

Awareness of health and safety responsibilities among contract cleaning workers

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ABSTRACT

Background: Five employee health and safety responsibilities are outlined in Section 14 of the Occupational Health and Safety (OHS) (Act No. 85 of 1993). All employees must be aware of these in order to protect their health and safety at work.

Objective: This study aimed to assess if contract cleaning workers are aware of their health and safety responsibilities as well as to determine the effect of training.

Methods: In this cross-sectional study, a structured questionnaire was used to collect data from 118 cleaners employed by five contract cleaning companies in Johannesburg. Descriptive statistics were used to summarise the data.

Results: Seventy-five (63.6%) of the cleaners had received training on their health and safety responsibilities in the previous 12-month period, predominantly through in-house, on-the-job training. Compared to cleaners who had not been trained, significantly higher proportions of trained workers were aware of the OHS Act, had access to it and had read it. Training significantly increased awareness of only one of the five health and safety responsibilities: awareness to report unsafe working conditions to the employer or safety representatives. Many cleaners (n = 100, 84.7%) stated that they would like to receive additional training to improve awareness of their health and safety responsibilities.

Conclusion: Although cleaners received training, awareness of their health and safety responsibilities was poor. Training on health and safety responsibilities must be a continuous process for all contract cleaners.

Keywords: Training, awareness, health, safety, cleaners

INTRODUCTION

Contract cleaning is an outsourced service where cleaners and equipment are supplied to clients for a monthly charge. This removes the need for companies to hire permanent cleaners¹ although, under the OHS Act, this does not absolve the client of the responsibility for their health and safety on site. Contract cleaning companies are hired to clean properties such as private homes, residential complexes, office parks, medical facilities, academic institutions, airports, and shopping malls.

In Europe, the contract cleaning industry comprises 176 000 companies with a combined annual turnover of 64.6 billion Euros.² Seventy-three percent of the 3.3 million workers are women. Similarly, in South Africa, the contract cleaning sector has flourished to meet the cleaning demands of property owners. Many South African institutions have adopted free-market strategies that are convenient for outsourcing cleaning services and have resulted in the growth of contract cleaning.³

South African contract cleaning companies are represented by two main associations. The National Contract Cleaners Association (NCCA) was established in 1987⁴ and has 678 members, with a provincial breakdown of more than 300 in Gauteng, 148 in the Western Cape, 99 in KwaZulu-Natal, 107 in the Eastern Cape,

and 13 in Limpopo.⁴ The Black Economic Empowerment Cleaning Association (BEECA) was founded in 2002 and has more than 30 members in Johannesburg.⁵

The contract cleaning sector employs hundreds of thousands of cleaners in South Africa. Although no statistics are available on the number of cleaners, the combined total of more than 700 NCCA and BEECA member companies is indicative of the large number of workers in the sector. Most cleaners are unskilled workers without specialised skills or training.⁶ Unskilled workers are characterised by limited educational attainment and usually do not require any specific education level or experience.⁷ Studies have shown that workers with low levels of education are vulnerable to accidents.⁸ The risks of contact dermatitis, asthma and rhinitis are high among cleaners.⁹

The health and safety of South African workers, including contract cleaners, is protected through the Occupational Health and Safety (OHS) Act (Act No. 85 of 1993) which is administered by the Department of Labour (DoL).¹⁰ Other legislation with aspects of health and safety are the Compensation for Occupational Injuries and Diseases (COID) Act (Act No. 130 of 1993), and the Basic Conditions of Employment Act (Act No. 75 of 1997).^{11,12} According to Section 14 of the OHS Act, all workers must be aware of their five

health and safety responsibilities, i.e. they must: 1) protect themselves and colleagues from workplace hazards; 2) comply with legislation that their employers are obliged to observe; 3) observe workplace safety rules; 4) report unsafe working conditions to their employers or safety representatives; and 5) immediately report injuries to their employers or safety representatives.¹⁰ To improve awareness, many organisations provide health and safety training for workers, in accordance with Section 8 of the OHS Act.¹⁰ Studies have produced conflicting results with some showing that, despite providing health and safety training for their employees, desirable levels of safety awareness were not achieved.^{13,14} Other studies showed improved awareness.^{15,16} There are a number of reasons for poor success rates. First, after training, workers might fail to transfer and apply the acquired knowledge to their work practices or change their behaviour when they return to work.¹³ Second, improper training delivery and low-engagement training methods, which do not provide the learner with an opportunity to participate actively in the learning process, also negatively affect the training outcomes.¹³ Third, training alone is not a sufficient knowledge-transfer tool.¹³ For training to be effective and improve levels of hazard recognition and safety awareness, it should be used in conjunction with other knowledge-transfer techniques which include the multi-dimensional approach to adult learning.¹³ Last, overreliance on instructor-led, classroom training has been shown to have limited knowledge transfer and to be less effective in changing attitudes, beliefs, behaviours and health of workers.¹⁴

Whereas it is a legal obligation under the OHS Act for employers to provide health and safety training to their employees, it is unclear if training is provided to cleaners and if cleaners are aware of their health and safety responsibilities in contract cleaning companies. This study aimed to assess if contract cleaning workers are aware of their health and safety responsibilities as well as to determine the effect of training.

METHODS

This cross-sectional study was conducted amongst cleaners in five contract cleaning companies from July 2017 to February 2018 in Johannesburg, South Africa. Only cleaners were included in the study; all administrative or supervisory staff were excluded. A self-administered, structured, quantitative questionnaire, which had been piloted for its simplicity, validity and reliability, was used to collect data. The questionnaire consisted of single- and multiple-response questions regarding socio-demographic factors, training and awareness of health and safety.

Data were entered into, and analysed in, SPSS Version 24 software. Continuous variables were presented as means and standard deviations (SD). Categorical variables were presented as frequencies and percentages. Student's *t*-test and the chi-square test were used to compare the characteristics and health and safety awareness of cleaners who were trained with those who were not trained. A *p* value of ≤ 0.05 was regarded as significant.

Permission to conduct the study was obtained from management of the five contract cleaning companies. Ethical approval was obtained from the University of Johannesburg's Research Ethics Committee (Registration number: REC-241112-035).

RESULTS

Although 30 contract cleaning companies were approached, only five, with a combined workforce of 168 cleaners, provided consent for their employees to participate in the study. This was a response rate of 17% from contract cleaning companies. Of the 168 workers from the five companies who were eligible to participate in the study, 118 agreed to participate (70.2%).

Demographics and skill levels

The characteristics of the study participants are summarised in Table 1. Most (*n* = 75, 63.6%) were women. The age range

Table 1. Summary of the characteristics of contract cleaners (N = 118)

| Characteristic | n | % |
|--|----|------|
| Sex | | |
| Male | 43 | 36.4 |
| Female | 75 | 63.6 |
| Age (years) | | |
| 20-29 | 60 | 50.8 |
| 30-39 | 35 | 29.7 |
| 40-49 | 17 | 14.4 |
| ≥ 50 | 6 | 5.1 |
| Years of service | | |
| < 1 | 24 | 20.3 |
| 1-5 | 67 | 56.8 |
| > 5 | 27 | 22.9 |
| Education | | |
| No matric | 57 | 48.3 |
| Matric | 49 | 41.5 |
| Tertiary | 12 | 10.2 |
| Post-schooling qualification | | |
| Understand basic cleaning principles (SAQA ID: 243204) | 50 | 42.4 |
| Understand basic cleaning principles and perform basic cleaning tasks (SAQA ID: 12520) | 43 | 36.4 |
| General Education and Training Certificate: Hygiene and Cleaning (SAQA ID: 57937) | 17 | 14.4 |

of the participants was 20 to 67 years with most aged 40 years or younger (n = 95, 80.5%). The mean age was 32.6 years (SD = 9.24). Ninety-one (77.1%) cleaners had worked for five or fewer years. A high proportion (n = 57, 48.3%) did not have a secondary school (matric) qualification and 10.2% (n = 12) had tertiary qualifications. Some cleaners also completed South African Qualifications Authority (SAQA) accredited post-schooling skills development cleaning courses.

Health and safety training

Almost two-thirds (n = 75, 63.6%) of the participants had received training on their health and safety responsibilities. Half (n = 38, 50.7%) had received training in the previous 12-month period. The most common training was in-house, on-the-job training (n = 61, 81.3%) which was rated as good by many (n = 53, 70.7%). Sixty-four (85.3%) cleaners indicated that they could perform their job safely after training (Table 2).

Health and safety awareness

Over three-quarters of contract cleaners (n = 90, 76.3%) were aware of the OHS Act. Eighty-eight (74.6%) had access to the OHS Act and 78 (66.1%) had read the Act (Table 3). No cleaner was aware of all five employee health and safety responsibilities. Participants were predominantly aware of the responsibility to protect themselves and colleagues from workplace hazards (n = 87, 73.7%) and were also comparatively aware that they must obey workplace safety rules (n = 67, 56.8%). Most cleaners (n = 100, 84.7%) stated that they would like to receive more training to improve awareness of all health and safety responsibilities (Table 3).

Factors associated with training

Seventy-five (63.6%) workers had received health and safety training and 43 (36.4%) had not been trained. There were no statistical

differences in age (mean of 33.8 and 30.5 for trained and untrained cleaners, respectively (p = 0.060), sex, education and duration of employment between cleaners who had been trained and those who had not. The proportions of cleaners who reported having greater awareness of, and access to, the OHS Act, and having read the Act, were higher than those who had not been trained. There were no differences between those who had received training or not with regard to awareness of the responsibility to comply with legislation, obey workplace safety rules, and report unsafe working conditions. Overall, 87 (73.7%) cleaners were aware of the need to protect themselves from hazards, but only 46 (39.0%) were aware that they were required to comply with legislation. Although the proportions were significantly higher, only 54.7% (n = 41) and 50.7% (n = 38) of the trained cleaners were aware of their responsibilities to report unsafe work conditions and injuries to their employers, respectively (Table 4).

DISCUSSION

In South Africa, there is a legal requirement for employers to provide employees with health and safety training.¹⁰ Training contributes to the creation of a culture where safe and healthy working becomes second nature to all workers.¹⁷ In this study, two-thirds of the contract cleaners had received training in the previous year. Most cleaners (trained and untrained) wanted more training to improve their awareness of their health and safety responsibilities.

The most common training method for over 80% of cleaners was in-house, on-the-job training. Although popular, this is only effective if the trainer has good presentation, facilitation, communication and interpersonal skills, and flexibility.¹⁸ Some scholars argue for the replacement of in-house, on-the-job training with tailored participatory and peer-led training which might have a greater effect on worker attitudes, work practices and self-reported injury rates.¹⁹

For training to be successful in improving safety awareness,

Table 2. Health and safety training of cleaners (N = 75)

| Characteristic | n | % |
|---|----|------|
| Employees trained on health and safety responsibilities | | |
| Yes | 75 | 63.6 |
| No | 43 | 36.4 |
| Period of training | | |
| < 12 months | 38 | 50.7 |
| 12-24 months | 21 | 28.0 |
| ≥ 24 months | 16 | 21.3 |
| Training methodology | | |
| Informal peer discussions | 7 | 9.3 |
| In-house, on the job training | 61 | 81.3 |
| External formal training | 15 | 20.0 |
| Employee rating of health and safety training | | |
| Poor | 2 | 2.7 |
| Satisfactory | 20 | 26.7 |
| Good | 53 | 70.7 |
| Self-perceived post-training job safety performance | | |
| Poor | 2 | 2.7 |
| Satisfactory | 9 | 12.0 |
| Good | 64 | 85.3 |

Table 3. Health and safety awareness of cleaners (N = 118)

| Characteristic | n | % |
|---|-----|------|
| Awareness of the OHS Act | | |
| Yes | 90 | 76.3 |
| No | 28 | 23.7 |
| Access to OHS Act from employer | | |
| None | 30 | 25.4 |
| Available only upon request | 46 | 39.0 |
| Free access | 42 | 35.6 |
| Read the OHS Act | | |
| Yes | 78 | 66.1 |
| No | 40 | 33.9 |
| Awareness of health and safety responsibilities | | |
| Protect yourself from hazards | 87 | 73.7 |
| Comply with legislation | 46 | 39.0 |
| Obey workplace safety rules | 67 | 56.8 |
| Report unsafe working conditions | 56 | 47.5 |
| Report injuries to employer | 57 | 48.3 |
| What would improve health and safety awareness? | | |
| Providing training to cleaners | 100 | 84.7 |
| Appointing health and safety representatives | 30 | 25.4 |
| Running health and safety awareness campaigns | 47 | 39.8 |
| Changing workers' health and safety attitudes | 35 | 29.7 |

attitudes and behaviour, it must be a continuous professional development process and not be conducted as a once-off event.²⁰ A study of 720 teachers in Nigerian secondary schools found that safety awareness was effective when the training was interactive, involved active participation of the trainees, and was based on the knowledge and experiences of participants.¹⁶ It is also important for training outcomes to be measurable to assess if training has been effective.

Awareness of health and safety requirements and responsibilities is important among employers and their employees. In this study, many cleaners had read the OHS Act and received training. Regardless of having received training or not, similarly high proportions of cleaners were aware of their responsibilities to protect themselves from hazards. Section 13 of the OHS Act requires employees to be aware of hazards associated with work that they perform.¹⁰ Of concern is the low proportion of cleaners who had been trained but were not aware of the requirement to comply with legislation. This is a listed offence under Section 38 of the OHS Act.¹⁰ Although significantly higher proportions of trained cleaners were aware of the need to report unsafe working conditions and injuries, only about half were aware of these requirements.

Limitations

Our study had a number of limitations. These include the small sample size; only five contract cleaning companies permitted their employees to participate in the study. Hence, these findings are not generalisable to the South African contract cleaning industry. In addition, completing the self-administered questionnaire may have been a challenge for cleaners with low levels of education.

Recommendations

Training on health and safety responsibilities must be a continuous process and workers must not go for extended periods

without receiving refresher training. It must incorporate a variety of approaches and must not be skewed towards in-house, on-the-job training alone. Training must also be engaging and involve active participation among workers.²¹ Employers must monitor and measure training outcomes by reviewing if training has been effective. Awareness of employee health and safety responsibilities must be monitored and measured periodically by contract cleaning companies.

An area for further study is occupational hazards, controls and injuries within the contract cleaning sector. The outcomes of such research should include; 1) ascertaining the hazards cleaners are exposed to; 2) determining the controls employers have put in place to protect workers; and 3) establishing the frequency and type of injuries in the sector. This would add to the overall body of knowledge on health and safety in the contract cleaning sector.

CONCLUSION

The findings of this study suggest that training had little influence on health and safety awareness in contract cleaners, and are in agreement with previous studies.^{13,14} Although most workers reported having read the OSH Act, many were not aware of their health and safety responsibilities. Ongoing training is required to improve awareness. By providing this training, contract cleaning companies will derive the benefits of complying with the OHS Act, having a productive and safe workforce, and reducing occupational injuries, accidents and/or diseases.

LESSONS LEARNED

- Workers do not necessarily know about health and safety legislation.
- Employers try to comply with health and safety legislation.
- Employees want to receive health and safety training.

Table 4. Factors associated with training (N = 118)

| Characteristic | Trained N = 75 | | Untrained N = 43 | | P value |
|---|-------------------|------|---------------------|------|---------|
| | n | % | n | % | |
| Sex | | | | | |
| Male | 23 | 30.7 | 20 | 46.5 | 0.085 |
| Female | 52 | 69.3 | 23 | 53.5 | |
| Education | | | | | |
| No matric | 29 | 38.7 | 26 | 60.5 | 0.073 |
| Matric | 36 | 48.0 | 13 | 30.2 | |
| Tertiary | 10 | 13.3 | 4 | 9.3 | |
| Years of service | | | | | |
| < 1 | 13 | 17.3 | 11 | 25.6 | 0.079 |
| 1-5 | 40 | 53.3 | 27 | 62.8 | |
| > 5 | 22 | 29.3 | 5 | 11.6 | |
| Awareness of the OHS Act | | | | | |
| Yes | 63 | 84.0 | 27 | 62.8 | 0.001 |
| No | 12 | 16.0 | 16 | 37.2 | |
| Access to OHS Act from employer | | | | | |
| Yes | 64 | 85.3 | 24 | 55.8 | 0.001 |
| No | 11 | 14.7 | 19 | 44.2 | |
| Read the OHS Act | | | | | |
| Yes | 57 | 76.0 | 21 | 48.8 | 0.003 |
| No | 18 | 24.0 | 22 | 51.2 | |
| Awareness of health and safety responsibilities | | | | | |
| Protect yourself from hazards | 54 | 72.0 | 33 | 76.7 | 0.573 |
| Comply with legislation | 33 | 44.0 | 13 | 30.2 | 0.140 |
| Obey workplace safety rules | 46 | 61.3 | 21 | 48.8 | 0.187 |
| Report unsafe working conditions | 41 | 54.7 | 15 | 34.9 | 0.038 |
| Report injuries to employer | 38 | 50.7 | 19 | 44.2 | 0.498 |

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DECLARATION

The authors declare no conflicts of interest.

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