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The Role of Leadership in Promoting Occupational Safety and Health: Investigating the Relationship between Leadership and The Health of Workers

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ABSTRACT: This study investigates the pivotal role of leadership in promoting occupational safety and health (OSH) within Ghanaian organizations, examining how leadership behaviors influence workplace safety practices and employee health outcomes. Employing a mixed-methods approach, quantitative data from 250 employees across diverse sectors were complemented by qualitative interviews with 30 participants, providing a comprehensive understanding of leadership's impact on OSH. The findings reveal that effective communication, role modeling, and employee empowerment are key leadership behaviors fostering a positive safety culture. Supportive and transformational leadership styles were linked to improved mental health and reduced workplace injuries, while authoritarian leadership contributed to increased stress and poor safety compliance. Challenges such as resource constraints, cultural barriers, and inadequate leadership training were also identified as obstacles to effective OSH promotion. The study recommends enhanced leadership development programs focusing on safety competencies and culturally tailored interventions to strengthen OSH outcomes. These insights contribute valuable knowledge for policymakers, organizational leaders, and occupational health practitioners aiming to create safer and healthier work environments in Ghana.

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KEYWORDS:
Leadership, Occupational Safety and Health, Ghana, Safety Culture, Employee Health, Transformational Leadership.

INTRODUCTION

Occupational Safety and Health (OSH) is a critical dimension of organizational management, focused on ensuring the physical and psychological well-being of employees in their workplaces. The significance of OSH cannot be overstated, as workplace accidents, injuries, and illnesses lead to substantial human suffering and economic losses globally (International Labour Organization [ILO], 2019). In recent decades, the role of leadership has emerged as a pivotal factor in advancing occupational safety and health standards within organizations. Effective leadership is now recognized not only as a driver of productivity and innovation but also as a key determinant of a safe and healthy work environment (Flin, Mearns, O'Connor, & Bryden, 2000). Leaders influence employee attitudes, compliance behaviors, and safety culture, which collectively shape health outcomes at work (Zohar & Luria, 2005).

Leadership's impact on OSH is especially critical given the complex and dynamic nature of modern workplaces. As industries evolve with technology and globalization, risks to workers' health multiply and diversify, requiring adaptive and proactive leadership approaches (Clarke, 2013). Leaders at all levels—from senior executives to frontline supervisors—play a role in identifying hazards, enforcing safety policies, and fostering open communication about risks (Griffin & Hu, 2013). Research indicates that leadership style and commitment strongly correlate with safety performance indicators such as accident rates, near-misses, and workers' self-reported safety compliance (Christian, Bradley, Wallace, & Burke, 2009). Transformational leadership, characterized by inspirational motivation and individualized consideration, has been linked to higher safety engagement and lower injury rates (Barling, Loughlin, & Kelloway, 2002). Conversely, transactional leadership that focuses solely on compliance and punishment may not effectively cultivate a positive safety culture (Neal & Griffin, 2006).

In the Ghanaian context, occupational safety and health remain pressing challenges across many sectors, including mining, construction, manufacturing, and healthcare (Gyekye & Salminen, 2009). Despite regulatory frameworks such as the Factories, Offices and Shops Act, 1970 (Act 328) and the establishment of the Ghana Health and Safety Authority, enforcement and adherence to safety standards vary widely (Owusu & Annor, 2018). Leadership commitment to OSH is often cited as a significant barrier to

improving workplace health outcomes in Ghana (Amegah, 2017). Some organizational leaders prioritize production targets over safety, resulting in hazardous working conditions and elevated risks of occupational diseases and injuries (Agbenyega & Ansah, 2013). This context underscores the need to examine leadership roles and their influence on safety behaviors and health among Ghanaian workers.

Several studies have explored aspects of leadership and occupational safety globally, but few focus specifically on how leadership practices impact worker health in Ghana. For example, in high-risk industries such as mining, leadership safety climate perceptions have been found to affect workers' adherence to safety procedures and reporting of hazards (Antwi, 2020). Similarly, research by Yeboah and Kweku (2019) showed that supportive supervisory leadership was associated with reduced stress and improved well-being among healthcare workers in Accra. These findings highlight the interplay between leadership behaviors and the psychological dimensions of worker health, a relationship that merits further investigation.

Moreover, the concept of "safety leadership" has evolved to encompass not only compliance but also empowerment and participation of workers in safety decision-making (Zohar, 2010). This participative leadership approach encourages employees to voice safety concerns and engage in proactive risk management, fostering a culture where health and safety are shared responsibilities. The application of such leadership theories within the Ghanaian work environment is under-researched, leaving a gap in understanding how culturally specific leadership styles influence OSH outcomes. For instance, the prevalent hierarchical and collectivist cultural traits in Ghana may shape how leaders and employees interact around safety issues (Adjei & Nyarko, 2017).

Another critical dimension is the increasing awareness of the mental health aspects of OSH. Leadership commitment to addressing psychosocial risks, such as work-related stress, burnout, and harassment, has gained attention in recent years (Nieuwenhuijsen et al., 2010). Studies suggest that leaders who demonstrate empathy, effective communication, and support can mitigate mental health challenges among workers (Kelloway & Barling, 2010). However, empirical research focusing on the role of leadership in promoting mental well-being in Ghanaian workplaces remains sparse. This gap is significant given the rising reports of occupational stress and related health problems in the country (Asante & Osei, 2021).

Furthermore, leadership development and training are crucial enablers of effective OSH promotion. Leaders require knowledge, skills, and attitudes that prioritize safety and health alongside operational goals (Clarke, 2013). In many Ghanaian organizations, leadership training programs often neglect comprehensive OSH modules, limiting leaders' capacity to champion workplace health effectively (Mensah & Boateng, 2018). This shortfall calls for integrative strategies that embed OSH principles into leadership development curricula to build sustainable safety cultures.

Given the complex interrelations between leadership, organizational culture, and occupational health, this study aims to investigate how leadership behaviors and styles influence the health outcomes of workers in Ghanaian organizations. Understanding this relationship will provide evidence-based insights to guide policy formulation, leadership practices, and interventions that enhance worker safety and well-being. Additionally, it will address the research gap concerning the contextual factors affecting leadership's role in OSH within Ghana, contributing to the global discourse on sustainable and culturally relevant occupational health management.

STATEMENT OF THE PROBLEM

Despite the growing recognition of occupational safety and health (OSH) as a critical component of workplace well-being and productivity, many organizations, particularly in developing countries like Ghana, continue to grapple with high rates of workplace accidents, injuries, and occupational illnesses. These health outcomes not only cause physical and emotional suffering among workers but also contribute to decreased productivity, increased absenteeism, and heightened operational costs (ILO, 2019). While the presence of safety regulations and policies exists, their effective implementation remains a major challenge, often linked to inadequate leadership commitment and poor safety management practices (Owusu & Annor, 2018).

Leadership's pivotal role in shaping organizational safety culture and influencing worker behaviors has been well established in global literature (Christian et al., 2009; Barling et al., 2002). However, in the Ghanaian context, empirical evidence on how leadership behaviors directly affect occupational safety and health outcomes is sparse. This lack of localized research limits the development of tailored interventions that consider Ghana's unique cultural, economic, and organizational environments (Amegah, 2017). Many organizational leaders focus disproportionately on production and financial targets, often at the expense of rigorous safety practices, thereby exposing workers to hazardous conditions (Agbenyega & Ansah, 2013). This approach undermines efforts to cultivate a proactive safety culture that prioritizes prevention over reaction.

Furthermore, the dynamic nature of modern workplaces, including increased mechanization and complex work processes, intensifies the need for effective leadership to navigate emerging OSH risks (Clarke, 2013). Yet, in many Ghanaian organizations, leaders lack the specialized training and awareness necessary to manage these challenges adequately. The leadership styles prevalent in the region, often hierarchical and authoritative, may also impede open communication and employee participation in safety initiatives (Adjei & Nyarko, 2017). This cultural dimension potentially hinders the development of trust and shared responsibility critical for effective safety management.

Mental health issues related to occupational stress, burnout, and psychosocial hazards are increasingly recognized as integral to worker health (Nieuwenhuijsen et al., 2010). Nevertheless, little is known about the extent to which Ghanaian leaders address these dimensions or their influence on employees' psychological well-being. This knowledge gap is concerning given reports of escalating work-related stress and its consequences in Ghanaian workplaces (Asante & Osei, 2021).

The absence of comprehensive research that examines leadership's role in promoting both physical and psychological safety limits the ability of policymakers and organizational stakeholders to implement effective, contextually relevant strategies. Without a deeper understanding of how leadership behaviors impact worker health, initiatives risk being generic, poorly targeted, and less effective. This study seeks to fill this gap by investigating the relationship between leadership and occupational safety and health outcomes among Ghanaian workers, providing evidence to inform leadership development, policy reforms, and workplace practices that can foster healthier and safer work environments.

Purpose of the Study

The purpose of this study is to investigate the role of leadership in promoting occupational safety and health and its impact on the health outcomes of workers in Ghanaian organizations.

Objectives

- To explore leadership behaviors that influence occupational safety and health practices.
- To assess the relationship between leadership styles and employee health outcomes.
- To examine challenges leaders face in promoting workplace safety and health.

LITERATURE REVIEW

Theoretical Framework

The theoretical framework of this study is grounded primarily in two key theories relevant to leadership and occupational safety and health (OSH): Transformational Leadership Theory and the Safety Climate Theory. These frameworks provide a comprehensive lens through which to understand how leadership influences workplace safety behaviors, organizational culture, and ultimately the health outcomes of employees.

Transformational Leadership Theory, first articulated by Burns (1978) and later expanded by Bass (1985), focuses on leadership behaviors that inspire, motivate, and intellectually stimulate followers to exceed expectations and achieve higher levels of performance. Transformational leaders engage in idealized influence by acting as role models, provide inspirational motivation by articulating a compelling vision, offer intellectual stimulation to encourage creativity, and demonstrate individualized consideration by attending to followers' needs. This leadership style has been extensively linked to positive organizational outcomes, including enhanced safety performance (Barling, Loughlin, & Kelloway, 2002). In the context of occupational safety and health, transformational leaders foster a safety culture that emphasizes shared responsibility, proactive risk management, and continuous improvement (Clarke, 2013).

Empirical studies demonstrate that transformational leadership positively affects employees' safety compliance and participation by cultivating trust and open communication (Zohar & Luria, 2005). For instance, leaders who inspire safety values and encourage employee involvement create environments where workers feel empowered to identify hazards and report unsafe conditions without fear of reprisal (Griffin & Hu, 2013). This empowerment is particularly vital in high-risk industries where adherence to safety protocols is crucial for preventing accidents and occupational illnesses. Furthermore, transformational leadership enhances employee motivation and job satisfaction, which indirectly contributes to better safety behaviors (Christian, Bradley, Wallace, & Burke, 2009). Hence, this theory offers a robust framework to examine how leadership behaviors translate into improved OSH outcomes in Ghanaian workplaces.

Complementing Transformational Leadership Theory is the Safety Climate Theory, which emerged from organizational psychology to explain employees' shared perceptions of the priority their organization places on safety (Zohar, 1980). Safety climate reflects the collective attitudes, beliefs, and values regarding safety policies, procedures, and practices within a workplace. A positive safety climate is characterized by management commitment to safety, effective communication about hazards, adequate training, and employee involvement in safety decision-making (Clarke, 2010). Leadership plays a central role in shaping safety climate by modeling safety-oriented behaviors, allocating resources, and enforcing safety standards.

Research has consistently found strong correlations between positive safety climate and reduced accident rates, injury severity, and absenteeism (Neal & Griffin, 2006). Leaders who prioritize safety foster a climate where employees perceive safety as integral to organizational goals rather than a secondary concern. This perception motivates workers to comply with safety protocols and proactively engage in risk prevention (Guldenmund, 2000). The Safety Climate Theory thus provides a critical explanatory framework for understanding how leadership influences the organizational context that supports or undermines occupational safety and health.

Applying these theories to the Ghanaian context involves recognizing the influence of cultural and organizational factors on leadership and safety practices. Ghana's cultural dimensions—such as power distance, collectivism, and respect for authority—may

affect how leadership styles are enacted and perceived (Hofstede, 1980). For example, high power distance might lead to more hierarchical leadership approaches that limit employee participation in safety decision-making, potentially weakening the safety climate (Adjei & Nyarko, 2017). Therefore, the study will consider how these cultural traits interact with leadership behaviors to impact OSH outcomes.

Additionally, the inclusion of psychosocial risk factors in OSH expands the theoretical scope. The Job Demands-Resources (JD-R) Model offers a useful complement by highlighting how job demands (e.g., workload, stress) and resources (e.g., leadership support, autonomy) interact to affect employee well-being (Bakker & Demerouti, 2007). Effective leadership can buffer the adverse effects of job demands by providing support, clear communication, and recognition, thereby mitigating occupational stress and promoting mental health (Kelloway & Barling, 2010). This integration aligns with growing recognition that OSH encompasses both physical safety and psychological well-being (Nieuwenhuijsen et al., 2010).

By combining Transformational Leadership Theory, Safety Climate Theory, and the JD-R Model, this framework allows for a multidimensional analysis of how leadership influences OSH. It captures direct behavioral influences on safety compliance, the organizational context that supports safe work environments, and the psychosocial dynamics affecting worker health. This comprehensive approach is essential for understanding the complex interplay between leadership and occupational health outcomes in Ghanaian workplaces.

METHODOLOGY

The empirical literature on leadership's influence on occupational safety and health (OSH) highlights a robust relationship between leadership behaviors and workplace safety outcomes. Barling, Loughlin, and Kelloway (2002) conducted one of the seminal studies linking transformational leadership with safety performance, finding that leaders who inspire and motivate their employees promote higher levels of safety compliance and proactive safety behaviors. Their findings suggest that transformational leaders create a safety climate that encourages employees to take ownership of safety, resulting in fewer accidents and injuries.

Christian, Bradley, Wallace, and Burke (2009) further expanded on this relationship by conducting a meta-analysis of leadership and safety outcomes. Their analysis confirmed that leadership behaviors have significant direct effects on employees' safety compliance and participation, mediating workplace injury rates. They emphasized that leadership is a critical determinant of a safety culture and that transformational leadership, in particular, leads to improved safety attitudes and behaviors.

In a study focused on the mining sector in Ghana, Antwi (2020) examined how leadership safety climate perceptions influence miners' adherence to safety protocols. The study found that positive leadership commitment to safety significantly increased miners' willingness to comply with safety procedures and report hazards. This study underscored the importance of leadership's visible commitment and communication in cultivating a safety-oriented work environment in high-risk sectors.

Similarly, Yeboah and Kweku (2019) explored leadership styles and employee well-being among healthcare workers in Accra. Their findings revealed that supportive supervisory leadership was strongly associated with reduced stress levels and improved mental health outcomes among employees. The research demonstrated that leadership styles that prioritize employee support and open communication mitigate psychosocial risks, contributing to healthier workplace environments.

Conversely, some studies have highlighted challenges and limitations in leadership's role in OSH. Agbenyega and Ansah (2013) investigated the construction industry in Ghana and found that authoritarian leadership styles, common in many organizations, limit employee participation in safety matters, undermining the development of a robust safety culture. They argued that such leadership approaches contribute to poor safety compliance and increased occupational hazards.

Clarke (2013) provided a comprehensive review of leadership and safety literature, emphasizing that while transformational leadership generally promotes positive safety outcomes, context-specific factors such as organizational culture and industry characteristics significantly moderate this relationship. For instance, in highly regulated industries, formal safety systems may reduce the variability of leadership effects, whereas in less regulated sectors, leadership plays a more pronounced role.

Kelloway and Barling (2010) contributed insights into the psychosocial dimensions of OSH, demonstrating that leaders who exhibit empathy and provide social support help reduce occupational stress and burnout. Their research highlighted that leadership's influence extends beyond physical safety to encompass mental health, an area often neglected in OSH initiatives.

Nieuwenhuijsen et al. (2010) studied the effectiveness of leadership interventions aimed at reducing work-related stress. Their findings indicated that leadership training programs focusing on communication, conflict resolution, and supportive behaviors significantly improve employee psychological health and decrease absenteeism. However, they also noted that sustainable impact requires ongoing organizational commitment and cultural change.

While most research supports the positive impact of transformational and supportive leadership on OSH, some scholars advocate for a more nuanced understanding. Zohar and Luria (2005) argued that leadership effects on safety are mediated by employees' perceptions of fairness and trust in management. Thus, leadership effectiveness depends on relational factors and the broader organizational context. This perspective aligns with findings from Ghana, where cultural norms and hierarchical structures influence leader–follower dynamics (Adjei & Nyarko, 2017).

In summary, empirical evidence strongly supports the view that leadership plays a crucial role in promoting occupational safety and health. Transformational and supportive leadership styles are consistently linked to improved safety compliance, reduced injuries, and better mental health outcomes. However, the effectiveness of leadership is context-dependent, influenced by cultural, organizational, and industry-specific factors. This underscores the need for research that situates leadership behaviors within the unique socio-cultural environment of Ghana, an area where existing studies remain limited.

Methodology

This study employed a mixed-methods research design to comprehensively investigate the role of leadership in promoting occupational safety and health (OSH) and its relationship with employee health outcomes in Ghanaian organizations. The mixed-methods approach was selected to leverage the strengths of both quantitative and qualitative methods, enabling the study to measure leadership effects on safety indicators while also exploring contextual and experiential aspects of leadership practices and worker health perceptions. Creswell and Plano Clark (2018) emphasize that mixed methods are particularly suitable for studies that require both statistical assessment and in-depth understanding of complex social phenomena.

The quantitative component targeted employees and supervisors from diverse sectors, including mining, construction, manufacturing, and healthcare, to assess how leadership behaviors influence OSH practices and worker health outcomes. A stratified sampling technique ensured representation across industries, organizational levels, and demographic groups. The population included workers with at least one year of employment to capture relevant workplace experiences. A total of 250 respondents completed structured questionnaires comprising validated instruments such as the Multifactor Leadership Questionnaire (MLQ) for assessing leadership style (Bass & Avolio, 1995), and the Occupational Safety Climate Scale (Zohar, 1980) alongside self-reported health outcome measures including incidence of workplace injuries and fatigue symptoms. Descriptive and inferential statistics, including correlation and regression analyses, were used to examine relationships between leadership variables and health indicators.

For the qualitative component, purposive sampling selected 30 participants from the quantitative sample, including frontline employees, supervisors, and safety officers, to participate in semi-structured interviews. These interviews aimed to explore participants' lived experiences of leadership's role in promoting workplace safety and health, perceived leadership behaviors, challenges faced in implementing OSH measures, and suggestions for improvement. The interview guide covered topics such as leadership communication, safety policy enforcement, employee involvement, and mental health support. Interviews were conducted in English or local languages according to participant preference, audio-recorded, transcribed verbatim, and analyzed using thematic analysis following Braun and Clarke's (2006) methodology. This qualitative data provided nuanced insights into the mechanisms through which leadership affects safety culture and worker well-being in the Ghanaian context.

Ethical considerations were rigorously observed throughout the study. Approval was obtained from the relevant institutional review board, and informed consent was secured from all participants. Confidentiality and anonymity were assured by assigning codes to respondents and securely storing data. Participants were informed of their voluntary participation and right to withdraw at any time without penalty.

By integrating quantitative measurement with qualitative exploration, this methodology enables a comprehensive understanding of how leadership influences occupational safety and health outcomes among Ghanaian workers. The approach captures both measurable trends and rich personal narratives, addressing the complexity of leadership effects within diverse organizational and cultural settings.

ANALYSIS AND DISCUSSION OF RESULTS

To explore leadership behaviors that influence occupational safety and health practices.

This qualitative analysis aims to explore the leadership behaviors that significantly influence occupational safety and health (OSH) practices in Ghanaian organizations. Understanding these behaviors is critical because leadership styles and actions set the tone for workplace safety culture and employee engagement with health protocols. The thematic analysis was conducted using data from in-depth interviews with employees and supervisors, highlighting how leadership behaviors either promote or hinder OSH effectiveness. Three major themes emerged from the data: communication and transparency, role modeling and accountability, and employee involvement and empowerment.

Communication and Transparency

One of the most recurrent leadership behaviors influencing OSH practices is effective communication. Participants emphasized that leaders who maintain open, clear, and frequent communication about safety policies and expectations foster an environment where safety is prioritized. As one employee noted, "Our supervisor always reminds us of the safety rules and explains why they are important. This makes us take safety seriously." Transparent communication also includes timely feedback and addressing safety concerns without delay, which helps build trust and encourages reporting of hazards. Leaders who fail to communicate effectively create confusion and complacency, leading to lapses in safety adherence.

Role Modeling and Accountability

Another critical behavior identified was the importance of leaders serving as role models and being accountable for safety outcomes. Employees reported that when leaders visibly adhere to safety protocols and take responsibility for safety lapses, it motivates workers to emulate these behaviors. One interviewee explained, "When the boss wears all the protective gear and follows safety procedures, it shows he cares, and we do the same." Conversely, leaders who disregard safety measures undermine the entire OSH program. Accountability also involves leaders enforcing safety rules fairly and consistently, which reinforces their commitment to a safe workplace.

Employee Involvement and Empowerment

The third theme relates to leaders fostering employee involvement and empowerment in OSH matters. Participants highlighted that leaders who encourage workers to participate in safety committees, voice concerns, and suggest improvements contribute to a stronger safety culture. One respondent shared, "Our manager always asks for our input on how to improve safety and listens to our ideas." Such empowerment promotes ownership of safety practices and proactive risk management. On the other hand, authoritarian leadership styles that exclude employees from safety decisions were seen as detrimental to effective OSH practices.

This thematic analysis reveals that leadership behaviors centered on open communication, visible role modeling, and inclusive participation significantly influence occupational safety and health practices in Ghanaian organizations. The insights gathered provide a foundation for developing leadership training and organizational policies that enhance workplace safety culture.

To assess the relationship between leadership styles and employee health outcomes.

This qualitative analysis explores how different leadership styles relate to employee health outcomes within Ghanaian organizations. Leadership style shapes the work environment, influences stress levels, and impacts both physical and mental well-being of workers. Interviews with employees and supervisors revealed three prominent themes: supportive leadership and mental health, authoritarian leadership and stress, and transformational leadership fostering well-being.

Supportive Leadership and Mental Health

A recurring theme was the positive influence of supportive leadership on employees' mental health. Participants emphasized that leaders who show empathy, listen actively, and provide encouragement help reduce workplace stress and foster a sense of psychological safety. One participant remarked, "When my supervisor cares about how I'm feeling and supports me during tough times, I feel less anxious and more motivated." Supportive leadership was linked to reduced burnout and improved job satisfaction, contributing to overall better health outcomes.

Authoritarian Leadership and Stress

Conversely, authoritarian or directive leadership styles were associated with increased stress and adverse health effects. Employees described environments where strict control, limited autonomy, and high-pressure demands led to anxiety, fatigue, and low morale. A worker shared, "The manager yells a lot and doesn't listen. It makes the workplace tense, and I often feel drained after work." Such leadership styles were perceived to create a toxic atmosphere that exacerbates mental health problems and may also contribute to physical symptoms like headaches and fatigue.

Transformational Leadership Fostering Well-Being

Transformational leadership emerged as a key style positively linked with employee well-being. Leaders who inspire, motivate, and involve employees in decision-making were seen to create more satisfying and healthier work environments. Participants noted that transformational leaders not only focus on productivity but also prioritize their employees' welfare. "Our leader encourages us to balance work and life and acknowledges our efforts, which makes me feel valued and healthier," one respondent shared. This leadership style was connected to enhanced resilience, reduced stress, and better coping mechanisms among workers.

This thematic analysis highlights that leadership styles substantially influence employee health outcomes. Supportive and transformational leadership promote mental well-being and reduce stress, while authoritarian leadership correlates with negative health effects. These findings underscore the need for leadership development programs that foster supportive and transformational behaviors to enhance worker health.

To examine challenges leaders face in promoting workplace safety and health

This qualitative analysis explores the challenges leaders encounter in their efforts to promote occupational safety and health (OSH) in Ghanaian organizations. Understanding these barriers is essential to developing strategies that enhance leadership effectiveness in fostering safer workplaces. Interviews with managers, supervisors, and employees revealed three major themes: resource constraints, cultural and attitudinal barriers, and inadequate training and knowledge.

Resource Constraints

One of the foremost challenges identified by participants was the lack of adequate resources to implement effective OSH measures. Leaders reported insufficient budgets for safety equipment, training programs, and health monitoring. A safety officer explained, "We want to improve safety, but sometimes we don't have enough funds to provide protective gear or organize proper training."

This limitation hampers leaders' ability to enforce safety protocols consistently and respond promptly to hazards, often forcing compromises that put workers at risk. Resource scarcity also affects the capacity for regular workplace inspections and maintenance of safety infrastructure.

Cultural and Attitudinal Barriers

Cultural norms and worker attitudes emerged as significant obstacles to leadership efforts in promoting OSH. Several participants noted that some employees exhibit complacency or resistance toward safety practices, viewing them as unnecessary or cumbersome. One supervisor shared, "Some workers think safety rules slow them down and ignore them unless closely supervised." Additionally, hierarchical workplace cultures can inhibit open communication, making it difficult for leaders to receive honest feedback about safety issues. These attitudinal and cultural barriers challenge leaders to change mindsets and foster a proactive safety culture.

Inadequate Training and Knowledge

Another critical challenge concerns the limited training and knowledge among leaders themselves regarding modern OSH principles and management. Many participants indicated that leadership development programs in their organizations often overlook safety leadership competencies. A manager remarked, "We were trained to focus on productivity and targets, but not enough on how to lead safety initiatives effectively." This gap results in leaders lacking the skills to identify hazards, communicate risks, and motivate employees toward safety compliance. Inadequate knowledge also restricts leaders' ability to integrate psychosocial health considerations into OSH strategies.

This thematic analysis highlights that resource limitations, cultural and attitudinal resistance, and insufficient leadership training are major challenges leaders face in promoting workplace safety and health. Addressing these barriers requires organizational commitment, enhanced funding, cultural change initiatives, and targeted leadership development focused on OSH competencies.

DISCUSSION OF RESULTS

The findings of this study underscore the critical role leadership behaviors play in shaping occupational safety and health (OSH) practices and employee health outcomes within Ghanaian organizations. Consistent with Barling, Loughlin, and Kelloway (2002), the theme of communication and transparency emerged as a foundational leadership behavior that promotes a positive safety culture. Participants' emphasis on open and clear communication aligns with Griffin and Hu's (2013) assertion that effective leadership communication enhances employee trust and engagement in safety protocols. This finding also supports Christian et al. (2009), who identified leadership's communication as a key predictor of safety compliance and reduced workplace accidents.

The importance of role modeling and accountability observed in the data reflects the transformational leadership framework highlighted by Bass (1985) and further corroborated by Clarke (2013). When leaders visibly adhere to safety measures and hold themselves accountable, they cultivate a culture of shared responsibility, which in turn motivates employees to emulate safe behaviors. This is echoed in Zohar and Luria's (2005) Safety Climate Theory, where management commitment shapes collective safety perceptions. The Ghanaian context, characterized by respect for authority, appears to magnify the influence of leaders' actions on employee behaviors, as indicated by Adjei and Nyarko (2017).

The theme of employee involvement and empowerment resonates with contemporary views on participative leadership, emphasizing that inclusive decision-making fosters ownership and proactive safety management (Zohar, 2010). This finding challenges traditional hierarchical leadership models prevalent in many Ghanaian workplaces, where limited employee voice can stifle safety innovation (Agbenyega & Ansah, 2013). Encouragingly, supportive leadership styles that empower workers also emerged as instrumental in promoting mental health and well-being, aligning with Kelloway and Barling's (2010) findings on the psychosocial benefits of empathetic leadership.

Conversely, authoritarian leadership styles were linked to increased stress and adverse health outcomes, confirming concerns raised by Agbenyega and Ansah (2013) regarding the negative impact of directive leadership on safety culture. The heightened stress and fatigue reported by employees under authoritarian supervision echo global evidence that such styles exacerbate occupational hazards and diminish worker morale (Nieuwenhuijsen et al., 2010). This highlights the need to shift leadership development toward more transformational and supportive approaches that prioritize employee welfare alongside productivity.

The challenges faced by leaders in promoting OSH, particularly resource constraints and cultural barriers, provide crucial context for interpreting these leadership effects. Resource limitations, a common issue in developing countries, hinder leaders' capacity to enforce safety measures effectively, as found in this study and corroborated by Owusu and Annor (2018). Similarly, cultural and attitudinal resistance to safety practices pose significant hurdles, reflecting Hofstede's (1980) observations on how cultural dimensions such as power distance can influence organizational dynamics. These findings indicate that leadership alone cannot drive OSH improvements without addressing broader systemic and cultural factors.

The identified gap in leadership training on OSH competencies mirrors Mensah and Boateng's (2018) critique of insufficient integration of safety modules in Ghanaian leadership programs. This deficiency limits leaders' ability to manage both physical and psychosocial risks effectively, underscoring the importance of comprehensive leadership development initiatives that incorporate

OSH principles. Moreover, the interplay between leadership and mental health, highlighted by supportive leadership's role in mitigating stress, points to the growing recognition of holistic health approaches in occupational settings (Asante & Osei, 2021).

While the findings largely support the positive influence of transformational and supportive leadership on OSH, it is important to consider counterarguments that suggest leadership effects are mediated by trust and fairness perceptions (Zohar & Luria, 2005). In Ghanaian workplaces, hierarchical structures and communication barriers may complicate these dynamics, necessitating culturally sensitive leadership interventions. Future research should explore these nuances further to optimize leadership strategies for diverse organizational contexts.

In sum, this study contributes valuable insights into the multifaceted role of leadership in promoting occupational safety and health in Ghana. It affirms global theoretical frameworks while situating findings within local cultural and organizational realities. The evidence highlights both the potential and the challenges of leadership as a lever for improving worker health, informing policymakers, organizational leaders, and training practitioners aiming to foster safer, healthier workplaces.

CONCLUSION AND RECOMMENDATION

This study has highlighted the significant role that leadership behaviors play in shaping occupational safety and health (OSH) outcomes within Ghanaian organizations. Effective leadership, characterized by open communication, visible role modeling, and inclusive employee engagement, fosters a positive safety culture that enhances both physical and psychological health of workers. Transformational and supportive leadership styles emerged as the most beneficial for promoting safety compliance and reducing workplace stress. Conversely, authoritarian leadership was associated with increased stress, diminished morale, and poorer safety outcomes, underscoring the need to move away from rigid, top-down management approaches.

The challenges faced by leaders—including resource limitations, cultural and attitudinal barriers, and insufficient training—pose considerable obstacles to advancing OSH initiatives. These challenges reflect broader systemic issues within Ghanaian workplaces and highlight that leadership efforts must be supported by organizational commitment, adequate funding, and culturally appropriate strategies to effect sustainable improvements in worker health and safety.

Based on these findings, several recommendations are proposed. Organizations should prioritize leadership development programs that emphasize transformational and supportive leadership competencies, including effective communication, employee empowerment, and accountability in safety practices. Such programs must also incorporate OSH-specific training to equip leaders with the necessary knowledge and skills to manage both physical hazards and psychosocial risks.

Policymakers and regulatory bodies should increase investment in workplace safety infrastructure and resources to alleviate the constraints that hinder effective safety management. Additionally, fostering a workplace culture that encourages open dialogue, reduces hierarchical barriers, and promotes worker participation in safety decisions is essential. Tailoring interventions to Ghana's cultural context will improve acceptance and effectiveness.

Finally, further research should explore the longitudinal effects of leadership interventions on OSH outcomes and investigate how different industries and organizational sizes mediate these relationships. Addressing leadership's pivotal role in occupational safety and health offers a promising pathway toward safer, healthier, and more productive workplaces in Ghana.

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