

Welfare of Employees at Workplace with Special Reference to Nichrome Alloy Casting Manufacturing Unit

Dr. Gajanethi Swathi Kumari

Dean & Associate Professor Ashoka School of Business, Malkapur, Telangana

Email: swathigagan@gmail.com

Abstract: Employee welfare, health, and safety are basic requirement for employee's performance and productivity improvement. The numerous welfare measures supplied with the aid of sing the business enterprise may have on the spot effect at the health, bodily and intellectual performance alertness, morale and overall performance of the employee and there are with theaid for better performance. Few of the facilities which are the part of labour welfare are like, canteen centers, lodging, leisure centers, scientific centers and transport facilities. Figuring out health and safety in the industry can often feel like an uphill battle. You haveto stay on top of audits and inspections to guarantee safety. The trick, of course, is managing your time efficiently. Accidents cause personal injury or loss of life, damage of property, loss of production, loss of man-hours, and heavy cost in replacement of faulty machines and also loss to workers, employers and to the nation. This is very serious problem to be solved. We can control or reducethe above-mentioned losses if we can prevent the accidents. Hence the need of safety is felt. Hence, the present research mainly focus in designing health and safety programs to prevent workplace injuries, illnesses, and deaths, as well as suffering and financial hardship these events can cause for workers, their families, and employers. From the finding it was concluded that the employees are pleased with periodical health and safety inspections in the job place, and the senior managers regularly monitor employees to determine the health status of their current employees. The finding also revealed that a relatively large number of workers have agreed to use a standard checklist for health and safety inspections to conduct Occupational Safety Health (OSH) inspections, while there are few workers who do not havethis equipment in the workplace.

Keywords: Employee welfare, financial hardship, health and safety programs, labour welfare, illness, intellectual performance alertness, Occupational Safety Health (OSH) inspections.

1. Introduction

Safety and security are not only practical components of a good-run workplace, many aspects have legal requirements at state and federal levels. Depending on the type of business and the regional location, you may be subject to a range of statutory responsibility for the health and the security of your workplace.

Beyond that, it's just good business. Effective health and safety plans can reduce workplace injuries, which are a source of lost time, lost money for you and your employees, as well as anadministrative drain. Workplace security can protect your business against theft, while also guarding the safety of your staff against incursions of violence. Having effective health and safety programs, and security programs in place meet statutory requirements; they also have buy-in from management and workers alike, and these programs don't place a burden on the business or on its efficient operation.

Concerns around security are topical, with workplace violence frequently in the news, but security has other important aspects, such as protecting assets and inventory and, increasingly,maintaining cyber security of data and client information. Each aspect of security has its own challenges and procedures, so security plans may often be segregated by outcome. For example,procedures to secure a facility during a workplace violence incident may have little in commonwith the lock-up procedures for raw materials.

Employee Health and Safety – 10 Important Elements of a Comprehensive Industrial Healthand Safety Program.

1. A professional staff of physicians and nurses.
2. Adequate facilities for emergency care and injuries sustained in the course of work andfor the conduct of pre-employment and post-employment medical check-ups.

3. Proper first aid treatment for occupational injuries and diseases.
4. A careful post-employment medical examination of those who are exposed to particular occupational hazards.
5. Reasonable first-aid treatment of employees for non-occupational ailments.
6. Information and educational services, which aim at promoting the health of employees.
7. The maintenance of adequate and confidential medical records.

8. Cooperation of the organization's medical officer with those who are responsible for accident prevention and control of environment with a view to achieving an integrated employee health program.
9. Cooperation with public health authorities in implementing mass inoculation program and other measures for the prevention of communicable diseases.
10. Advice on and supervision of, with provision and maintenance of satisfactory sanitary conditions in the factory premises.

Statement of the Problem

Effective workplace health and safety programmers can help to save the lives of workers by reducing hazards and their consequences. Health and safety programmers also have positive effects on both workers morale and productivity, which are important benefits. At the same time, Effective programmers can save employers a great deal of money. For all of the reasons given below, it is crucial that employers, workers and unions are committed to health and safety.

1. Workplace hazards are controlled- at the source whenever possible. Records of any exposure are maintained for many years.
2. Both workers and employers are informed about health and safety risks in the workplace.
3. There is an active and effective health and safety committee that includes both workers and management.
4. Worker health and safety efforts are ongoing.

Need for the Study

Accidents cause personal injury or loss of life, damage of property, loss of production, loss of man-hours, and heavy cost in replacement of faulty machines and also loss to workers, employers and to the nation. This is very serious problem to be solved. We can control or reduce the above-mentioned losses if we can prevent the accidents. Hence the need of safety is felt.

Objectives of the Study

The policy seeks to bring the national objectives into focus as a step towards improvement in safety, health and environment at workplace. The objectives are to achieve:

- To find out safety measures provided by the Nichrome Alloy Castings Private Limited.
- To find out health measures taken by the company and the benefits provided to the employees so as to improve the overall effectiveness.
- To identify the perception of employees regarding their welfare environment of the company and how it is affecting the work and well-being of the employees.
- To suggest suitable measures to improve employee's safety, health and welfare in order to improve the employee's performance.
- To design health and safety programs is to prevent workplace injuries, illnesses, and deaths, as well as suffering and financial hardship these events can cause for workers, their families, and employers.

Hypothesis

- There is no impact of health measures taken by the company and the benefits provided to the employees so as to improve the overall effectiveness.
- The perception of employees will not have any impact in regarding their welfare environment of the company and how it is affecting the work and well-being of the employees.

Scope of the Study

It should also be noted that occupational health and safety covers a broad range of more specialist areas, which we will touch on in more detail later on. While the general health and safety practitioner does not need to know everything about these specialisms, they do need an overview and broad understanding of what they are and their application. Such specialisms include:

1. occupational health which is primarily concerned with monitoring individuals for the onset of disease and ill-health arising from exposure to hazards
2. Occupational hygiene primarily concerned with examining and controlling individual exposure to dangerous substances that can cause ill-health.
3. Ergonomics which is a field concerned with ensuring that the work process is designed to be aligned to the individual and thereby reducing the likelihood of human error.

2. Research Methodology

Research methodology is the specific procedures or techniques used to identify, select, process, and analyze information about a topic. In a research paper, the methodology section allows the reader to critically evaluate a study's overall validity and reliability. The methodology section answers two main questions: How was the data collected or generated? How was it analyzed?

The research is conducted to understand the opinion of employee's happiness at work place. Numbers of samples are given 150 and total respondents are respondents 120. Research study type is descriptive study. Descriptive research is defined as a research method that describes the characteristics of the population or phenomenon studied. This methodology focuses more on the "what" of the research subject than the "why" of the research subject. The descriptive research method primarily focuses on describing the nature of a demographic segment, without focusing on "why" a particular phenomenon occurs. In other words, it "describes" the subject of the research, without covering "why" it happens and the tools that are used in this study are mean, standard deviation, mean square and range. Mean is an essential concept in mathematics and statistics. The mean is the average or the most common value in a collection of numbers. In statistics, it is a measure of central tendency of a probability distribution along median and mode. It is also referred to as an expected value. Standard deviation is a statistic that looks at how far from the mean a group of numbers is, by using the square root of the variance. Standard deviation is calculated as the square root of variance by figuring out the variation between each data point relative to the mean. The mean square is defined as the arithmetic mean of the squares of a set of numbers or of a random variable, or as the arithmetic mean of the squares of the differences between a set of numbers and a given "origin" that may not be zero. The range is the difference between the highest and lowest values in a set of numbers. To find it, subtract the lowest number in the distribution from the highest.

3. Literature Review

Early research by psychologists and sociologists examined individual dispositions and social causes utilizing disciplinary frameworks in developing concepts and theoretical insights into Occupational Health and Safety (Dawson & Zanko, 2011). The findings were enhanced by the results of workplace surveys by industrial relations specialists that drew attention to the importance of legislation and innovative non-regulatory as well as regulatory strategies (Nichols et al., 2007). The concern for health and safety has been there in history. Early researchers were concerned about theoretical insights into employee health and safety. Surveys which were done later focused on the importance of legislation. In technical questions pertaining to workplace health and safety, there is the social element. That is, for example, the power relations in production: who tells whom to do what and how fast. After all, a machine does not go faster by itself; someone designed the machinery, organized the work, and designed the job (Sass, 1986).

This implies that 'health and safety is not simply a technical issue such as supplying hard hats and goggles or ensuring adequate ventilation, because it raises the question of economic costs and power relations' This is true of all institutions including schools. A review conducted by the Health and Safety Commission (HSC) under health and safety regulation in 1994 revealed that people were confused about the differences between; Guidance, Approved Codes of Practices and Regulations.

The commission went ahead to provide a way out of this confusion. The results included what health and safety law requires. The Health and Safety at Work Act of 1974, sets out the duties which employers have towards employees and members of the public, and also the duties of employers to themselves and to each other. Legislation applies to employers and employees. The legislation at the national level is supposed to be made part of domestic law by employers (HSE, 2003/2008). In India, for an employer to meet the legal requirements, he or

she must provide labour welfare facilities (Logasakthi & Rajagopal, 2013).

The two stated that labour health, safety and welfare activities are necessary for improving employee working conditions, economic and living standards. They were very quick to point out that in the olden days, employers suppressed the worker by paying less salary and extracting more work in an unsatisfactory working environment. With the birth of the “Regulation and Employment Act” of 1948, employers were required to provide satisfactory working environment. The Safety, Health, and Welfare at Work Act of 2005 repealed and replaced the Safety, Health and Welfare at work Act of 1989. The purpose of the former was to make further provision for the safety, health and welfare of persons at work. The act clarifies and enhances the responsibilities of employers, the self-employed, employees and other parties in relation to safety and health at work. It also provides a range of enforcement measures that may be applied, and specifies penalties that may be applied for breach of occupational safety and health laws (Safety, Health, and Welfare at Work Act of 2005, accessed, 2015). Many states have passed the ‘right to know’ legislation that guarantees individual workers the right to know of hazardous substances in the workplace, and requires employers to inform employees of the same (Anthony et al., 2007).

There are state and federal laws to protect the welfare of the worker. The major one is the Occupational and Safety Health Act (OSHA), which became effective in 1971, whose purpose is “to assure” as far as possible, every working woman and man in the nation safe and healthy working conditions, and to preserve our human resources.” To accomplish this, there are provisions for safety and health standards, research, information, and education and training in occupational safety and health (De Reamer, 1980). OSHA is comprehensive, covering such things as record keeping, inspection, compliance, and enforcement of safety standards. It lists over 5000 safety and health standards, ranging from density of particle in the air to the height at which a fire extinguisher is to be mounted (Muchinsky, 1990).

On the same note, in the 1960s, white collar trade unions pressed for health and safety legislation to be extended to cover employees in laboratories, education, hospitals and local government (Bratton & Gold, 1999).

If the research findings by Reilly et al. (1995) that show the benefits of union safety committees can be reproduced, the existing health and safety legislation in France and Germany, which obliges companies above a certain size to have joint Consultative Health and Safety committees, may become the norm or “maximalist” model. The Health and safety commission stated; Accidents and ill-health are never inevitable; they often come from failures in control and organization (Bratton & Gold, 1999).

There are current trends working to oppose safety and health legislation (Bratton & Gold, 1999). This is emphasized by Bain (1997), who persuasively argues that, in Europe and the USA, powerful business lobbies and governments have mounted an offensive against health and safety legislation. The source of the current campaign for “deregulation” of health and safety safeguards is market driven and can be located in growing competitive pressures (Bain, 1997).

Managers can exert a greater influence on health and safety. They are in immediate control and it is up to them to keep a constant watch for unsafe conditions or practices, and to take immediate action. They can achieve by establishing safety committees consisting of health and safety representatives who offer advice on health and safety policies and procedures.

Kandola. R et al (2018, July) studied the impact of firm’s safety ambience (culture) on team’s safety results. The firm’s safety ambience is considered to be dependent on safety conveyance and supervision. Based on the analysis, the results conveyed the influence on firm’s safety ambience on safety conveyance and supervision. Proper measures taken to maintain required climate will lead to successful management and supervision of safety. The study also showed the positive influence of safety ambience on mental welfare, reduced accidents and injuries. However, this study revealed the influence of supervisors’ behaviour on employee’s safety perception.

Carcano & Poot (2014) explored workers’ perceptions of safety practices in their habitual work environment and safety practices were captured using an instrument included education and training, work motivation, workplace integration, family and social integration, safety awareness integration and accidents. Findings show that workers have received less education and possess an incomplete culture of safety awareness and lack of precaution is the main reason of accidents.

Guldenmund (2000) reviewed the literature on safety climate and safety culture and found that both were according to a general framework based on Schein (1992 Schein) organizational culture. This framework differentiates three levels at which organizational culture can be studied on basis espoused values, assumptions and art effects. Safety climate might be measured an alternative safety performance indicator and research should focus on its scientific validity.

Data Analysis

1. Designation

Opinion	No of Responses	% of Responses
Employee	105	86.66%
Intern	7	3.33%
Department Head	1	0.83%
Studying	3	1.66%
Working	3	1.66%
Head	1	0.83%
Total	120	94.97%

2. Department

Opinion	No of Respondents	% of Respondents
Pharmacy	91	75%
Food	1	0.83%
HR Department	5	4.16%
Health economics and outcomes research	1	0.83%
Materials Management	2	1.66%
MBA	10	8.33%
Total	110	91.66%

3. Age

Opinion	No of Respondents	% of Respondents
18- 25	105	87.5%
26-33	10	8.33%
34-43	2	1.66%
44-58	0	0%

4. Gender

Opinion	No of Respondents	% of Respondents
Female	83	69.16%
Male	37	30.83%

5. Experience

Opinion	No of Respondents	% of Respondents
1-5	100	83.33%
6-10	14	11.66%
11-15	2	1.66%
16-20	0	0%

6. We are informed about the work-related Machinery

Opinion	No of Respondents	% of Respondents
Strongly Agree	54	45%
Agree	34	28.33%
Neutral	18	15%
Disagree	7	5.83%
Strongly Disagree	7	5.83%
Total	120	100%

7. Safe system of work is available for vehicle loading and unloading activities

Opinion	No of Respondents	% of Respondents
Strongly Agree	28	23.33%
Agree	56	46.66%
Neutral	15	12.5%
Disagree	10	8.33%
Strongly Disagree	11	9.16%
Total	120	100%

8. Employer manage and conduct their work activities in such a manner as they ensure your safety, health and welfare.

Opinion	No of Respondents	% of Respondents
Strongly Agree	20	16.66%
Agree	32	26.66%
Neutral	42	35%
Disagree	13	10.83%
Strongly Disagree	13	10.83%
Total	120	100%

9. Instructions are provided to me about who to operate work related vehicles.

Opinion	No of Respondents	% of Respondents
Strongly Agree	25	20.83%
Agree	36	30%
Neutral	35	29.16%
Disagree	15	12.5%
Strongly Disagree	9	7.5%
Total	120	100%

10. Risk assessment is carried out by the employer or person in control of the place of work

Opinion	No of Respondents	% of Respondents
Strongly Agree	30	25%
Agree	46	38.33%
Neutral	21	17.5%
Disagree	11	9.16%
Strongly Disagree	12	10%
Total	120	100%

11. We are getting training about safety, health and welfare measures.

Opinion	No of Respondents	% of Respondents
Strongly Agree	30	25%
Agree	48	40%
Neutral	28	23.33%
Disagree	9	7.5%
Strongly Disagree	5	4.16%
Total	120	100%

12. We are getting Supervision about work related activities

Opinion	No of Respondents	% of Respondents
Strongly Agree	35	29.16%
Agree	41	34.16%
Neutral	29	24.16%
Disagree	9	7.5%

Strongly Disagree	6	5%
Total	120	100%

13. We are getting adequate lighting, ventilation and workspace at work place

Opinion	No of Respondents	% of Respondents
Strongly Agree	35	29.16%
Agree	42	35%
Neutral	23	19.16%
Disagree	6	5%
Strongly Disagree	14	11.66%
Total	120	100%

14. We are getting staff facilities, including toilets, washing facilities and refreshment at workplace

Opinion	No of Respondents	% of Respondents
Strongly Agree	34	28.33%
Agree	47	39.16%
Neutral	20	16.66%
Disagree	11	9.16%
Strongly Disagree	8	6.66%
Total	120	100%

15. We are getting information, training and instructions on the use of company's equipment

Opinion	No of Respondents	% of Respondents
Strongly Agree	54	45%
Agree	39	32.5%
Neutral	10	8.33%
Disagree	9	7.5%
Strongly Disagree	8	6.66%
Total	120	100%

16. We are getting suitable personal protective equipment (PPF) for free of charge

Opinion	No of Respondents	% of Respondents
Strongly Agree	20	16.66%
Agree	51	42.5%

Neutral	18	15%
Disagree	16	13.33%
Strongly Disagree	15	12.5%
Total	120	100%

16. Workplace safety is achieved through a variety of methods, including policies, procedures and specific hazard control.

Opinion	No of Respondents	% of Respondents
Strongly Agree	27	22.5%
Agree	35	29.16%
Neutral	32	26.66%
Disagree	15	12.5%
Strongly Disagree	11	9.16%
Total	120	100%

17. We are satisfied with the Company providing Maternity leave to Female employees working in your organization.

Opinion	No of Respondents	% of Respondents
Strongly Agree	22	18.33%
Agree	42	35%
Neutral	36	30%
Disagree	14	11.66%
Strongly Disagree	6	5%
Total	120	100%

18. Our organization is making worker's safety and health a core organizational value

Opinion	No of Respondents	% of Respondents
Strongly Agree	23	19.16%
Agree	52	43.33%
Neutral	21	17.5%
Disagree	7	5.83%
Strongly Disagree	12	10%
Total	115	95.82%

19. We are satisfied with the working hours that we are contributing to the organization.

Opinion	No of Respondents	% of Respondents
Strongly Agree	39	32.5%
Agree	41	34.16%
Neutral	16	13.33%
Disagree	12	10%
Strongly Disagree	12	10%
Total	120	100%

20. We are satisfied with the Overtime Stipend offered by the organization.

Opinion	No of Respondents	% of Respondents
Strongly Agree	23	19.16%
Agree	45	37.5%
Neutral	24	20%
Disagree	15	12.5%
Strongly Disagree	13	10.83%
Total	120	100%

21. Our organization is providing effective designing and implementation of work placesafety programs which can minimize the loss and damage

Opinion	No of Respondents	% of Respondents
Strongly Agree	23	19.16%
Agree	41	34.16%
Neutral	30	25%
Disagree	9	7.5%
Strongly Disagree	17	14.16%
Total	120	100%

22. We believe that our safety programs can result in substantial cost savings and increase productivity of the organization.

Opinion	No of Respondents	% of Respondents
Strongly Agree	37	30.83%
Agree	50	41.66%
Neutral	14	11.66%
Disagree	11	9.16%

Strongly Disagree	8	6.66%
Total	120	100%

23. Our organization is rendering periodical physical health check-up services for you.

Opinion	No of Respondents	% of Respondents
Strongly Agree	41	34.16%
Agree	36	30%
Neutral	19	15.83%
Disagree	14	11.66%
Strongly Disagree	10	8.33%
Total	120	100%

Findings

- The technology development center has dedicated laboratories for development of products. The research center integrates the science of chemistry with innovative approach and fosters the technology to produce cost-effective pharmaceutical products. Health hazards these are properties of a chemical that have the potential to cause adverse health effects.
- Exposure usually occurs through inhalation, skin contact, or ingestion. Adverse health effects can be acute (short-term) or chronic (long-term).
- Typical acute health effects include headaches, nausea or vomiting, and skin corrosion, while chronic health effects include asthma, dermatitis, nerve damage, or cancer.
- Handling and storage of huge quantity hazardous chemicals. Transferring, loading and unloading of solvents and chemicals to reaction vessels. Human errors while handling hazardous chemicals.
- Emission of hazardous air pollutants from reaction vessels due to overloading or underdesigned reaction vessels. Provide workers with a safe work environment.
- Conduct routine/regular workplace inspections. No eating, drinking, or smoking where chemicals are used.
- It can also lower injury/illness costs, reduce absenteeism and turnover, increase productivity and quality, and raise employee morale.
- To make the workers happy and satisfied. To relieve workers from industrial fatigue and to improve intellectual, cultural and material conditions of living of the workers.

4. Conclusion

The concluded that knowing and understanding the risk of hazardous facility and hazard release are the most important segments of an optimal safety management. An effective hazard and risk assessment allows developing an incident action plan and implement strategies and tactics. From the finding it was concluded that the employees are pleased with periodical health and safety inspections in the job place, and the senior managers regularly monitor employees to determine the health status of their current employees. The finding also revealed that a relatively large number of workers have agreed to use a standard checklist for health and safety inspections to conduct OSH inspections, while there are few workers who do not have this equipment in the workplace. It can be deduced that the organization has taken the right steps to manage the standard checklist in the organization. All the workers agreed that companies provide a facility in which every worker has the right to report hazards at their workplace. It can therefore be concluded that senior management would also like to take the initiative to report to senior management if it feels insecure or vulnerable in one area. The results showed that a relatively large no. of workers felt that there was a health and safety committees in the companies. It can therefore be concluded that the assessment and emphasis on worker safety and health appear to be orderly and systematic. A large number of workers accepted that they were included in decisions related to health and safety at work. Most of the workers agree that health and safety representatives are elected, and employees are more satisfied with this

aspect. All employees agree that their company has not been found responsible for workplace safety mistakes. It can be deduced that the management adheres to various principles regarding health, safety and security. Some employees suggested the admin department to provide cab facility even for apprentice. Suggestions about food quality were given that the quality can be better. Not all departments have washroom facilities. Departments such as Stores, Purchases must be provided with the washroom facility.

5. References

1. Allender, S., Colquhoun, D., & Kelley, P. (2011). Competing discourses of workplace health. *Journal for the Social Study of Health, Illness and Medicine*, 10(1) 75-93.
2. Anthony, V., Mark, P., Michael, B., & Ajay, D. (2007). A data-based evaluation of the relationship between Occupational safety and operating performance. *The Journal of SH & E Research*. Spring, 4 (1).
3. Armstrong, M. (2006). *A handbook of human resource management practice*. (10th Ed.). London: Kogan Page Limited.
4. Bain, T. (1997). *Health and safety: keep it together*. England: Macmillan.
5. Beer, M., Lawrence, P.R., Quinn Mills, D & Walt on, R. (1984). *Managing Human Assets*. New York: Free Press.
6. Bratton, J. & Gold, J. (1999). *Human resource management theory and practice*. Macmillan Press, London.
7. Dawson, P. & Zanko, M. (2011). Occupational health and safety management in organizations: a review. *International Journal of Management Reviews*, 14(3), 328–344.
8. Eaton, A. & Nocerino, T. (2000). The effectiveness of health and committees: Results of a survey of public sector workplaces. *Industrial Relations*, 39, 265-90.
9. Garcie-Herrero, S. (2012). Working conditions, Psychological, physical symptoms and occupational accidents? Bayesian network models, *safety science*. 50 (9), 1760-1774.
10. Haines, D. J. Davis, L., Rancour, P., Robinson, M., Neel-Wilson, T., & Wagner, S. (2007). A Pilot intervention to promote walking and wellness and to improve the health of college faculty and staff. *J Am Coll Health*, 55 (4), 219-225.
11. Kombo, D.K., & Tromp, D.L.A. (2008). *Proposal and Thesis Writing: An Introduction*. Paulines Publications Africa, Don Bosco Printing Press, Nairobi Kenya.
12. Logasakthi, K. & Rajagopal, K. (2013). A study on employee health, safety and welfare measures of chemical industry in the view of Salem Region. *International Journal of Research in Business Management* 1(1),
13. Muchinsky, P. M. (1990). *Psychology applied to work: an introduction to industrial and organizational Psychology* (3rd ed.). Pacific Grove, CA: Brooks/Cole Publishing Company.
14. Nichols T., Walters, D. & Tasiran A. (2007). Trade Unions, Institutional Mediation and Industrial Safety: Evidence from the UK. *Journal of Industrial Relations*, 49(2), p. 211-225.
15. Reber, R.A., Wallin, J.A., & Chhokar, J.S., (1990). Improving safety performance with goal setting and feedback. *Human Performance* 3, 51-61.
16. Reilly, B., Paci, P. & Holl, P. (1995). Unions, safety committees and workplace injuries. *British Journal of Industrial Relations*, 33 (2): 273-88.
17. Robens, L. (1972). *Safety and Health at Work: Report of the Committee 1970-72, Cmnd 5034* (London: HMSO).
18. Sass, R. (1986). *Workplace health and safety: report from Canada*. *International Journal of Health Services*, 16 (4) 565-582
19. Ynze, Van Houten (Eds). (2012). *Safety at work*. Saxion research centre design and technology. Enscheda, the Netherlands.