17(10.1%)
There is transparency and accountability during worker health benefit practice.	1(6%)	27(16.1%)	2(1.2%)	41(24.4%)	97(57.7%)
Employee performance was improved due to Worker health benefit practice	108(64.3%)	6(3.6%)	2(1.2%)	5(3.0)	47(28.0%)

As depicted in table respondent at 6.0% strongly disagreed that the firm had a medical scheme for employees, 61 respondents at 36.3% disagreed, 1 respondent at 6.0% neither agreed nor disagreed, 3 respondents at 1.8% agreed that their firms had a medical scheme for employees as 102 respondents at 60.7% strongly agreed that their firms had a medical scheme. On whether employees had a health insurance cover, 3 respondents at 1.8% strongly disagreed, 31 at 18.5% disagreed, 0 respondents at 0% Agreed, 134respondents at 79.8% strongly agreed as 0 respondents at 0% neither agreed nor disagreed.

Based on sick offs with full pay offered in the firm, 146 respondents at 86.9% strongly agreed, 5 at 3.0% agreed, 17 at 10.1% disagreed and 0 respondents at 0% strongly disagreed as none of the respondents neither agreed nor disagreed.

On whether compensation practice was accountable or transparent 41 respondents at 24.4% strongly disagreed, 97 at 57.7% disagreed, 27 at 16.1% agreed, 2 respondents at 1.2% neither agreed nor disagreed as 1 respondent at 0.6% strongly agreed that there was transparency and accountability during worker health benefit practice.

As to whether Worker health benefit practice improved employee performance 6 respondents at 3.6% Agreed, 108 at 64.3% strongly agreed, 5 respondents at 3.0% strongly disagreed, 47 at 28.0% disagreed and 2 at 1.2% neither agreed nor disagreed that occupational health compensation practice improves employee performance. The majority of the firms therefore don't have medical schemes and insurance cover for employees. The majority of firms however have sick off with full pay and employees observe lack of transparency and accountability during Worker Health Benefit Practice.

The distribution of responses indicates that occupational health compensation practice measures namely: sick off pays, insurance cover and medical schemes in no undertaken terms influence employee performance. It is also glaring from the responses that a majority of the construction firms studied do not embrace transparency and accountability while executing the practice of occupational health compensation as attested to by the majority respondents. Firstly, the findings on measures of compensation practice namely: sick off pays, insurance cover and medical schemes corroborate with those by Arshworth, (2001), UK-HSE, (2018), Battaglia, Frey & Passetti, (2014) that indeed the stated measures of compensation ensures that employees recover early from occupational injury or ailments, return to work early and enhance employee performance. The findings of the study with respect to the measures of transparency and accountability is however unfortunate and in disagreement with findings of studies: Gacheri, (2015), Ndegwa et al., (2014), Gbadago et al., (2017) and Mugambi Mburu & Kinyua, (2014) that observed that matters of Occupational health compensation should be transparent, accountable, all inclusive and involve participation of all parties in decision making.

Hypotheses 1: Worker Health Benefit practice on employee performance

H_O There is no influence of Worker Health Benefit Practice on employee performance in construction firms in Kenya

TABLE 4.7: Model Summary for Direct influence

Model	R	R-square	Adjusted R-square	Std error of estimate
1	0.452	0.204	0.152	1.448

From the study findings the value of R-square is 0.204. This implies that 20% variance in employee performance in construction firms in Kenya is explained by Worker Health Benefit practice. Factors other than Worker Health Benefit practice explain 80%.

4.8: Model Summary for moderated influence

TABLE 4.8

Model	R	R-square	Adjusted R-square	Std error of estimate
1	0.639	0.408	0.358	1.26

From the study findings the value of R-square is 0.408. This implies that 41% variance in employee performance in

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construction firms in Kenya is explained by Worker Health Benefit practice as moderated by Management Support.

Hypothesis testing

TABLE 4.9: ANOVA table

ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	181.805	16	11.363	7.392	.000[b]
	Residual	232.100	152	1.537		
	Total	413.905	168			

a. Dependent variable EP
b. Predictor: (Constant). WHBP

As concerns hypothesis testing, the ANOVA test at 0.05 significance level indicated a calculated F table value of 7.392 which was more than the critical F table value of 1.71 and with a P value of 0.00<0.05, the variables namely: Worker Health Benefit practice is an important predictor of Employee Performance in Construction firms in Kenya. The results suggest 95% confidence that the variable of Worker Health Benefit influences employee performance in construction firms in Kenya. A different result may occur in only 5 chances out of the possible 100 chances. The variable namely: Worker Health Benefit practice influences the employee performance in construction firms in Kenya. Worker Health Benefit practice is therefore statistically significant in predicting employee performance in construction firms in Kenya.

The study findings therefore indicated that Worker health benefit practice influenced employee performance in the construction firms in Kenya. The findings indicated that there was a strong positive variance in employee performance of 41% explained by worker health benefit practice in the construction firms in Kenya. It was also indicated that whenever construction firms considered medical schemes, insurance cover and sick off pays for the employees with respect to Worker health benefit, the resultant effect influenced employee productivity, efficiency, meeting of targets, high product service quality and customer satisfaction. This is supported by findings the studies by Allan, (2011) and Ndegwa et al., (2014) and Makori, (2012) who justify that the employees feel valued, exude confidence develop and maintain organizational citizenship and commitment consequent upon the stated worker health benefit practice.

The findings of the study by Robert et al., (2009) and Kaanpaa et al., (2011) all corroborate in their findings that insurance cover for employees in firms is paramount for it does not only serve to cater for the cost of worker health benefit but also cushions and saves on firms expenditure on occupational medicine and therapy. The significant positive influence of Worker health benefit practice on employee performance in the construction firms in Kenya clearly indicated that the construction firms needed the right choices of measures of worker health benefit practice inclusive of insurance cover and medical schemes that would in the long run influence employee performance. Arshworth et al., (2001) and Mugambi et al., (2014) are also in agreement in their findings and recommendations that when a firm espouses sound worker health benefit practice characterized by insurance cover and medical schemes employees are motivated hence translates to their performance. Majority of the respondents in the study agreed that firms offered sick offs with full pay. They emphasized that sick offs with full pay ensured that employees who are victims of occupational injuries and I'll health continue to survive with their families notwithstanding their health conditions. This assertion is in agreement with the findings of Olney, (2006) and Arshworth et al., (2001) who observe that the practice of worker health benefit practice should be comprehensive and all inclusive to cater for injured employees and their families. ILO, (2011) also spotlights that the practice of worker health benefit should consider the injured employees, their families and the general society at large. The informants interviewed also expounded on the results of sick offs with full pay to have created a psychological contract between the employee and the employer thereby mitigating the hitherto employee turnover in the firms alongside enhancing employee job satisfaction and performance.

The documents analyzed relevant to worker health benefit practice also confirm that indeed the firms under study carry out sick offs with full pay for employees who are victims of workplace injuries and ill-health. Sick off payment vouchers alongside health insurance policy documents are full proofs of the stated practices.

As a matter of concern some of respondents at 57% however decried lack of transparency and accountability during the practice of Worker health benefit practice. According to the respondents the abnormally needs correction lost firms suffer devastating effects of employee productivity efficiency and quality of work. Findings of a raft of studies: (Akpan 2011, Gaceri 2015, Agnieszka and Marni, 2012) also corroborate that employee participation in decision making on matters occupational health and safety and inherent benefits is imperative.

Finally, the study takes cognizance of the fact that the practice of worker health benefit should be anchored on moderation of management support and intervening effect of the occupational safety and Health Act to produce superior results or variance in employee performance. This should be operationalized by measures namely: Effective communication, Employee motivation and ideal leadership style for management support and encouragement of employee participation in decision making on policy and implementation of the Act, Extensive creation of awareness of the occupational safety and Health Act and enforcing the Act by executing penalties for violation of the Act. Gaceri, (2015), Ndegwa et al., (2014), Gbadago, (2012) are all in agreement in their findings that employee participation, Act compliance; penalties for violation and implementation are pertinent in full realization of workplace safety and Health Act. The findings of the following raft of studies also allude to the fact that management support is imperative implementation of worker health benefit practice to influence employee performance: (Namusonge & Mugambi, 2017; Domnick et al., 2015; Karungari & Ochiri 20

Moderating effect of Management support

The study sought to determine the moderating effect of management support in firms.

Table 4.8 Response on moderating effect of management support based on indicators tested using a 5 point Likert scale:

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5=strongly agree, 4=Agree, 3=neither agree nor disagree, 2= strongly disagree and 1= disagree.
The results based on the table for management support.

TABLE 4.10: Responses on moderating effect of management support

Opinion item indicator	5	4	3	2	1
62)Management of my firm ensures effective communication that influences employee performance	117(69.6 %)	3(1.8%)	2(1.2%)	2(1.2%)	44(26.2%)

Based on the indicators that management support motivates employees in firms, 136 respondents at 81% strongly agreed, 17 at 10% disagreed, 6 at 3.6% agreed, 5 at 3% strongly disagreed whereas 4 at 2.4% neither agreed nor disagreed. Lastly based on the indicators, leadership style in firms, 104 respondents at 61.9% strongly agreed that management leadership style applied to their firms, 51 at 30.4% disagreed, 7 at 4.2% strongly agreed, 3 respondents at 1.8% agreed and the same number neither agreed nor disagreed that leadership style applied to their firms.

The findings on management support indicates that construction firms in Kenya exhibit management support on occupational health compensation and safety practices to influence employee performance through measures like ensuring effective communication, motivating employees and through leadership style. The stated measures are proven to impact on safety practices and influence employee performance according to the findings of Namusonge and Mugambi, (2017) who observe that effective communication enhances understanding whereas motivation of employees translates directly to employee job satisfaction and indirectly to employee performance

Employee performance

The study sought to establish the measurement of employee performance based on indicators of performance tested on 5 point likert scale: 5=strongly agree, 4= Agree, 3= Neither agree nor disagree, 2= strongly disagree, 1= disagree

TABLe 4.11: Responses on employee performance

Opinion Item Indicator	5	4	3	2	1
57)The customer reports indicate positive results about employees service quality	72(42.9%)	52(31.0%)	16(9.5%)	19(11.3%)	9(5.4%)
58)The employees in my firm provide efficient services	131(78.0%)	2(1.2%)	2(1.2%)	2(1.2)%	31(18.5%)
59)The employees provide quality work	91(54.2)	43(25.6%)	8(4.8%)	18(10.7%)	8(4.8%)
60) 59)The employees in my firm meet set targets	83(49.4%)	48(28.6%)	12(7.1%)	18(10.7%)	7(4.2%)
61)My firm experiences high level of employee productivity	84(50.0%)	47(28.0%)	14(8.3%)	15(8.9%)	7(4.2%)

The results from the table on Employee performance indicate that based on customer reports on employee service quality 72 respondents at 42.9% strongly agreed 52 at 31% agreed, 19 at 11.3% disagreed, 16 at 9.5% neither agreed nor disagreed as 9 at 5.4% strongly disagreed.

With regards to employees providing efficient services 131 at 70.8% strongly agreed, 2 at 1.2% agreed, 2 at 1.2% neither agreed nor disagreed, 31 at 18.5% disagreed and 2 at 1.2% strongly disagreed.

About employees providing quality work, 91 respondents at 54.2% strongly agreed, 43 at 25.6% agreed, and 18 at 10.7% disagreed as 8 at 4.8% strongly disagreed while similar number neither agreed nor disagreed.

As to whether employees meet targets 83 at 49.4% strongly agreed, 48 at 25.6% agreed, 18 at 10.7% disagreed, 12 at 7.1% neither agreed nor disagreed as 7 at 4.2% strongly disagreed.

As to whether firm experience high level of employee productivity 84 at 50% respondents indicated strongly agreed, 47 at 28% agreed, 14 at 8.3% neither agreed nor disagreed, 55 at 8.9% disagree and 7 at 4.2% strongly disagree. A majority of respondents strongly agreed or agreed that all the indicators applied to employee performance in their firms. The findings on employee performance suggest that performance measures namely: employee efficiency, customer service reports, meeting of targets and employee productivity are manifest in construction firms in Kenya.

V. SUMMARY FINDINGS

5.1 Summary of demographics.

This was analysis based on gender of respondents, education level and work experience. level and work experience. Based on the gender the males represented 59.5% whereas females 40.5% Female employees in firms are always fewer than males and it is against this background that the Kenyan constitution advocates for affirmative action for females to be given fairly equal slots. The analysis based on respondents indicated respondents with secondary level education were 13% certificate training was 35%, Diploma 30%, Undergraduate 13% and Post graduate 7%. Findings which are in agreement with that of Price water house Coopers (PWC) of 2014 that observed that employees with the highest qualifications in firms are the fewest in number.

The findings based on work experience indicated 8.3% respondents had 1 year experience, 11% 2 years, 16% 3 years, 20% 4 years, 25% who were the majority 5 years whereas 17% 6 years and above. The findings on work experience corroborate with that of Diaby & Kamau, (2012) who observed that majority of employees in firms are those who have overstayed in service for they enjoy organization loyalty and citizenship.

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5.2 The influence of Worker Health Benefit practice on employee performance in construction firms in Kenya.

The first objective was to establish the influence of worker health benefit practice on employee performance in construction firms in Kenya. This was based on the hypothesis: H_{01} There is no influence of Worker Health Benefit practice on employee performance in construction firms in Kenya. The analysis led to results that found out that worker health benefit practice influenced employee performance as it explained 41% variance in performance of construction firms in Kenya.

The finding led to a conclusion that when firms put in place effective worker health benefit practice the employee performance improves significantly. It can be concluded that worker health benefit practice doesn't independently influence employee performance however provides a superior explanation of employee performance in the firms when anchored on moderation by Management support variable Worker Health Benefit practice explains a superior variance in employee performance in construction firms in Kenya. The conclusion corroborate with that of (Agnieszka & Marni, 2012; Robert et al., 2009; Mogambi et al., 2014). The studies are also in agreement about the indicators of insurance health cover and medical schemes as they assert that the measures help cushion the employer occupational health expense

5.3 Conclusions

5.3.1 Influence of Worker health benefit practice on employee performance

The study sought to establish the influence of worker health benefit practice on employee performance. From the findings it was concluded that firms effort should direct and focus on measures to improve worker health benefit practice that in the long run influence employee performance. Further the practice should not operate in isolation but anchored on management support moderation realized through effective communication, resource allocation and employee engagement.

5.4 Recommendation of the study

In the view of findings and conclusions the following recommendations were made:

5.4.1 Worker health benefit practice and employee performance in construction firms in Kenya

The study revealed there was a significant influence of Worker health benefit practice and employee performance. The findings led to a conclusion that though firms engage in the practice a lot more needs to be done. Sick off pays is incumbent thus the need for management to adopt the practice of full off pays to culminate into employee performance. The study therefore recommends that management of firms should embrace proactive worker health benefit practice that involves sick off pays that in the final analysis influences employee performance. The study also recommends employee medical schemes and insurance cover should be established and upheld in firms to realize superior employee performance. The study recommends transparency and accountability in firms on matters of occupational health compensation practice. Further to that the study also recommends to management that the practice of Worker health benefit in firms should not be carried in isolation but also be shaped by other factors namely: Management support through resource allocation, employee engagement and effective communication.

5.4.6 Moderating effect of Management support

Based on the study findings, Management support explained a significant employee performance in the construction firms in Kenya. A conclusion was then drawn that the moderation by management support explained a significant variance in employee performance in the said firms. It is against this background that the study recommends to the management and policy makers of those firms to incorporate Management support by measures namely: resource allocation, employee engagement and effective communication. The management support on practices centered around and about Worker Health Benefit Practices namely sick off pays, medical schemes and insurance as attested to by the majority of the respondents in this study in the long run influence employee productivity, efficiency, product service quality and meeting of set targets and overall employee performance.

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