PREVENTION MECHANISMS TO MINIMISE INJURIES ON DUTY: PERCEPTIONS OF SECURITY OFFICERS IN A PRIVATE SECURITY COMPANY

BY

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DECLARATION

I, Bernadette van Rooyen, student number 41987276, declare that “Prevention mechanisms to minimise injuries on duty (IODs) at a private security company: Perceptions of security officers in a private security company” is my own work, and that all the sources that I have used or have quoted from have been indicated and acknowledged by means of complete references.

_____ December 2017

B van Rooyen Date

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ABSTRACT

The aim of the study was to determine the causes of IODs in the workplace and to identify possible preventative measures to reduce IODs. A literature review was conducted as part of the study, involving assessment of all related articles and books on the subject of IODs in the workplace. A qualitative research methodology was utilised to conduct the study. The main research instruments were four focus group interviews and eight individual interviews.

The study concluded that employees experienced IODs in different ways, with most participants describing negative experiences such as physical pain, undue financial hardship, psychological trauma and lack of support from the employer. A minor percentage experienced IODs in a positive sense in that there is heightened safety awareness in the workplace after an IOD has occurred, and the adoption of a more cautious approach by employees when performing their duties.

From a practical and organisational/managerial perspective, the adoption of effective training of security officers and adherence to organisational standard operating procedures will assist in reducing IODs in the workplace.

Limitations of the study included the small sample size from the research population, perceived language barriers during the interview processes and non-participation and inputs from managers at the organisation. However, it is hoped that the study will form the basis for further research to broaden the field to include parastatal or public-service entities.

Keywords: Injuries, preventative, training, procedures, interviews, qualitative

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AOD – Acknowledgement of debt

AR – Armed response

BCEA – Basic Conditions of Employment Act

BPO – Bicycle patrol officer

BRA – Bicycle-related accident

CCMA – Commission for Conciliation, Mediation and Arbitration

CCTV – Closed circuit television

COIDA – Compensation for Occupational Injuries and Diseases Act

HR – Human Resource

ILO – International Labour Organisation

IODs – Injuries on duty

LRA – Labour Relations Act

LSS – Localised security scheme

MVAs – Motor vehicle accidents

OHS – Occupational Health and Safety

OHSA – Occupational Health and Safety Act

PPE – Personal protective equipment

PSIRA – Private Security Industry Regulatory Authority

RO – Reaction officer

RFM – Reaction force manager

SASSETA - Safety and Security Educational Training Authority

SETA – Sectoral Education Training Authority

SO – Security officer

SOPs – Standard operating procedures

SRO – Senior reaction officer

STF – Slips, trips & falls

WHO – World Health Organisation

CHAPTER 1

RESEARCH CONTEXT AND RATIONALE

1.1 INTRODUCTION

The International Labour Organisation (hereafter referred to as 'the ILO') estimates that every 15 seconds, 153 workers are subject to work-related accidents. It furthers depicts that 6 300 people lose their lives due to occupational incidents or work-related diseases every day (ILO, 2015).

The term "workplace health and safety" refers to the physiological-physical and psychological conditions of a workforce that result from the work environment provided by the organisation (Jackson, Schuler & Werner, 2009).

Mistakes, accidents, injuries and oversights can happen even in the safest workplaces, no matter how skilled and careful the workforce is. They usually occur when least expected and inadvertently cause harm to the employees involved. Both employers and employees should take responsibility for their own negligent acts (South African Labour Guide, 2016).

According to Niven and Ciborowska (2015), workplace errors are an unfortunate certainty within all workplace sectors and can have devastating effects for employees and the organisation. Leigh, Markowitz, Fahs, and Landrigan (2000) corroborate this statement by indicating that the costs of occupational injuries are moved to consumers in the form of higher selling prices of goods and services and to the workforce in the form of lower salaries and wages. Even an industrialised country such as China has not escaped the enormous social and economic burden and losses arising from occupational accidents, injuries and hazards

South African occupational injury statistics available depict 493 fatal and 5457 non-fatal injuries during 2000 (ILO, 2016). The latest South African statistics are not easily accessible as reported by Occupational Care South Africa (OCSA, 2015).

This chapter describes the background to and motivation for the study as well as the reason for the chosen phenomena discussed in the dissertation. The following areas are covered in the chapter: The relevant literature and objectives and the disciplinary context; the assumptions made; ethical considerations; the potential contribution of the study; the thesis statement; the definition of key terms; and finally, the chapter layout.

1.2 BACKGROUND TO THE STUDY

The researcher is employed as an HR business partner at a private security company in South Africa. Prior to this, she was employed in the capacity of HR Generalist at the same company, where her main role included, inter alia, managing and reporting on all injuries on duty (IODs) for the Northern Region branch in Pretoria, South Africa. At the time of embarking on her master's degree journey, she was reporting an average of nine IODs per month and noticed that IODs have a marked influence on the operations of the private security company. These influences range from absenteeism, shortages in staffing operational shifts, morale of the workforce, financial implications due to increased expenditure on replacement/repair costs (e.g. vehicles) and costs incurred to address personal/individual psychological trauma as a result of IOD.

The researcher maintains that many of the IODs could have been prevented had basic standard operating procedures (SOPs) been followed by the affected security officer.

South Africa's private security industry is one of the largest in the world, with over 420 000 people serving as active members in this sector of the economy. According to figures published in 2010, there were 2 722 security companies, employing 151 991 security officials in Gauteng alone (Beeld, 2010). On a national scale there are over 488 666 registered security officers and 8 692 registered security businesses in South Africa (PSIRA, 2016).

IOD statistics for the company that formed the basis of this study indicate the number of fatal and non-fatal incidents recorded during the period 2012 – 2015 as follows (ADT, 2015):

Table 1.1

IOD Statistics for the Company Involved in this Study

YEAR	RECORDED INCIDENTS
2012	36
2013	28
2014	135
2015	82

A security company offering a wide range of private security products is dependent on a fully functional operations department. This department is the core of the business and the company's overall success hinges on the effective and efficient execution of its operations. IODs have a profound effect on the effective execution of operations and their occurrence negatively impacts all spheres of operations (Robbins, Odendaal & Roodt, 2003). These effected spheres include shift planning, increased overtime costs, inefficiencies in delivering an operational service to clients, reduction in morale and absenteeism (Robbins et al., 2003).

According to Finnemore and Van Rensburg (2002), the South African legislation clearly places the onus on both the employer and employee in the prevention and management of IODs. Finnemore and Joubert (2013) describe the general duties of the employer as being responsible to ensure that employees work in a hazard-free environment and are properly equipped to perform their duties. Finnemore and Joubert (2013) indicate that employees also play a role in providing the employer with information on potential health and safety risks/incidents in the workplace. The context of the study was therefore to explore the prevalence of IODs with security officers in the security company (thus a case study) and possible mechanisms to reduce their occurrence.

1.2.1 Researcher's reason for choosing this enquiry

The researcher has never personally been involved in either a motor vehicle accident (MVA) or IOD. However, her father although not IOD related, was medically boarded as a result of an occupational hazard. He developed a chronic skin condition aggravated and caused by the prolonged use of chemicals in the motor industry which led to his eventual incapacity termination. Her father was 50 at the time and his premature exit from the labour market resulted in the loss of future income and economic productivity. It was this scenario that encouraged the researcher's interest in this study.

After ten years of practical experience in the private security industry in South Africa (both as an HR consultant and manager), the researcher noticed that IODs and subsequent absenteeism, are a growing problem in the security industry in South Africa.

Part of her role, inter alia, is to submit weekly/monthly reports on absenteeism, IODs, overtime, and so forth. Month to month, year on year, she noticed an increase in the absenteeism rates as well as lost days resulting from IODs. This has impacted on the overall operations of the business in terms of overtime, repairs to motor vehicles and an increase in the number of acknowledgement of debt (AOD) forms received from security officers having to pay for excess damages on motor vehicle accidents for example.

Security officers at the company where this research was conducted are often referred for psychological or trauma counselling due to trauma emanating from IODs. Over time, the researcher has become more sensitive to the impact that IODs have on security officers. The officers are exposed to many dangers in the workplace and the possible devastating effect IODs have on the officers' wellbeing and that of their families strengthened the researcher's interest in this study, namely investigating this prevalence in order to arrive at possible prevention mechanisms to reduce IODs in the security company involved in the study.

1.2.2 Review of relevant literature and research

Jackson et al. (2009) mention that if an organisation takes effective health and safety measures, fewer of its employees will experience short or long-term ill effects as a result of being employed in that organisation. Jackson et al. (2009) distinguish between 2 types of conditions which affect an employee's health, namely physiological-physical and psychological.

Physiological-physical conditions include occupational diseases and accidents for example, loss of life. Psychological conditions include amongst others, poor mental health, job burnout, emotional exhaustion and, irritability (Jackson et al., 2009).

A preliminary literature review revealed the following as relevant to employees involved in IODs (these factors are discussed in more detail in chapter 2):

- impact of IODs on employees
- impact of IODs on employees' families
- effect of IODs on the organisation
- industry overview

1.2.2.1 Impact of IODs on employees

The effect of an IOD on an injured employee is both physical and psychological and employees may experience emotions of rage and disbelief, fear that it may happen again, inadequacy, depression and anxiety (Wasilewski & Olson, 2014).

1.2.2.2 Impact of IODs on employee's families

As with employees, the families are also affected (Bianchi, Casper & King, 2005). Family life may be affected in terms of placing additional burdens and responsibilities on other family members which may impact family synergy and coherence (Bianchi et al., 2005). Financial stress due to possible loss of income could also negatively impact on injured employees' families (Boden, 2016).

1.2.2.3 Effect of IODs on organisations

The various spheres impacting organisations are as follows: (1) absenteeism when employees are off from work for undetermined periods of time; (2) financial implications as employers are expected to pay the employee during the time off from work as well as any other claims in terms of statutory requirements; (3) productivity as experienced employees needs to be replaced possibly with inexperienced employees, which could contribute to a decline in productivity (Ministry of Business, Innovation and Employment, 2014).

1.2.2.4 Industry review

The statutory requirements, training, awareness campaigns relevant to the private security industry are discussed in greater detail in chapter 2.

Although this study explored the above-mentioned research, the focus is on the causes of IODs and possible prevention mechanisms to reduce IODs in the private security industry.

1.2.2.5 Case study

There is little literary data available to investigate the extent of IODs in the private security industry in South Africa. However, a similar study was conducted in Australia by Ferguson, Prenzler, Sarre, and De Caires (2011), confirming that the occupational class “private security officer” is susceptible to occupational injuries at a higher rate than its police equivalent. In short, the afore-mentioned study revealed that the occupation “security officer” had the highest average pay-out for worker’s compensation claims among work-cover registered occupations for a seven-year period. The study employed national workers’ compensation data to examine and compare the nature and prevalence of work-related injuries and occupational violence experienced by Australian security officers and police officers between 2000 and 2008. The data included successful claims only.

To account for the different number of employees and different working hours across the two occupations, rates per 100 000 workers and per million hours worked were

created based on the Australian Bureau of Statistics' annual occupation estimates provided by Safe Work Australia. Over the eight years, the average number of police work-related injuries and occupational violence recorded were 46 448 and for security officers the number was 45 603.

From the study the general causes of injuries (in priority sequence) that were prevalent during the period 2000 – 2008 were occupational violence, falls, trips and slips, hitting objects with a part of the body, being hit by moving objects, body stressing, heat radiation and electricity, mental stress and chemical and other substances (Ferguson et al., 2011).

Ferguson et al. (2011) further found that the injuries sustained by security officers were more serious in extent than those suffered by police officers because security officers are taking on more traditional policing tasks without the necessary training. The injuries on duty suffered by security officers were, however occurring at half the rate to those of police officers.

As mentioned above, no or limited studies have been conducted in South Africa, and there is thus a need for conducting this study in the South African context where the workplace differs from an Australian workplace because of culture, diversity and possibly hours of work, training, and suchlike.

The principle of worker involvement forms the basis for occupational health and safety (OHS) legislation in Australia. It takes the form of a joint worker/management OHS committee with a mandate to make recommendations to management relating to OHS. Shifting the responsibility for OHS to everyone in the workplace and away from statutory enforcement has been found to be highly successful in reducing workplace injuries and illnesses (World Health Organisation, 2014)

The South African legislative model is also built on management/worker cooperation, but the World Health Organisation (WHO) states that, in Africa, inadequate human resources, insufficient levels of collaboration between ministries of health and labour, weak policies, lack of essential preventive and curative services, and insufficient budget were determined to be barriers to developing and implementing consistent and satisfactory (OHS) policies and services.

When comparing South Africa's private security to that in Australia, the following differences are evident: A large range of tactical-based security solutions are available to the public in South Africa. These purposeful offerings include services such as armed residential guards, armed response, continuous CCTV surveillance, control-room services, vehicle tracker (by satellite) and recovery units, which track and find stolen vehicles (Schneider, 2013).

All of the above services (with the exception of CCTV surveillance) are less widely available in Australia and many of them are illegal in terms of Australian security legislation. According to Schneider (2013), this is indicative of a situation in which there is a less secure social environment, which require a broader variety of security services and a larger private security industry. Compared to the South African security industry, which is estimated to have between 300 000 to 400 000 active, registered security officers, the Australian industry at the last census conducted in 2006 had 113 867 registered security officers (Schneider, 2013).

Schneider (2013) concludes that, in Australia, whilst training standards are national, regulations and licensing are conducted at state level. It is thus a fully regulated industry. In South Africa, although seemingly fully regulated, it is in actual fact only partly regulated due to the limited capability of legislative enforcement. Enforcement is hampered by staffing, registration and financial constraints at PSIRA, which have led to high levels of non-compliance. A further reason for non-compliance is the fact that there is currently no necessity for re-certification and skills refresher training in the private security industry (Schneider, 2013).

1.3 PROBLEM STATEMENT

As discussed above, IODs in the workplace happen no matter how skilled an employee may or may not be and usually occur when least expected (South African Labour Guide, 2016). IODs not only affect the employees but also extend to their families and the organisation as a whole (Bianchi et al., 2005, Wasilewski and Olson, 2014, Ministry of Business, innovation and Employment, 2014, Boden, 2016).

According to Jonker and Pennink (2010), organisations are constantly confronted with a certain number of problems with different degrees of importance. Some will simply become obsolete over time, others disappear and others still are selected for further inspection. The occurrence of injuries and the possible resultant absenteeism have a profound effect on the operations of a security concern and are thus classified as a problem selected for further inspection (Ministry of Business, innovation and Employment, 2014). Diphoorn (2015) concurs that IODs are common in the private security sector in South Africa.

During the researcher's employment at a private security company, Health and Safety awareness campaigns have increased. However, IODs remain on the rise having multiple consequences for the financial impact on operations as derived from the monthly reports the researcher compiles for the management team. Gleaned from personal practical experience and from the literature, there is little or no evidence why IODs occur and how to reduce their occurrence. Hence the purpose of this study was to explore the prevalence of IODs and possible mechanisms to reduce their occurrences which enables security companies to address this debilitating phenomenon to improve profitability, enhance the socio economic plight of their workforces and ultimately increase workplace productivity.

1.4 RESEARCH OBJECTIVE AND QUESTIONS

In light of the above problem statement, the main objective of this study is to explore how employees experience an IOD in order to develop an understanding of how to minimise IODs in the workplace.

The research questions were as follows:

Research question 1

What are the main causes of IODs among security officers in a private security company in Gauteng, South Africa?

Research question 2

What are the possible solutions that could be implemented to minimise IODs?

1.5 DISCIPLINARY RELATIONSHIP

This study was conducted within the discipline of human resource management and more specifically in the sub-discipline of employee and organisational health and wellness.

1.5.1 Human resource management (HRM)

Work occupies the life of most people (Swanepoel, Erasmus, Schenk & Tshilongamulenzhe, 2014). Most people at some stage during their life-times engage in some form of work in exchange for money in order to survive financially. People are referred to as “personnel”, “human resources”, or “human capital” of an organisation (Swanepoel, et al., 2014).

McKenna and Beech (2014) define personnel management as the management of people in an organisation concerned with establishing, maintaining and developing systems that provide a framework for employment. Managing human resources is a key component to the profitability of an organisation. The task of managing human resources effectively includes, amongst others, ensuring that employees work in a safe and healthy environment (Jackson et al., 2009).

Human resources include, inter alia, activities such as recruitment and selection, training, performance management, health and safety. According to Jackson et al. (2009), managing human resources is a shared responsibility referred to as the human resource (HR) triad. The HR triad consists of HR professionals, managers and employees (Jackson et al., 2009).

Kreissl (2012) opines that, because of the involvement of so many stakeholders at the workplace in the health and safety environment, the aforementioned is not only the exclusive domain of HR, but HR also has a vital role to play, along with other workplace entities. He further states that HR fulfils a role in bringing the various workplace parties (management, workers, health and safety committees and unions)

together to facilitate debate regarding health and safety. He further posits that HR's mandate regarding health and safety is to render support to line management and the company as a whole by creating and overseeing policies and procedures, dealing with statutory and regulatory compliance and advising, coaching and training line managers and workers (Kreissl, 2012).

1.5.2 Employee and organisational health and wellness

As stated in the previous section, one of the tasks for the effective management of human resources is to ensure that employees work in a safe and healthy environment. This is elaborated upon in this sub-section. Zanko and Dawson (2012) confirm that Health and Safety is not only a major component of the HR function but a key operational and strategic concern for an organisation.

According to Jackson et al. (2009), promoting workplace health and safety benefits the organisation by reducing the rates and severity of occupational accidents, diseases, workplace violence and stress-related illnesses. By improving the quality of work/life for employees, organisations can become considerably more efficient (Stone, 2005; Boxall & Parcell, 2008; Jackson, et al., 2009; Bagraim, 2011; Swanepoel, et al., 2014) .

Jackson et al. (2009) list the following as positive consequences of promoting a safe and healthy workplace:

- higher productivity owing to fewer lost work days;
- increased efficiency and quality from a healthier workforce;
- reduced medical and insurance costs;
- lower workers' compensation rates and direct payments because of fewer claims being filed; and
- improved reputation as an employer of choice.

Workplace health and safety refers to the physiological-physical and psychological conditions of a workforce that result from the work environment provided by the organisation (Jackson et al., 2009).

Physiological-physical conditions include occupational diseases and accidents such as actual loss of life or limb, repetitive motion injuries, back pain, carpal tunnel syndrome, cardiovascular diseases, various forms of cancer such as lung cancer and leukaemia, emphysema and arthritis (Jackson et al., 2009).

Psychological conditions comprise symptoms of poor mental health and job burnout. Apathy, emotional exhaustion, withdrawal, confusion about roles and responsibilities, mistrust, inattentiveness, irritability and an inclination to become flustered over trifles are a few examples of psychological conditions associated with workplace stress and a low quality of working life (Jackson et al., 2009).

Jackson et al. (2009) exhibit HR activities and workplace health and safety as an interlinked system as viewed in the model below.

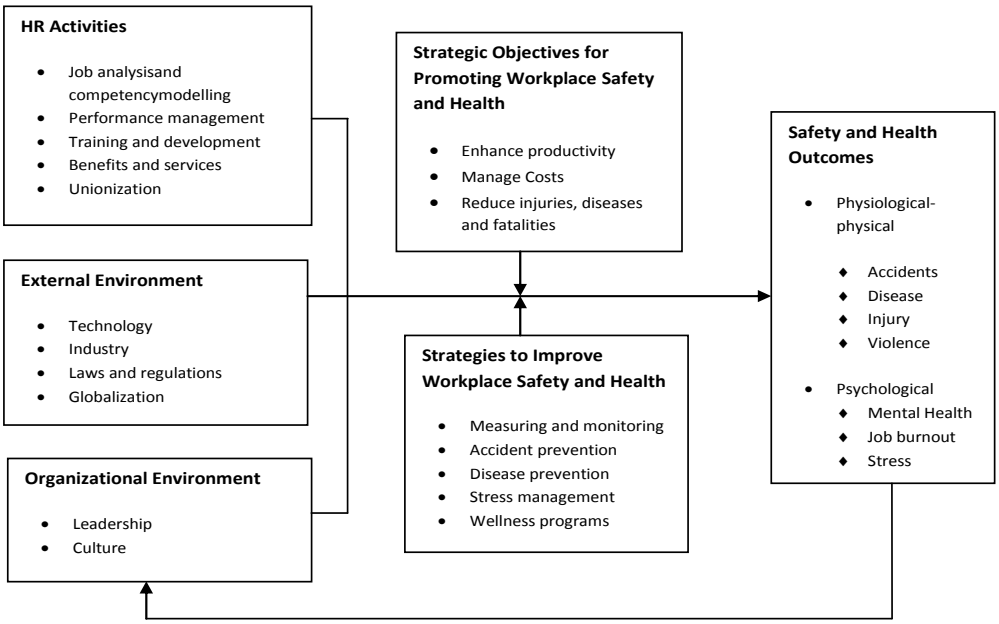


Figure 1.1: Workplace safety and health in an Integrated HRM System:

Source: Jackson et al (2009, p. 477)

As described by Jackson et al. (2009), internal environmental factors impacting on workplace safety and health include the organisation's culture and leadership.

Companies that value safety and embrace promoting health and safety of their employees are less susceptible to IODs.

Jackson et al. (2009) furthermore expand on the leadership issue by emphasising health and safety through the development of policies and goals during the strategic planning process.

Employees' overall internal and external environment plays a fundamental role in their overall health and safety awareness, physically, mentally and psychologically. According to Jackson et al. (2009) physical condition includes actual loss of life or limb, repetitive motion injuries, back pain, cancer, lung disease and damage to the central nervous system damage. Psychological symptoms include, amongst others, poor mental health and job burnout, emotional exhaustion, confusion about role and duties, inattentiveness and irritability (Jackson et al., 2009).

Swanepoel et al. (2014) supports Zanko and Dawson's (2012) view and elaborate by stating that health and safety in collaboration with business has a dual responsibility in ensuring that health and safety policies, procedures and wellness programmes are set up to support employees as well as stakeholders to ensure a safe and healthy working environment for all.

Schreuder and Coetzee (2010) postulate that employee and organisational wellness has to receive continuing focus as the ever-changing dynamics of the workplace in a technologically demanding and knowledge-intensive economy lead to increased mental and emotional demands on the employees. These demands have a negative effect on the employee's personal experiences of his/her work environment, which may lead to lapses in concentration, effort and perceptive abilities.

Phipps, Malley and Aschcroft (2012) indicate that a workplace safety environment is a product of social awareness where an employee develops a perception of how much safety is valued in relation to other organisational objectives. A high level of job demand can enable safety improvement when staff are highly motivated and have sufficient resources and organisational support to meet the demand.

Dimoff and Kelloway (2013) intimate that a worker's negative wellbeing or physical health issues may develop into mental health problems which may hinder the worker's productivity at work. If the employee however receives professional help via

the organisation, such negative mental and physical impacts may be alleviated and the employee's working environment may not be subject to the negative impact of these problems.

Bauer and Hämmig (2014) aptly indicate that organisational health and safety interventions should be based on the understanding of the interdependency and interaction of the health of the worker and that of the organisation, and this interaction is further improved by means of aimed interventions. This research endeavours to determine the interventions in the private security industry to reduce IODs, thus increasing the health and safety of security officers, and ultimately leading to a healthier organisation, both physically, mentally and organisationally.

1.6 ASSUMPTIONS ABOUT SCIENCE AND RESEARCH

Merriam and Tisdell (2016) argue that qualitative research is based on different assumptions about reality and world views and that reality is holistic, multi-dimensional and ever-changing, therefore not fixed and merely waiting to be discovered. The epistemological, axiology and ontological assumptions in this study are discussed below.

1.6.1 Epistemological assumption

Epistemology is concerned with the theory, nature and explanation of knowledge (Crumley, 2009). Denzin and Lincoln (2008) refer to epistemology as how the individual knows the world and the association between the researcher and what is known about the subject.

Hislop (2013) defines the term "epistemology" as a philosophy addressing the nature of knowledge. It is concerned with questions such as the following:

- Is knowledge impartial and determinate?
- Can knowledge be learnt or is it experienced?
- What is regarded as usable knowledge and why?

Charmaz (2014) continues by adding the following fundamental questions regarding epistemology, which also need to be addressed:

- What does the researcher seek to know?
- What does the researcher need to learn?
- How can interviews inform these questions?
- How will the researcher develop interview questions and skills to minimise preconceiving the data?
- How does the researcher intend to use grounded theory methods to shape the interview study?

In an epistemological assumption within the interpretivism perspective it is necessary for the differences between people and the items in the natural sciences to be respected, which requires the researcher to understand the subjective meaning of social action (Grix, 2002). The assumption of the constructivist-interpretive epistemology is that the world is experienced, interpreted and constructed by individuals through their interactions with each other in the “natural setting” (Lincoln & Guba, 1985; Maxwell, 2013).

A constructivist-interpretivist epistemology was adopted in this study and it encompassed the process of interpreting meaning and gaining knowledge of inputs by means of in-depth focus groups and individual interviews with participants. The active interaction between the student as the researcher and the participants was central to capturing and describing the actual and lived experiences of security officers who had been injured on duty (Ponterotto, 2005).

The assumption is that suitable interventions to minimise IODs can be planned and implemented within the private security company, after the researcher understands the kind of challenges security officers may face within the workplace.

It should be possible to use the knowledge gained from this study as real data and communicated in a tangible format.

1.6.2 Researcher's axiology

In philosophy, axiology is a term that deals with ethics, aesthetics and religion. In research, axiology refers to what the researcher believes is valuable and ethical (Killam, 2013). Formal axiology identifies the general patterns involved in the meaning of good and other value concepts such as what is valued and how it is valued. It explains the rational, practical and affective aspects of evaluation and shows how to make valuable judgements more rationally and effectively. It explores the search for logical calculus of value and introduces applications of axiology in psychology, religion, aesthetics and business (Edwards, 2010).

During this study, only the participants' perceptions during the focus groups and individual interviews with regard to the causes of IODs and possible solutions to preventing IODs in the workplace were interrogated.

1.6.3 Ontological assumption

According to Jonker and Pennink (2010), ontology is the observation and deduction an individual makes about a certain area of reality. In summary, it is concerned with what is considered to create social reality (Grix, 2002).

Constructivist-interpretivists believe there are numerous, constructed realities (relativist position) rather than a single true reality (Ponterotto, 2005). Reality is subjective and influenced by the setting of the condition, namely the security officer's experience and perception, the social environment and the interaction between the individual and the researcher (Ponterotto, 2005).

In this study, a set of data was gathered on the causes of IODs, and the researcher will utilised the data to draw the following conclusions:

- the causes of IODs
- solutions to minimise IODs in the workplace

1.7 ATTENDING TO ETHICAL CONSIDERATIONS

The study was conducted within the framework of beneficence, non-maleficence, respect for human dignity and just ethical principles.

1.7.1 Beneficence

According to Privitera (2014) beneficence refers to the effort that researchers should make to minimise the risks and maximise the advantages of participating in logical studies by taking the welfare of the participants into consideration.

This aim of this study was to improve the knowledge of employers and employees in the security industry, which might lead to measures to minimise IODs in the South African security industry. It is envisaged that security officers, private security companies in South Africa and the communities in which they operate could benefit from this study.

1.7.2 Principle of non-maleficence

Although the principle of non-maleficence 'do no harm' (Kerridge, Lowe and Stewart, 2013) is intrinsically medical metaphor, it is applicable to this study insofar in support of this principle (Streubert & Carpenter, 2011), there will be no harm done to anyone involved in the research process. If it is sensed that psychological trauma is evident, the researcher will terminate the interviews and, if necessary, arrange counselling for the traumatised individual/s (Streubert & Carpenter, 2011).

1.7.3 Principle of respect for human dignity

The Canadian National Council on Ethics in Human Research (2016) indicates that, where research involves humans, two important factors should be considered, namely the end results of the research must be morally acceptable and the instruments utilised to achieve the outcomes must also be acceptable.

According to Smith (2009), research should conform to ethical guidelines to underpin respect for human dignity by obtaining relevant permissions (from the researcher's workplace) and ethical clearances (from the relevant tertiary institution), also obtaining participants' informed consent for participating. The process should protect the participants' confidentiality, ensuring that they are not subjected to undue stress or anxiety.

A second principle, as articulated by Polit and Beck (2004), is the right to full disclosure. This means that the researcher has informed all participants about the nature and description of the study, the fact that a participant may refuse to participate in the study and the congruent risks and benefits in participating in the study.

In this research, the dignity of the individuals interviewed to obtain the required evidence was paramount and no psychological harm was inflicted on the interviewees by means of utilising feedback information.

1.7.4 Principle of justice

According to Polit and Beck (2004), the principle of justice refers to the participants' right to even-handed treatment by the researcher, as well as their right to privacy. Even-handed or fair treatment refers to the participants' selection for the study based on the requirements of the research and not exploiting the vulnerability of the selected participants owing to their involvement in IODs. The respect for cultural differences and the courteous treatment of participants was paramount in this study. The researcher was mindful of the fact that participants might require professional assistance in the event of psychological damage caused by their participation in the research.

Polit and Beck (2004) further describe the right to participants' privacy being maintained throughout the research, and that any information supplied by them should be kept confidential. The researcher was mindful of this throughout, and endeavoured to remain objective and conduct the research with integrity.

In accordance with the principle of autonomy, voluntary informed consent was obtained from all the relevant parties authorising the researcher to utilize the findings for possible further research purposes and publications. Participation involved voluntarily attending focus group and individual discussions and participating in the sharing and exchanging of views and ideas in the focus group/individual discussions. All information, data and results were handled confidentially. Participants had the right to withdraw from participation at any time during the study (Mouton, 2001).

The ethical guidelines and standards formed the basis on which the research was conducted. The research was conducted within the ambit of the ethical requirements and procedures of the University of South Africa (UNISA) and the research ethics procedures of the institution were followed at all times. These considerations formed part of every step of the research process to ensure that they guided the researcher and the study. If the research could lead to the reduction of IODs in the security industry, all involved (also the immediate families of the security officers) would benefit from it, especially the deductions, conclusions and recommendations made.

1.8 THE POTENTIAL CONTRIBUTION OF THE STUDY

The researcher believes that this study should add value to the overall wellbeing of security officers in the private security industry. The aim of the study was to address the root causes of IODs and security officers' lived experience of the effect that IODs had on their lives. It is imperative that the employer is made aware of the impact that IODs have on the employee rather than the perceived risk, administrative, financial and statistical burden placed on the employer. The more information an employer has, the better the company is able to manage the security officers' overall well-being in the workplace.

The study represents original research and reflects on security officers personally affected by IODs. The researcher believes that suitable prevention mechanisms could be designed and applied to minimise IODs, thus creating a safer working environment within the private security industry.

1.9 THESIS STATEMENT

The security officer involved in an IOD faces challenges in terms of physical, mental and financial well-being. In order to minimise these challenges, both the employer and employee need to address the root causes in order to find suitable resolutions to minimise IODs within the workplace.

1.10 DEFINITIONS OF KEY TERMS

Security: In order to determine this context, it was deemed prudent to define the term "security". The term 'security' is defined as the prevention of and protection against assault, damage, fire, fraud, invasion of privacy, theft, unlawful entry, and other such occurrences caused by deliberate action (Business Dictionary, 2013).

Private Security: Davies and Hertig (2008) argue that the term "private security" is rather vague and it is in fact a mixture of public and private resources utilised in the protection of citizens. For the purposes of this study, private security meant the utilisation of private resources by a privately owned company in the supply of protection services to the citizens of a country over and above the services rendered by the public sector.

Security officers: Purpora (2010) defines a security officer as any person who provides security-related services to a client for a monetary service charge to protect their persons, their private property or business interests from a multitude of threats and hazards.

Injury on duty (IOD): IODs are work-related injuries that occur on the job and as a direct result of the duties assigned to the specific job position (Darnell, 2013). Work-related injuries are typically physical. This research focused on the physical aspect

of IODs, although a case could be made for diseases or illnesses contracted by security officers while on duty, such illnesses then being subject to workers' compensation.

1.11 SUMMARY

Each personality trait experiences life situations differently. Security officers experience IODs differently at various levels throughout the workplace. They therefore may respond differently to their individual experience of the IOD, which is why each case should be treated individually and according to how the security officer responds to his or her experience of the event/incident (Robbins et al., 2003).

This chapter dealt with the scenario setting, a brief introduction to the literature review, the philosophical assumptions regarding the ambit of the study, ethical considerations, the key terms, the chapter layout and the potential contribution of the study.

The study comprises seven chapters as outlined in table 1.2.

Table 1.2:

Outline of chapters

CHAPTER	CHAPTER TITLE	CONTENT OVERVIEW
CHAPTER 1	Research context and rationale	Introduction to the study focussing on the background to the problem, the research question, the aim of study, the objectives of the research, research methodology, terminology and outline

		of the research report
CHAPTER 2	Literature review: IODs in the workplace	Review reports, journals and books on the topic
CHAPTER 3	Literature review: Mechanisms to minimise IODs in the workplace	Review reports, journals and books on the topic
CHAPTER 4	Research methodology	The research design, population, sampling, data collection and data analysis of the research are described. Ethical considerations and measures to ensure trustworthiness are also discussed.
CHAPTER 5	Characteristics of the sample	The characteristics of the sample are set out, followed by a discussion.
CHAPTER 6	Findings and discussions	The data presentation, responses and comments of the participants are presented, followed by a discussion. Answers to the research questions. Only the statistically significant findings with practical implications are discussed.
CHAPTER 7	Conclusion, limitations and recommendations	The limitations of the study are discussed and suggestions made for

		possible future research.

Chapter 2 reviews the literature on IODs in the workplace.

CHAPTER 2

IODs IN THE WORKPLACE

2.1 INTRODUCTION

One of the main objectives of Health and Safety are to ensure that the safety of employees is not compromised during their time at work (Finnemore & Van Rensburg, 2002). The responsibility for a safe working environment falls on the employer, management and the employee (Finnemore & Joubert, 2013). When these three stakeholders work together, a safe, healthy and hazard-free working environment can be created (Jackson et al., 2009). Fugas, Melia and Silva (2011) intimate that the perception of management regarding organisational safety practices does not have an impact on individual safety behaviours, but is in fact impacted by safety training.

In this chapter, an overview is provided of the private security industry and its role in society. Previous case studies concerning both a global and South African statistics are examined. The main causes of IODs identified from the case studies are discussed and South African legislation on IODs is highlighted. There is paucity of literary data available to investigate the extent of IODs in the private security industry in South Africa.

This study is important because of the prevalence of IODs in this specific industry, with potential negative effects on the operations of individual companies. The company involved in this study experiences financial burden resulting from IODs which eventually has a potential negative effect on profitability. This study should enhance and enrich the human resource management field and the industry in that the findings could assist in the effective reduction and management of IODs with an associated reduction in their human and financial costs.

2.2 Global Overview

The International Labour Organisation (ILO) is devoted to promoting social justice and internationally recognised human and labour rights, setting standards for labour, and developing policies to advance decent work for all (ILO, 2016). The ILO statements were thus utilised widely in this study as framework references.

A global trend according to estimated numbers of occupational accidents and fatal work-related diseases revealed that 960 000 workers are injured as a result of accidents, and each day 5 330 people die because of work-related diseases (Hämäläinen, Saarela & Takala, 2009).

The ILO makes dramatic opening statements that every day, 6300 people lose their lives as a result of occupational incidents or work-related diseases and that every 15 seconds, 153 workers are subject to work-related accidents (ILO, 2015). The Journal of Occupational and Environmental Hygiene puts forward a figure of 2.3 million workers dying annually because of occupational injuries, with 318 000 dying as a result of injury and 2 222 000 dying because of work-related diseases (Takala et al., 2014).

The US Bureau of Labour Statistics states that in the United States of America (USA) alone 4 679 fatal occupational injuries were recorded in 2014 (US Bureau of Labour Statistics, 2016).

The ILO (2012) refers to the accuracy of obtaining IOD statistics so that they become meaningful as management information for users. It stresses that, in order to understand why an IOD incident occurred, the events leading up to the injury must be known (Du Plessis & Fouché, 2006). Occupational injuries are not random events but rather result from cause and relation effects, and are thus foreseeable and preventable (Marras & Karwowski, 2006). In order to foresee and prevent injuries, the identification of their occurrence, nature, characteristics and causes is necessary (Marras & Karwowski, 2006).

The ILO (2012) suggests that the following minimum set of injury data should be available: (1) the organisation – geographic location, nature of business and workforce size; (2) the injured individual – sex, age, occupation and employment

status; (3) the injury – fatal/non-fatal and nature of injury; and (4) the accident itself and sequence thereof – location, time and hours worked when injury occurred.

The analysis of the above guidelines empowered the researcher to make an informed assessment of the reasons/causes of IODs in the South African private security industry. The above ILO guidelines were used in the interview phase of the study.

2.3 THE SECURITY INDUSTRY IN SOUTH AFRICA

From a South African perspective, the PSIRA 2015/2016 Annual Report indicates that there were 8692 registered security businesses during the 2015/2016 financial year compared to 8195 in the previous financial year (PSIRA, 2016).

South Africa's private security industry is one of the largest in the world, with approximately 1 979 969 registered security officers and 451 565 serving as active members in this sector (PSIRA 2016). On a national scale, statistics indicate that 3 136 actively registered armed response security businesses exist in South Africa. These numbers place the extent of the industry in context. Table 2.1 depicts the latest South African private security statistics per stated categories for 2014/15.

Table 2.1

Security Officers in South Africa: 2014/15

Registered active security businesses	8 195
Registered active guarding businesses	6 940
Registered active cash-in-transit businesses	2 137
Registered active armed response businesses	3 136
Registered active security officers	451 565

Source: PSIRA Annual Report 2014/15

With such huge personnel numbers involved in the private security industry, it stands to reason that IODs will occur during the normal execution of security services. The incidence of workplace injuries can have a profound effect on operations and the

corporate well-being of the company. In addition to the expenses relating to direct medical care, an occupational injury can result in additional legal, disability, replacement worker and insurance costs (Leigh et al., 2000).

2.4 HOW IODs OCCUR

Occupational injury surveys conducted on households and establishments (ILO, 2008) depicts a framework for understanding how accidents happen and the different facets and undercurrents involved. They describe the formulation and understanding of the composition and characteristics of the individuals involved in the incidents. Before an incident happens, the individual involved is carrying out a work process. Then the incident occurs. At that time, the individual is carrying out a specific activity. When executing that specific activity, something goes unexpectedly wrong or not according to expectation. This abnormal or unexpected intrusion into the specific activity being carried out by the individual leads to an accident/injury. The result of this injury may be loss of life, hospitalisation, convalescence, rehabilitation, permanent or temporary incapacitation and absence from work. The framework provided by the ILO was utilised in this research to gather applicable data to be analysed in order to arrive at meaningful IOD preventative measures.

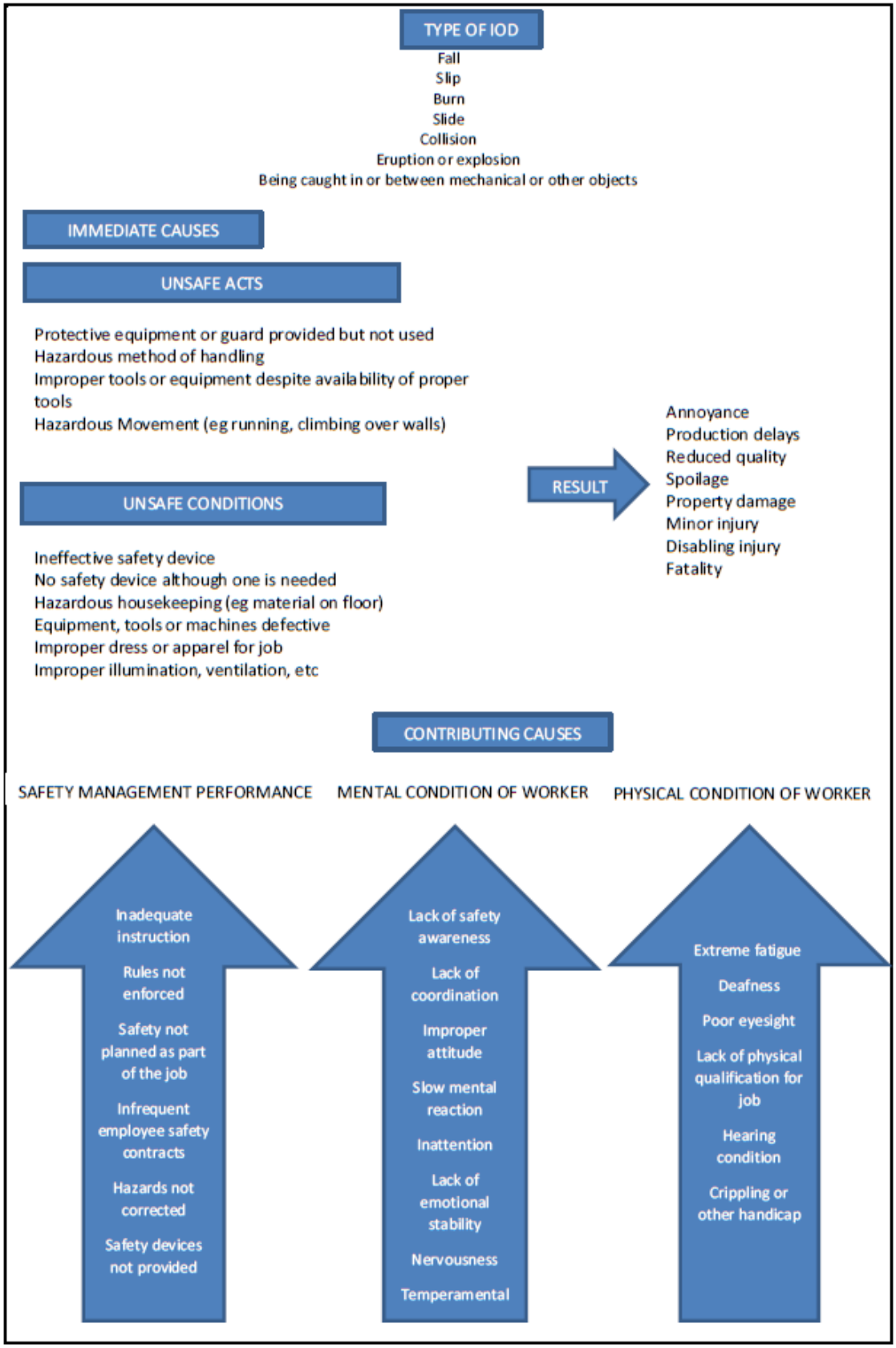

TYPE OF IOD
Fall
Slip
Burn
Slide
Collision
Eruption or explosion
Being caught in or between mechanical or other objects
IMMEDIATE CAUSES
UNSAFE ACTS
Protective equipment or guard provided but not used
Hazardous method of handling
Improper tools or equipment despite availability of proper tools
Hazardous Movement (eg running, climbing over walls)
UNSAFE CONDITIONS
Ineffective safety device
No safety device although one is needed
Hazardous housekeeping (eg material on floor)
Equipment, tools or machines defective
Improper dress or apparel for job
Improper illumination, ventilation, etc
RESULT
Annoyance
Production delays
Reduced quality
Spoilage
Property damage
Minor injury
Disabling injury
Fatality
CONTRIBUTING CAUSES
SAFETY MANAGEMENT PERFORMANCE
Inadequate instruction
Rules not enforced
Safety not planned as part of the job
Infrequent employee safety contracts
Hazards not corrected
Safety devices not provided
MENTAL CONDITION OF WORKER
Lack of safety awareness
Lack of coordination
Improper attitude
Slow mental reaction
Inattention
Lack of emotional stability
Nervousness
Temperamental
PHYSICAL CONDITION OF WORKER
Extreme fatigue
Deafness
Poor eyesight
Lack of physical qualification for job
Hearing condition
Crippling or other handicap

Figure 2.1 Framework of how accidents occur

Source: Encyclopaedia of Occupational Health and Safety (n. d.)

Figure 2.1 depicts the underlying causes of a typical IOD. The immediate causes of unsafe acts and unsafe conditions leading to the stated results from individual annoyance to the actual injury are illustrated. The framework further illustrates the underlying causes of occupational injuries, segmenting the causes into three distinct categories, namely safety management performance in the organisation, the mental state of the injured worker and lastly the physical attributes of the worker. The framework thus outlines the holistic overview of why injuries occur in the workplace.

2.5 STATISTICS ON IODs

The ILO (2008) indicates that injury statistics should cover all occupational injuries, including non-fatal injuries resulting in absence from work. However it is conceded that it is impossible to obtain statistics for minor injuries (cuts and bruises) that do not incapacitate the individual and are of insignificant consequence.

In South Africa, a comparison was made between official OHS records and police and mortuary reports in ten rural districts. It was determined that only 15% of the work-related deaths were recorded, which is a matter of great concern (ILO, 2012).

To this end, it is accepted that OHS-related statistics are not readily available (or where available, but not deemed reliable) for South Africa as a whole and the private security industry in particular. This study utilised the IOD statistics of a specific international private security company in the Gauteng region only, for which statistics were readily available and were deemed reliable. These are discussed below.

The statistics regarding occupational injuries to private security officers were obtained from Makrosafe Holdings (2015), as depicted below:

Table 2.2

IOD Statistics for Top Eight Security Companies in Gauteng

COMPANY	ITEM	2010	2011	2012	2013	2014

STUDY	No of employees	10996	10907	10537	10307	10312
	No of fatal incidents	3	3	2	2	1
	No of non-fatal incidents	463	379	356	281	256
	No of lost days	2630	1209	1829	1254	952
B	No of employees	3020	3059	3104	3021	2937
	No of fatal incidents	1	0	1	1	2
	No of non-fatal incidents	99	90	87	69	75
	No of lost days	890	772	704	675	300
C	No of employees	-	370	386	485	512
	No of Fftal incidents	-	0	0	0	0
	No of non-fatal incidents	-	9	0	18	31
	No of lost days	-	176	0	20	130
D	No of employees	1033	952	853	439	375
	No of fatal incidents	1	3	0	1	0
	No of non-fatal incidents	61	82	36	16	8
	No of lost days	1362	451	324	171	63
E	No of employees	-	-	15	20	24
	No of fatal incidents	-	-	0	0	0
	No of non-fatal incidents	-	-	1	5	0
	No of lost days	-	-	4	34	0
F	No of employees	22	22	22	22	20
	No of fatal incidents	0	0	0	0	0
	No of non-fatal incidents	1	0	1	0	1
	No of lost days	13	0	0	0	2
G	No of employees	658	698	728	778	790
	No of fatal incidents	0	0	0	0	0
	No of non-fatal incidents	5	0	2	3	1
	No of lost days	44	0	6	27	0
H	No of employees	524	558	461	744	750
	No of fatal incidents	0	0	0	0	1
	No of non-fatal incidents	0	0	0	1	3
	No of lost days	0	0	0	6	13

Source: Makrosafe Holdings (2015)

These statistics do not categorise non-fatal incidents. However, they do reveal that IODs are fairly common occurrences in the private security industry in the Gauteng

Province of South Africa. Should these statistics be extrapolated for the country as a whole, it is clear that IODs would have a significant influence on the operations of security companies.

From the statistical sample depicted in table 2.2, it is evident that of the 10 996 employees employed by this private security company, 463 employees were involved in IODs during 2010 but that this number decreased to 256 in 2014 which resulted in a decrease of 1 678 in the working days lost from 2010 to 2014. The decline in IODs in the sample population is heartening, but still indicates a high prevalence.

When delving into the statistics for 2012, 2013 and 2014 for the company involved in this study, the following figures, as depicted in table 2.3, are presented for the Pretoria branch in Gauteng.

Table 2.3
IOD Statistics of Security Company in this Study

	2012	**2013**	**2014**
Total number of injuries	36	28	35
Slips/trips/falls	10	1	8
MVA injuries	6	9	13
Dog bites	5	2	2
Shooting injuries	1	2	7
Shooting fatalities	1	0	1
Other fatalities	0	0	0
Assaults	6	1	1
Bicycle accidents	0	0	2
Lost days	178	88	109
Total significant incidents	6	3	4

Source: ADT Security (2015)

Table 2.3 above indicates a significant increase in the following injury categories: slips/trips/falls; MVAs (motor vehicle accidents); shooting injuries; and bicycle accidents.

An internal company analysis of slip-and-fall injuries among security officers at the US firm, G4S Wackenhut, accounted for about 40% of its workers' compensation cost (Laws, 2009).

These increases validate the rationale behind the research, and the researcher is optimistic that it will make a significant contribution towards reducing the incidence of IODs in the workplace for the private security industry.

2.6 SOUTH AFRICAN LEGISLATION

IODs have a legal impact on the administration of companies, and a clear understanding of the effects of the South African statutory requirements pertaining to the management of IODs was deemed important and necessary in the context of this study.

South African legislation clearly expresses the responsibilities of both employers and employees in the prevention and management of injuries on duty. To support this statement, the Occupational Health and Safety Act 85 of 1993 (OHSA), the Compensation for Occupational Injuries and Diseases Act 130 of 1993 (COIDA) and the Labour Relations Act 66 of 1995 (Section 10 of the Code of Good Practice: dismissal) (LRA) and more specifically incapacity due to ill-health (or injury) are discussed in more detail below.

2.6.1 The Occupational Health and Safety Act 85 of 1993 (OHSA)

In 1993, OHSA replaced the Machinery and Occupational Safety Act (MOSA), promulgated in 1983, which in turn had replaced the old Factories Act and provided advantages in moving away from the strict and retributive aspects of safety regulation. MOSA introduced greater employee involvement through health and

safety committees and the appointment of safety representatives at every workplace. OHSA promotes more participative and precautionary health and safety measures in the workplace, thus moving closer to international standards (Finnemore & Joubert, 2013).

The Act establishes institutions to promote and monitor health and safety in most work areas, for the institutionalisation of policy and for sanctions where these policies are transgressed. Illicit processes may be used to enforce the law, but it is acknowledged that this may not be the most effective way to promote adherence. Thus, the preferred regulatory style is one of encouragement, education and participation of both employers and employees in the preventive management of health and safety at work (Finnemore & Joubert, 2013).

Occupational health and safety consists of a triad of duties involving employers, employees and designers/manufacturers (Finnemore & Joubert, 2013). Each party has a duty to ensure an environment that is safe and without risk to the well-being of employees. Firstly employers ensure that any hazards are removed, employees receive proper instructions, ensure that precautions are adhered to and that protective equipment is supplied and worn by them. Secondly employees report any hazards or dangerous situations, use the protective equipment provided, follow instructions and take responsibility for their safety as well as the safety of others in the working environment. Finally designers/manufactures ensure that equipment supplied complies with statutory requirements, that there are instructions on how to utilise and care for equipment and that operational training on the usage of said equipment is provided (Finnemore & Joubert, 2013).

It is further stated in the OHSA that the onus is on the employer to provide and maintain a safe and risk-free work environment. The South African Mine Health and Safety Act 29 of 1996 corroborates this legal requirement. The private security company must thus ensure that all reasonable measures are taken to ensure that security officers are not unduly exposed to unsafe and potentially dangerous working situations. The emphasis is on reasonable measures, as *force majeure* situations which are unforeseen and cannot be controlled by the security company or the security officer and may lead to injuries (McCrie, 2007).

Further to the onus being placed by legislation on employers to protect the health and safety of employees, the OHSA similarly places the onus on employers to conduct their particular spheres of business in such a way that individuals, other than their employees, are not exposed to unhealthy and potentially dangerous actions by employees. In the private security industry, the employer/business owner must thus ensure that security officers are trained and made aware of their social responsibility to protect both lives and facilities and not to place private citizens in harm's way because of their actions (Jackson et al., 2009; Finnemore & Joubert, 2013; Swanepoel et al., 2014).

The OHSA obliges employers to supply employees with relevant equipment and material for protection against HIV. The Mine Health and Safety Act also stresses the duty of the employer to provide sufficient safety equipment for employees. Although the said Acts emphasises protection against HIV and mine safety respectively, they are *mutatis mutandis* applicable to the private security industry in South Africa. Section 8 (2)-(g) and (h) of the OHSA corroborates the aforementioned statement by emphasising the need for employers to supply protective clothing and ensure that employees wear this clothing while on duty. In a private security industry context, and taking into account potentially dangerous and hazardous working conditions, it is imperative for companies to ensure that security officers are adequately fitted with protective clothing in the form of suitable uniforms, body armour, gloves, helmets and other protective clothing items (Du Plessis & Fouché, 2006).

Sections 7(1), 8(1) of the OHSA emphasises the need for organisations to have and maintain OHS policies to protect the health and safety of their employees. In the private security industry, it is crucial that such organisational OHS policies and procedures are executable, maintained and enforced by companies. (Du Plessis & Fouché, 2006; Jackson et al., 2009; Finnemore & Joubert, 2013; Swanepoel, et al., 2014).

Section 16 of the OHSA, requires every company to have an internally appointed employee to act as its OHS organisational representative. The debate as to where such responsibility lies within the organisational structure of the company is

inconclusive (Du Plessis & Fouché, 2006; Jackson et al., 2009; Finnemore & Joubert, 2013; Swanepoel et al, 2014).

The private security sector (in official Department of Labour documentation) stipulates that employers will provide, at no cost to security officers, all necessary equipment required in the execution of their duties and needs or which is required for self-defence and apprehension of suspects (Sectoral Determination 6, 2016)

In conclusion, the responsibility of OHS lies with the employer, employee and the manager. OHS representatives need to be appointed and all incidents relating to health and safety needs to be reported and corrective measures put in place to prevent reoccurrence. It is the duty of the employer to provide the necessary equipment in order for employees to perform their duties and to provide training on how to use the specific equipment where applicable.

2.6.2 Compensation for Occupational Injuries and Diseases Act, 130 of 1993 (COIDA)

The main aim of this Act (COIDA) is compensation for losses due to occupational injuries and diseases in the workplace. The Act applies to all employees, including members of the Permanent Force of the SANDF, except persons performing military service who are not members of the Permanent Defence Force, and to members of the South African Police Services while employed on service in defence of the Republic. Excluded are independent contractors and domestic workers (Du Plessis & Fouché, 2006; Finnemore & Joubert, 2013).

The COIDA repealed the Workman's Compensation Act. The new Act has made a number of changes to the system of statutory compensation for employees involved in occupational accidents or who contract occupational diseases (Du Plessis & Fouché, 2006; Finnemore & Joubert, 2013).

The COIDA provides a system of no-fault compensation for employees who are injured in accidents that arise out of and in the course of their work or who contract occupational diseases. This means that employees are compensated whether their

injuries or illnesses were caused by their own fault or due to their employer's negligence or that of any other person (Swanepoel, Erasmus & Schenk, 2008).

At the same time, the employee may not institute a claim of damages against the employer or any other person for the damage suffered. Benefits are paid to the following three categories of claimants: employees who suffer temporary disability; employees who are permanently disabled; and the dependants of employees who have died as a result of their injuries or illness (Swanepoel et al., 2008). Occupational diseases, which for a long time were largely overlooked and undetected, are now listed in a schedule of the Act. The Act also provides for the payment of medical aid required by the temporarily or permanently disabled. Employers must pay employees who are temporarily disabled their compensation for the first three months of absence from work. Employers must report all accidents within seven days and all occupational diseases within four days (Du Plessis & Fouché, 2006; Finnemore & Joubert, 2013).

The Act is administered by a Compensation Commissioner. A Compensation Fund consists of payments and contributions made by employers, which are used for compensation and administration costs. The Compensation Board comprises of 16 members who represent the State, employers, employees, two mutual associations operating in the mining and building industry, and the medical profession. The Board advises the Minister and decides on the minimum and maximum amounts to be paid in compensation to temporarily or permanently disabled employees (Finnemore & Joubert, 2013).

From the above it can be concluded that the COIDA provides a form of relief for security officers who are temporarily or permanently disabled because of IODs as it provides for medical and financial relief and applies to their dependants if the security officers have died as a result of injuries or illnesses.

2.6.3 The Labour Relations Act 66 of 1995 (LRA) (Section 10 of the Code of Good Practice: Dismissal)

The aim of the LRA is to enhance economic development, social justice, labour peace and the democratisation of the South African workplace. The Act is applicable

to all employers' and employees operating within South Africa with the exception of the National Defence Force, National Intelligence Agency, South African Secret Service, South African National Academy of Intelligence and Electronic Communications Security Ltd (COMSEC). The Act further pledges freedom of association and protection against discrimination (Jordaan, Kalula & Strydom, 2009). The LRA also regulates the management of conflict where employees feel aggrieved and internal processes have failed to reach amicable resolutions and manages dispute resolution through the Commission for Conciliation, Mediation and Arbitration (CCMA), Labour Court and Labour Appeal Court (Jordaan et al., 2009).

The most important section of the LRA for the purposes of this study is section 10 as employees who are injured on duty may not be able to perform the same duties after the occurrence of the injury. They should be informed of their rights of protection against unfair dismissal based on incapacity and also know what the alternatives to dismissal are (Finnemore & van Rensburg, 2002).

Dismissal for incapacity includes incapacity due to ill health and poor work performance (Du Plessis & Fouché, 2006). Where incapacity is temporary, the employer has an obligation under the Code of Good Practice to investigate possible alternative employment short of dismissal of the employee (Finnemore & Van Rensburg, 2002). In instances of permanent disability the employer should also consider alternative employment, adapting the duties or work circumstances in order to accommodate the employee's disability. Whilst an employer is not obligated to keep an injured or ill employee's position open, there is a greater obligation on the employer to accommodate an employee who has been injured on duty (Finnemore & Van Rensburg, 2002).

An employer may not dismiss an employee without a fair reason, including one related to the employee's incapacity due to ill health or injury. An employer is however not obliged to retain an employee for an indefinite period if the employee is unable to work due to illness or injury. The employer must prove that the employee's prolonged absences from the workplace due to ill health or injury have reached a point where the employer cannot accept such prolonged absences. A notice of termination may however not be issued to the employee whilst on sick leave.

(Finnemore & Van Rensburg, 2002; Strydom, le Roux, Landman, Christianson, Dupper & Myburgh, 2006).

The LRA protects security officers who are potentially incapacitated as a result of IODs against possible discrimination in the workplace. It ensures that employers follow a fair process for employees who are deemed unfit to further pursue careers as security officers.

2.7 THE IMPACT OF IODs ON EMPLOYEES, EMPLOYEES' FAMILIES AND ORGANISATIONS

According to Burke, Clarke, and Cooper (2011), factors associated with increasing risk of accidents include individual, group and organisational characteristics. Human faults include perceptive errors, slips, exhaustion, safety motivation and mind-sets. Micro-organisational factors cover safety objectives and safety responsibility. Macro-organisational factors relate to structure, personnel specialist training and technology. Organisations are increasingly taking a more proactive approach to accidents and safety and the investment in health and safety is leading to improved financial and social responsibility performance (Burke et al., 2011).

Briš, Guedes Soares, and Martorell (2010) state further that the principal aim of organisational risk assessment is the prevention of accidents and injuries. Effective risk assessment will result in the prevention of accidents and injuries which will lead to a reduction of injuries.

Occupational injuries lead to higher costs for both the worker and the organisation (Boden, Biddle & Spieler, 2001). Organisational expenses such as increased medical premiums, possible legal expenditure to address the legal aspects of the injury and worker replacement costs are applicable. For the worker, direct or indirect

costs such as lost work time, lower morale, family and domestic implications and the impact on future work utilisation are of relevance (Boden et al., 2001).

Leigh et al., (2000) concludes that the costs to organisations of injuries in the workplace can be attributed to 29% direct costs (medical, medical insurance administration, indemnity insurance administration) and 71% indirect costs (fringe benefits, workplace training, re-staffing and production disruptions).

2.7.1 Impact of IODs on employees

According to Wasilewski and Olson (2014), the effect on the injured employee is both physical and psychological. Jackson et al. (2009) states that examples of physical impacts include actual loss of life or limb, back pain, carpal tunnel syndrome and repetitive motion injuries. Jackson et al. (2009) further postulate that examples of psychological conditions comprise symptoms of poor mental health and job burnout, apathy, emotional exhaustion, withdrawal, confusion about roles and responsibilities, mistrust, inattentiveness, irritability and an inclination to become flustered over trifles.

Guidotti (2011) concurs with Jackson et al. (2009) by stating that most injuries on duty are supplemented by a psychological reaction that can range from renunciation to minor irritation and shock to depression. The degree of the emotional response may be uncorrelated with the degree of the injury. Blaming is one of the most important issues when an IOD occurs, be it self-blame or blame against the supervisor, co-worker or employer.

Burke et al. (2011) further state that occupational injuries have economic, employment and legal implications, affecting workers' lives, their families and children and their communities. According to Hughes and Ferret (2009), any occupational accident causes both direct costs (claims on employers, damage to

equipment/vehicles and employee absence) and indirect costs (loss of goodwill between employee/employer, lost time for other employees who attend to the needs of the injured worker and lower employee morale leading to lower productivity).

As postulated by Quinlan, Bohle and Lamm (2010) and Burke et al. (2011), an injury affects the employee in respect of physical impairment, functional limitations, lost wages, and generally limits his or her work performance. Youngberg (2013) confirms that occupational injuries causes discomfort and pain and results in lost work days.

From a psychological perspective, the effects of injury can include depression, anger, stress, isolation/loneliness and substance abuse. (Quinlan et al., 2010; Burke et al., 2011).

According to Wasilewski and Olson (2014), an employee may experience some of the following emotions: R*age and disbelief that the injury happened* and feelings of "why did it have to happen to me", and "did I do something wrong" in the execution of my duties. Burke et al (2011) further state that there is evidence that accidents are not random events, but workers have variable liability for accidents due to lasting personal characteristics, supporting the existence of accident proneness. In this case there may be *fear that it may happen again,* which is a common human response from trauma, as fear of the future-unknown may haunt the worker when executing his or her duties.

Gatchel and Schultz (2012) corroborate this by stating that functional disability is not only influenced by physical conditions, but is also exacerbated by cognitive and psychological factors such as fear of re-injury. The worker may experience feelings of *inadequacy that he or she may not be able to perform the same duties as before the injury.* An injury may curtail the worker's ability to execute the physical demands of the job and thus also create doubt in his or her mind regarding future job security. When injured employees are contemplating returning to work they may be at high risk of relapse as they attempt to negotiate their way around potential physical work obstacles and also their perception of themselves as being successful in returning to work (Sullivan & Frank, 2003). *Depression due to worry over financial matters, fears of the incident itself and possible long-term medical effects* mean that serious injury may have a permanent long-term implication for the worker regarding his/her mental state of readiness to execute the job for which he/she has been employed in the

future. Acton (2012) elaborates further by saying that injured workers are more inclined to suffer from depression after the incident than uninjured workers. Moore and Jongsma (2015) explain that, following a traumatic event such as serious injury, the worker experiences feelings of fear, helplessness, disturbing thoughts of the event, intense anger and irritability and sleep disturbances.

Quinlan et al. (2010) postulate that injuries are remembered, not only in terms of absence from work and financial implications, among other things but also as the loss of confidence at work and changes to social roles and freedom of movement. There may be *anxiety brought about by fear of being hurt again* and the worker may develop a mental block about life-threatening workplace situations which may impact on his or her ability and courage to perform the duties of a security officer. Berntsen (2009) contends that flashbacks to traumatic events have negative effects on the affected individual which may result in avoidance of the event in future. Poor health outcomes such as depression and anxiety can impair performance and lead to increased aggression and physical illness. In turn, such outcomes can lead to increased absenteeism and increased workplace health costs (Gatchel & Schultz, 2012).

Injured workers may further experience feelings of guilt as there is/was a trend in companies world-wide that plays/played on workers' guilt and unawareness, intrinsically saying that IODs are due to the carelessness of the workers themselves and conveniently ignoring the inherent organisational deficiencies regarding safety management (Loban & Moses, 2012). The injured worker may be hesitant to report injuries for fear of possible punitive reactions from the employer (Repa, 2014).

Avoidance is a normal response after an injury and is a conceived reaction to protect the injured worker from the painful memory of the injury (Gournay, 2015). Main, Sullivan, and Watson (2008) corroborates by stating that injured workers may have specific phobias which could include a fear of driving after a motor vehicle accident or fears of activities associated with the IOD.

Guidotti (2011) further states that psychological reactions ranging from denial to minor annoyance or shock to depression accompany most occupational injuries. The author further states that blaming, either to apportion or place the reason for the

injury occurrence on other parties (e.g. co-workers or management) or self-blame, is also a prevalent occurrence after an injury.

IODs also have an impact on the employee in the form of salary and overtime losses, medical and travel expenses, actual medical compensation received in lieu of expectation and lost savings (Hrymak & Perezgonzalez, 2007).

According to Bauer and Hämmig (2014), injuries on duty are more common among workers in lower social positions than workers with a more privileged social standing. They further contend that occupational groups with a high percentage in the lower socio-economic echelon are at a higher risk of occupational injuries.

Huber (2005) states that workers are exposed to a variety of workplace-related safety hazards while engaging in working activities, which results in two basic types of work-related health problems, namely injuries and illness.

In conclusion, IODs have a profound effect on the mental and physical state of the worker and must be managed in a responsible and effective manner by the organisation, the employee and the social environment in which the injured worker operates.

2.7.2 Impact of IODs on the employees' families

Occupational injuries can affect the families of workers in many ways including emotional and affective states such as depression (Bianchi et al., 2005).

According to Bianchi et al. (2005) the effects could include a sense of alienation from the rest of the family as the injured worker may require self-time to process what happened, resentment towards the family, stress which impacts on the family, sleep problems, impatience, irritability, spousal impact such as divorce or separation, poor communication, less intimacy, less family time due to physical impairment, fewer social activities, loss of income and increased expenses. A severe IOD may impact sexual health and intimacy between partners with underlying concerns being body image, self-esteem and lack of communication. These changes then impact on mood, confidence, self-esteem and autonomy (Ritchie, 2017). According to Meyers

(2010), when a male worker loses his ability to work due to injury, his cultural role as provider for his family is compromised. This then leads to feelings of worthlessness due to inability to support his family economically, with concurrent feelings of resentment by the spouse for being burdened with these responsibilities. Delays in compensation payments after IODs which are deemed a regular occurrence, may compound the emotional trauma for affected workers and their families (Quinlan et al., 2010).

Bianchi et al. (2005) further state that injured workers may influence family life by altering daily family schedules, placing additional burdens and responsibilities on other family members which may, in turn, have a negative impact on family synergy and coherence.

Direct medical costs of treatment related to physical injuries are only a fraction of the total costs incurred for the injured employee. The indirect, long-term individual and societal costs are manifested in lost productivity, impaired quality of life, domestic violence, the strain on families and even suicide (Tanielian & Jaycox, 2008).

Boden (2016) concurs with Bianchi et al.'s (2005) view that injuries in the workplace can cause huge crises for the family of the injured worker. Over and above the financial stresses and burdens, the demand on family time is substantial. In the modern society where family time is already under severe strain due to the demands of everyday life, family resources may be overburdened due to the effect of an injured worker having to stay at home whilst recuperating. The spouse and other family members then have to take up the strain of running the household.

Lawrence, Halbesleben, and Paustian-Underdahl (2013) state that injured workers are more likely to experience work-family conflict. This phenomenon occurs when employees face competing demands from work and family. The two domains are played off against each other, thus sacrificing rewards in one domain at the expense of the other. The injured worker faces the challenge of work-related effects of the injury (financial, administrative, medical, etc.). The changes perceived by the injured worker, specifically financial, translate into a threat to resources such as social

standing and financial contribution to the household. This leads to work-family conflict (Lawrence et al, 2013).

In conclusion, it is not only the injured employee who suffers the consequence of the injury, but also his or her family who must absorb such consequences.

2.7.3 Effect of IODs on organisations

As mentioned previously in this chapter, the ILO (2016) reports that every 15 seconds a worker dies from a work-related accident or injury and every 15 seconds 153 workers are involved in a work-related injury globally. These incidents impact organisations in various spheres and are discussed below.

2.7.3.1 Absenteeism

Absenteeism due to IODs and disability have a huge effect on any organisation. It places undue stress on both the organisation and its employees with substantial associated costs (Workability, 2016). Table 2.2 (section 2.5) illustrates the amount of lost days due to IODs over the review period indicating the substantial impact absenteeism has on organisations in terms of opportunity costs.

Burton (2010) estimates that the magnitude of the number of accidents at work causing three or more days of absence from the workplace is considerable, estimated to be over seven million occurrences worldwide.

According to Jackson et al. (2009) by improving the overall health of employees, organisations can reduce their absenteeism costs and, in turn, increase their profitability.

In conclusion, absenteeism is detrimental to all the staff at a company and the owners/employers. It impacts heavily on all spheres of the functions of the business, including profitability (financial implications), productivity (McCunney & Rountree, 2004), labour relations (Treble & Barmby, 2011), service delivery (Maglio, Kieliszewski & Spohrer, 2010) and trust between the employer and the employee (Armstrong, 2006). These concepts are discussed in more detail below.

2.7.3.2 Financial implications

The financial implications of IODs are mainly centred on the opportunity costs to the company due to the absence of the employee from his/her place of work. (Jackson et al., 2009). The company must pay injured employees although they are not actively working because of their injuries (LRA, 2013) and, in many instances, it incurs additional costs to employ casuals or pay additional overtime to existing employees to cover the absence of injured employees (Jackson et al., 2009).

In accordance with Section 22 (2) of the COIDA, if an employee is disabled due to an injury for 3 days or less, the compensation fund does not pay compensation. The employee therefore receives full benefits for the days off as leave for these days is IOD or special leave, which has no impact on the employees' sick or annual leave allocation (DOL, 2013).

In accordance with Section 47 (1) of COIDA, should the injured worker be booked off for more than 4 days but less than 3 months, the company must reimburse the injured employee at a rate of at least 75% of his/her earnings. The employee must claim from the compensation fund should any absence from work due to an IOD be longer than 3 months (DOL, 2013).

Further direct/indirect financial costs during an IOD according to the New Zealand Ministry of Business, Innovation and Employment (2014), include the following:

- poor quality of service resulting in overtime fatigue or understaffing;
- safety issues due to lack of knowledge and training of replacement staff;
- reduced productivity due to possible lack of skill of replacement staff;
- poor morale among employees who have to fill in or do extra work to cover the absent colleague;
- salaries paid to replacement staff may in some instances be higher than the employee being replaced; and
- overtime paid to employees standing in for the absent colleague.

In conclusion, a study conducted in Ireland by Hrymak and Perezgonzalez (2007), indicate that the employer costs during an employee's IOD include loss of productivity, lost business opportunities, remuneration to the injured worker or the replacement worker, additional overtime payments, payments to the injured worker and changes to insurance premiums. All the aforementioned employer expenditure categories impacts on the financial situation of the company.

2.7.3.3 Productivity

IODs could have consequences for productivity which may decline over an extended period of time. Factors contributing to productivity decline could include replacing the absent worker with a temporary worker or replacing the worker with a less experienced individual (Ministry of Business, Innovation and Employment, 2014). Employing, training and remunerating additional workers all represent costs to the employer (Bohlander & Snell, 2010). Non-absent employees are often saddled with extra duties and tasks to fill in for absent employees which, in turn, could lead to feelings of frustration and a decline in morale (Ministry of Business, innovation and Employment (2014). Robbins, Judge, Odendaal, and Roodt (2009) confirm that absenteeism has a huge impact on production costs to the employer and causes disruption to the workplace. It leads to decreased competencies in the working environment and increased payments for workers' benefits.

2.7.3.4 Service delivery

Maglio et al. (2010) state that absenteeism among workers has a negative impact on service delivery. Occupational injuries therefore compromise service delivery in all spheres of the organisation in that production may be affected by absenteeism resulting in less profit, thereby affecting organisational viability (Quinlan et al, 2010).

2.7.3.5 Trust relationship

Organisational management involvement in the effective administration of health and safety aspects in the workplace is of utmost importance. Concurrently, employee

representation and consultation are equally important. Walters and Nicols (2009:27) state that where management is involved and even has trade union representation and has appointed a health and safety manager, but follows a philosophy of “health and safety is about following procedures”, this management philosophy leads to employee views being ignored, little communication or involvement of management and reduced communication between parties.

Management may shift the blame for injuries onto individual workers and attribute IODs to malingering. Employees are/may be accused of self-injury or of falsifying or exaggerating injuries in order to refrain from work (Quinlan et al., 2010). The increasing emphasis on economic productivity by the employer is valued more highly than the health and safety of workers. This leads to deterioration in the trust relationship between employer and employee (Quinlan et al., 2010).

Kinder, Hughes and Cooper (2008) states that sufficient organisational support has a positive influence on reducing injuries and accident rates and the higher the degree of support received from supervisors and managers, the higher the effect on reduced IODs.

2.8 Conclusion

In conclusion, this chapter indicated that the onus of health and safety rests on both the employer and employee (Finnemore & Joubert, 2013). The employer should provide a hazard-free environment for employees and employees should report any potential hazards to the employer (Jackson et al., 2009). Legislation protects both the employer and employee in the event of injury and claims against the employer (Finnemore & Joubert, 2013). It was also highlighted in this chapter that IODs have a negative impact on the employee, his/her direct family, and also the organisation. In the next chapter possible prevention mechanisms for reducing IODs in the workplace are discussed.

CHAPTER 3

MECHANISMS TO MINIMISE IODs IN THE WORKPLACE

3.1 INTRODUCTION

In the previous chapter, the literature regarding IODs in the workplace was reviewed with reference to the global and national private security industry, causes of IODs in the workplace and an overview of the South African legislative framework for the management of IODs in the workplace.

In this chapter, the literature on possible preventive measures pertaining to IODs in the workplace, both from a national and international perspective is highlighted. The broader work environments and the private security industry in particular are also addressed in this chapter.

3.2 BACKGROUND TO IODs IN THE WORKPLACE

Prevention of workplace injuries is a daily concern for employees and their families, businesses, trade unions, governments, insurance companies, professionals in the health and safety environment and those involved in the drafting of statutes regarding health and safety in the workplace (Maizlish, 2000).

According to Sullivan and Frank (2003), occupational injuries are caused by difficult interactions between employees and their working environments. Friis (2016) concurs with Sullivan and Frank (2003) by stating that occupational injuries can be prevented by improving the work environment and educating employees about work-related threats.

In order to effectively minimise IODs in the workplace, analytical interventions from various stakeholders within the organisation, namely employee, employer and the treating medical practitioner/specialist should be adopted to reduce employee injuries (Sullivan & Frank, 2003). Possible interventions from various stakeholders are discussed in section 3.3 below.

Sullivan and Frank (2003) posit that workplace injuries are influenced by the organisation's culture relating to health and safety in the workplace. The notion of safety culture is supported by Kahan, Gielen, Fagan, and Green (2014), who state that a positive safety culture influences safety behaviour by maximising employee motivation and improving safety knowledge, which in turn leads to improved employee compliance, resulting in safer behaviours and thus a reduction in IODs.

It is imperative to prevent IODs in the workplace for motivational, economic and social reasons, as they have serious consequences in terms of economic and human costs, not only for employees and their families, but also for private security companies and broader society. The main thrust of this research focussed on possible preventative measures to minimise IODs in the workplace.

3.3 INTERVENTIONS TO PREVENT IODs IN THE WORKPLACE

According to Antonsen (2009), a good safety climate in an organisation hinges on the following premises: Managers at all levels of the organisation are fully committed to safety; workers are satisfied with the organisation's safety system and adhere to it; all workers are averse to risks in the workplace; the organisation is not pursuing maximum profit at the expense of safety; and both management and staff are

sufficiently qualified and competent in the execution of the main functions of the organisation. In this section, interventions such as workplace ergonomics, statutory requirements, training, awareness campaigns and learning from others to prevent IODs in the workplace are discussed.

3.3.1 Workplace ergonomics

Ergonomics plays a vital role in the prevention of IODs in the workplace (Zieren, 2009). Ergonomics is a scientific discipline concerned with the understanding of the interaction between human and other elements of the system, and the profession that applies principles, data, methods and theory to design of equipment and workspaces for optimisation of human well-being and overall system performance (Helander, 2006).

Popov, Lyon & Hollcroft (2016) contend that risk assessment of ergonomic principles is required in the workplace and will have an impact on the prevention and control of IODs.

The main principle of ergonomics is the design of a situation that improves the employee's well-being and effectiveness at work. During the design phase, the existing situation is analysed, the new design is synthesised and the situation is then analysed again (Helander, 2006; Quinlan et al., 2010).

Rom and Markowitz (2007) indicate that the discipline of ergonomics in the workplace can contribute to the prevention of workplace injuries, and at the same time improve organisational productivity. Workplace ergonomics is thus seen as an IOD problem-solving process of ongoing improvement.

The most effective way to identify ergonomic problems is to talk to employees about the parts of the workplace environment that cause discomfort and possible hazards to safety (Zieren, 2009; Quinlan et al., 2010).

Zieren (2009) contends that once ergonomical problems have been identified, the risk of injuries can be reduced by focusing on effective training on the use of work–related accessories (fire-arms, protective clothing, vehicles, etc.), soliciting suggestions from employees and addressing the most serious risks.

Brislin (1998) states that the term “ergonomics” is seldom used in security. The author continues by indicating that an example of a security officer who is required to answer telephones, ensure that visitors sign-in an official register and communicate with employees also finds it difficult to monitor surveillance cameras effectively. The surveillance camera consoles should thus be ergonomically designed to assist in effective monitoring (Noyes and Bransby, 2001. p 45).

Private security control rooms are thus the hub of a company’s operations. The specialised tasks which take place in a typical control room require the environment to be designed to support the activities undertaken there.

According to Kaminski (2001), workers in teams (in this context, private security teams working shifts) typically have more control over the work process than individual workers. Officers who identify safety issues can use their influence to identify ergonomical problems and campaign for changes in hazard-control measures. This may, in turn, lead to a reduction in the risk of injury for all the officers in that specific environment.

In conclusion, ergonomics, in the sense of hazard identification, plays a vital role in the recognition, addressing and redesign of potentially hazardous environments in which the security officer must operate. The successful identification and elimination of potential hazards leads to a reduction in the prevalence of IODs.

The ergonomics of the support function of the security officer, that is the operations control room, will further enhance the ultimate operational support structure for officers because they then have keen, loyal, dedicated, motivated and alert control staff who can identify problems and act on them.

3.3.2 Statutory requirements for preventing IODs in the workplace

The previous chapter discussed the South African legislation relating to safety in the workplace. In this section, South African legislative prescripts regarding preventive measures for IODs in the workplace are discussed.

The question that needs to be posed upfront from a statutory perspective is whether there is a legal duty on employers to take appropriate steps to prevent exposing employees to workplace injuries.

From an international perspective, Nemeth (2012) states that the private security industry is entering a new era of government legislation and the training of the private security forces is a major focus of this statutory thrust.

From a South African perspective, Bendix (2010) postulates that the COIDA is essentially an insurance scheme for employees. This Act is dependent on levies paid by the employer and provides for payment of compensation to employees who are subject to disability due to occupational injuries or illnesses. Bendix (2010) further summarises the South African official labour relations policy in terms of OHS as a vested principle of the worker having a right to work in the safest working environment that the employer can reasonably provide.

Du Toit (2013) supports the above statements by indicating that employers have both a common law and a statutory duty to take reasonable precautions to prevent or reduce accidents. Du Toit (2013) further states that not all accidents can be prevented, and there is thus a need for a statutory compensation scheme for occupational injuries and diseases.

The OHSA 85 of 1993 has a clause which places the general duty on employers to ensure the health and safety of employees at the workplace.

According to Watkins (2013) this general duty clause is a common provision in most health and safety legislation in various countries. The general duty clause is not extended to protection from violent employees, but rather focuses on ensuring safe working equipment and a safe and healthy working environment.

In conclusion, sufficient legislative prescripts exist in the South African statutes to guide employers in providing a safe and healthy working environment to reduce

occupational injuries. By implication, such legislation is prescriptive for the private security industry.

3.3.3 Effective security officer training

Flynn, Mathis, and Jackson (2007) indicate that one way of encouraging employee safety is to involve all employees at different times in safety training. Such training and the communication thereof in the workplace is necessary in order to motivate workers to follow safe work practices.

Brislin (2014) elaborates on the view of Flynn et al. (2007) by stating that the most important issue in private security today is training received by private security personnel. Officers who follow guidelines in the standing orders/standard operating procedures are less susceptible to occupational injuries (Brislin, 2014).

According to Hattingh and Acutt (2003), the primary aim of any organisational health and safety programme is to prevent injuries and illnesses. They elaborate by saying that when employees are empowered through training initiatives, and safety procedures are demonstrated clearly, employees' knowledge is enhanced and the working environment improves, which, In turn, prevents injuries in the workplace (Hattingh & Acutt, 2013).

Kaminski (2001) confirms that health and safety training and education within the organisation are expected to heighten the employee's knowledge about safety issues.

He further states that training equips and enables employees to be more involved in decision-making authority and gives them more access to organisational information, thus affording them the opportunity to solve safety issues that management alone might not be resourced to address.

Button (2008) posits that most security guards are required to undergo rudimentary fire prevention and basic health and safety training making them able to recognise potential hazards and knowing what to do in the event of certain categories of fire. Button (2008) further elaborates by stating that an approach used in the training of health and safety is scrutiny of the terrain where the officer observes an area of

potential hazards by utilising a standard questionnaire or checklist produced by the employer.

Sharing of ideas on how to minimise workplace hazards is important for addressing workplace injuries and also gives employers a legal responsibility to address safety issues in the organisation (Tucker, Turner & Kelloway, 2015).

Dyck (2011) suggests that organisations embracing orientation sessions could reduce health and safety incident rates by 25% as newly appointed employees are empowered to meet the company's work standards and execute their tasks safely.

From a legislative perspective, the issue of improper training as a cause of injury also plays a key role. According to Fay (2007), courts have consistently ruled in favour of injured workers who could prove that the cause of their injury was through negligence resulting from the absence of training or the institutionalisation of faulty training. Employers have a duty to provide employees with the requisite knowledge and work skills (Fay, 2007). Work which involves potential for injury, such as in the private security industry, places the onus and unopposed expectation on the security company to provide sufficient training to the security officer (Fay, 2007).

Ladou (2007) concurs that accidents can be prevented to a large extent through proper training of employees. Ladou (2007) states that the main cause of occupational accidents is not unsafe equipment but rather the lack of understanding by the worker about the nature or severity of the potential hazards linked to its use. A conscientious employer includes in the employee training regimen the potential hazards which workers might encounter in the execution of their jobs and instructs them in safe working practices.

The Private Security Industry Regulations of 2002 provide guidelines on how to conform to the Private Security Industry Regulation Act of 2001, inter alia, the regulation of the industry's possession and utilisation of firearms, through outlying training requirements (Bakker & Sossai, 2011; PSIRA, 2016). However, according to Minnaar and Pillay (2007) training standards required by PSIRA are not always maintained by security companies.

Diphoorn (2015) maintains that there is a generally poor or low standard of training in the industry. Previously, the PSIRA training standards were rarely policed by PSIRA.

According to Cordner, Cordner, and Das (2009), in order to enhance the work skills of the South African workforce, the South African Minister of Labour introduced 25 different Sectoral Education Training Authorities (SETAs). The SETA responsible for the training requirements in the police force, military, intelligence service, courts, legal profession, correctional services and the private security industry is the Safety and Security Educational Training Authority (SASSETA). The basic foundation of this new training methodology was for PSIRA to continue to register the private security personnel whereas SASSETA must declare the security officer competent to execute his or her job in practice.

When SASSETA took over the role of regulating the training in 2005, it was welcomed by the industry, but still attracts criticism as being inadequate (Diphoorn, 2015). In corroboration, the Department of Higher Education and Training's Annual report (2015/16) reported that SASSETA was a main contributor to fruitless and wasteful expenditure, which could impact the effective regulation of training. SASSETA confirms that the agency was placed under administration on 12 February 2015 on account of recurring instances of poor financial and operational performance (SASSETA Annual Performance Plan, 2016/2017).

Diphoorn (2015) provides a telling insight into the profile of the security officer. He states that there is a marked perceived distinction in the industry and by the officers themselves between a guard and a reaction officer – the reaction officer receives more training and is of a higher calibre. Kaminski (2001) is of the opinion that larger organisations may have dedicated and trained safety managers. In smaller organisations, the responsibility for health and safety is in all probability vested in the HR manager and function. However, the HR manager may have little or no content knowledge on health and safety issues and may have little or no vested interest in obtaining more additional learning about health and safety.

In conclusion, it is contended that training is an important facet of applying good health and safety standards in the workplace. One of the aims of this research is to determine that appropriate training could minimise IODs within the private security industry.

3.3.4 Awareness campaigns

According to Pande and Basak (2015), one of the principal tasks of the employer is to make employees aware of the importance of occupational hazards. Injury awareness campaigns are steps that can be taken by management to educate the employee on potential workplace hazards. Injury awareness programmes can thus be a proactive step taken by management to identify and rectify workplace hazards before accidents occur.

Tulchinsky and Varavikova (2014) agree with the view of Pande and Basak (2015), stating that in the case of injuries sustained in MVAs, falls, burns or drowning, safety awareness campaigns are the most prevalent prevention and education with regard to such work-related hazards.

Kirsten and Karch (2012) further elaborate by stating that safety education must be instilled in the personal values of workers, in the full awareness that a safe working environment protects human lives and adds to the wealth of the organisation, reduces social expenses and makes the business a competitive entity in the market. Kirsten and Karch (2012) are further of the view that injury prevention awareness campaigns can take place through periodic workshops, seminars, distribution of educational pamphlets and leaflets, and peer education.

Hess (2008) emphasises that it is essential that companies introduce injury-on-duty awareness campaigns in the workplace and that awareness campaigns can be presented in various forms, for example, workplace posters, safety videos, safety circulars, and safety courses. Awareness campaigns can be presented as in-house training or, in the case of larger, less cash-strapped companies, employees can be nominated to attend accredited safety awareness courses.

Hattingh and Acutt (2003) postulate that safety posters are important in the workplace to instil discipline in injury prevention and should be displayed at strategic places in the working environment. The posters serve to remind workers of the factors which could negatively impact the health and safety of the employee.

Geller (2016) provides an interesting slant on the use of “safety language” by saying that it should suggest some sort of personal choice or control. Geller (2016:57) cites examples by saying that slogans such as “all accidents are preventable” would suggest that the word “accident” inhibits a sense of personal autonomy and implies a

lack of control. A slogan such as “actively caring for people is a fundamental value of our organisation” reflects personal genuineness and interdependency relating to safety, health and employee wellbeing.

Hess (2008) elaborates on Geller’s (2016) and Hattingh and Acutt’s (2003) view by confirming that although signs and posters can be a cost-effective educational tool, they may also heighten awareness. Hess (2008) goes on to say that although permanent signs are cost effective, they lose their impact over time. Hence, they should be used to give direction rather than to educate. He further explains that educational IOD awareness posters should be visually pleasing, eye-catching and frequently changed (Hess, 2008). He further contends that the production and dissemination of manuals is a useful tool, but is not sufficient in itself because employees do not always read them, do not understand the content and might be hesitant to ask questions for fear of appearing ignorant. Often the manuals are simply put away and forgotten (Hess, 2008).

Nolan (2011) intimates that an organisational safety recognition programme will enhance on-the-job safety awareness by giving recognition to worker and group safety achievements in accordance with the company’s safety goals.

According to Acton (2012), awareness of organisational occupational health and safety has a vital role to play in combatting of injuries on duty.

To conclude the above, occupational injury prevention awareness campaigns at the workplace can also be utilised by management in combatting and preventing injuries. In the private security industry, strategic gathering places such as shift change venues, armouries, vehicle holding places and training facilities can be utilised to display safety posters where the security officer has reasonable access and visibility.

3.3.5 Support from co-employees

Fugas et al. (2011) contend that proactive safety actions increased when employees perceive that their co-employees also performed them. Peers could therefore be effective role models for proactive safety behaviour.

Glendon and Clarke (2016) also intimate that the role of social support from co-workers in the form of an informational function (how to deal with safety-related problems) leads to a reduction in injuries. It could also have a buffeting effect by reducing psychological strain in the workplace and providing emotional support to an injured worker (Glendon & Clarke, 2016).

3.3.6 Support from family

In terms of family support, Youngberg (2013) contends that the injured, the family and the providers to the injured person can assist in making illogical conclusions or superficial deductions regarding the injury. The family and providers have the opportunity to actively asses what happened, identify the salient cause and correct the circumstances that lead to the IOD.

Schulz and Eden (2016) concur with Youngberg (2013) by saying that positive effects may be evident in the form of instilled confidence by the family carer, provision of meaning and purpose and bringing the caregiver closer to the injured worker.

3.4 BENEFITS FOR ORGANISATIONS AND EMPLOYEES IF ATTENTION IS FOCUSSED ON PREVENTING IODs IN THE WORKPLACE

In the previous chapter, the researcher discussed the impact of IODs on the organisation, security officers and their families. However, if attention is focused on preventing IODs in the workplace it holds benefits for the organisation and for security officers, as discussed below.

3.4.1 Benefits for organisations

Chaturvedi (2006) indicates that possible benefits of an IOD-free environment to an organisation could mean that there is an improvement in supervisory and employee attitudes to the general workplace and execution of tasks. Cartwright and Cooper (2009) agree by saying that greater job autonomy is associated with fewer injuries,

with interventions focussing on increasing control will improving organisational commitment, resulting in an increasingly safe working environment.

Chaturvedi (2006) indicates that another benefit for organisations is an increase in motivation and demeanour towards safety in the workplace. Dedication and loyalty by employees regarding the goals of the organisation and their motivation and abilities are growing achievement factors for competitiveness (Marras & Karwowski, 2006). Disgruntled and unhealthy employees are unable to fulfil such demands as in all probability, productivity decreases (Marras & Karwowski, 2006).

Another possible benefit for organisations is a reduction in production/indirect costs (Chaturvedi, 2006). This relates to fewer expenses incurred for sick leave, which in turn, results in lower costs and less disruption in the production process, with clear advantages for the employer (Steenbergen, Van Gelder, Miraglia & Vrouwenvelder, 2014).

Moreover, an increase in the productivity of the general workforce could also be a benefit for the organisation (Chaturvedi, 2006). Fewer IODs save the employer from the expenditure of replacing injured workers, thus reducing recruiting and training of new staff. A reduction in IODs also reduces the cost of early retirement and pay-outs on insurance (Steenbergen et al., 2014).

Maintaining good relations between unions and management can also be beneficial for the organisation. The main objective of a trade union is the social welfare of its members, including, illness, accident, death and pension benefits. The welfare function of the union further encapsulates health and safety (Bendix, 2010). If there is a low IOD incidence rate, the union deems its efforts worthwhile, leading to cordial relationships with management in the labour-relations environment (Bendix, 2010).

In addition, lower incidences of IODs increase the personal growth and development of the worker, giving employees the confidence and necessary support and training to develop when the fear of IODs is removed or reduced in the workplace (Bendix, 2010).

Thompson (2014) further indicates that an effective flow of information and communication between management, the workforce and between workforces

themselves improves the current understanding of workplace hazards and is cardinal to improving health and safety in the workplace.

Reese (2012) elaborates further, indicating the following benefits to the organisation: reduced insurance premium costs; fewer compliance inspections; avoidance of negative publicity; reduced litigation; improved morale and loyalty from the workforce; and increased pride in the company.

3.4.2 Benefits for the Employee

According to Hattingh and Acutt (2003), a safe workplace leads to the following: a work environment that contains no threat to safety and health for the employee; a workforce armed with the prerequisite knowledge for creating a safe work environment; a workforce with a positive stance towards safety in the workplace; a workforce that is mentally and physically fit and vigorous; and an ergonomically friendly working environment for the employee.

Burton (2010) elaborates further by stating that good employee health (and therefore reduced IODs) in the workplace contributes to higher productivity and profitability of the organisation, which, in turn, leads to economic prosperity for the country, which results in social wellbeing and wealth of the employee.

3.5 Conclusion

This chapter revealed that occupational injury prevention programmes in the workplace are of utmost importance to curtail IODs and that management's primary emphasis should be on safety training matters. Attention to prevention of IODs in the workplace always pays off. The success of such prevention initiatives is dependent on the collaboration of both management and workers.

The next chapter discusses the research methodology utilised in this study.

CHAPTER 4

RESEARCH METHODOLOGY

4.1 INTRODUCTION

This research is conducted in a private security company in Pretoria, South Africa. This was a grounded study integrating four focus group interviews and eight individual interviews conducted among security officers who were involved in IODs during the years 2013, 2014 and 2015. Three open-ended questions and probing questions were asked to gain an in-depth understanding of the security officers' personal experiences of the IODs. An exploratory-qualitative research approach was used as the thrust of the study to understand why IODs occur and what possible prevention mechanisms could be identified to reduce the occurrences of IODs in the private security industry in South Africa.

In this chapter the research design and methods that were used to achieve the research objectives discussed in chapter 1 are explained. The methods used for data collection, the research design, data analysis, population sample, trustworthiness and ethical considerations are also highlighted in this chapter.

4.2 OVERVIEW OF THE RESEARCH PROCESS

Research methodology deliberates and describes the reasoning behind research methods and techniques (Welman, Kruger, & Mitchell, 2005). Table 4.1 depicts the research process that was used in this study.

Table 4.1

Research Process for the Study

⟸ CONTINUOUS LITERATURE REVIEW ⟹				
Research questions	**Selection of sample**	**Data collection**	**Data analysis**	**Findings/conclusions**
How were you affected by your IOD? In your view how do you think IODs can be minimized in the workplace?	Participants who met the criteria (IOD and employed as a security officer) were selected at a security company in Gauteng. Purposive, voluntary and non-probability methods were used.	Semi-structured in-depth focus group interviews and individual interviews were conducted. Two questions were asked and the narratives were interrupted to probe for	The data was analysed by using Tesch's (1990) qualitative data analysis method.	The themes and subthemes that emerged from the data were integrated and discussed in a qualitative reporting style. Verbatim responses from the participants were given to illustrate the results.

		further information when necessary.		

4.2.1 Research design

A research design is a logical blueprint of the plans that forms the link between the research question, the data received and the processes to be utilised to analyse the applicable data in order to derive meaningful findings which addresses the original research questions (Yin, 2011). This section addresses the research design of this study, clarifying the research paradigm, type of study and orientation of the study.

4.2.2 Theoretical paradigm informing the research

Paradigms are processes of interrelated ontological, epistemological and methodological assumptions. Paradigms serve as viewpoints that provide a foundation for the research and commit the researcher to particular methods of data collection, observation, and interpretation (Terre Blanche, Durrheim, & Painter, 2006). A paradigm represents a belief or principle that associates the researcher with a specific interpretation shared by a portion of the community (Denzin & Lincoln, 2011).

The subject being explored required a qualitative approach because no or limited known studies had previously been done on the research topic in a South African content. Qualitative research is intended to help the researcher to understand the meanings and views of the people being studied, focussing on their experiences and interpretations rather than the researcher's opinion how the subjects' perspectives are shaped by physical, social and cultural contexts and the processes involved in maintaining or changing these experiences and affiliations (Maxwell, 2013).

The interpretivist paradigm was deemed suitable for this qualitative study (Ponterotto, 2005). The purpose of an interpretative approach is to comprehend social behaviour in specific times and settings and to explore and explain this behaviour in a subjective manner (Schwartz-Shea & Yanow, 2012).

The researcher wanted to explore the world of the security officer. Security officers, as part of the individual and focus group interviews responding to the research questions, were best positioned to convey their perceptions of the questions, measured against the environment/conditions of the workplace in which the IOD incidents took place. The qualitative, interpretive approach adopts a holistic stance towards the perceptions and views of the security officers as well as their interactions with numerous other aspects in their environment (Terre Blanche et al., 2006).

4.2.3 Type of study: Qualitative research

4.2.3.1 *Qualitative research features*

The central features of qualitative research are the correct choice of applicable methods and theories; the acknowledgement and exploration of different perspectives; researchers' reflections on their research as part of the process of knowledge production and the variety of processes and methods (Flick, 2014).

Qualitative research is an approach for discovering and understanding the essence individuals or groups attribute to a collective or social problem. The process or research comprises developing questions and procedures, data which is typically collected in the participant's environment, data analysis which inductively builds from particulars to general themes, and the researcher interpreting the meaning of the data (Cresswell, 2014)

Qualitative research is often described as all-inclusive and naturalistic/true-to-life. It is based on the principle that knowledge about humans is not possible without describing human experience as it is enacted and as it is defined by the performers themselves (Polit & Hungler, 1993). This principle is supported by Ritchie, Lewis,

Nicholls, and Ormston (2014), who confirm that qualitative research can be described as a true-to-life, interpretative approach, focusing on exploring occurrences from the interior and taking perspectives and accounts of participants in the research as a departure point.

Yin (2016) describes qualitative research as the study of the meaning in people's live's, exploring their real-life experiences, expressing the observations and perceptions of the participants, unambiguously attending to and accounting for real-life related situations, contributing awareness from current or new perceptions that may help to clarify social conduct and rational, and recognising the possible significance of numerous sources of data rather than relying on a single source.
According to Polkinghorne (2005), the aim of qualitative research is to provide an in-depth and interpreted understanding of the world by learning about the participants' perspectives, views and experiences. The sample in qualitative research is normally small and purposively selected, based on certain criteria. Data collection methods require close contact between the researcher and participants (Ritchie & Lewis, 2003). Researchers are closely involved in the research because they want to understand and comprehend the experiences and views of the participants (Polit & Hungler, 1993). Qualitative data is comprehensive and detailed, and during the analysis of the data, detailed explanations and descriptions are produced (Ritchie & Lewis, 2003).

4.2.3.2 Rationale for conducting qualitative research

According to Babbie (2015), qualitative research methods enable the researcher to observe social life in its natural environment. They produce a richer understanding of a social occurrence that cannot be achieved through the utilisation of other observation methods, provided that the researcher's observations are structured and well planned.

A qualitative research approach was adopted for this study, as the research focussed on the opinions and perceptions of the participants obtained through focus groups and individual interviews by getting inside the perspectives of the participants (Merriam & Tisdell, 2016).

The adoption of a qualitative research approach enables the researcher to gather and evaluate data, focussing on predetermined concepts for the data that are required to conduct the study. No or limited previous studies had been conducted using the data required for this study; nor had any previous studies been conducted on the subject at hand, thus negating the notion of utilising a quantitative research approach. The utilisation of a qualitative research approach was thus relevant.

4.2.3.3 Assumptions of qualitative research

The qualitative research paradigm assumptions used in this research are analogous to those suggested in the study of Joubert (2012).

- People are different and individual security officers experience life in their own distinctive way.
- The researcher worked closely with the participants of the study to explore their perceptions and views of the IOD incident.
- Since the researcher was the principal mechanism for data collection and analysis, the research was prejudiced by his or her ethics.
- The researcher identified and selected participants who had previously been involved in an IOD. Data was collected until data saturation had been reached.
- The experiences of the security officers previously involved in IODs were derived from the data analysis (Babbie, 2008; Merriam, 2009)

4.2.3.4 Strengths of qualitative research

The strengths of qualitative research are the depth of understanding processes and the effectiveness in generating new theory (Matsuo, 2005; Johnson & Christensen, 2012).

Klenke (2008) further highlights the following strengths associated with the qualitative research methodology: It brings the researcher closer to the participants instead of relying on distant, empirical data; and it is based on perceptions of the participants and their assessment of the experience. Reality is thus acknowledged in the research and can be interpreted as alternative scientific concepts instead of emphasising the importance of scientific impartiality. This type of research is more flexible in nature and the researcher can make adjustments throughout the research process. It also provides the researcher with conceptual road maps or relatively unexplored territory set in a natural setting which strengthens environmental legitimacy (Klenke, 2008).

Qualitative research was used in this study which permitted the researcher to ask probing questions to gain a more in-depth and rich description of the phenomena. Additional information which was not originally anticipated emerged from the data.

4.2.3.5 Weaknesses of qualitative research

Qualitative research is not exempt from weaknesses and limitations. The weakness of qualitative research is difficulty of analysis and interpretation of data, resulting in less reliability. It is more time consuming and the researcher may influence the results through bias (Matsuo, 2005; Johnson & Christensen, 2012).

An additional limitation of qualitative research is the subjective measurement of opinions, which results in the methodology being considered as subjective. Also, behaviour is based on assumptions. In most cases, samples are small and judgemental which makes evaluating the quality of research difficult (Bellenger, Berhardt, & Goldstucker, 2011). Other weaknesses of qualitative research are that the findings cannot be generalised to other settings or people. It is also time-consuming to gather and analyse data.

The core of qualitative research methods is its subjectivity. Although sometimes proving challenging, the researcher was confident that she remained subjective throughout the study. The data was collected, transcribed and read repeatedly

during the analysis phase to ensure that the researcher was not biased during the research process, and that her ideas and conceptions did not influence the results.

In conclusion, the use of qualitative research techniques is an accepted methodology in the literature and reliable deductions can be made by the researcher when analysis and interpretation are founded on a firm/solid base.

4.2.4 Research approach

4.2.4.1 Interpretivist design as qualitative research

In this study the interpretivist paradigm was used. As alluded to previously, interpretivism should be considered jointly between the natures of the environment/conditions under which the occurrences take place and the perceptions and assumptions of the person who is reporting and reacting to these conditions (Ponterotto, 2005; Yin, 2011). Reality is created in the mind of the individual and uses a grounded theory paradigm. The grounded theory paradigm was used in this study because of the organised approach towards listening and gaining an understanding of the participants' perceptions and views of their own history, beliefs and context. This can be achieved through interactive researcher-participant dialogue (Ponterotto, 2005).

The emphasis in this research was on data gathering and the subsequent identification and interpreting of the participants' responses for meaning and context in order to arrive at consequential deductions in support of the research objective (Tracy, 2013).

4.2.4.2 Grounded theory

According to Urquhart (2013), the word “theory” in the concept “grounded theory” is derived from the data obtained from the qualitative research method used.

Charmaz (2014) concurs with Urquhart (2013), and further explains that grounded theory methods encompass orderly but adaptable and accommodating guidelines for the collection and analysis of qualitative data. Themes are derived from the data which has been collected by the researcher through the utilisation of focus groups and individual interviews. The theory which the researcher derived during the study is thus grounded in the data collected during the research process. This process begins with data obtained during the interviewing process, incites repetitive strategies of going back and forth between data and analysis, and using associated methods (coding) which ensure that the researcher remains involved with the collected data and the analysis that is forthcoming and evolving (Charmaz, 2014).

Grounded theory is useful in practice as it relates to daily situations and explains the creation of meaning in theoretical terms (Merriam, 2009). Because this study involved security officers previously involved in IODs, it suited the specific research conditions, and the grounded theory design therefore permitted the researcher to study the participants’ perceptions and views on the phenomenon, which improved the validity of the research findings (Hartley & Muhit, 2003; Merriam, 2009).

4.2.4.3 Content analysis

Content analysis refers to the method of analysis used to examine communication messages which normally occur in written form (Babbie, 2008; Brink, Van der Walt, & Van Rensburg, 2006). The researcher can conceptualise and develop valid understanding by reading the data thoroughly. Hesse-Biber and Leavy (2011) contend that an interview process can follow a structured, semi-structured or low-structured format. A structured interview means that the researcher poses the same questions to each participant, thus simplifying comparisons between participants. The authors, however, state that most qualitative researchers tend to utilise semi-structured interviews, involving an attempt by the researcher to rely on a set of questions, but guiding the conversation to remain loosely on the questions.

The nature of the situation, and the researcher's experience and personality determine the appropriate method. To ensure that more rigorous and valid data was gathered, the data in this research was categorised and coded accordingly.

4.2.4.4 Descriptive design features

This study used a descriptive design feature. The objective of the design is to primarily define and observe the phenomenon and then to categorise the outcomes (Polit & Hungler, 1993). Sharma (2014) concurs with Polit and Hungler (1993) and further indicates that descriptive designs are based on principles that monitor, document and describe a phenomenon in its natural setting without influencing or controlling the phenomenon.

This study explored information on the IODs reported and possible prevention mechanisms in a private security company in Gauteng, South Africa by identifying prevalent causes of IODs and exploring possible prevention mechanisms to reduce IODs in the private security industry. The data gathered during the individual interviews and focus group discussions were used to formulate a descriptive analytical report. There was no interference from the researcher.

4.2.4.5 Exploratory design features

Exploratory designs are used to identify, explore and describe the existing phenomenon, thus entailing not only a superficial description of the research occurrences but an in-depth study of the related factors in order to fully understand the phenomenon (Sharma, 2014).

As previously mentioned, when this study was conducted, little or no literature was available on this research topic in the South African context. The exploratory design involves a flexible approach to the discovery of new ideas and insights. Participants were asked open-ended and probing questions during the interviews and focus group discussions, allowing the researcher to complete the research and possibly encouraging further studies of the topic going forward.

4.3 RESEARCH METHOD

Since this was a qualitative research, the researcher chose the explorative research method which was conducted using focus groups and individual interviews.

4.3.1 Population and sampling

According to Marczyk, De Matteo, and Festinger (2005), the population is all individuals of interest to the researcher. Researchers typically study a subset of the population, and that subset is called a sample.

Sampling is the process of selecting participants from a population representative of the study, and which provides a significant contribution to the study (Polkinghorne, 2005; Terre Blanche et al. 2006).

According to Flick (2014), sampling is a crucial step in qualitative research as decisions are often taken during and as a result of the collection of data and analysis. Sampling decisions are taken on a practical level rather than on a formal basis, and are thus based on purposeful requirements for a specific reason.
Roller and Lavrakas (2015) intimate that qualitative researchers must rely on their past experiences and grasp of the research subject and the ongoing monitoring during the data-gathering period in order to determine the research sample size and when to decide how many interviews are enough.

4.3.2 Population for this research study

The population for this research study consisted of all employees employed at a private security company in Gauteng, South Africa, who had been subjected to IODs within the previous three (3) years. Participants identified for this study were from the armed response and guarding divisions. Only two supervisors from the guarding

division and one senior supervisor from the armed response division formed part of this research. Management did not form part of this research as the focus of the study was intended for security officers. Participation was voluntary and participants were encouraged to talk through the IOD occurrence in terms of factors leading up to and resulting from the IOD as well as possible mechanisms to prevent IODs in the security industry.

4.3.3 Sampling method

During the sampling stage, the researcher creates the cases he or she studies (Flick, 2014). The selection of participants for interviews is criterion-based, which means they are selected for a specific purpose (purposive), based on their experience of a specific phenomenon (Polit, & Hungler, 1993; Holloway, & Wheeler, 2010).

The research sample in this study was a non-probability sample as the researcher had a specific purpose in mind (purposive) and the sampling problem was to be addressed with a specific plan in mind (Kothari, 2004). The selection of the participants was purposeful as they had to fulfil the criterion of having been previously involved in an IOD.

The researcher had access to the chosen security company's data base. Since no participants were referred to the researcher for possible participation in the study, convenience and snowball sampling methods were not suited to the purposes of the study. All participants previously involved in IODs were pre-selected and invited to voluntarily participate in the study (Polit, & Hungler, 1993). The researcher obtained written permission from the company under study to access the IOD records for the period 2013 to 2015. From the records, only current employees (some had already left the company) from the guarding and armed response divisions were selected as participants. The selected participants were approached via a letter inviting them to voluntarily participate in the study. The researcher personally phoned each individual explaining the purpose, process after acceptance and confirming their availability

and willingness to participate. All participants signed a voluntary informed consent to partake in the study.

4.3.3.1 Sampling criteria

Participation was voluntary and participants were encouraged to talk freely and openly about their IOD experiences.

The participants selected for participation in the study were identified on the basis of the following criteria:

- being employed as security guards or armed response officers;
- being employed at the private security company in Gauteng;
- having been involved in an IOD during the last three relevant years; and
- having agreed to voluntarily participate in the focus group discussions or individual interviews

4.3.3.2 The sample

Twenty-eight participants took part in this research study. The participants had been involved in IODs during the applicable three years of employment in the private security industry and included security officers, supervisors, response officers, senior response officers and response supervisors.

4.3.3.3 Entrée and establishing the researcher's role

In qualitative research, the successful achievement of entrée when the research starts, is a precondition for conducting the research. A successful entry process, based on acceptance by the interviewees of the researcher and her associated credentials, strengthens the validity of the subsequent data that is collected (Patton, 2015).

Security officers previously involved in IODs and who were employed at the time of the research, at the security company in Gauteng, South Africa were targeted to take part in the research. The researcher had written permission by means of a formal letter addressed from the national human resource director of the selected company to retrieve data, conduct focus group discussions and individual interviews and gain reasonable access to information as required to conduct the research.

The motivation for retrieving data is that it amplifies and corroborates eventual findings.

Security officers involved in IODs during the years 2013, 2014 and 2015 were identified by means of data retrieved from the company's internal HR data-base. Selected officers were invited to attend an information session, where the researcher explained the purpose of the information session and research programme. Voluntary participation was ensured and the volunteering security officers were informed in detail of the purpose of the research and that all information revealed would be treated confidentially. The participants were requested to sign a consent form. The focus group discussions were held at a unanimously agreed and appropriate venue at a time suitable to all participants. The focus group discussions did not exceed one (1) hour each.

4.3.4 Data collection

Data collection refers to a process where the researcher gathers chunks of information to underscore evidence for the research question or what is being investigated or researched (Rohleder & Lyons, 2015). According to Edwards and Holland (2013), a huge range of qualitative approaches use semi-structured and unstructured interviews, with the core features being interactional dialogue exchange, a topic-centred approach and the researcher (interviewer) supplying the necessary context, meaning and understanding during the interview in order to elicit the required response.

Both focus groups and individual interviews were conducted. In order to address the perceived complication of the focus group technique regarding confidentiality, both by the researcher and by the participants themselves regarding the information

imparted by the interviewees, the researcher stressed the confidentiality of the data or information obtained by not referring to the individuals by name but by allocating an identifying number to each participant, for example participant 1, 2 and so forth (Terre Blanche et al., 2006).

Another perceived weakness of the focus group interview technique, namely that participants respond in a way by simply telling the researcher what they think the researcher wants to hear, as well as the added fear of peer group disapproval, was addressed by the researcher also conducting individual interviews, thus negating the "want to hear" and "peer group disapproval" syndromes (Barbour, 2007).

Twenty eight participants took part in the study. Four focus group discussions comprising one group of six and three groups of four participants, respectively, were held. A further eight individual interviews were conducted. The focus group discussions did not exceed one hour, and the individual interviews varied between 45 minutes and one hour each. The interviews were conducted in a boardroom environment free from disruption and at times most suitable to the candidates. The researcher introduced herself, explained the purpose of the study, and ensured confidentiality and anonymity prior to the commencement of the interview.

A general question based on the aim of the research topic was asked. The researcher then asked probing questions in order to receive more in-depth information on the topic. An open-ended question was asked to each group to tell the researcher more about how the company received and reacted to the proposed recommendations to reduce IODs.

The following main questions were asked during the interview:

- In your experience, why do IODs occur?
- How did you experience your IOD?
- In your view, how do you think IODs can be minimised in the workplace?

Throughout the interview process the researcher had to demonstrate body language such as smiling, acknowledging by way of nodding her head and making

encouraging noises (e.g. “ah”, “sjoe”, “mmm”) (Okun, & Kantowitz, 2008). The researcher also had to show empathy to the participants’ situations and made reflecting remarks (e.g. “shame”, “how?” and “where?”) (Gill, Stewart, Treasure, & Chadwick, 2008).

The researcher chose to conduct both focus group discussions and individual interviews as sometimes, in focus group discussions, participants feed off what other participants are saying, whereas during individual interviews the participants’ own views/experiences are recorded (Liamputtong, 2009).

4.3.5 Recording of data

According to Welman et al., (2005), the focus group discussion should start with a generalised question focusing on the aim of the research in order to obtain the first responses from the group. It then progresses to more structured questions more pertinently aimed at the specific information to be obtained.

Discussions were recorded in order to ensure that the researcher did not lose any information during the focus group discussions. The researcher utilised information technology in the form of recorders to capture the essence of the interviews. Applicable and usable portions of the data recordings are the verbatim transcriptions of the focus group discussions and individual interviews shown below.

The researcher observed participants during the focus group discussions and made field notes, where applicable, regarding the interview setting, the non-verbal language of the interviewee and the researcher’s personal feelings and impressions. The researcher also kept a reflective diary in which any noteworthy observations were recorded.

To encourage participants to elaborate on experiences, thoughts, feelings and emotions, the researcher used communication techniques such as paraphrasing, clarifying and summarising where required throughout the interviewing process (Bester & Du Plessis, 2010).

4.3.6 Transcription of the tape recordings

The interviews were recorded and transcribed verbatim. During the focus group discussions, each participant was assigned a number and stated his or her participant number before answering a question. The participants in the individual interviews were also allocated numbers, but it was not necessary for them to state their number throughout the interview as the researcher interviewed one participant at a time.

The focus group and individual interviews were typed verbatim as follows:

	FOCUS GROUP DISCUSSION 1 **PARTICIPANTS 1 - 6**
A29 **A30** **A31** **A33** **A34** **A35** **A36** **A37** **A38** **A39** **A40** **A41** **A42**	**Researcher:** In your experience can you tell me or explain to me why IODs occur? **Participant 1:** Negligence. **Participant 1:** Sometimes when you find that maybe people are ignorant when entering the premises **Researcher:** Ignorant of what? **Participant 2:** I believe sometimes you are not aware of what you are going to find there. For example, you arrive to the premises you find that the neighbours say no man I heard noise there you find out that there is no access at that place but the neighbours say no man I heard noise there maybe the people are jumping at the back. You are forced to enter the place where cannot enter. It is where you find yourself getting injured. For example, you try to jump the palisade fence and you get injured.

	FOCUS GROUP DISCUSSION 2 **PARTICIPANTS 7 TO 10**
B28 **B29** **B30** **B31**	**Researcher:** Ok, so in your experience why do IODs occur? **Participant 9:** It occurs because in our industry it's something that you cannot predict or it's unforeseen. Situations where it's related to the job or the operations that we are doing.

B58	**Participant 8:** I think other reason can be that some of the people are
B59	ignorant to the safety procedures that we have, is the signs that we have
B60	found. Thinking that ag, it won't happen to me or it's not going to happen that
B61	easily so it could be one of the reasons that this IODs, accidents happen.
B62	Taking things lightly.
B63	**Participant 7:** I think it's because you're always under pressure. You must
B64	satisfy your management, satisfy the client. So you will do things that you
B65	normally would not do. Like climbing high walls or climbing over fences and
B66	driving maybe faster and you're concentrating on getting to your point and
B67	not concentrating on your surroundings, what's going on.
B69	**Participant 9:** I think it's lack of application. Not understanding the
B70	instructions.
B71	**Researcher:** Ok, elaborate a little bit on that.

INDIVIDUAL INTERVIEW 1 PARTICIPANT 11	
C36	**Researcher:** How were you injured?
C37	**Participant 11:** My knee, my knee was injured, ja my knee was injured.
C38	**Researcher:** How did your injury happen?
C39	**Participant 11:** With the first one I was cycling and then the chain got lost
C40	and then I lost control of the bicycle then I fell on the street.
C41	**Researcher:** Okay, and then?
C42	**Participant 11:** And then I was taken to hospital and then they checked me
C43	and give me medication and then I went back for follow up and then they give
C44	me a final so that I'm okay.
C45	**Researcher:** Alright.
C46	**Participant 11:** And the second one that's where the bricks fall on my hand
C47	while I was clocking, the bricks got pushed by a dog.

INDIVIDUAL INTERVIEW 2 PARTICIPANT 12	
D6	**Researcher:** So, in your experience why do you think IODs occur?
D20	**Participant 12:** Maybe, driving the bicycle on the side or I think if you ride a

D21	bicycle on duty then maybe sometimes your try the brakes and it fails then
D22	you just fall down. So you get injured. Maybe you didn't wear the safety
D23	shoes, the safety rubbers or safety something to protect yourself you can
D24	damage yourself.
D25	**Researcher:** Do you have special shoes when you're riding your bicycle?
D26	**Participant 12:** The company give us the rubber, ankle caps and knee caps
D27	and hat for riding the bicycle
D37	**Researcher:** How were you affected by your IOD? How did it affect you?
D64	**Participant 12:** Ja, it did affect me because by that time I was working by
D65	Waterkloof. So I was walking from the station by foot to Waterkloof every
D66	day. So every day my ankle was feeling very very painful because I was
D67	walking day and night.

FOCUS GROUP DISCUSSION 3 PARTICIPANT 13 TO 18	
E17	**Researcher:** Great. Ok. So my first question, in your experience why do
E18	IODs occur? Why do you think it happens?
E243	**Researcher:** So in your view how do you think IODs in the workplace can
E244	be minimised?
E245	**Participant 14:** You know it's sometimes it's easy sometimes it's hard but
E246	what can I say is that we need to make maybe the company need to make
E247	sure that the employees they know what they are doing no matter how they
E248	must train you and they must also assess you that you know what you are
E249	doing that can help you a lot I mean it can help a lot of people even the
E250	company itself because remember if the company got a lot of injuries and
E251	everything and then even the red tape is there and then you going to be on
E252	the black listing. So it's a problem.

FOCUS GROUP DISCUSSION 4 PARTICIPANT 19 TO 22	
F207	**Researcher:** So guys, in your view how do you think IODs can be
F208	minimised, how can we reduce the IODs?
F209	**Participant 19:** To reduce the IODs the thing is if we can try to teach or to

F210	take the guards to learn about this injury while you are on duty once a year
F211	you just conducting a something to about the IOD to show them how we can
F212	get the IOD. I think that one can minimise everything. Each and every year
F213	you can conduct something to show them about the safety.
F214	**Participant 20:** I think IOD at times it can be done by maybe there's those
F215	industrial theatres, people participate they perform, we had that in (*Company*
F216	*Name)* before like in the Big 5. Yes, we saw something like that in the Big 5
F217	where they talk of professional what what so we had that they showed us
F218	that industrial theatre. I think it helps a lot to the guarding department. The
F219	saw it happening you know and that got that vision they see it not only by
F220	talking they saw it in action happening performing by the actors that were
F221	involved. Yes, yes I thinks some it can happen like that whereas I know to
F222	other companies it's expensive because of the money but It helps a lot.

INDIVIDUAL INTERVIEW 3 PARTICIPANT 23	
G19	**Researcher:** Ok, so, in your experience why do you think IODs occur,
G20	injuries on duty, why do you think it happens?
G21	**Participant 23:** I think it's caused by the lack of knowledge and then um one
G22	other thing, the important one is to focus. Some of us we don't focus.
G23	**Researcher:** Why do you think you don't focus, or some of you don't focus,
G24	why do you think that happens?
G25	**Participant 23:** Um, sometimes you find yourself in a very critical situation
G26	like the time I got injured I was working on the one man post, ja, the job is too
G27	much ja, we are using three gates. You need to open this side, that side you
G28	need to sign the visitors, that side is for the staff then you are alone then you
G29	just lose focus.
G71	**Researcher:** Ok, so how do you think we can minimise IODs in the
G72	workplace.

INDIVIDUAL INTERVIEW 4 PARTICIPANT 24	
H14	**Researcher:** Great, so the first question is um in your experience why do

H15	you think IODs occur? Why do they happen?
H16	**Participant 24:** The IODs occur because IOD it can happen when there is a
H17	lack of training.
H47	**Researcher:** Ok. And what was your, what was the impact of that IOD, how
H48	did it affect you?
H49	**Participant 24:** Actually I get support from the seniors because after they
H50	took me to hospital and they treat me well there. Everything it was okay until I
H51	get better.
H52	**Researcher:** So you had a positive experience.
H53	**Participant:** Ja, that is positive.
H54	**Researcher:** Ok, it didn't affect you in terms of the work or anything like
H55	that?
H56	**Participant 24:** Really it didn't affect me because if didn't stay at home for a
H57	long time. They give me few days to rest and treat until I get better and then
H58	after that they say if you feel somehow we can send you to hospital again.

INDIVIDUAL INTERVIEW 5 PARTICIPANT 25	
I20	**Researcher:** Yes. Ok? Let's start. So, in your experience why do IODs
I21	happen?
I22	**Participant 25:** It happens because you are working to work on the safe
I23	place, you're not working on the safe place.
I24	**Researcher:** Ok, elaborate on why the place is not safe.
I25	**Participant 25:** Sometimes you don't work in the guard room, the guard
I26	house. You're working on the place that it don't have a guard house. Ja.
I27	**Researcher:** Any other reason why it's not safe?
I28	**Participant 25:** It's not safe because sometimes you are working on the
I29	casual site that maybe they are breaking, it's just a break in and then there
I30	maybe you don't have the panic system, ja.
I63	**Researcher:** Ok, so did that IOD affect you in your work that you did, day to
I64	day work?
I65	**Participant:** Ja, it was affect me for long time because I was it was difficult
I66	for me to walk and they didn't give me some leave days. It was, they just give

I67	me three days. Then they give me a site at Centurion, I was working hard
I68	and it was difficult for me to walk.
I72	**Searcher:** Ok. So how do you think you can minimise IODs. How can we
I73	reduce the IODs?
I74	**Participant 25:** If you can get a proper workshop maybe it will help.
I75	**Researcher:** Elaborate a little bit. Elaborate a bit on that. Elaborate
I76	meaning explain to me what type of workshops do you want?
I77	**Participant 25:** The training, like a training.
I78	**Researcher:** In what do you require training?

INDIVIDUAL INTERVIEW 6 PARTICIPANT 26	
J70	**Researcher:** So, how did your injury affect you? How were you affected by
J71	the IOD?
J72	**Participant 26:** Well I was actually badly affected, it scared me that it is very
J73	easy for somebody to die on duty. And um what happened was mostly that I
J74	was given the salary of the days on which the doctor said that I have to be
J75	lay off for two days because of that injury.

INDIVIDUAL INTERVIEW 7 PARTICIPANT 27	
K9	**Researcher:** So, in your experience, why do you think IODs occur? Why
K10	does it happen?
K11	**Participant 27:** Oh, that day?
K12	**Researcher:** In general, why do you think IODs happen?
K13	**Participant 27:** Injuries happen for they because of the reckless of the
K14	supervisor. They driving rough and also um they didn't care about the guards
K15	because when they arrive at Bosman the supervisor was so tired because
K16	they work overtimes so other supervisor is not there so they came at
K17	Bosman.
K48	**Researcher:** Ok. Alright, so how were you affected by your IOD?

INDIVIDUAL INTERVIEW 8 PARTICIPANT 28

L2	**Researcher:** In your experience, why do IODs occur? Why does it happen?
L3	**Participant 28:** If people they don't look what they are doing then you can
L4	get an injury?
L35	**Researcher:** And how did it impact you in terms of doing your job again.
L36	**Participant 28:** Um well the second day I drive my car, I drove my car and
L37	then if I saw a car stopping I thought maybe it will make like the other one
L38	then I drive slowly, slowly, slowly, slowly so I make sure that I pass there
L39	because that one didn't stop. I make sure even now I make sure, even at the
L40	robot it's maybe they're stopping and I've got the right of way I make sure I'm
L41	driving very very slowly. I make sure then if someone can drive I can stop my
L42	vehicle.
L43	**Researcher:** Ok, and how do you think that injuries can be minimised in the
L44	workplace?
L45	**Participant 28:** If people can think before you do something and then we
L46	can minimise those injuries. If you can think before you do it.

A number was allocated for each typed line from participant 1 to participant 28. For example participant one was numbered A1, participant two started at B1, participant three at C1 and ended with participant 28 starting at L1.

Data analysis was easier using this technique because when referring back to the typed interviews the researcher could find a specific statement more quickly (Tesch, 1990).

4.3.7 Data analysis

In qualitative research, there is no clear point at which data collection discontinues and analysis begins (Terre Blanche et al., 2006).

According to Miles, Huberman, and Saldana (2014), qualitative research is conducted through intense contact with participants in a naturalistic setting to investigate the research theme. The researcher's role is to obtain an integrated overview of the research question and to capture the data on the perceptions of the interviewees. The data analysis is done with words and the construction of certain

themes is done through reading the observed data described in the manner in which participants in particular settings understand their situations.

Miles et al, (2014) uses the term “data condensation”, referring to selecting, focussing, simplifying, abstracting and transforming the data flowing from the focus group and individual interviews feedback into stronger and more useful data.

The researcher recorded the interviews that were conducted. Notes were taken during the interviews of the dynamics of the group, body language and interactions between participants.

Tesch’s (1990) method of analysis of qualitative data was used to analyse the gathered data from the focus groups. Tesch’s (1990) steps to build a logical system for an unstructured qualitative research project derived from the data obtained through focus group and individual interviews are broadly summarised and categorised as the following eight steps below.

Step 1: The focus group and individual interviews with the participants were recorded using portable electronic recording devices and then typed. Additional handwritten notes were made by the researcher during the typing of the audio script.

Step 2: The most relevant interviews were identified and the researcher typed the ideas emanating from the interviews in the margins. The commencement of the identification of the main codes was the selection of data deemed most far-reaching to have the potential to become main codes.

Step 3: All the different topics were listed. Similar topics were grouped together. These topics were then grouped into main topics. The researcher decided to identify the topics per main question.

Step 4: The different topics were categorised into alphabetical codes and also colour coded to assist the researcher in the classification from a visual perspective.

Step 5: The descriptive words encapsulated in the topics were identified and categorised into themes and subthemes.

Step 6: After thorough analysis of the potential themes and sub-themes, the final themes and sub-themes were identified by the researcher and coded alphabetically and also colour-coded for ease of visual identification.

Step 7: The data from the transcripts were assembled and grouped per theme and sub-theme.

Step 8: Where deemed appropriate and relevant, the data was quoted to support the theme and sub-themes.

4.4 TRUSTWORTHINESS

As originally conceptualised by Lincoln and Guba (1985), and mentioned in Babbie and Mouton (2001), trustworthiness is a key concept in qualitative research and entails the four concepts, as discussed below.

4.4.1 Credibility

Polit and Beck (2010) contend that credibility is achieved to the extent that the research methods adopted by the researcher instil confidence in the authenticity of the data and the concurrent interpretations of the data by the researcher.

In this study, the opinions of the participants were sought and credible deductions were made to ensure trustworthiness. Credibility in this research study was achieved by obtaining and analysing the data and comparing it with emerging categories, until no new categories emerged. This method is known as data saturation or theoretical sufficiency (Andrade, 2009). Triangulation which also enhances credibility, was achieved in this research study when data were explored from multiple and different sources (individual and focus group interviews) (Holliday, 2016).

4.4.2 Transferability

According to Polit and Beck (2010), transferability refers to the context in which a specific set of results from one study can be transferred to another context. In this study, the data collected from the focus groups was interrogated to determine whether it could be applicable to other similar working environments for example, military guards and sentries and SAPS visible policing. Mangal and Mangal (2013) further indicates that transferability means making judgements on the part of the readers of the research findings, and the extent to which the study has made it possible for these readers to decide whether similar processes are worthwhile in their own normal situations. Transferability occurs when one study's findings can be generalised to other contexts (Polit & Hungler, 1993).

Qualitative research studies cannot be generalised to other situations (Babbie & Mouton, 2001). In this research study, all observations were defined by the specific circumstances in which they occurred. The researcher therefore does not claim that the information gained from this study necessarily has a bearing on another context or for the same context in another time-frame (Babbie, & Mouton, 2001). However, to enable readers to determine whether the findings in this study are relevant to their personal situation, the biographical information of the sample is presented in this study.

The researcher provides a satisfactory report of the occurrence to allow readers to have a proper understanding and thereby enable them to compare it with those that they wish to transfer it to in their own situation (Shenton, 2004).

4.4.3 Dependability

Dependability occurs when the researcher has demonstrated a reliable audit process of the analysed data in order for readers and possible other researchers to further conduct similar research on the research topic (Lincoln & Guba, 1985; Klenke, 2008; Tappen, 2011).

In order to address the dependability of the study, the processes (research design and implementation, how data were gathered and the reflective appraisal of the

project) within the study, are reported in detail. This allows the reader to see to which extent proper research practices have been followed (Shenton, 2004).

This concept further refers to the consistency in which the researcher utilised the research processes (focus groups) and the logical identification of the target groups to be applicable to the research aim (Lincoln & Guba, 1985). In this research, the participants were carefully identified in order to extract the maximum information on the causes of IODs.

4.4.4 Confirmability

Confirmability is the degree to which the findings are the product of the focus of the inquiry and not of the biases of the researcher (Babbie & Mouton, 2001). The concept of confirmability is the researcher's concern for objectivity. The intrusion of the researcher's biases is inevitable. A key criterion for confirmability is the extent to which the researcher admits his or her own predispositions (Shenton, 2004).

Lincoln and Guba (1985) describe the term as the confirmation of the findings by the participants without bias from the researcher or other external influences. The findings can thus be confirmed by an independent source other than the researcher. A synonym for this term is "validity". After wide research on the topic in South Africa, little academic literature was available on the subject (IODs in the private security industry) and the validity and accuracy of the findings may thus have to be assessed by academia. Klenke (2016) concurs with Lincoln and Guba (1985) by indicating that confirmability refers to the provision of an audit trail consisting of raw data, analysing notes, personal notes, reconstruction and amalgamation products, process notes and initial developmental research information.

In order to collect quality data, it is imperative that the researcher remain objective and sensitive towards the participants. The researcher remained focused and listened attentively to what the participants had to say and for that period forgot what was known about the subject. Detailed and complete records of this study were kept

and are available should there be a need for an external audit involving a formal and systematic review carried out by an external entity with no vested interest (Given, 2008).

4.5 ETHICAL CONSIDERATIONS

The study was conducted within the framework of justice, beneficence and respect for human dignity. This framework is discussed below.

4.5.1 The Principle of justice

According to Polit and Beck (2004), the principle of justice means the right to even-handed treatment by the researcher and the participants' right to privacy.

4.5.1.1 *The right to privacy*

The right to privacy entails the right to participate in the study anonymously and in confidence. In this study confidentiality was ensured by conducting the focus group and individual interviews in a secure and private environment.

Although the security officers' fellow colleagues and peers alike were aware of their involvement in an IOD, the information shared during the focus group and individual interviews remained confidential and anonymous (Polit and Beck, 2004). The participants' identities were protected by allocating numbers to them (Denzin & Lincoln, 2011). Participants had the right to withdraw from participation at any time during the study (Mouton, 2001).

4.5.1.2 The right to fair treatment

The security officers had a right to fair treatment. Fair treatment involves respecting the participants throughout the study (Polit & Hungler, 1993). The researcher was

mindful of cultural differences and the courteous treatment of the participants was respected throughout the study (Polit & Beck, 2004). The researcher ensured the security officers' right to fair treatment by obtaining their written informed consent for their voluntary participation in the study.

4.5.2 The principle of beneficence

According to Privitera (2014), beneficence refers to the effort that researchers must make to minimise the risks and maximise the advantages of participating in logical studies by taking the participants welfare into consideration.

4.5.2.1 *Freedom from harm*

The researcher had an ethical obligation to maximise benefit of the research findings and recommendations and to minimise any possible harm to the participants in the study (Guest, Namey, & Mitchell, 2013).

In this study, the researcher explained the purpose of the study at the start of each focus group and individual interview. The security officers signed voluntary consent forms and were more than willing to participate in the study and openly spoke about their experiences, views and perceptions of their IODs.

4.5.2.2 *Freedom from exploitation*

The researcher was conscious that her position as HR consultant in the private security company under study might manipulate participation and possibly impact the answers provided, which could, in turn influence the outcome of the study. To ensure freedom from exploitation, the researcher was consistent in applying scheduled time frames and treated all participants with the necessary respect (Polit & Hungler, 1993).

The participants did not at any stage feel obligated or intimidated to participate in the study. They were more than comfortable as they had built up a relationship of trust with the researcher during their period of employment at the company.

4.5.2.3 *The benefit/risk ratio*

This ratio refers to the subjective analysis of the possible risk to the participant(s) in the study versus the benefit of the study to the participant and society (Shaughnessy, Zechmeister & Zechmeister, 2002).

The benefits and risks were shared with the participants. The benefits were unknown at the time of embarking on the study. The possible risks in this research study were that the participants could become traumatised when talking about their IOD experiences. However, no participant experienced any trauma during the interviews.

4.5.3 The principle of respect for human dignity

Smith (2009) indicates that research must conform to ethical guidelines to underpin respect for human dignity by the obtaining of relevant permissions (from the researcher's workplace) and ethical clearances (from the relevant tertiary institution). On an individual level, obtaining participants' informed consent means that when they take part in the study, they are protected. Confidentiality is maintained and they are not subjected to undue stress or anxiety.

4.5.3.1 The right to full disclosure

The right to full disclosure refers to participants having the right to be informed of the purpose of the research study (Polit & Hungler, 1993). The researcher ensured that all participants were fully aware of the nature and purpose of the study prior to participation.

4.5.3.2 Informed consent

According to Seidman (2013), informed consent is the participants' right to be protected against vulnerability. The researcher informed the participants that the aim of the study was to find possible mechanisms to minimise the IOD incidents in the private security industry. All the participants agreed to participate in the study and each signed a consent form effecting the agreement. They also agreed to the recording of the interviews. The researcher expressed her gratitude and appreciation to the participants for their participation in the study and informed them that they were welcome to a copy of the completed dissertation should they wish to read it.

4.5.3.3 The right to self-determination

The right to self-determination refers to participation in the study without fear of intimidation. The participants were informed that they had the right to withdraw from participation at any time during the study (Mouton, 2001; Seidman, 2013).

4.5.4 Deception

Deception involves the researcher lying about the research topic to elicit responses from participants, mostly in the initial phase of the interviewing process, regarding validation of data which otherwise would not be forthcoming but is required for the study (Van Den Hoonaard, & Van Den Hoonaard, 2013). No deception techniques were utilised by the researcher during the research project and specifically during the interviewing phase.

4.5.5 Privacy and confidentiality

To ensure confidentiality and privacy, the researcher agreed not to indicate or refer to private data which could identify a participant (Klenke, 2013).

In the research interviewing methodology used for this study, the researcher utilised numbers when communicating with participants (first interviewee was "participant 1", etc.). By using the numbering method, the confidentiality and privacy of all participants were ensured.

4.5.6 Accuracy

The principles and methods of trustworthiness as discussed above were applied throughout the study to reassure the accuracy of the data (Denzin & Lincoln, 2011).

4.6 REPORTING

Chapter 5 focuses on the qualitative reporting style used, the major themes developed from the data, and the interpretation and integration of the research results.

4.7 SUMMARY

In this chapter, the research design and method were outlined. The research methods and the sample data collection and analysis were discussed. The researcher also discussed the trustworthiness, ethical considerations and reporting of the research findings.

The next chapter deals with the characteristics of the sample.

CHAPTER 5

CHARACTERISTICS OF THE SAMPLE

5.1 INTRODUCTION

In this chapter the biographical data and characteristics of the participants are presented separately from the research findings, which are discussed in chapter 6. The reason is that the biographical data was extensive. The sample consisted of 28 participants.

Although the characteristics of the sample are discussed separately, any characteristics which may have impacted the findings are taken into consideration and discussed where relevant.

The characteristics of the 28 participants are presented in tables 5.1 to 5.5 below.

Table 5.1

Biographical characteristics of Focus Group 1

BIOGRAPHICAL CHARACTERISTICS OF FOCUS GROUP 1									
Gender	**Age**	**Race**	**Home language**	**Marital status**	**Years of experience in the security industry**	**Occupation**	**Cause and nature of injury**	**IOD classification**	**Total IODs during employment**
Male	28	Black	Tswana	Married	4	RO	MVA – sprained right shoulder, left forearm and buttock	MVA	1
Male	34	Black	Venda	Married	8	RO	RO's thumb hooked on devil's fork fencing – laceration right thumb	STF	2
Male	44	Coloured	Afrikaans	Single	6	RO	RO jumped over wall into spike – laceration underneath right foot	STF	1
Male	41	Black	Tswana	Single	7	RO	Hand caught in electric gate – right hand injury	STF	2

Male	44	Black	Tsonga	Married	10	RO	MVA – Soft tissue injury neck	MVA	1
Male	44	Black	Sepedi	Married	9	RO	MVA – superficial injury/muscle sprain to neck and Gunshot wound	MVA & Gunshot	1

RO = Reaction officer, STF = Slips, trips and falls

MVA = Motor vehicle accident

Table 5.2

Biographical Characteristics of Focus Group 2

BIOGRAPHICAL CHARACTERISTICS OF FOCUS GROUP 2									
Gender	**Age**	**Race**	**Home language**	**Marital status**	**Years of experience in the security industry**	**Occupation**	**Cause and nature of injury**	**IOD classification**	**Total IODs during employment**
Male	44	Black	Northern Sotho	Married	8	RO	Dog bite – 10 cm left calf abrasions, ecchymosis and mid-oedema	Dog Bite	2
Male	54	White	Afrikaans	Divorced	19	SRO	MVA - soft tissue injury left shoulder and spine	MVA	3
Male	47	Black	Tswana	Married	17	RFM	MVA – soft tissue injury back and chest	MVA	1
Male	32	Black	Tsonga	Single	5	RO	Dog bite – superficial bite inner left leg	Dog bite	1

RO = Reaction officer, SRO = Senior reaction officer, RFM = Reaction force manager

MVA = Motor vehicle accident

Table 5.3

Biographical Characteristics of Focus Group 3

BIOGRAPHICAL CHARACTERISTICS OF FOCUS GROUP 3									
Gender	**Age**	**Race**	**Home language**	**Marital status**	**Years of experience in the security industry**	**Occupation**	**Cause and nature of injury**	**IOD classification**	**Total IODs during employment**
Male	43	Black	Tsonga	Single	1	BPO	Fell off bicycle – Soft tissue injury to left hip and pelvis	BRA	1
Male	53	Black	Pedi	Widowed	9	BPO	Knocked head on gate - Haematoma left side of head and analgesia	STF	1
Male	33	Black	Tswana	Married	4	BPO	Fell off bicycle – lacerations to left palm and right middle andring finger	BRA	1
Male	34	Black	Ndebele	Single	2	BPO	Fell off bicycle – soft tissue injury left knee - operated	BRA	1

Male	35	Black	Sepedi	Engaged	8	BPO	Fell off bicycle – head injury	BRA	1
Male	44	Black	Northern Sotho	Married	15	BPO	Climbing stairs, missed step – sprained ankle	STF	1

BPO = Bicycle patrol officer

STF = Slips, trips and falls, BRA = Bicycle-related accident

Table 5.4

Biographical Characteristics of Focus Group 4

BIOGRAPHICAL CHARACTERISTICS OF FOCUS GROUP 4									
Gender	**Age**	**Race**	**Home language**	**Marital status**	**Years of experience in the security industry**	**Occupation**	**Cause and nature of injury**	**IOD classification**	**Total IODs during employment**
Male	39	Black	Tswana	Single	14	Supervisor	MVA – Soft tissue injury head and neck	MVA	2
Male	49	Black	Northern Sotho	Married	15	SO	Slipped on wet stairs – sprained ankle	STF	1
Male	57	Black	Xhosa	Married	13	SO	MVA - Whiplash	MVA	1
Male	40	Black	S Sotho	Married	8	SO	MVA - Whiplash	MVA	1

SO = Security officer

STF = Slips, trips and falls, MVA = Motor vehicle accident

Table 5.5

Biographical Characteristics of Individual Interviews

BIOGRAPHICAL CHARACTERISTICS OF INDIVIDUAL INTERVIEWS									
Gender	**Age**	**Race**	**Home language**	**Marital status**	**Years of experience in the security industry**	**Occupation**	**Cause and nature of injury**	**IOD classification**	**Total IODs during employment**
Male	28	Black	Northern Sotho	Single	3	BPO	Fell off bicycle – superficial abrasion both knee and hands; Brick wall fell on SO – soft tissue injury to hands	BRA	2
Male	35	Black	Tswana	Single	8	SO	Fitness assessment – RO sprained right ankle	STF	1
Male	45	Black	Northern Sotho	Married	16	SO	MVA – Soft tissue injury neck	MVA	1

Male	33	Black	Sepedi	Single	7	SO	Gate bumped arm – soft tissue injury right arm	STF	1
Male	41	Black	Northern Sotho	Single	13	SO	Third party drove into gate, gate fell on SO – soft tissue injury to back	STF	1
Male	49	Black	Tsonga	Married	16	Supervisor	MVA – Soft tissue injury back muscle	MVA	1
Female	40	Black	Tswana	Married	6	SO	MVA – Soft tissue injury neck	MVA	1
Male	53	Black	Zulu	Married	15	SO	MVA – neck muscle injury	MVA	2

BPO = Bicycle patrol officer, SO = Security officer

STF = Slips, trips and falls, MVA = Motor vehicle accident, BRA = Bicycle-related accident

5.2 GENERAL GRAPHIC ILLUSTRATION OF IODs IN THE FOCUS GROUPS AND INDIVIDUAL INTERVIEWS

It is essential to have a diverse sample because this enhances the credibility of the study. As alluded to in chapter 4, credibility was achieved through the research methods adopted by the researcher and independent verification of the interpretation of the data (Babbie & Mouton, 2001).

5.2.1 Overall characteristics of participants

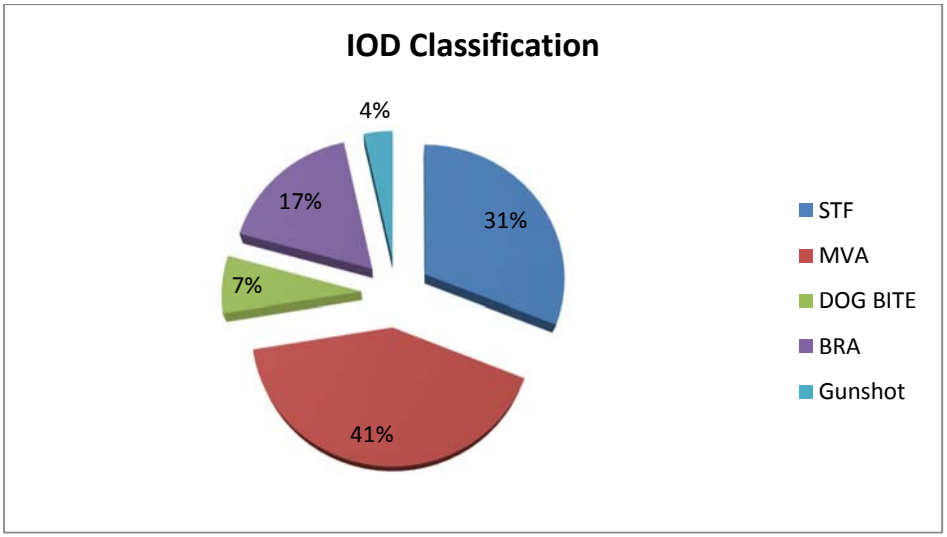
Table 5.6

Frequency distribution: IOD Classification of the Overall Sample of Participants

IOD Classification	Frequency	Percentage
STF	9	31
MVA	12	41
Dog bite	2	7
BRA	5	17
Gunshot	1	4
TOTAL	29	100

Table 5.6 and figure 5.1 depict the overall IOD classification of the entire sample of 28 participants in the study. Although only 28 participants took part in the study, the total number of injuries amounted to 29, as one participant was involved in two IODs during the relevant period. Five (17%) participants were involved in a bicycle related

injury, while nine (31%) were involved in an STF injury involving injuries relating to, inter alia, moving objects such as bumping heads on open windows, getting hands stuck in electric gates and jumping fences. Twelve (41%) participants were injured as a result of being involved in MVA's, two (7%) participants as a result of dog bites and one (4%) participant as a result of a gunshot wound. The participants in this study were fairly evenly represented in relation to their IODs.



STF = Slips, trips and falls, MVA = Motor vehicle accident,BRA = Bicycle-related accident

Figure 5.1. The Overall Sample: IOD Classification

Table 5.7

Frequency Distribution: Race Profile of the Total Sample of Participants

Race	Frequency	Percentage
White	1	3
Black	26	93
Coloured	1	4
Total	28	100

According to table 5.7 and figure 5.2, the sample comprised one (3%) white participant, 26 (93%) black participants and one (4%) coloured participant. None of the participants in this sample were Indian. The majority of security officers in this sample were thus from the black community. This could be indicative of the fact that the security industry predominantly comprises more black employees (Diphoorn, 2015).

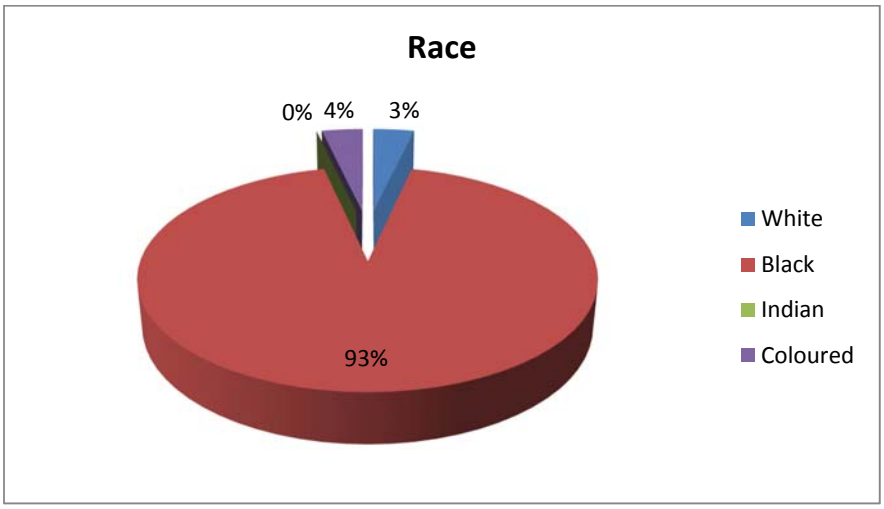


Figure 5.2. The Overall Sample: Distribution by Race

Table 5.8

Frequency Distribution: Age Profile of the Total Sample of Participants

Age groups	Frequency	Percentage
25 - 30	2	7
31 - 35	7	25
36 - 40	3	11
41 - 45	9	32
46 - 50	3	11
51 - 55	3	11
56 - 60	1	3
TOTAL	28	100

Table 5.8 and figure 5.3 illustrate that the sample comprised of two (7%) participants between the ages of 25 and 30, seven (25%) between the ages 31 and 35, three

(11%) between the ages 36 and 40, nine (32%) between the ages 41 and 45, three (11%) between the ages 46 and 50, three (11%) between the ages 51 and 55 and one (3%) between the ages 56 and 60. The majority of the focus group therefore comprised of employees between the ages of 41 and 45.

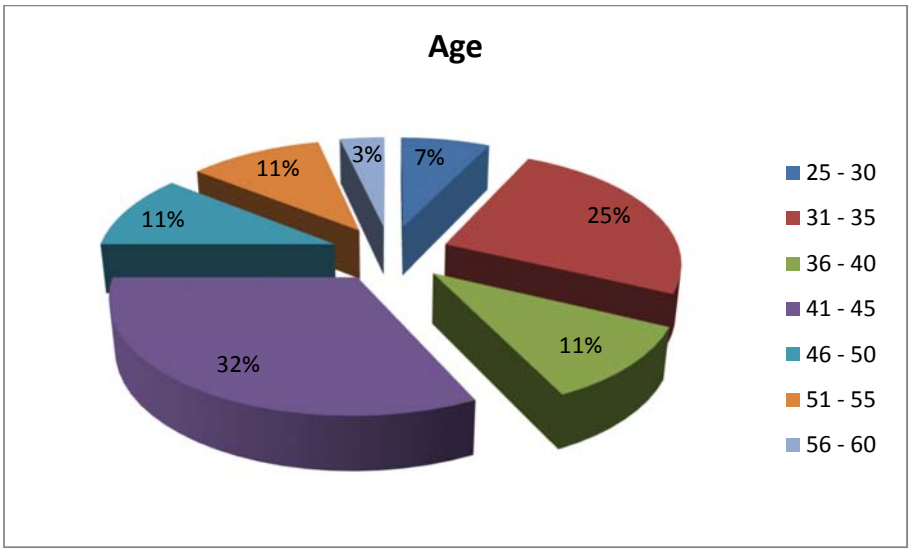


Figure 5.3. The Overall Sample: Distribution by Age

Table 5.9

Frequency Distribution: Gender Profile of the Total Sample of Participants

Gender	Frequency	Percentage
Male	27	96
Female	1	4
TOTAL	28	100

As indicated in table 5.9 and figure 5.4, the sample comprised one (4%) female participant and 27 (96%) male participants. This may be because of the nature of the industry and the danger it poses, which makes it less attractive for women to apply for positions (Wakefield, 2012).

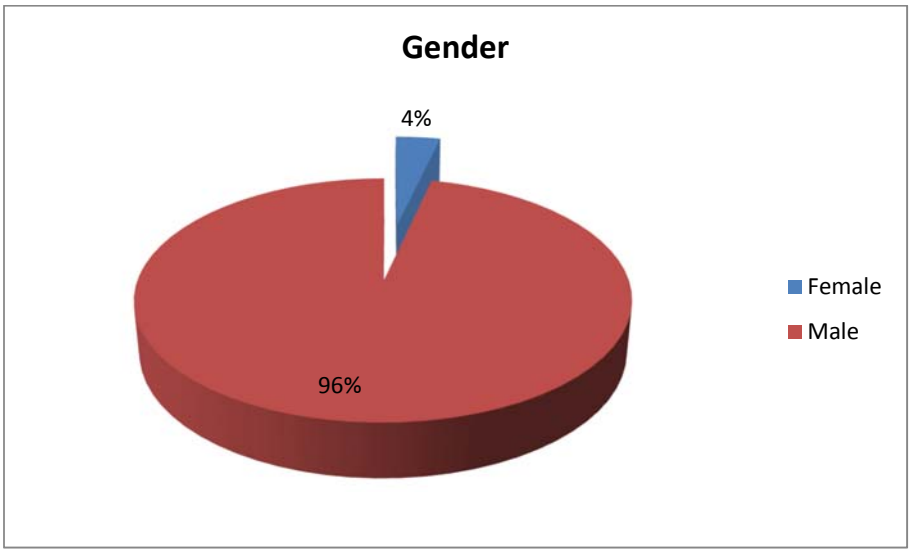


Figure 5.4. The Overall Sample: Distribution by Gender

Table 5.10

Frequency Distribution: Language Profile of the Total Sample of Participants

Language	**Frequency**	**Percentage**
Tsonga	4	14
Pedi	1	3
Tswana	7	25
Northern Sotho	6	21
Ndebele	1	3
Sepedi	3	11
Xhosa	1	3
Zulu	1	4
Afrikaans	2	7
Venda	1	4
Southern Sotho	1	4
TOTAL	28	100

Table 5.10 and figure 5.5 indicate the sample consisted of the following: four (14%) Tsonga, one (3%) Pedi, seven (25%) Tswana, six (21%) Northern-Sotho, one (3%) Ndebele, three (11%) Sepedi, one (3%) Xhosa, one (3%) Zulu, two (7%) Afrikaans, one (4%) Venda, and one (4%) Southern-Sotho participant. The different language groups were therefore fairly evenly represented in this sample even though Tswana and Northern-Sotho were slightly higher in representation.

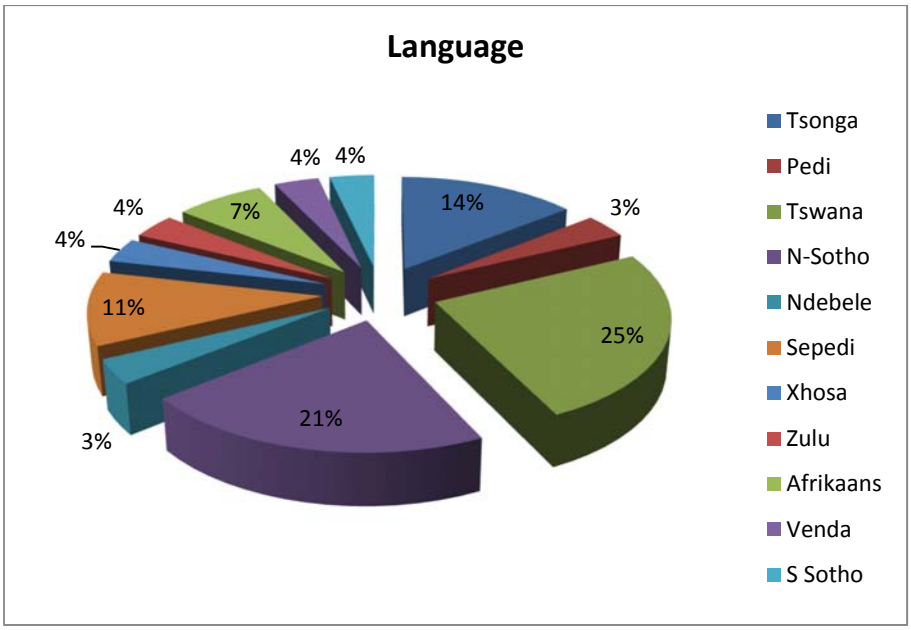


Figure 5.5. The Overall Sample: Distribution by Language

Table 5.11

Frequency Distribution: Marital Status of the Total Sample of Participants

Marital status	Frequency	Percentage
Single	10	36
Engaged	1	3
Married	15	53
Divorced	1	4
Widowed	1	4
TOTAL	28	100

According to table 5.11 and figure 5.6, the sample comprised of ten (36%) single, one (3%) engaged, 15 (53%) married, one (4%) divorced and one (4%) widowed participant. The majority of participants were therefore married.

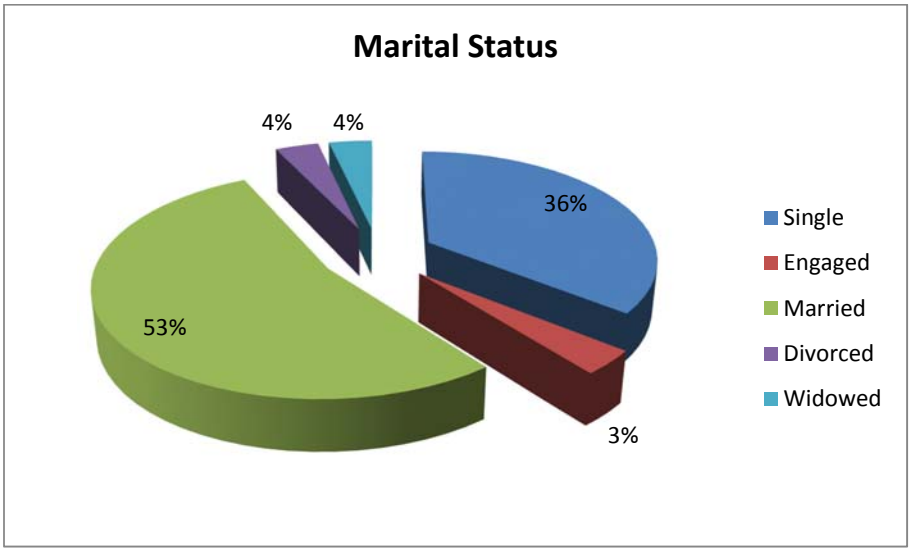


Figure 5.6. The Overall Sample: Distribution by Marital Status

Table 5.12

Frequency Distribution: Job Designation of the Total Sample of Participants

Job designation	**Frequency**	**Percentage**
Security officer	10	36
Bicycle patrol officer	6	21
Armed response officer	8	29
Senior/supervisor	3	11
Reaction force manager	1	3
TOTAL	28	100

According to table 5.12 and figure 5.7, the sample comprised ten (36%) security officers, six (21%) bicycle patrol officers, eight (29%) armed response officers, three

(11%) supervisors and one (3%) reaction force manager. The sample was therefore fairly representative in terms of the various job categories.

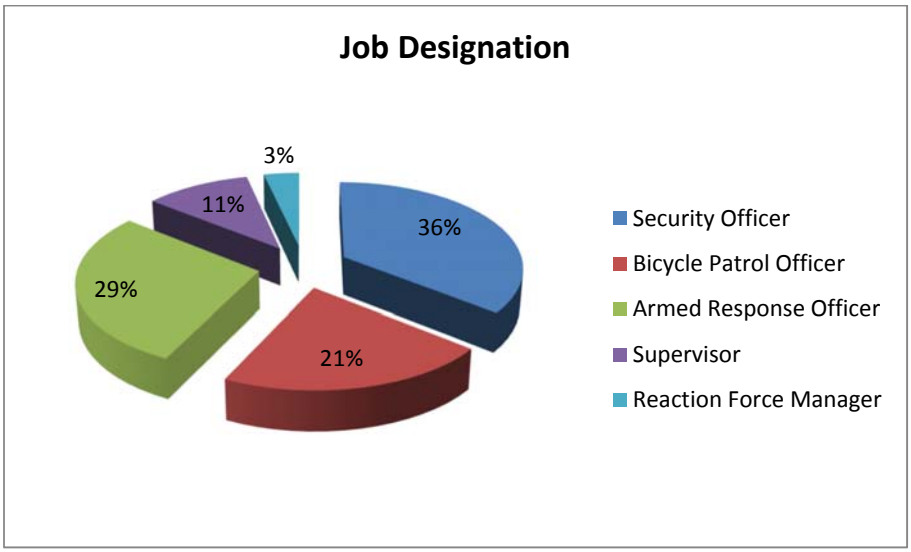


Figure 5.7. The Overall Sample: Distribution by Job Designation

Table 5.13

Frequency Distribution: Years of Experience of the Total Sample of Participants

Security Experience	Frequency	Percentage
1 - 5 years	6	22
6 - 10 years	12	43
11 -15 years	6	21
16 -20 years	4	14
TOTAL	28	100

According to table 5.13 and figure 5.8, the sample consisted of six (22%) participants with one to five years' security experience, twelve (43%) participants with six to ten years' security experience, six (21%) participants with eleven to fifteen years'

experience and four (14%) participants with sixteen to 20 years' security experience. Hence most of the participants were experienced security officers with only six (22%) participants with five years' and less experience in the private security industry. By using experienced security officers in this research study, credibility was enhanced because participants had a good understanding of the security industry.

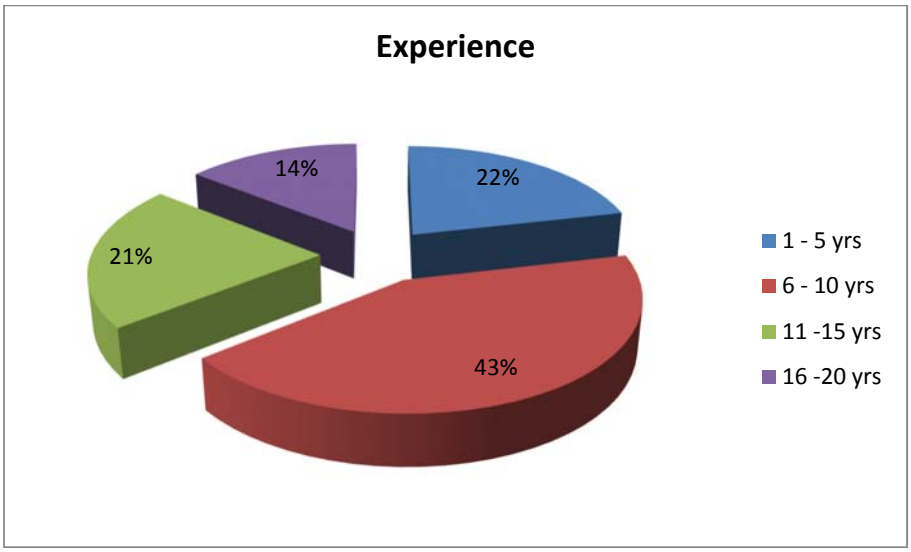


Figure 5.8. The Overall Sample: Distribution by Years of Working Experience

Table 5.14

Frequency Distribution: No of IODs Experienced during Career in the Private Security Industry of the Total Sample of Participants

No of IODs during employment	Frequency	Percentage
1 IOD	21	70
2 IODs	6	20
3 IODs	3	10
TOTAL	30	100

Table 5.14 and figure 5.9 indicate that 21 (70%) of the participants experienced only one IOD, six (20%) experienced two IODs and three (10%) experienced three IODs

during their employment as security officers in the private security industry. This indicates that nine of the 28 participants experienced more than one IOD during their employment as security officers.

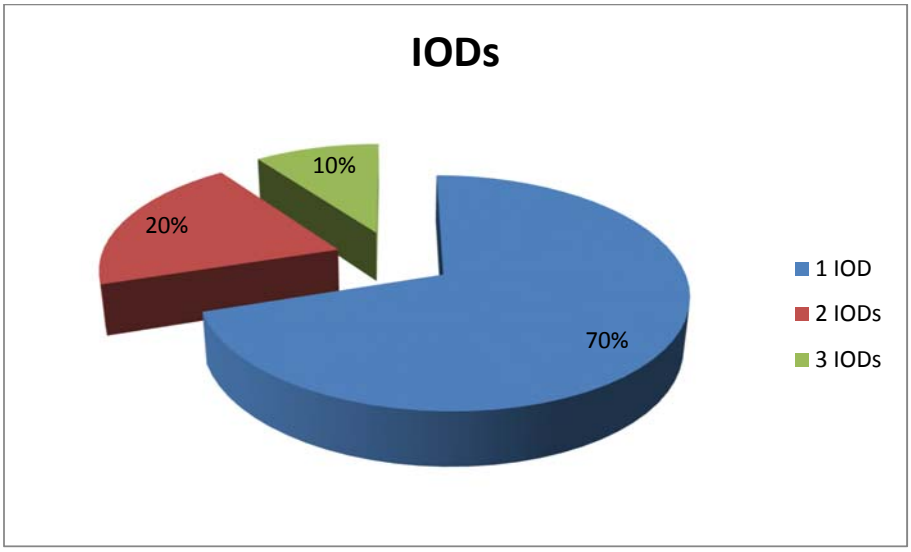


Figure 5.9. The Overall Sample: Distribution by Number of IODs

5.2.2 Characteristics of participants in focus group 1

The characteristics of the seven participants in focus group 1 are presented in tables 5.15 to 5.23 below.

Table 5.15

Frequency Distribution: Distribution by IOD Classification of Sample in Focus Group 1

IOD Classification	Frequency	Percentage

STF	3	43
MVA	3	43
Dog bite	0	0
BRA	0	0
Gunshot	1	14
TOTAL	7	100

Table 5.15 and figure 5.10 depict the IOD classification of focus group 1. Three participants (43%) were involved in a STF-related injury, three participants (43%) were involved in MVA's and one participant was involved in a gunshot-related IOD.

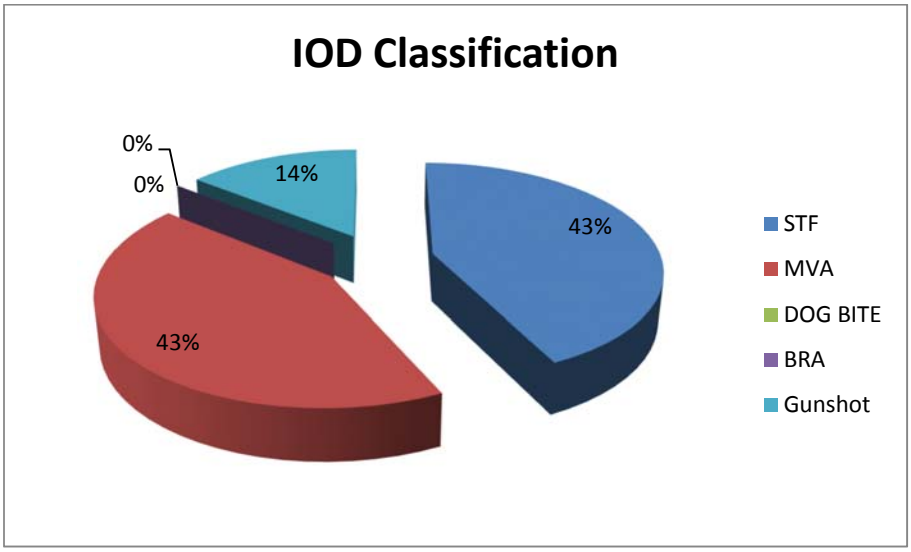


Figure 5.10. Focus Group 1: Distribution by IOD Classification

Table 5.16

Frequency Distribution: Distribution by Race of Sample in Focus Group 1

Race	**Frequency**	**Percentage**
White	0	0
Black	5	83
Indian	0	0
Coloured	1	17
TOTAL	6	100

Table 5.16 and figure 5.11 indicate that the sample comprised five (83%) black participants and one (17%) coloured participant. None of the participants in this

sample were white or Indian. The majority of security officers in this focus group were thus from the black community. The reason for this was already explained.

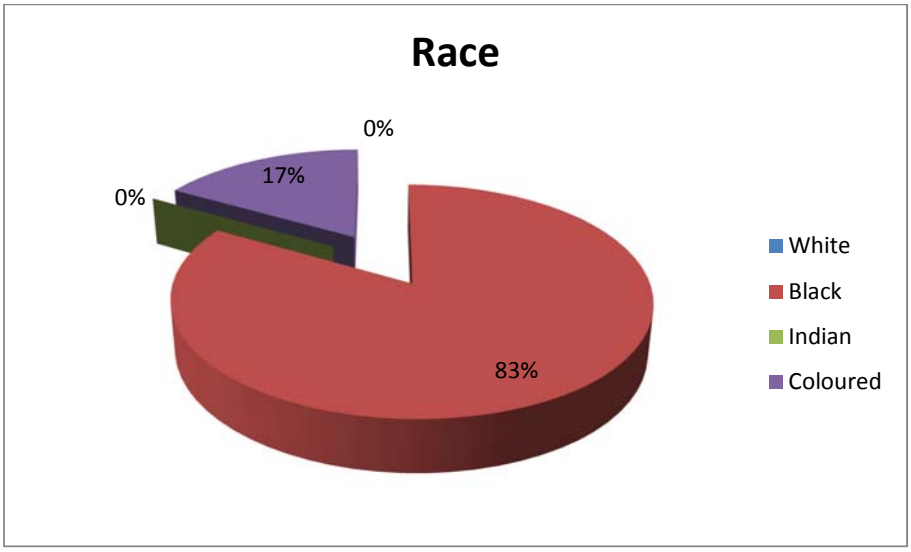


Figure 5.11. Focus group 1: Distribution by Race

Table 5.17

Frequency Distribution: Distribution by Age of Sample in Focus Group 1

Age Groups	Frequency	Percentage
25 - 30	1	16
31 - 35	1	17
36 - 40	0	0
41 - 45	4	67
46 - 50	0	0
51 - 55	0	0
56 - 60	0	0
TOTAL	6	100

Table 5.17 and figure 5.12 indicate that the participants in focus group 1 comprised one (16%) participant between the ages of 25 and 30, one (17%) between the ages of 31 and 35 and four (67%) between the ages of 41 and 45. The majority of the participants in focus group 1 were therefore between the ages of 41 and 45.

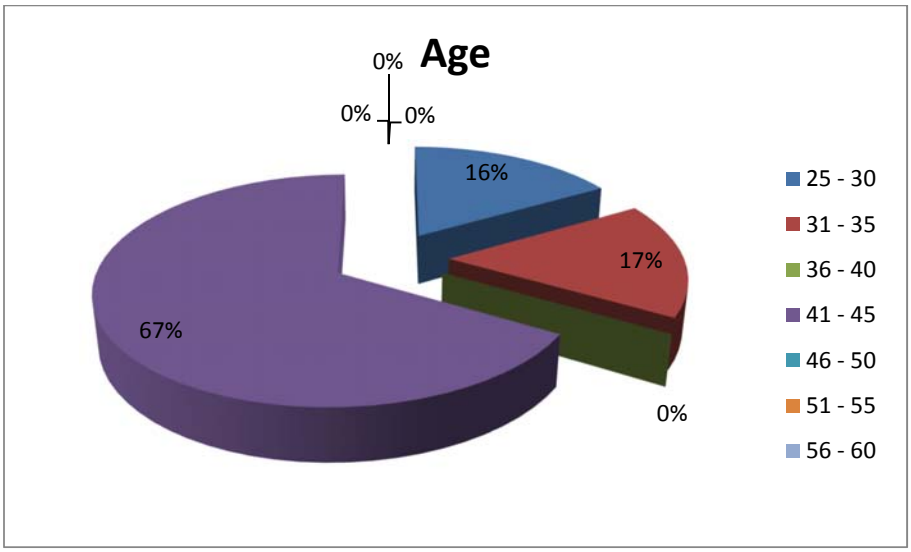


Figure 5.12. Focus group 1: Distribution by Age

Table 5.18

Frequency Distribution: Distribution by Gender of Sample in Focus Group 1

Gender	Frequency	Percentage
Male	6	100
Female	0	0
TOTAL	6	100

Table 5.18 and figure 5.13 illustrate that six (100%) male participants in focus group 1. Hence there were no female participants in this sample.

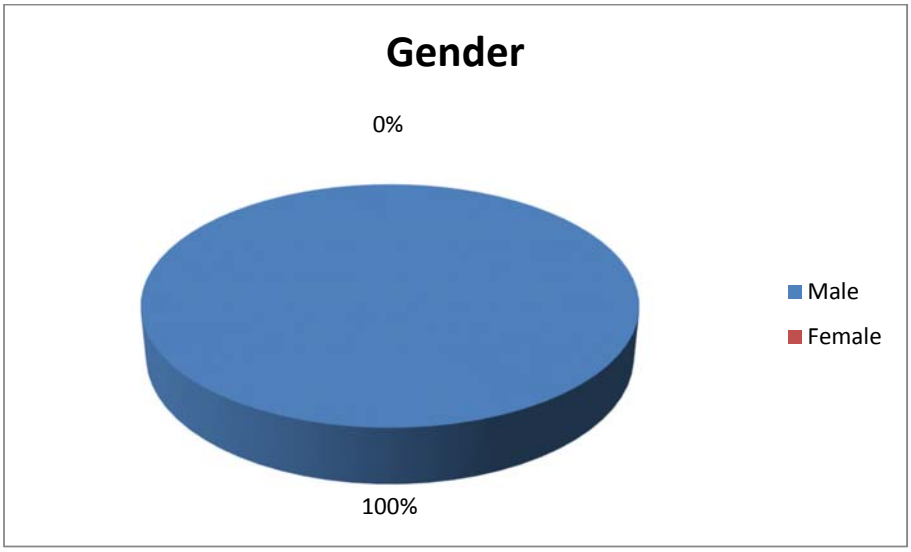


Figure 5.13. Focus Group 1: Distribution by Gender

Table 5.19

Frequency Distribution: Distribution by Language of Sample in Focus Group 1

Language	Frequency	Percentage
Tsonga	1	16
Pedi	0	0
Tswana	2	33
Northern Sotho	0	0
Ndebele	0	0
Sepedi	1	17
Xhosa	0	0
Zulu	0	0

Afrikaans	1	17
Venda	1	17
Southern Sotho	0	0
TOTAL	6	100

Table 5.19 and figure 5.14 indicates that the sample for focus group 1 consisted of one (16%) Tsonga, two (33%) Tswana, one (17%) Sepedi, one (17%) Afrikaans and one (17%) Venda participant.

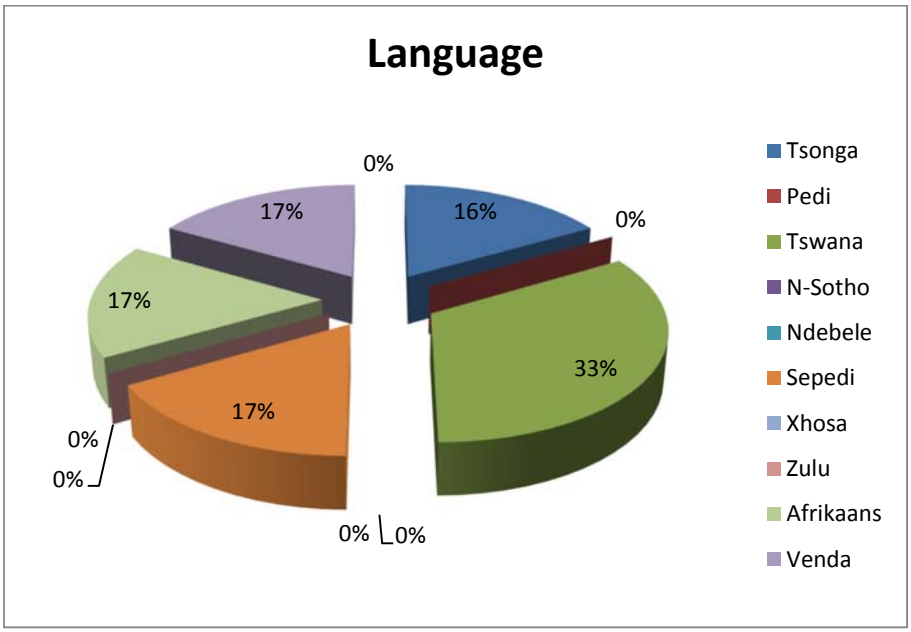


Figure 5.14. Focus Group 1: Distribution by Language

Table 5.20

Frequency Distribution: Distribution by Marital Status of Sample in Focus Group 1

Marital Status	**Frequency**	**Percentage**
Single	2	33
Engaged	0	0
Married	4	67
Divorced	0	0
Widowed	0	0
TOTAL	6	100

According to table 5.20 and figure 5.15, the sample comprised two (33%) single participants and four (67%) married participants. The majority of the participants in focus group 1 were married.

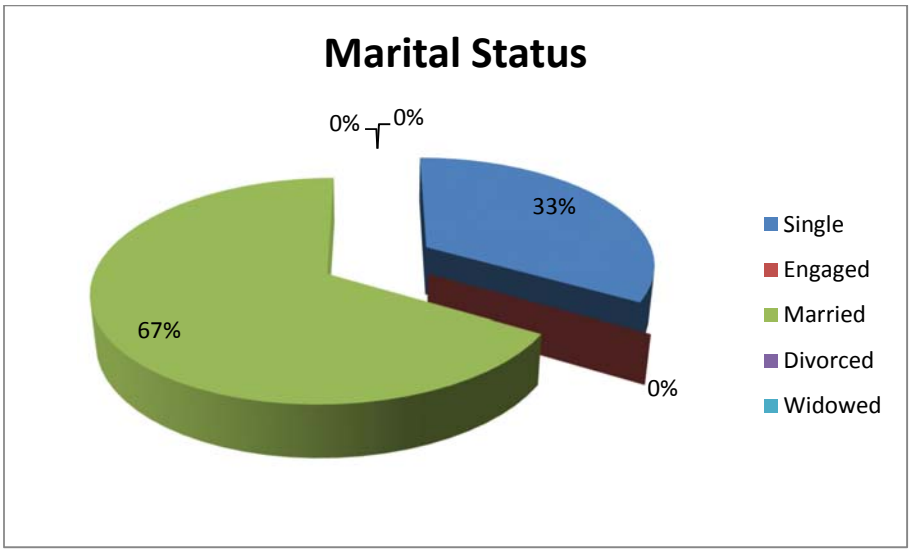


Figure 5.15. Focus Group 1: Distribution by Marital Status

Table 5.21

Frequency distribution: distribution by job designation of sample in focus group 1

Job Designation	Frequency	Percentage
Security officer	0	0
Bicycle patrol officer	0	0
Armed response officer	6	100
Senior/supervisor	0	0
Reaction force manager	0	0
TOTAL	6	100

According to table 5.21 and figure 5.16, the participants in focus group 1 comprised six (100%) armed response officers. The interviews were coordinated around the shift and roster schedule. Because the shift patterns of guards and armed response officers differ, it was not possible to have a combined focus group discussion.

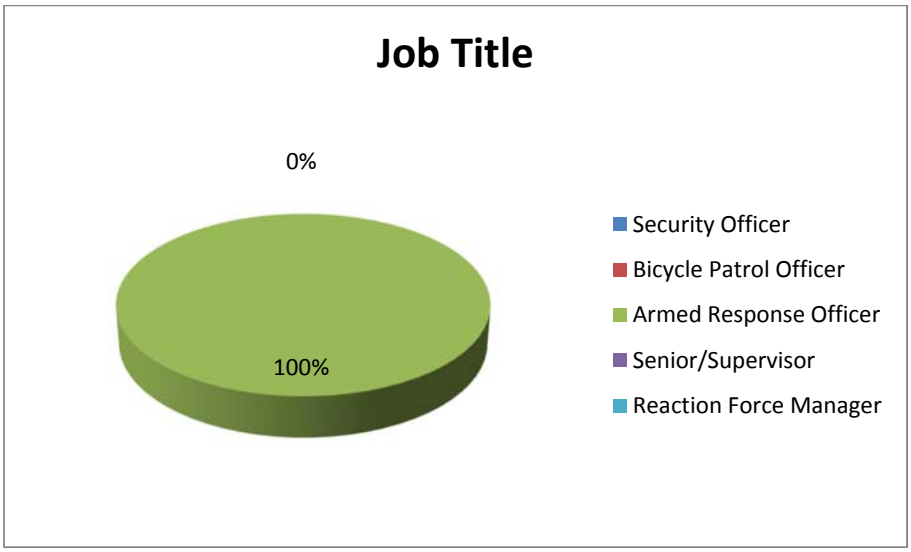


Figure 5.16. Focus Group 1: Distribution by Job Designation

Table 5.22

Frequency Distribution: Distribution by Years of Experience of Sample in Focus Group 1

Security Experience	**Frequency**	**Percentage**
1 - 5 yrs	1	17
6 - 10 yrs	5	83
11 -15 yrs	0	0
16 -20 yrs	0	0
TOTAL	6	100

According to table 5.22 and figure 5.17, the participants in focus group one consisted of one (17%) participant with between one to five years' security experience and five (83%) with six to ten years' security experience. Hence most of the participants were experienced security officers.

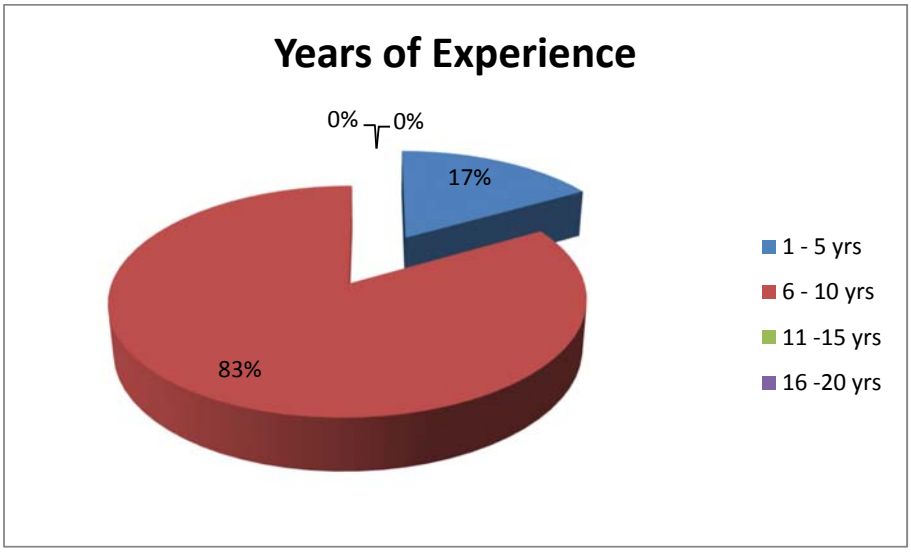


Figure 5.17. Focus Group 1: Distribution by Years of Experience

Table 5.23

Frequency Distribution: No of IODs Experienced during Career in the Private Security Industry of the Focus Group 1

Number of IODs during employment	Frequency	Percentage
1 IOD	4	67
2 IODs	2	33
3 IODs	0	0
TOTAL	6	100

Table 5.23 and figure 5.18 indicates that four (67%) of the participants in the first focus group experienced only one IOD and two (33%) participants experienced two IODs during their employment as security officers within the private security industry.

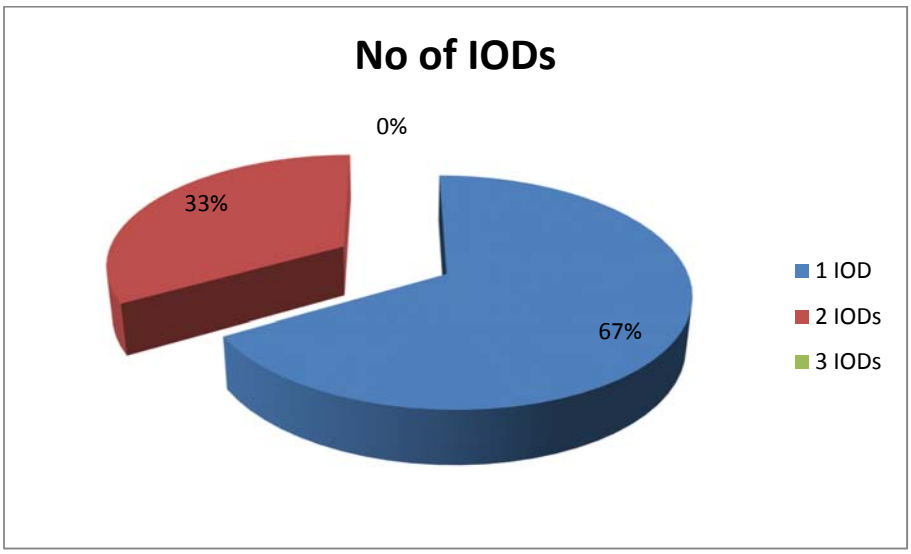


Figure 5.18. Focus Group 1: Distribution by Number of IODs

5.2.3 Characteristics of participants in focus group 2

The characteristics of the four participants in focus group 2 are presented in tables 5.24 to 5.32 below.

Table 5.24

Frequency Distribution: IOD Classification of Focus Group 2

IOD Classification	Frequency	Percentage
STF	0	0
MVA	2	50
Dog bite	2	50
BRA	0	0
Gunshot	0	0
TOTAL	4	100

Table 5.24 and figure 5.19 depict the IOD classification of focus group 2. Two participants (50%) were involved in MVA-related injuries and two participants (50%) were involved in dog-bite-related IODs.

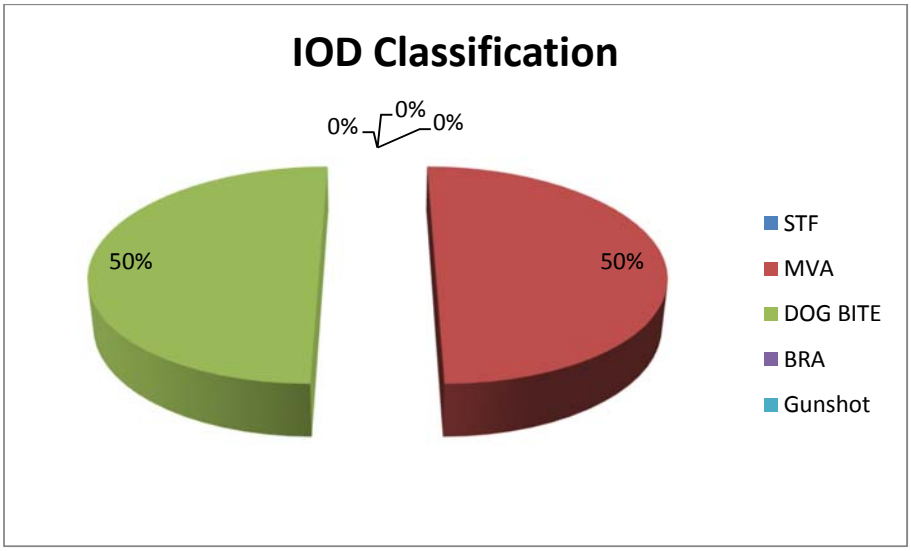


Figure 5.19. Focus Group 2: Distribution by IOD Classification

Table 5.25

Frequency Distribution: Race in Focus Group 2

Race	Frequency	Percentage
White	1	25
Black	3	75
Indian	0	0
Coloured	0	0
TOTAL	6	100

Table 5.25 and figure 5.20 indicate that the participants in focus group 2 comprised one (25%) white and three (75%) black participants. None of the participants in this sample were coloured or Indian. The majority of security officers in this focus group were thus from the black community.

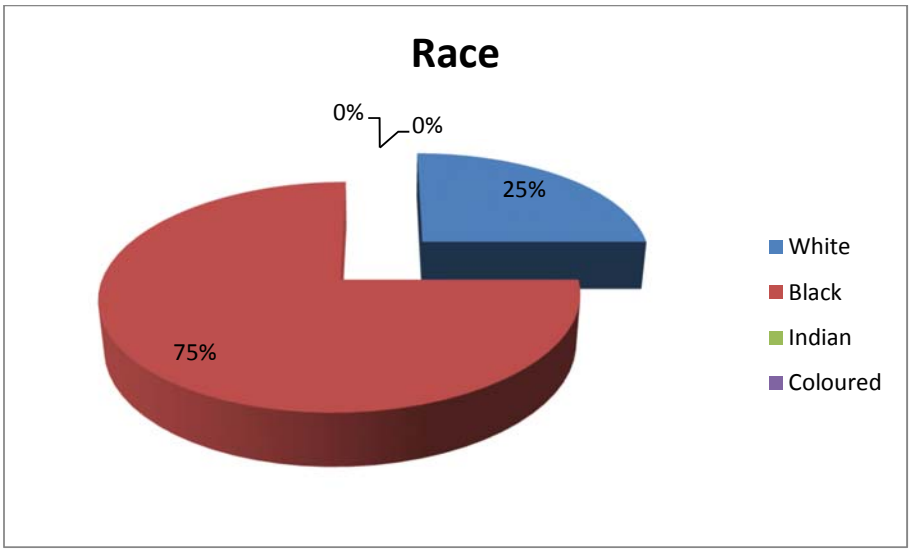


Figure 5.20. Focus Group 2: Distribution by Race

Table 5.26

Frequency Distribution: Age in Focus Group 2

Age Groups	Frequency	Percentage
25 - 30	1	16
31 - 35	1	17
36 - 40	0	0
41 - 45	4	67
46 - 50	0	0

51 - 55	0	0
56 - 60	0	0
TOTAL	6	100

Table 5.26 and figure 5.21 illustrate that the participants in focus group 2 comprised one (16%) participant between the ages of 25 and 30, one (17%) between the ages of 31 and 35 and four (67%) between the ages of 41 and 45. The majority of the participants in focus group 2 were therefore between the ages of 41 and 45 years.

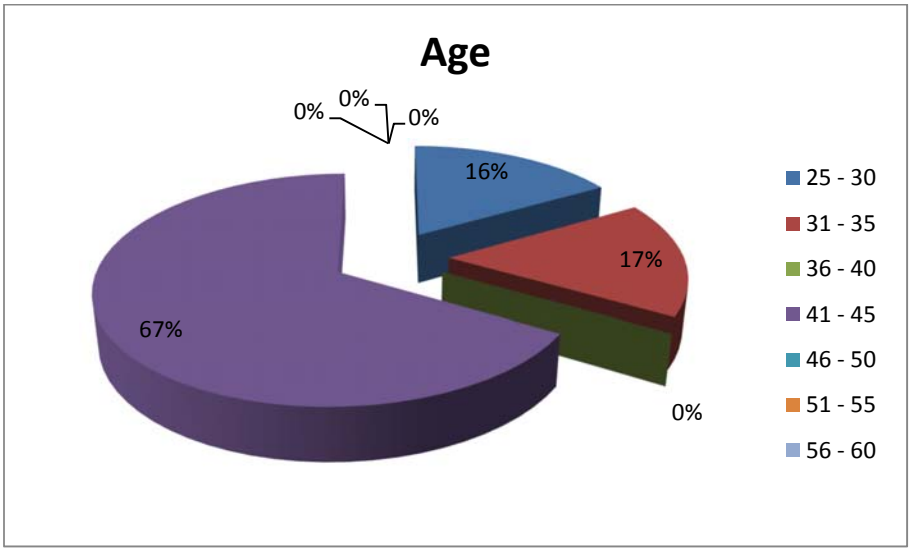


Figure 5.21. Focus Group 2: Distribution by Age

Table 5.27

Frequency Distribution: Gender in Focus Group 2

Gender	**Frequency**	**Percentage**
Male	4	100
Female	0	0
TOTAL	4	100

Table 5.27 and figure 5.22 illustrate 4 (100%) male participants in focus group 2. There were no female participants in this focus group.

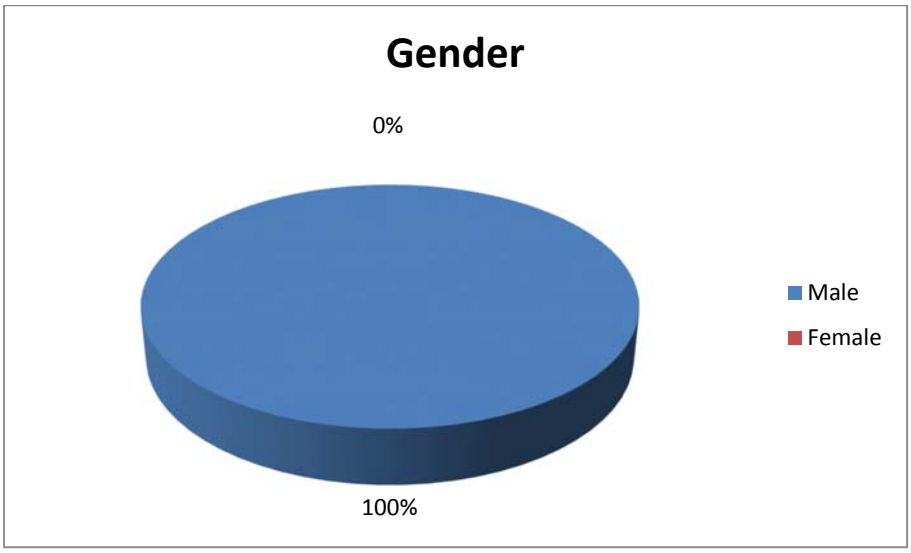


Figure 5.22. Focus Group 2: Distribution by Gender

Table 5.28

Frequency Distribution: Language in Focus Group 2

Language	Frequency	Percentage
Tsonga	1	25
Pedi	0	0
Tswana	1	25
Northern Sotho	1	25

Ndebele	0	0
Sepedi	0	0
Xhosa	0	0
Zulu	0	0
Afrikaans	1	25
Venda	0	0
Southern Sotho	0	0
TOTAL	4	100

Table 5.28 and figure 5.23 indicates that the participants in focus group 2 consisted of one (25%) Tsonga-speaking, one (25%) Tswana-speaking, one (25%) Northern-Sotho speaking and one (25%) Afrikaans-speaking participant.

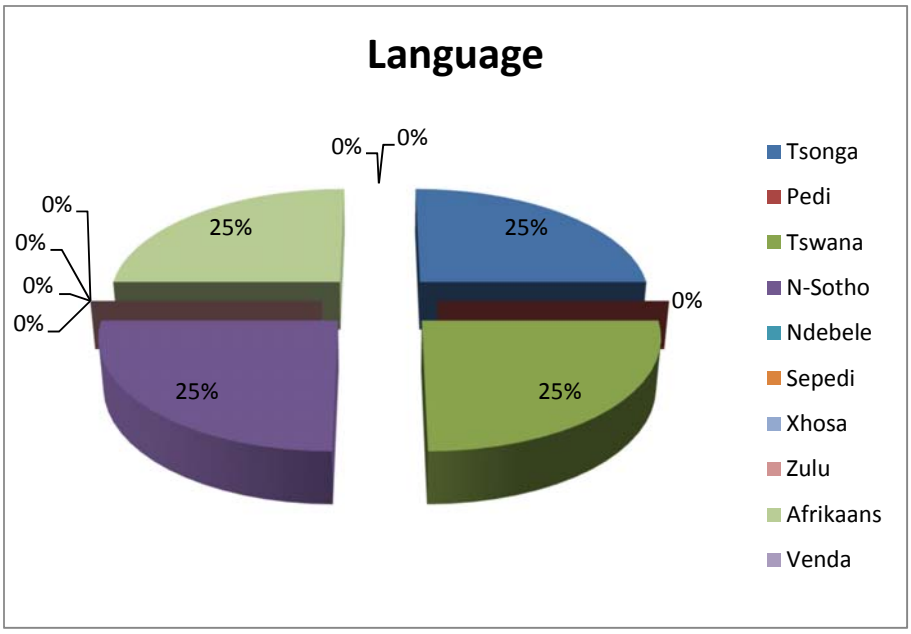


Figure 5.23. Focus Group 2: Distribution by Language

Table 5.29

Frequency Distribution: Marital Status in Focus Group 2

Marital Status	Frequency	Percentage
Single	1	25
Engaged	0	0
Married	2	50
Divorced	1	25

Widowed	0	0
TOTAL	4	100

According to table 5.29 and figure 5.24, the participants in focus group 2 comprised one (25%) single participant, two (50%) married participants and one (25%) divorced participant. The majority of participants were therefore married.

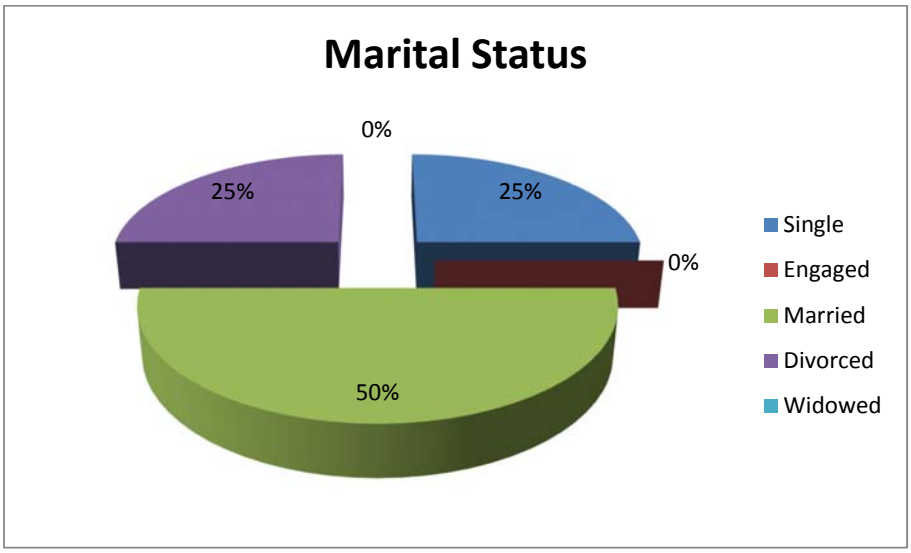


Figure 5.24. Focus Group 2: Distribution by Marital Status

Table 5.30

Frequency Distribution: Job Designation in Focus Group 2

Job Designation	Frequency	Percentage
Security officer	0	0
Bicycle patrol officer	0	0
Armed response officer	2	50
Senior/supervisor	1	25

Reaction force manager	1	25
TOTAL	4	100

According to table 5.30 and figure 5.25, the participants in focus group 2 comprised two (50%) armed response officers, one (25%) senior armed response officer and one (25%) reaction force manager. The entire sample was thus in the armed response division.

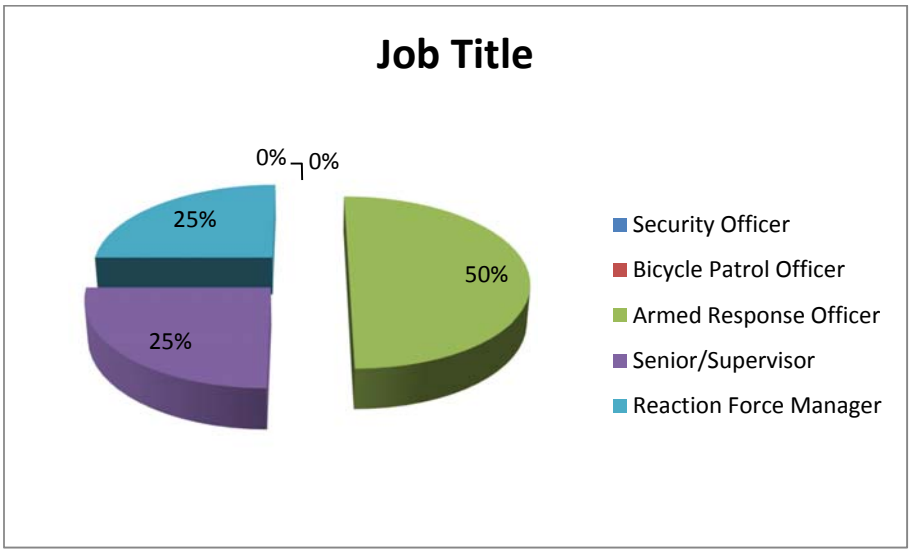


Figure 5.25. Focus Group 2: Distribution by Job Designation

Table 5.31

Frequency Distribution: Distribution by Years of experience in Focus Group 2

Security Experience	**Frequency**	**Percentage**
1 - 5 yrs	1	25
6 - 10 yrs	1	25
11 -15 yrs	0	0
16 -20 yrs	2	50

TOTAL	4	100

According to table 5.31 and figure 5.26 the participants in focus group 2 consisted of one (25%) participant with one to five years' security experience, one (25%) with six to ten years' security experience and two (50%) with 16 to 20 years' security experience. Hence most of the participants were experienced security officers.

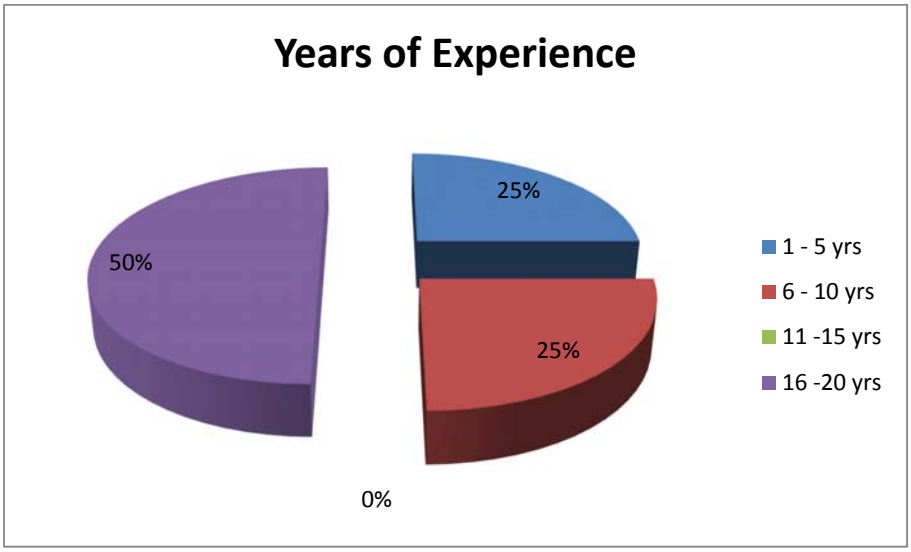


Figure 5.26. Frequency Distribution: Distribution by Years of Experience

Table 5.32

Frequency Distribution: No of IODs Experienced during career in the Private Security Industry for Focus Group 2

Number of IODs during employment	Frequency	Percentage
1 IOD	2	50
2 IODs	1	25
3 IODs	1	25

TOTAL	4	100

Table 5.32 and figure 5.27 indicate that in focus group 2, two (50%) of the participants experienced only one IOD, one (25%) experienced two IODs and three (25%) experienced three IODs during their employment as security officers in the private security industry. This shows that nine of the 28 participants experienced more than one IOD during their employment as security officers.

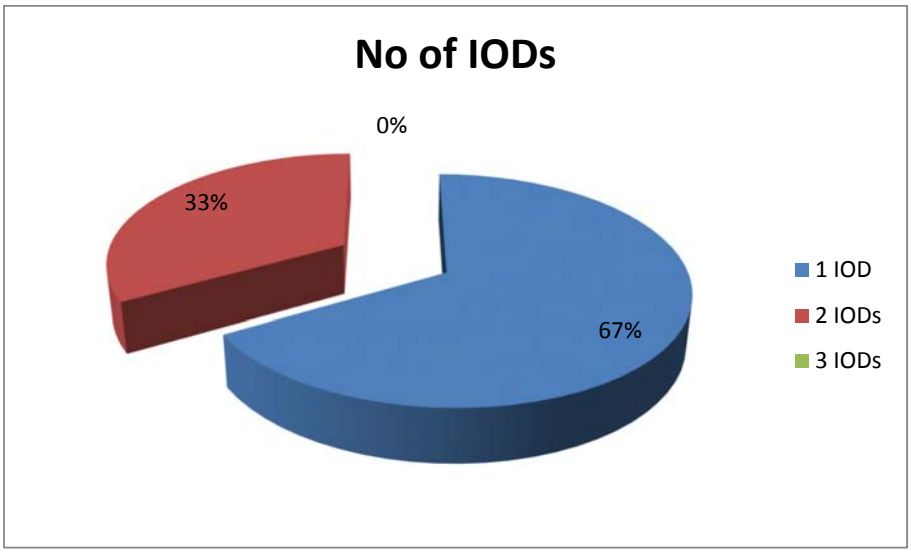


Figure 5.27. Focus Group 2: Distribution by Number of IODs

5.2.4 Characteristics of participants in focus group 3

The characteristics of the six participants in focus group 3 are presented in tables 5.33 to 5.41 below.

Table 5.33

Frequency Distribution: IOD Classification in Focus Group 3

IOD classification	Frequency	Percentage
STF	2	33
MVA	0	0
Dog bite	0	0
BRA	4	67
Gunshot	0	0
TOTAL	6	100

Table 5.33 and figure 5.28 depict the IOD classification of focus group 3. Two participants (33%) were involved in STF-related injuries and four (67%) in bicycle-related IODs.

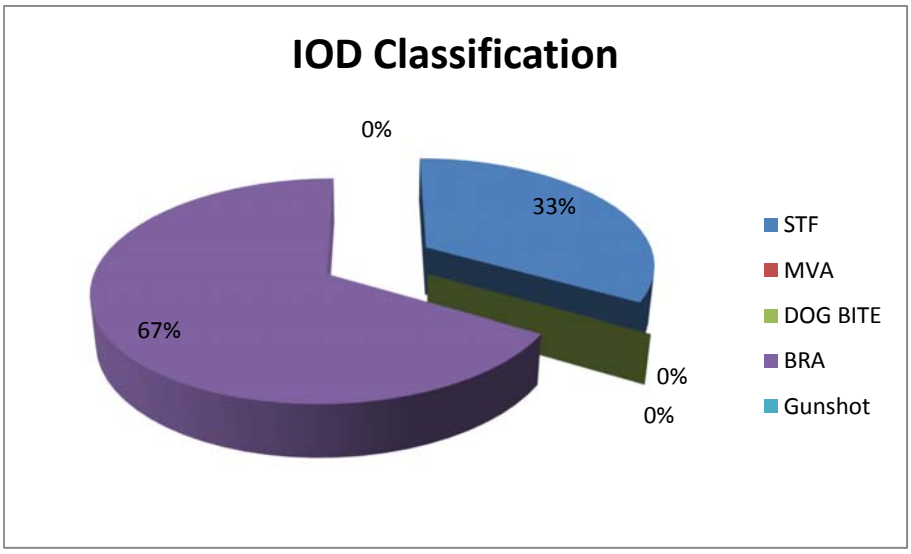


Figure 5.28. Focus Group 3: Distribution by IOD Classification

Table 5.34

Frequency Distribution: Race in Focus Group 3

Race	Frequency	Percentage
White	0	0
Black	6	100
Indian	0	0

Coloured	0	0
TOTAL	6	100

Table 5.34 and figure 5.29 indicate that the participants in focus group 3 comprised six (100%) black participants. None of the participants in this sample were white, coloured or Indian. The majority of security officers in this focus group were thus from the black community.

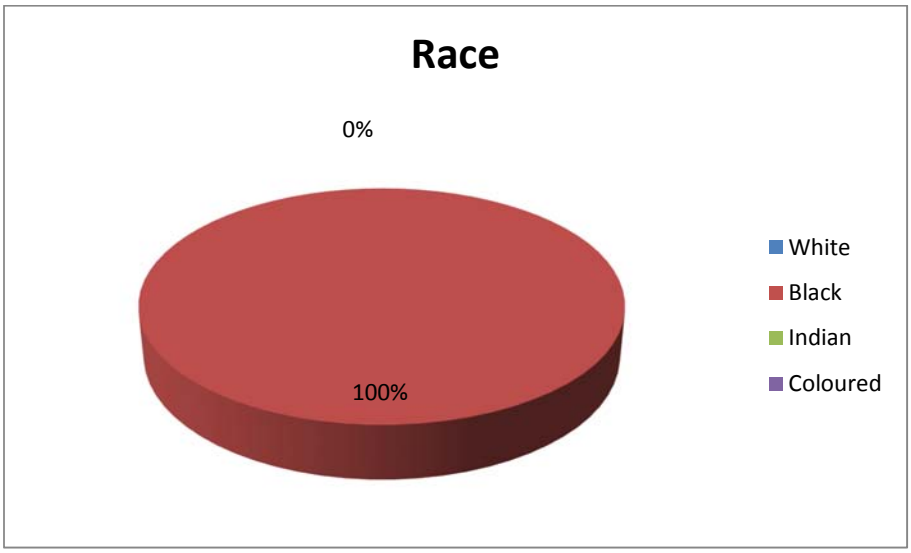


Figure 5.29. Focus Group 3: Distribution by Race

Table 5.35

Frequency Distribution: Age in Focus Group 3

Age groups	Frequency	Percentage
25 - 30	0	0
31 - 35	3	50
36 - 40	2	33

41 - 45	0	0
46 - 50	0	0
51 - 55	1	17
56 - 60	0	0
TOTAL	6	17

Table 5.35 and figure 5.30 indicate that in focus group 3, there were three (50%) participants between the ages of 31 and 35, two (33%) between the ages of 36 and 40 and one (17%) between the ages of 51 and 60. The majority of the participants in this focus group were therefore between the ages of 31 and 35.

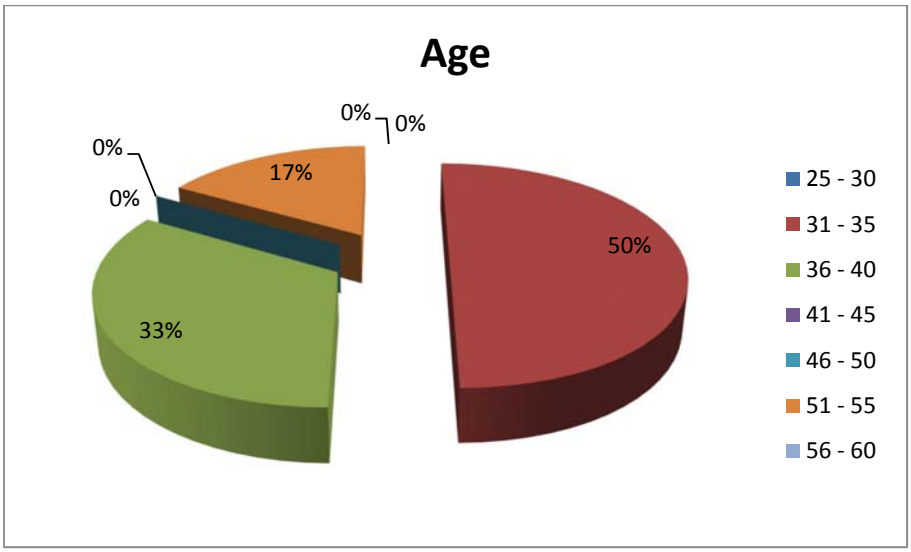


Figure 5.30. Focus Group 3: Distribution by age

Table 5.36

Frequency Distribution: Gender in Focus Group 3

Gender	Frequency	Percentage
Male	6	100

Female	0	0
TOTAL	6	100

Table 5.36 and figure 5.31 illustrate that there were six (100%) male participants in focus group 3. There were thus no female participants in this sample.

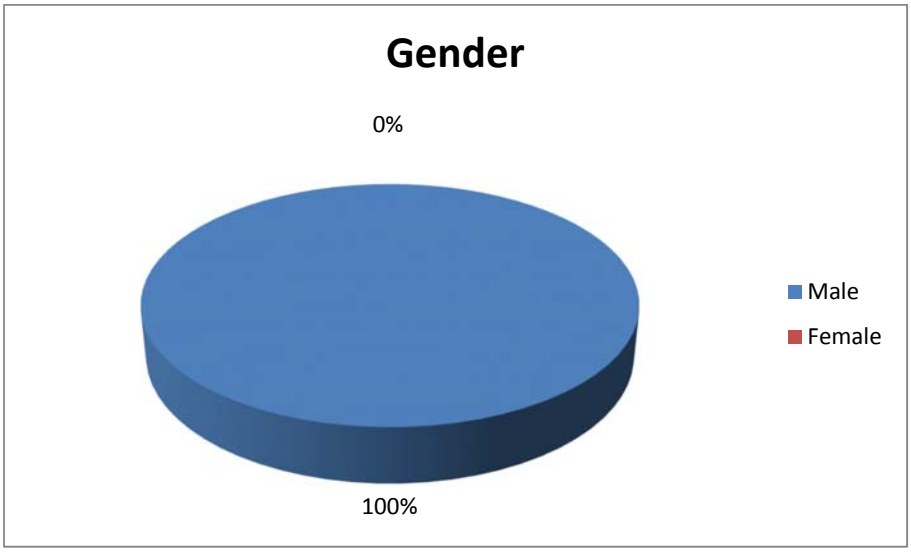


Figure 5.31. Focus Group 3: Distribution by Gender

Table 5.37

Frequency Distribution: Language in Focus Group 3

Language	Frequency	Percentage
Tsonga	1	16
Pedi	1	16
Tswana	1	17

Northern Sotho	1	17
Ndebele	1	17
Sepedi	1	17
Xhosa	0	0
Zulu	0	0
Afrikaans	0	0
Venda	0	0
Southern Sotho	0	0
TOTAL	6	100

Table 5.37 and figure 5.32 indicate that focus group 3 consisted of one (16%) Tsonga-speaking, one (16%) Pedi-speaking, one (17%) Tswana-speaking, one (17%) Northern-Sotho-speaking, one (17%) Ndebele-speaking, and one (17%) Sepedi-speaking participant.

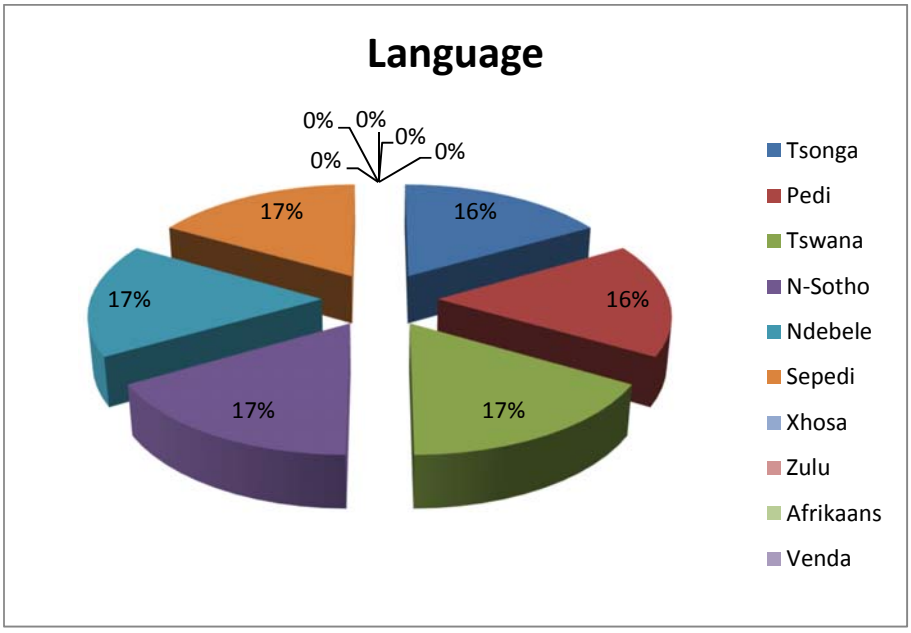


Figure 5.32. Focus Group 3: Distribution by IOD Language

Table 5.38

Frequency Distribution: Marital Status in Focus Group 3

Marital status	**Frequency**	**Percentage**
Single	2	33
Engaged	1	17
Married	2	33

Divorced	1	17
Widowed	0	0
TOTAL	6	100

According to table 5.38 and figure 5.33 in focus group 3 there were two (33%) single participants, one (17%) engaged participant, two (33%) married participants and one (17%) divorced participant. The majority of participants were therefore married or single.

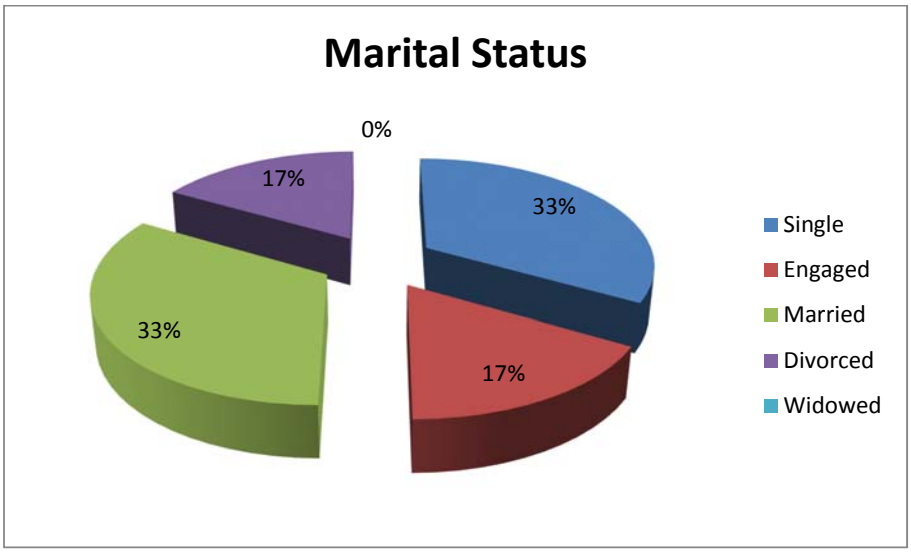


Figure 5.33. Focus Group 3: Distribution by Marital Status

Table 5.39

Frequency Distribution: Job Designation in Focus Group 3

Job designation	Frequency	Percentage
Security officer	0	0
Bicycle patrol officer	6	100

Armed response officer	0	0
Senior/supervisor	0	0
Reaction force manager	0	0
TOTAL	6	100

According to table 5.39 and figure 5.34 the participants in focus group 3 comprised six (100%) bicycle patrol officers.

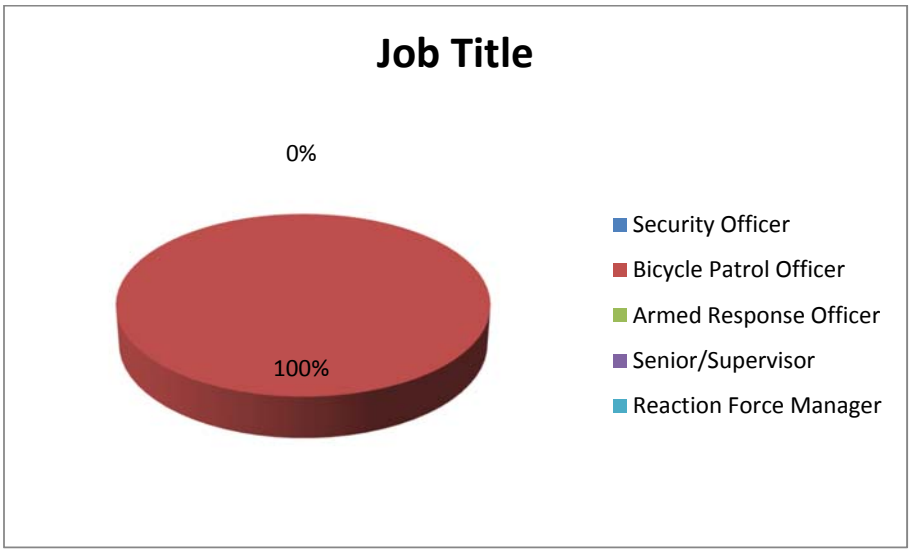


Figure 5.34. Focus Group 3: Distribution by Job Designation

Table 5.40

Frequency Distribution: Years of Experience in Focus Group 3

Security experience	**Frequency**	**Percentage**
1 - 5 yrs	3	50
6 - 10 yrs	2	33

11 -15 yrs	1	17
16 -20 yrs	0	0
TOTAL	6	100

According to table 5.40 and figure 5.35, the focus group 3 consisted of three (50%) participants with one to five years' security experience, two (33%) participants with six to ten years' security experience and one (17%) participant with 11 to 15 years of experience.

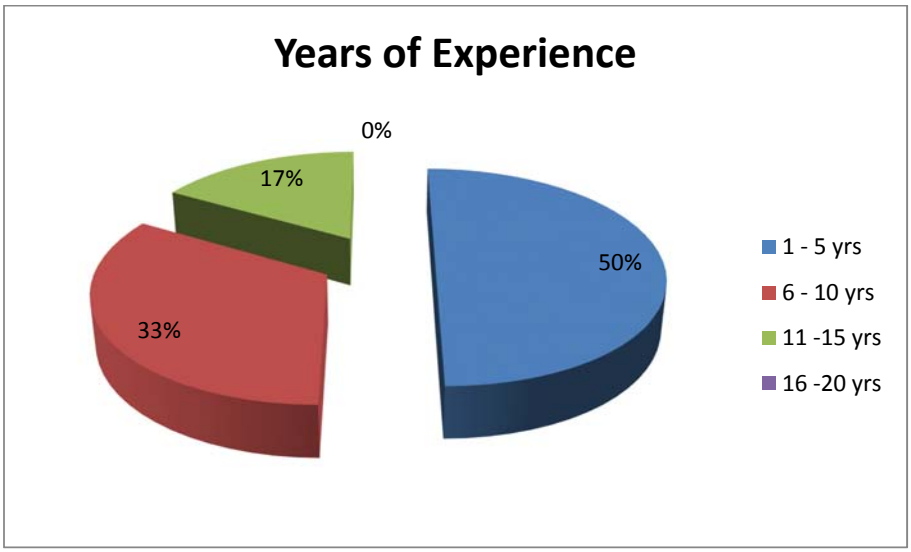


Figure 5.35. Focus Group 3: Distribution by Years of Experience

Table 5.41

Frequency Distribution: Number of IODs Experienced during career in the Private Security Industry of the Focus Group 3

Number of IODs during employment	**Frequency**	**Percentage**
1 IOD	6	100
2 IODs	0	0

3 IODs	0	0
TOTAL	6	100

Table 5.41 and figure 5.36 indicate that six (100%) of the participants in focus group 3 experienced only one IOD during their employment as security officers in the private security industry.

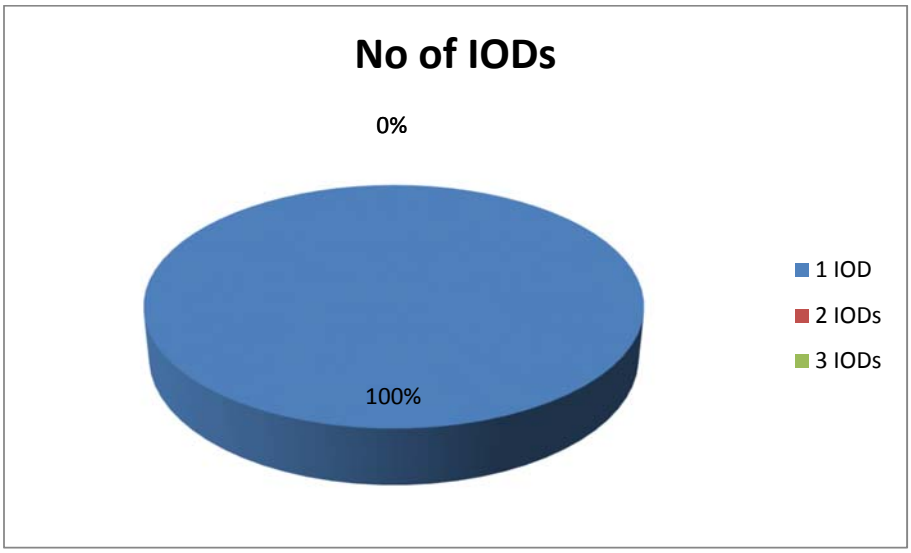


Figure 5.36. Focus Group 3: Distribution by Number of IODs

5.2.5 Characteristics of participants in focus group 4

The characteristics of the four participants in focus group 4 are presented in tables 5.42 to 5.50 below.

Table 5.42

Frequency Distribution: IOD Classification in Focus Group 4

IOD classification	Frequency	Percentage
STF	3	75
MVA	1	25
Dog bite	0	0
BRA	0	0
Gunshot	0	0
TOTAL	4	100

Table 5.42 and figure 5.37 indicate the IOD classification of focus group 3. Three participants (75%) were involved in STF-related injuries and one (25%) in an MVA-related IOD.

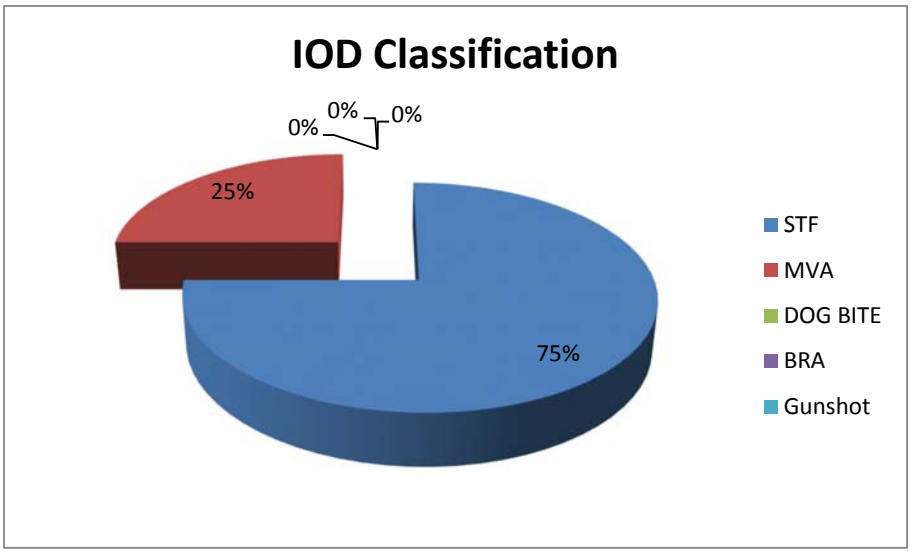


Figure 5.37. Focus Group 4: Distribution by IOD Classification

Table 5.43

Frequency Distribution: Race in Focus Group 4

Race	Frequency	Percentage
White	0	0
Black	4	100
Indian	0	0

Coloured	0	0
TOTAL	6	100

Table 5.43 and figure 5.38 indicate that focus group 4 comprised of four (100%) black participants. None of the participants in this sample were white, coloured or Indian. The majority of security officers in this focus group were thus from the black community.

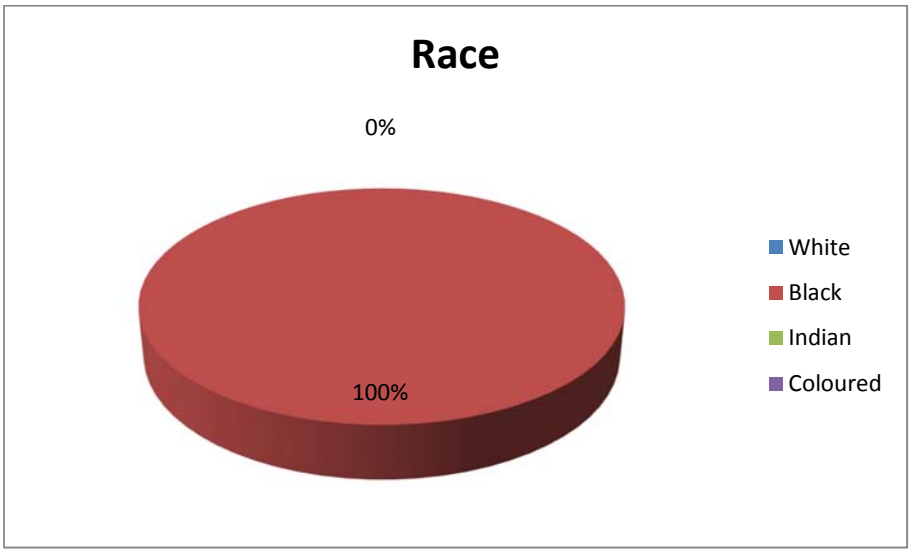


Figure 5.38. Focus Group 4: Distribution by Race

Table 5.44

Frequency Distribution: Age in Focus Group 4

Age groups	Frequency	Percentage
25 - 30	0	0
31 - 35	0	0
36 - 40	2	50

41 - 45	0	0
46 - 50	1	25
51 - 55	0	0
56 - 60	1	25
TOTAL	4	100

Table 5.44 and figure 5.39 indicate that in focus group 4 there were two (50%) participants between the ages of 36 to 40, one (25%) between the ages of 46 to 50 and one (50%) between the ages of 56 to 60. The majority of the participants in focus group 4 were therefore between the ages of 36 to 40.

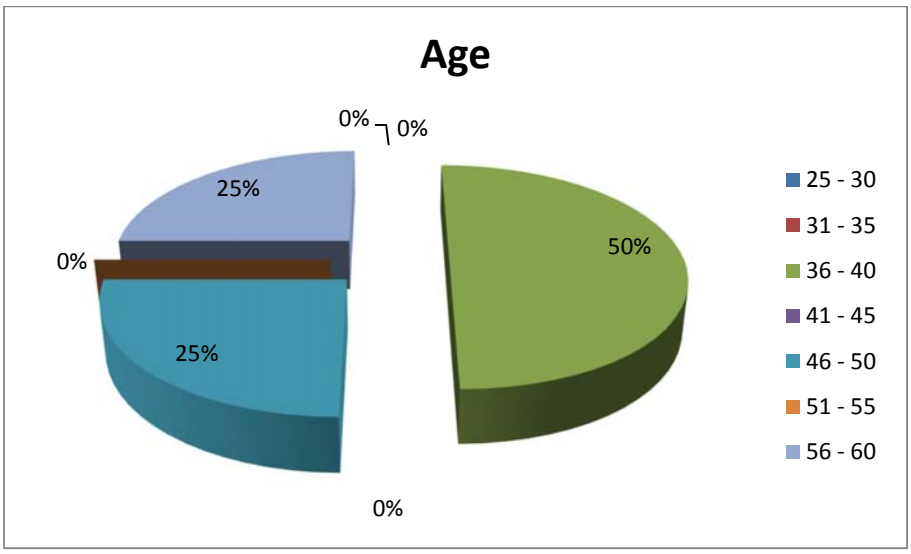


Figure 5.39. Focus Group 4: Distribution by Age

Table 5.45

Frequency Distribution: Gender in Focus Group 4

Gender	Frequency	Percentage
Male	4	100

Female	0	0
TOTAL	4	100

Table 5.45 and figure 5.40 indicate that there were four (100%) male participants in focus group 4. There were thus no female participants in this group.

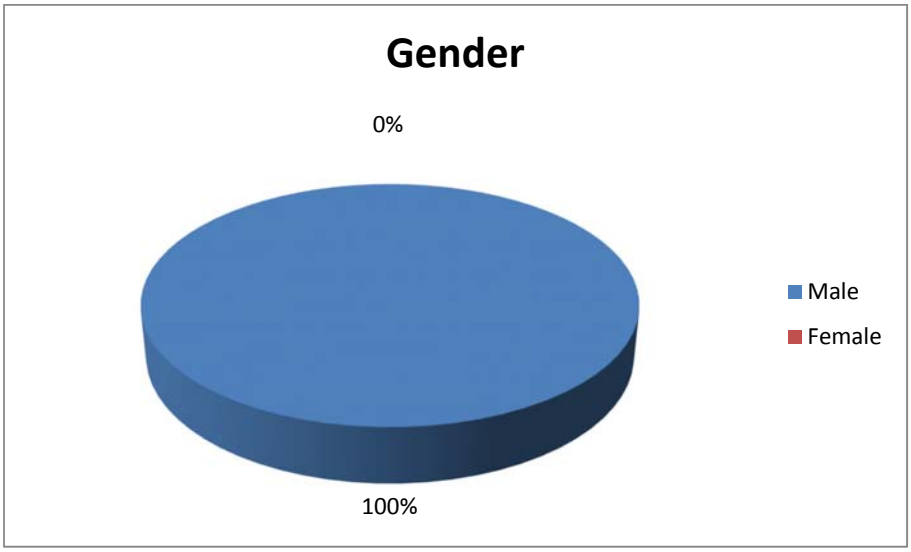


Figure 5.40. Focus Group 4: Distribution by Gender

Table 5.46

Frequency Distribution: Language in Focus Group 4

Language	Frequency	Percentage
Tsonga	0	0
Pedi	0	0
Tswana	1	25

Northern Sotho	1	25
Ndebele	0	0
Sepedi	0	0
Xhosa	1	25
Zulu	0	0
Afrikaans	0	0
Venda	0	0
Southern Sotho	1	25
TOTAL	4	100

Table 5.46 and figure 5.41 indicate that focus group 4 consisted of one (25%) Tswana-speaking, one (25%) Northern-Sotho-speaking, one (25%) Xhosa-speaking and one (25%) Southern-Sotho-speaking participant.

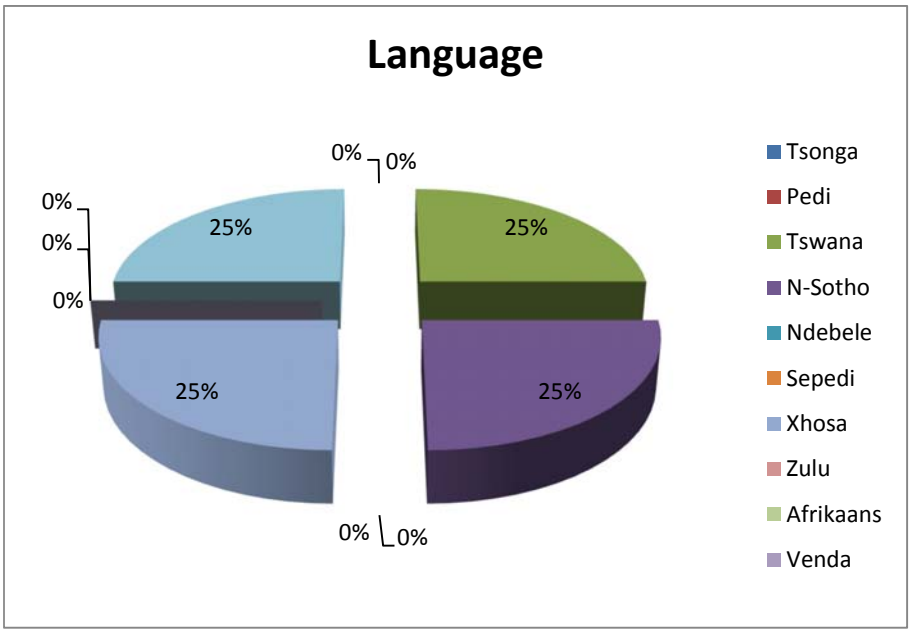


Figure 5.41. Focus Group 4: Distribution by Language

Table 5.47

Frequency Distribution: Marital Status in Focus Group 4

Marital status	**Frequency**	**Percentage**
Single	1	25
Engaged	3	75
Married	0	0

Divorced	0	0
Widowed	0	0
TOTAL	4	100

According to table 5.47 and figure 5.42, in focus group 4 there was one (25%) single participant and three (75%) participants who were engaged.

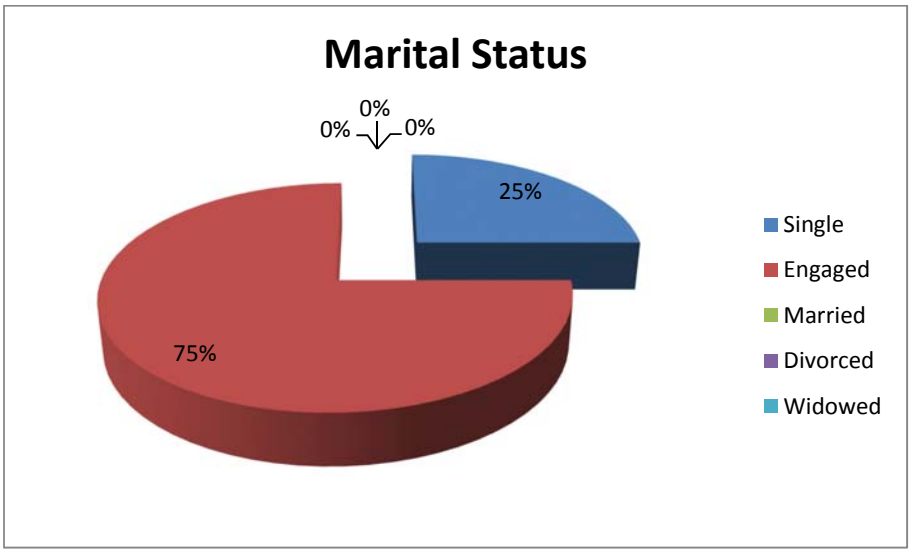


Figure 5.42. Focus Group 4: Distribution by Marital Status

Table 5.48

Frequency Distribution: Job Designation in Focus Group 4

Job designation	Frequency	Percentage
Security officer	3	75
Bicycle patrol officer	0	0
Armed response officer	0	0

Senior/supervisor	1	25
Reaction force manager	0	0
TOTAL	4	100

According to table 5.48 and figure 5.43, the participants in focus group 4 comprised of three (75%) security officers and one (25%) supervisor.

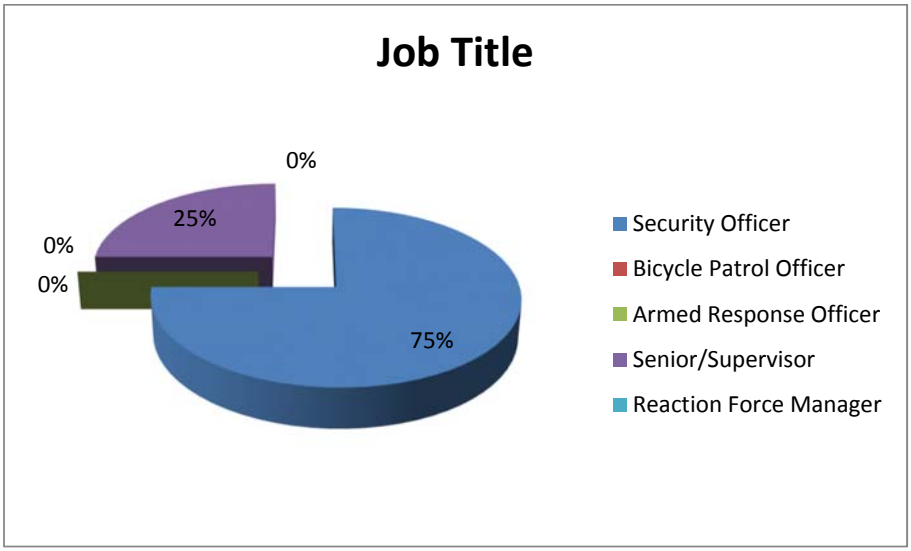


Figure 5.43: Focus Group 4: Distribution by Designation

Table 5.49

Frequency Distribution: Years of Experience in Focus Group 4

Security experience	Frequency	Percentage
1 - 5 yrs	0	0
6 - 10 yrs	1	25
11 -15 yrs	3	75

16 -20 yrs	0	0
TOTAL	4	100

According to table 5.49 and figure 5.44 in focus group 4 there was one (25%) participant with one to five years' security experience and three (75%) having 11 to 15 years' security experience. Most of the participants in focus group 4 were experienced security officers.

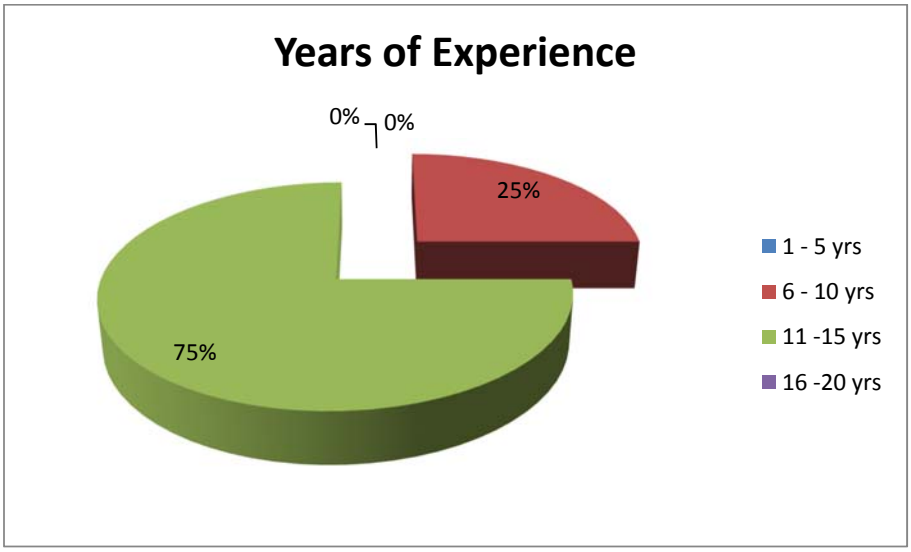


Figure 5.44. Focus Group 4: Distribution by Years of Experience

Table 5.50

Frequency Distribution: Number of IODs Experienced during Career in the Private Security Industry for Focus Group 4

Number of IODs during employment	Frequency	Percentage
1 IOD	3	75

2 IODs	1	25
3 IODs	0	0
TOTAL	4	100

Table 5.50 and figure 5.45 indicate that in focus group 4, three (75%) participants experienced one IOD and one (25%) participant experienced two IODs during their employment as security officers in the private security industry.

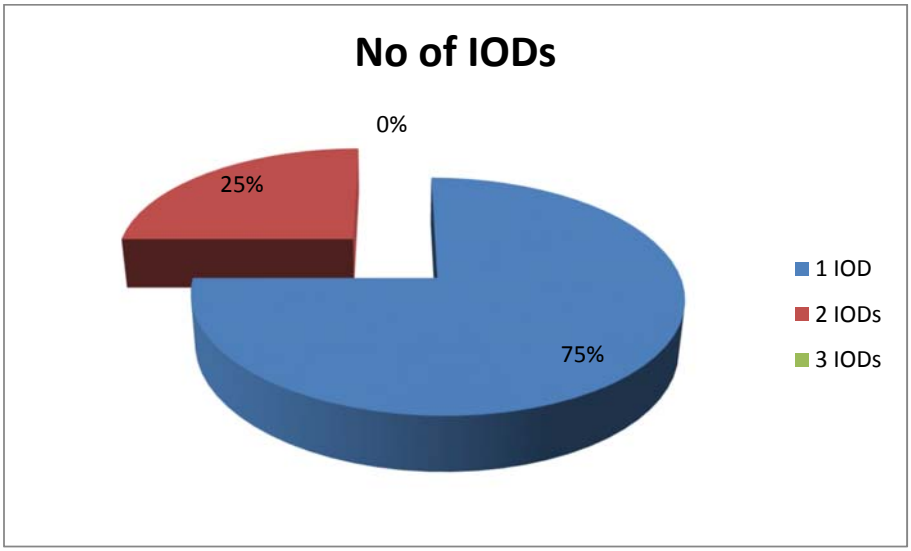


Figure 5.45. Focus Group 4: Distribution by Number of IODs

5.2.6 Characteristics of participants in individual interviews

The characteristics of the eight participants in the individual interviews are presented in tables 5.51 to 5.59 below.

Table 5.51

Frequency Distribution: IOD classification for Individual Interviews

IOD classification	Frequency	Percentage
STF	3	37
MVA	4	50
Dog bite	0	0
BRA	1	13
Gunshot	0	0
TOTAL	8	100

Table 5.51 and figure 5.46 indicate the IOD classification of the individual interviews. Three participants (37%) were involved in STF-related injuries, four (50%) were involved in MVA-related IODs and one (13%) was involved in a bicycle- related IOD.

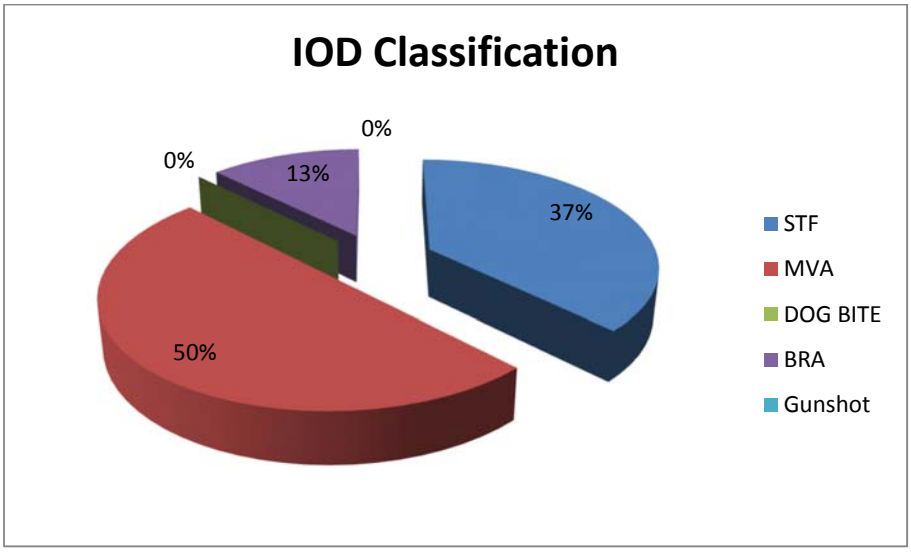


Figure 5.46. Individual Interviews: Distribution by IOD Classification

Table 5.52

Frequency Distribution: Race in Individual Interviews

Race	Frequency	Percentage
White	0	0
Black	8	100

Indian	0	0
Coloured	0	0
TOTAL	6	100

Table 5.52 and figure 5.47 indicate that the individual interviews comprised eight (100%) black participants. None of the participants in this sample were white, coloured or Indian. The majority of security officers in this focus group were thus from the black community.

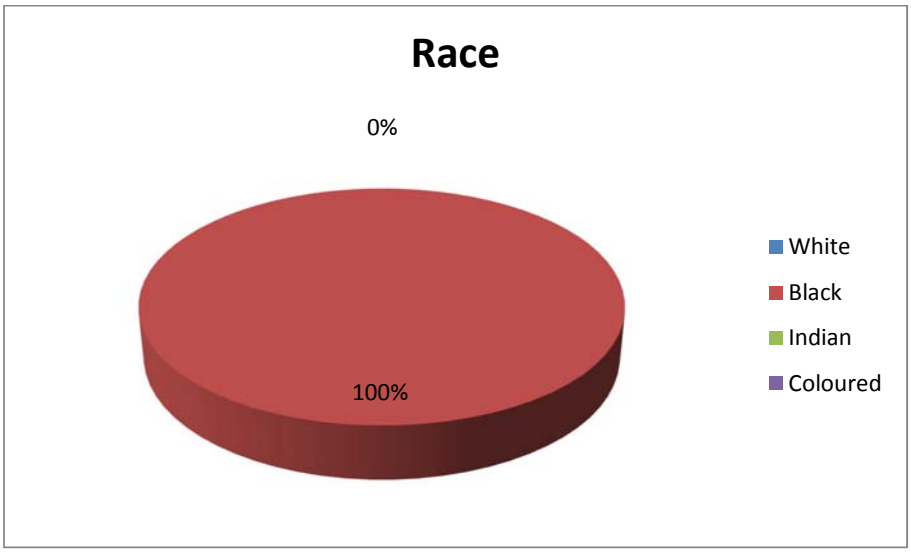


Figure 5.47. Individual Interviews: Distribution by Race

Table 5.53

Frequency Distribution: Age in Individual Interviews

Age groups	Frequency	Percentage

25 - 30	1	12
31 - 35	2	25
36 - 40	1	12
41 - 45	2	25
46 - 50	1	13
51 - 55	1	13
56 - 60	0	0
TOTAL	8	100

Table 5.53 and figure 5.48 indicate that the individual interviews comprised the following: one (12%) participant between the ages of 25 and 30; two (25%) between the ages of 31 and 35; one (12%) participant being between the ages of 36 and 40; two (25%) between the ages 41 and 45; one (13%) between the ages of 46 to 50; and one (13%) participant being between the ages 51 and 55. The majority of the participants in the individual interviews were therefore between the ages of 31 and 35 and 41 and 45.

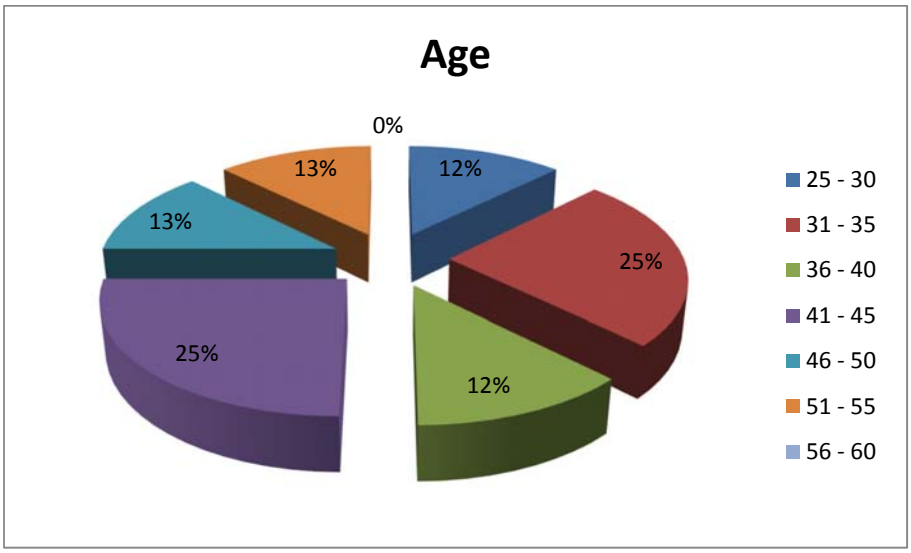


Figure 5.48. Individual Interviews: Distribution by Age

Table 5.54

Frequency Distribution: Gender in Individual Interviews

Gender	**Frequency**	**Percentage**
Male	7	87

Female	1	13
TOTAL	8	100

As indicated in table 5.54 and figure 5.49, the individual interviews comprised seven (87%) male participants and only one (13%) female participant.

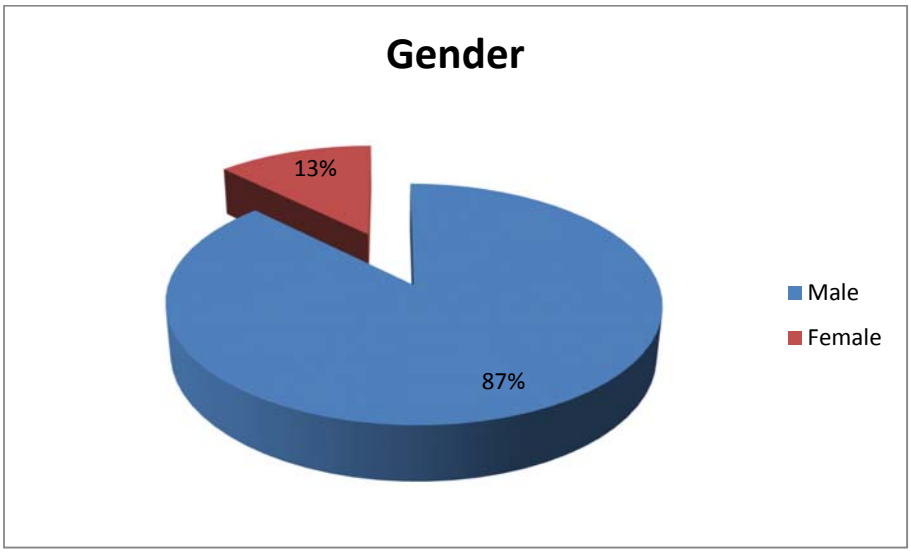


Figure 5.49. Individual Interviews: Distribution by Gender

Table 5.55

Frequency Distribution: Language in Individual Interviews

Language	Frequency	Percentage
Tsonga	1	12

Pedi	0	0
Tswana	2	25
Northern Sotho	3	37
Ndebele	0	0
Sepedi	1	13
Xhosa	0	0
Zulu	1	13
Afrikaans	0	0
Venda	0	0
Southern Sotho	0	0
TOTAL	8	100

Table 5.55 and figure 5.50 indicate that the individual interviews consisted of one (12%) Tsonga-speaking, two (25%) Tswana-speaking, three (37%) Northern-Sotho-speaking participants, one (13%) Sepedi-speaking and one (13%) Zulu speaking participant.

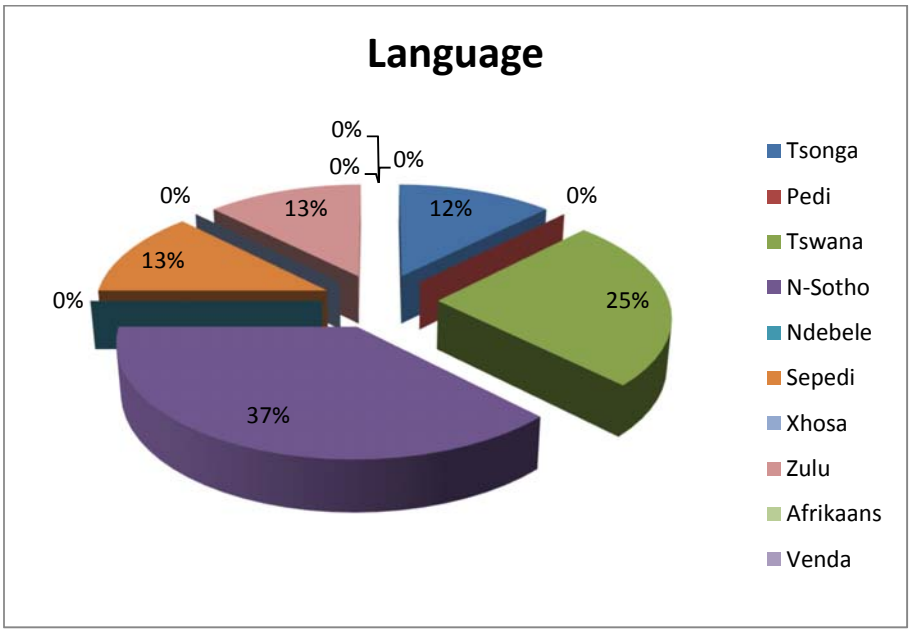


Figure 5.50. Individual Interviews: Distribution by Language

Table 5.56

Frequency Distribution: Marital Status in Individual Interviews

Marital status	**Frequency**	**Percentage**
Single	4	50

Engaged	0	0
Married	4	50
Divorced	0	0
Widowed	0	0
TOTAL	8	100

According to table 5.56 and figure 5.51, the individual interviews comprised four (50%) single and four (50%) married participants. The participants were therefore equally represented in the individual interviews.

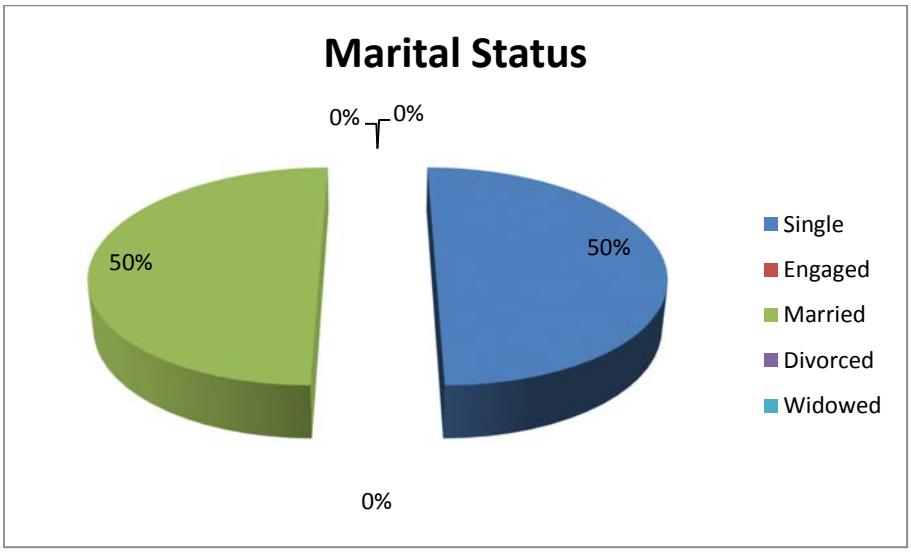


Figure 5.51. Individual Interviews: Distribution by Marital Status

Table 5.57

Frequency Distribution: Job Designation in Individual Interviews

Job designation	Frequency	Percentage
Security officer	1	12

Bicycle patrol officer	6	75
Armed response officer	0	0
Senior/supervisor	1	13
Reaction force manager	0	0
TOTAL	8	100

According to table 5.57 and figure 5.52, the individual interviews comprised one (12%) security officer, six (75%) bicycle patrol officers and one (13%) supervisor.

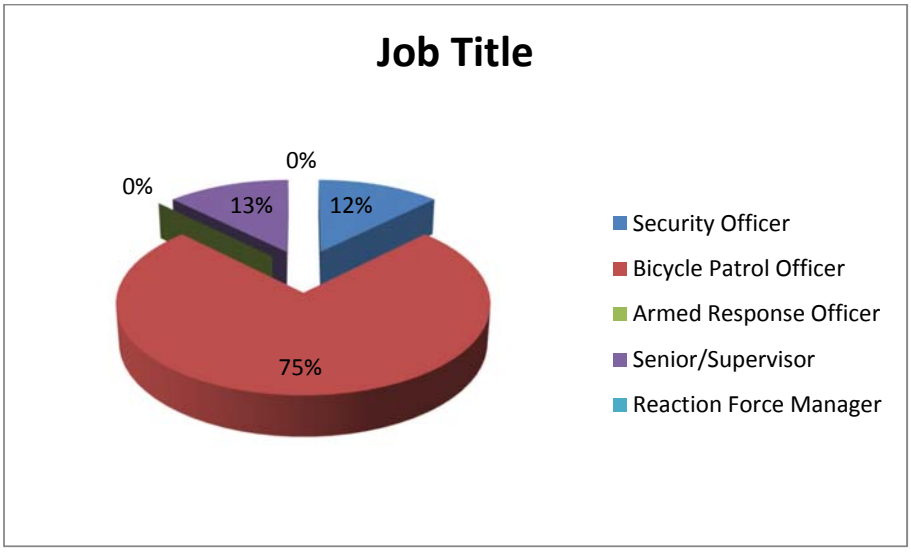


Figure 5.52. Individual Interviews: Distribution by Job Designation

Table 5.58

Frequency Distribution: Years of Experience in Individual Interviews

Security experience	Frequency	Percentage
1 - 5 yrs	1	12

6 - 10 yrs	3	37
11 -15 yrs	1	13
16 -20 yrs	3	38
TOTAL	8	100

Table 5.58 and figure 5.53 indicate that the individual interviews consisted of the following: one (12%) participant between one and five years' security experience, three (37%) with six to ten years' security experience, one (13%) with 11 to 15 years' security experience and three (38%) participants with 16 to 20 years' of security experience. Most of the participants were experienced security officers.

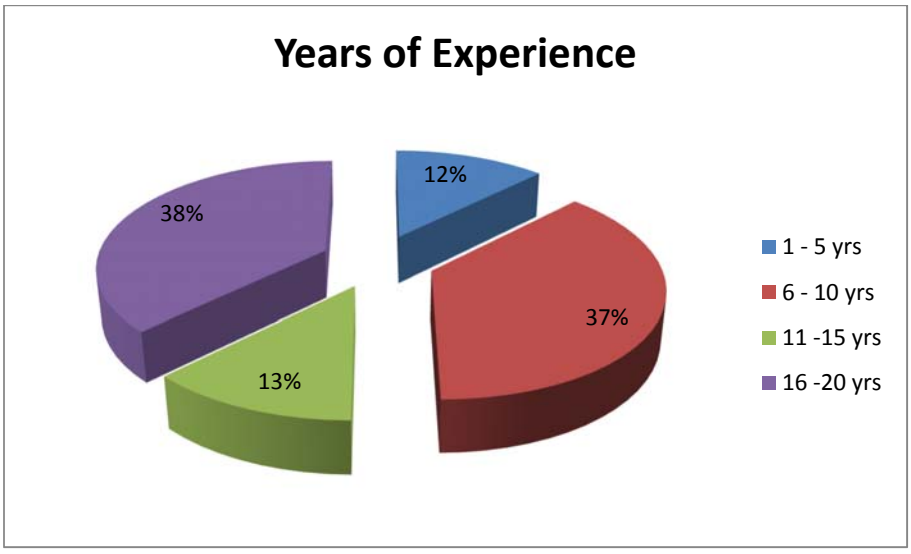


Figure 5.53. Individual Interviews: Distribution by Years of Experience

Table 5.59

Frequency Distribution: Number of IODs Experienced during career in the Private Security Industry for Individual Interviews

Number of IODs during employment	Frequency	Percentage
1 IOD	6	75
2 IODs	2	25
3 IODs	0	0
TOTAL	8	100

Table 5.59 and figure 5.54 indicate that in the individual interviews, six (75%) of the participants experienced only one IOD and two (25%) experienced two IODs during their employment as security officers in the private security industry.

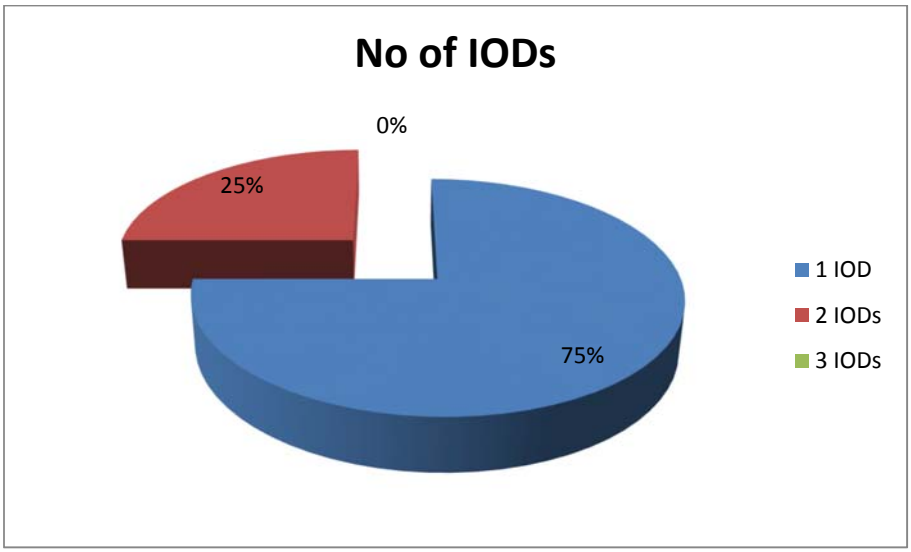


Figure 5.54. Individual Interviews: Distribution by number of IODs

5.3 SUMMARY

In this chapter, the overall characteristics of the four focus groups and eight individual interviews were discussed.

The two main criteria for participation in the study were that participants were employed as security officers at a private security company and that they were previously involved in an IOD. It is evident from the above information that the 28 participants in this study fulfilled these criteria.

The next chapter discusses the results and findings of the data.

CHAPTER 6

FINDINGS AND DISCUSSION

6.1 INTRODUCTION

In this chapter, the themes and findings that emerged from the data are discussed.

The objective of this research study was to explore how employees experience an IOD in order to develop an understanding of how to minimise IODs in the workplace. (chapter 1, section 1.4).

The data was analysed using Tesch's (1990) method of qualitative content analysis. The methods and research process discussed in chapter 4 were applied when analysing the data and findings in this study. The data gathered from the focus group discussions and individual interviews reflects the findings of this research from which two themes emerged. The findings are based on the data collected from the focus group discussions and individual interviews with security officers. Two data methods (focus group interviews and individual interviews) were utilised to enhance the credibility of the research as supported by Lichtman (2010).

6.2 NAÏVE READING

A general feeling of fear was felt during the interviews. Most of the participants expressed fear of retaliation from the company in the form of blame, interrogation and discipline. Most of the participants blamed themselves for the injuries they had sustained. The participants were willing and eager to participate in the research and spoke openly about their feelings. The focus group discussions required less probing as the participants were more interactive during these discussions. The individual interviews needed a bit more probing and at times a broader explanation of the question was required. The participants were more interactive during the focus group discussions as they could relate to and share one another's experiences with the group, which enhanced engagement amongst the participants. The participants listened to each other and could elaborate on the discussion points throughout the focus group discussions.

The researcher got the impression that the participants were comfortable to discuss their experiences with her as they knew her. She is employed in the HR Department of the company involved in this study.

During the reading process, the researcher found that each security officer had experienced his or her IOD in a completely different light. Some were positive and had learnt from their experience, others blamed themselves mostly because they had not followed the necessary standard operating procedures (SOPs). Some believed that the company did not assist them appropriately, whilst others felt that sufficient support was provided. One participant was quite outspoken and expressive about her experience, which she described as extremely traumatic, but had declined the counselling which was offered. Throughout the focus group discussions and individual interview process, it was noteworthy that there was an expectation that the participants required more support from the company during their IOD experience. They perceived the company to be more concerned about the cost of the damage caused and the recourse to be taken against the employee, as opposed to the well-being of the injured employee. The researcher also found that most of the participants felt that there was a lack of support from management. The lack of training interventions and communication was strongly prevalent throughout.

6.3 THE MAIN THEMES DISCUSSED IN THE INTERVIEWS

The following themes emerged from the data relating to the causes of IODs and preventive measures to reduce them:

Theme 1: Security officers' experiences relating to IODs

Theme 2: Prevention mechanisms to minimise IODs in the workplace

Tesch's (1990) qualitative data analysis method was utilised for the data analysis (see chapter 4, section 4.47). After identifying the themes, the researcher coded the verbatim interviews that were relevant to the themes.

Each of the main themes and the subthemes are introduced and presented in the sections below. Direct quotations from transcribed interviews were used to support

the codes. The researcher used literature control as she compared the theme codes to the literature.

6.4 RESEARCH QUESTION 1: WHAT WAS YOUR PERSONAL EXPERIENCE DURING YOUR IOD?

The research was based on the premise that IODs in the private security industry in South Africa can be minimised through effective preventative measures. This rationale is supported by Montgomery and Majeski (2005) who state that many private security organisations practice comprehensive security management techniques, including safety awareness and injury prevention programmes.

The inputs from the various participants during the interviews and focus group discussions were significant in that most agreed that injury prevention measures and mechanisms implemented in the workplace would indeed address the prevalence of IODs.

6.4.1 Theme 1: Security officers' experience relating to IODs

The main questions and probing questions below were asked during the focus group interviews and individual interviews, which gave rise to the first theme: Security officers' experience relating to IODs.

- What is your experience after your IOD as a security officer?
- In your experience, why do IODs occur?
- What is the reason that you are tired?
- What in your opinion are the reasons security officers lose focus?
- What was the reason your IOD occurred?
- What do you deem the reasons for your stress are?
- How did you cope/deal with the stress?

Three sub-themes emerge from theme 1:

- Sub-theme 1.1: Positive experience of IOD as a security officer
- Sub-theme 1.2: Negative experience of IOD as a security officer
- Sub-theme 1.3: Security officer's perception of why IODs occur

6.4.1.1 Subtheme 1.1: Positive experience of IOD as a security officer

The main questions and answers relating to the positive experience of an IOD as a security officer are indicated in table 6.1 below.

Table 6.1

Positive Experience of IOD as a Security Officer

Main question: Positive responses to the question: What was your experience after your IOD as a security officer?	
Verbatim evidence	**Group category (code) identified positive experience after IOD**
Participant 8: I was more cautious for my own safety so that it doesn't happen again, I was more careful because I didn't want to be involved in an injury again. Participant 19: It made me more aware of my surroundings. Participant 28: On the second day post the accident I drove my car again. I drove very slowly and carefully and was extra cautious at intersections to make sure that everyone stopped and it was safe for me to go.	Increased safety awareness
Participant 26: I was given the salary for the days I was booked off on IOD. It was not processed as unpaid/IOD leave. Participant 24: Actually I received support from the seniors because after they took me to hospital, they treated me well It really didn't affect me because I didn't stay at home for a long	Employer support

time. They gave me few days to rest and encouraged me to inform them if I wasn't well so that they could take me back to hospital. Participant 21: I had to attend trauma counselling at work which helped a lot. After receiving the counselling, I managed to forget about it.	
Participant 2: My wife took leave to help me because I couldn't walk. Participant 4: I couldn't cook and had to rely on other people to support me. Participant 7: I couldn't drive myself. My family had to transport me and do things for me.	Family/friend support

From table 6.1 it is evident that the participants had a positive IOD experience. The responses from the participants were as follows:

- Increased personal safety awareness (3 participants)
- Sufficient employer support during their IOD experience (3 participants)
- Support from family/friends (3 participants)

Discussion

The positive experiences perceived by the participants were the increase in heightened safety awareness as well as the support received from the employer and family/friends.

Support for the injured worker, be it from the employer or family perspective, is important for the wellbeing of the injured individual because the support received impacts on the overall recovery process as well as the injured employee's overall wellbeing.

From a positive perspective, some participants indicated that they experienced heightened safety awareness in the workplace after the IOD occurred. They adopted a more cautious approach when performing their duties, riding a bicycle or driving a company vehicle.

The results are supported by the following authors' views that positive support to employees during their IOD experience has a positive influence on their recovery period and overall well-being:

- Kinder, Hughes & Cooper (2008) (section 2.7.3.5) states that sufficient organisational support has a positive influence on reduced injury and accident rates, translating into the higher the degree of support from supervisors and managers, the higher the effect will be on reduced occupational injuries.

- Youngberg (2013) (section 3.3.6) contends that the injured, the family and the providers to the injured person can assist in making illogical conclusions or superficial deductions regarding the injury. The family and providers have the opportunity to actively asses what happened, identify the salient cause and correct the circumstances that led to the IOD.

- According to Schulz and Eden (2016) (section 3.3.6), positive effects may be evident in the form of instilled confidence by the family carer, provision of meaning and purpose and bringing the caregiver closer to the injured worker.

- Nolan (2011) intimates (section 3.3.4) that an organisational safety recognition programme enhances on-the-job safety awareness by giving recognition to worker and group safety achievements in accordance with the company's safety goals.

- Acton (2012) (section 3.3.4) states that awareness of organisational occupational health and safety has a key role to play in combatting IODs.

6.4.1.2 Subtheme 1.2: Negative experience of IOD as a security officer

The main questions and answers relating to the negative experience of an IOD as a security officer are indicated in table 6.2 below.

Table 6.2

Negative Experience of IOD as a Security Officer

Main question: Negative responses to the question: What was your experience after your IOD as a security officer?	
Verbatim evidence	**Group category (code) identified for negative experience after IOD**
Participant 6: My stress was that I have no money because I didn't budget for all the expenses for hospital. So I was supposed to go to the hospital myself. So I had to go and make some credit and stuff so that I can go to the hospital for check-ups. Participant 3: It was a money burden experience, because a lot of things were involved here. We were quite concerned if we are going to be fired and things like that. What is going to happen now because I am the bread winner … Participant 6: The stress was about money, I didn't budget for the medical expenses. I had to get additional credit so that I could get to the hospital for my follow check-ups. Participant 7: I needed to get to physio every week … it is extra costs to drive to the physio and back Participant 14: You see if you have family, you have kids and maybe a wife or a girlfriend to support. They feel that there is something, there is a wall in front of them because of you, especially when you're the provider.	Financial strains

Participant 27: The company didn't pay for my medication … I bought it myself …	
Participant 2: It affected me too much, I was worried. I could not walk for almost a month. My wife, and she's working, she had to take leave to help me because I could not walk and I was struggling a lot. Participant 3: I still have pain especially when it's cold. Participant 4: I couldn't cook for myself and I couldn't write so it was affecting me. It was affecting me because I have to rely on the other people to do something for me. Participant 7: I was in pain … my arm was in a sling. Participant 14: It affected me a lot. Even my family used to feel shame for me when I feel that pain, because I never thought of getting such injury before … it worries me that this thing is for a life time. Participant 15: It did affect my duties after that incident because I travel a long distance from home to work, so now because my leg was not ready, I was still feeling pain after those three sick days I've taken. Participant 18: During cold weather the scar becomes painful. Participant 23: It affect me very badly because I'm experiencing problems with my hand especially during winter. Participant 25: It affected me for long time because it was difficult for me to walk.	Physical injuries

Participant 27: If affected me because I can no longer walk properly … I can't run …	
Participant 3: I am the bread winner and my daughter is very young. If I am in hospital I don't know what is going to happen to me … like I said, I was quite concerned if I am going to be fired because they are blaming me now. Participant 5: It affected me a bit but not too much. Am I going to be fired? They conducted an investigation and didn't provide me with the outcome. Participant 8: After it happened I became more cautious for my safety so that it doesn't happen again so that the company doesn't think that I'm being negligent and not following safety rules.	Fear of dismissal
Participant 4: … when I come across a lock box where the accident happened, I started to recall what happened the last time. Participant 7: I was avoiding that street, crossing and area … Participant 9: Sometimes I have flashbacks. Also after the accident itself, the investigations, interrogations to the statements that you have to write does affect you because you feel that you are the one that caused the accident. Participant 13: I cannot ride a bicycle because every time I go to site I remember what happened and don't want to have another accident. Participant 21: I was a little bit traumatized but the company offered me trauma counselling which helped a lot. Before the	Flashbacks

counselling I was having flashbacks of the accident every time I drove through the intersection. The counselling has helped me to forget about it.	
Participant 3: My seniors blamed me. It seemed as if I did it on purpose. My senior forced me to work. He phoned my area manager who accused me of being negligent and threatened to charge me. They wanted to put the responsibility on me and threatened me with a disciplinary hearing. Participant 4: My seniors blamed me. Participant 5: … they (management) wanted to blame me. My seniors were making a lot of noise. Participant 7: The first thing that came to my mind was, what's the manager going to say - like I've done something wrong, now I'm going to get blamed. Participant 10: They (management) don't ask how you are? They ask about the vehicle - and then they blame, blame and blame. Participant 11: I was quite surprised because I was taken to the office for questioning. The company didn't trust that I was injured on duty. I had to undergo a polygraph test. I nearly resigned because I work with people that don't trust me. They were shouting at me, which I didn't appreciate. Participant 20: I didn't report it because I was blaming myself.	Guilty feelings
Participant 13: It affected me because I hate bicycles since that day. I cannot ride a bicycle because every time I go to	Fear of riding bicycles

site I remember what happened and don't want to have another accident. Participant 18: I have not been able to ride a bicycle since my accident. I have since become a foot patroller because I'm too scared to ride a bicycle again.	(cyclophobia)
Participant 20: Since the accident I'm a nervous passenger. Every time the driver brakes, I brake. If the driver is too close to another car I start braking before the driver does. I've only become like this since the accident. Participant 27: … it affected me very badly because now I'm scared to drive in a car	Driving anxiety
Participant 26: Well I was actually badly affected. It scared me, it is very easy for somebody to die on duty. Participant 22: It really traumatised me, I was thinking about legal actions. I didn't want to work on that site again. Participant 21: I was a little bit traumatised … every time I drive through the intersection the whole thing come back to me.	Trauma
Participant 2: I was stressed because my reaction force manager called me and wanted me to come back to work but I couldn't even walk. Participant 4: I was stressed emotionally because they wanted to place the responsibility on me that I was negligent. Participant 5: I was so stressed because my seniors were making a noise.	Stress
Participant 3: They (management) were reluctant to take me to hospital. My senior wanted to force me to drive and work	Lack of employer support

as normal. Participant 25: It affected me for a long time because it was difficult for me to walk and they didn't give me some leave days. They didn't transport me and told me that I must walk. Participant 13: I think the company, if you get injured, must offer counselling because they just take you to hospital but we didn't get counselling. Participant 27: It affected me very badly because the company didn't treat me right. My leg was very swollen at that time.	

From table 6.2 it is evident that 22 participants had a negative IOD experience. Eleven participants indicated more than one negative experience. The responses from the participants were that they experienced the following:

- financial strains (6 participants)
- physical injuries (10 participants)
- fear of dismissal (3 participants)
- flashbacks (5 participants)
- guilty feelings (7 participant)
- fear of riding a bicycle (2 participants)
- fear of driving (2 participants)
- trauma (3 participants)
- stress (3 participants)
- lack of employer support (4 participants)

Discussion

The participants experienced both positive and negative aspects of their IOD. The negative experiences outweighed the positives. Each participant's experience was relevant to his or her circumstances at the time of the IOD.

The negative financial impact on the member and his or her family is a recurring issue. The financial impact of an IOD is thus relevant in that the injured person must

provide for hospital expenses, it places a burden on the family and it forms an invisible barrier between the injured person, especially if he or she is the family provider, and his or her family, as the benefactors of the provider.

The negative physical results emanating from an IOD were emphasised by many participants. The physical impacts experienced from participants were restricted movement, pain, loss of independence and prolonged recovery periods.

Furthermore, the negative experiences were fear of being fired from the workplace; danger avoidance; flashbacks to the actual injury event; powerful and occasionally patchy memory of the traumatic event; self-reflection as the security officer is confronted with dealing with internal individual values and reality; lack of trust from the employer; and negative perceptions about employer trauma-handling.

The question of support for an injured worker is pronounced in two ways, one being the support received from the workplace and the support received from the injured employee's family. As participant 2 stated, the support had a negative impact on spouses in the form of "forced" leave from work to attend to the injured worker. Participants also referred to the lack of support from the organisation/employer as a negative experience, specifically referring to the aggressive and often punitive manner in which the organisation/employer dealt with IOD-related incidents.

The results are supported by the following authors' views that each security officer experiences IODs in his/her own individual way:

- Boden (2016), Bianchi et al (2005) (section 1.2.2.2) and Hrymarket and Perezgonzalez (2007) (section 2.7.1) support the view that injuries in the workplace can elicit huge financial crises for the family of the injured worker.

- Burke et al. (2011) (section 2.7.1) state that occupational injuries have economic, employment and legal implications, affecting workers' lives, their families and children and their communities.

- Sullivan and Frank (2003) (section 2.7.1) support the view that injuries affect the employee in terms of both physical impairment and functional limitations.

- Berntsen (2009), Burke et al (2011) and Quinlan and Bohle (1991) (section 2.7.1) contend that individuals may experience powerful and occasionally patchy memory of the traumatic event and self-reflection as the security officer is confronted with dealing with internal individual values and reality.

- Quinlan et al (2014) (section 2.7.3.5) contend that lack of trust on the part of the employer and negative perceptions regarding employer incident-handling are components of the psychological conditions experienced during an IOD.

- According to Repa (2014) (section 2.7.1), workers may be hesitant to report injuries for fear of dismissal

- Loban and Moses (2012) (section 2.7.1) posit that there is a global trend amongst companies that IODs are carelessness on the part of the employee, which may lead to injured workers experiencing feelings of guilt after their IOD experience.

- Gournay (2015) (section 2.7.1) states that avoidance is a normal response after an injury and is conceived to protect the injured worker from the painful memory of the injury.

- Main et al. (2008) (section 2.7.1) concur with Gournay (2015) by stating that injured workers may have specific phobias which could include a fear of driving after motor vehicle accidents or fears of activities associated with the IOD.

- Guidotti (2011) (section 2.7.1) mention that psychological reactions such as denial, shock, depression, self-blaming and blaming other parties (e.g. co-workers and management) are a prevalent occurrence after an injury.

6.4.1.3 Subtheme 1.3: Security officers' perceptions of why IODs occur

The main questions and answers relating to the security officer's perceptions of why IODs occur are indicated in table 6.3 below.

Table 6.3

Security Officer's Perceptions of Why IODs Occur

Main question: Why do IODs occur?	
Verbatim evidence	**Group category (code) identified for why IODs occur**
Participant 4: Sometimes it's a lack of concentration. Participant 5: Sometimes, going back again to losing focus, when we are approaching the premises we need to apply our procedures. Participant 7: You're always under pressure … You are expected to respond to alarms quick, adhere to the rules of road, make sure you have all the necessary equipment with you, make sure that you don't have an accident, etc. Participant 23: Lack of knowledge and focus. Some of us don't focus. I was working on a one man post, manning three gates. You need to open this side and that side, you need to sign the visitors, that side is for the staff and you are alone, then you just lose focus.	Lack of concentration
Participant 8: Some of the people are ignorant to the safety procedures that we have. Thinking that ag, it won't happen to me or it's not going to happen that easily. Taking things lightly. Participant 9: Guys ignoring the instructions or seriousness of health and safety. Participant 10: Ignorant, nobody sees me therefore I am not	Ignorance

following procedures.	
Participant 3: Sometimes it all depends on the environment where you are staying. I'm staying in Pretoria North, every Saturday the SPAR Supermarket have music shows. They make a lot of noise and you can't rest at all. Participant 4: Sometimes when you get home your children play around you while you are still sleeping, so that's why sometimes we lose concentration because we didn't rest enough.	Socio-economic circumstances
Participant 3: Sometimes it all depends on the environment where you are staying. I'm staying in Pretoria North, every Saturday the SPAR Supermarket have music shows. They make a lot of noise and you can't rest at all. Participant 5: … you don't give yourself enough rest, then when you come back on duty you won't be able to focus and do your job properly which causes another problem. Participant 4: … we didn't rest enough. Participant 26: You work alone for long hours and you get tired. Participant 27: The supervisor was so tired because they work overtime. Because of the recklessness of the supervisor, they are driving rough and they don't care about the guards.	Burnout / tiredness
Participant 27: Injuries happen because of the recklessness of the supervisor. They drive rough. Participant 28: People don't look what they are doing which causes them to get an injury.	Recklessness

Participant 11: Most of them are caused by the bicycle, maybe potholes or curbs, travelling on the street at night. Participant 17: Unsafe workplace. For instance walk hand rail and steps broken. Participant 16: The gate was broken. Participant 18: The conditions of the workplace. When I had my accident it was raining, so because of the lack of training, I just took a bicycle and went to the toilet which was a distance from the post. I decided to ride even though the area was wet. When I wanted to brake, the brakes failed. Participant 25: It happens because you are not working in a safe place. It's not safe because sometimes you are working on a casual site where there was a break in, and maybe you don't have a panic system. Participant 26: IODs occur because of the high rate of crime in the country. Some sites are not well-secured. The site I was working on had no perimeter fencing, there was only fencing on the inside of the yard and the yard was not electrified. There was also not enough lighting and the company did not provide me with a torch. Other sites don't provide a panic system. You work alone for long hours and you get tired. Criminals watch the site and see that you are alone so it is easy for them to set a trap for you.	Working conditions
Participant 6: Sometimes lack of information and training. Participant 9: It occurs because in our industry you cannot predict situations; unforeseen situations relating to the job or the operations that we are doing; lack of application and not	Training

understanding instructions. Participant 16: No one showed me how to work. Participant 14: Normally not knowing what you're doing at work, incompetence causes the IODs. People need to be trained about what they're doing. Participant 15: They were supposed to give us training. They only provide training after the incident has happened. Participant 18: … so because of the lack of training, I just took a bicycle and went to the toilet which was a distance from the post. I decided to ride even though the area was wet. When I want to brake, the brakes failed. Participant 19: Show us where the hazard/danger is. They must assess the place … identify the dangers/hazards so that they can train the guards accordingly. Participant 22: What is most important at the sites is that the guards must familiarize themselves with the site. They should be introduced to the site during the day so that they can identify the danger zones and watch out for them when they do their patrols during the night. Participant 23: Lack of knowledge and focus. Participant 24: The IODs occur because there is a lack of training.	
Participant 18: The bicycle brakes were not in working order – the brakes failed.	Equipment

Participant 21: Lack of personal protective equipment (PPE). Protective gear like bullet proofs, uniforms … maybe stairs that are slippery, shoes are not rubberised, lack of equipment … doesn't have a torch to conduct safe patrols during the night or the torches are damaged which prevents the security officer from identifying obstacles he or she may come across resulting in the officer injuring himself or herself.	

Table 6.3 presents the security officers opinions as to why IODs occur. The responses from the participants were as follows:

- lack of concentration (4 participants)
- ignorance (3 participants)
- socio economic conditions (2 participants)
- burn out/tiredness (5 participants)
- recklessness (2 participants)
- working conditions (6 participants)
- training (10 participants)
- lack of/broken equipment (2 participants)

Discussion

Participants indicated that their socio-economic circumstances contributed to lack of sleep which resulted in tiredness, poor concentration and burnout. Further negative contributing factors were lack of adequate training with regards to procedures such as how to approach potential dangerous situations and permissible scaling of heights; the correct use of equipment and site assessments such as compulsory wearing of protective equipment for instance defective bicycles; working conditions with reference to potential dangerous working environments such as hazardous objects on site; inappropriate or broken equipment such as defective torches; and the indication that most security officers have a casual approach that IODs will not happen to them.

The results are supported by the following authors' views that micro- and macro-organisational factors influence the risk of IODs:

- According to Burke et al. (2011) (section 2.7), the factors associated with increased risk of accidents include individual, group and organisational characteristics – human faults include perceptive errors, slips, exhaustion, safety motivation, mind-sets, micro-organisational factors such as safety objectives, safety responsibility and macro-organisational factors such as structure, personnel specialist training and technology.

- Dyck (2011) (section 3.3.3) suggests that organisations that provide orientation sessions could reduce health and safety incident rates by 25% as newly appointed employees are enabled to meet the company's work standards and execute their tasks safely.

- Button (2008) (section 3.3.3) posits that an approach used in the training of health and safety is scrutiny of the terrain where the officer observes an area of potential hazards by utilising a standard questionnaire or checklist produced by the employer.

- Zieren (2009) (section 3.3.1) contends that, once the ergonomical problems have been identified, the risk of injuries can be reduced by focusing on effective training on the use of work–related accessories (fire-arms, protective clothing, vehicles, etc.), soliciting suggestions from employees and addressing the most serious risks.

- According to Bauer and Hämmig (2014) (section 2.7.1), injuries on duty are more common amongst workers in lower social positions than workers with a more privileged social standing. They further contend that occupational groups with a high percentage in the lower socio-economic echelon are at a higher risk of occupational injuries.

- Huber (2005) (section 2.7.1) states that workers are exposed to a variety of workplace-related safety hazards while engaging in working activities, which result in two basic types of work-related health problems, that is injuries and illnesses.

6.5 RESEARCH QUESTION 2: POSSIBLE INTERVENTION MECHANISMS TO MINIMISE IODs IN THE WORKPLACE

The main questions and probing questions below were asked during the focus group interviews and individual interviews, which gave rise to the second theme: Possible intervention mechanisms to minimise IODs in the workplace.

- In your opinion how can IODs be minimised/reduced in the workplace?
- Elaborate on why you think employees are too lazy? (checking premises, performing site risk inspections and reporting damaged equipment)
- Elaborate on the training, and in which areas do you require training?
- Elaborate on "not understanding instructions".
- In your view, why do you think security officers are not adhering to the SOPs?

6.5.1. Theme 2: Pre*ventative mechanisms to minimize IODs in the security industry*

Two sub-themes emerged from theme 2:

- Subtheme 2.1: Employees' proposed mechanisms to minimise IODs in the workplace

- Subtheme 2.2: Employer-initiated mechanisms to minimise IODs in the workplace

6.5.1.1 Subtheme 2.1: Employees' proposed mechanisms to minimise IODs

The main questions and answers relating to employee-initiated mechanisms to minimize IODs in the workplace are indicated in table 6.4 below.

Table 6.4

Employees Contribution to Minimising IODs in the Workplace

Question 2: In your view how could employees minimize IODs in the workplace?	
Verbatim evidence	**Group category (code) identified for "how could employees minimize IODs in the workplace?"**
Participant 1: I think if we could follow our standard operating procedures (SOPs) I think a lot of accidents will be prevented. Participant 5: I think the only way is to follow the Big 5 *(this is the company's business ethics)* procedures.	Following procedures
Participant 6: Constantly reminding each other on parade and not expecting a reminder from the senior. We as officers should also participate in reminding each other about safety. Participant 8: What I've realised is that people, we as officers in this industry are ignorant and that we take things lightly. There are things that are being done to prevent the IODs incidents yet somehow we don't follow them. We need to develop that culture of wearing our seatbelts and wearing our helmets. Participant 28: If people can think before they do something then we can minimise injuries. Participant 5: We must make a plan to do exercises; maybe that one will help us not to lose focus especially driving because we're mostly sitting in the car.	Safety awareness
Participant 19: They must assess the area where the security guard is working. After assessing the place they can identify the danger/hazard so that they know which area is dangerous for the guard.	Assessments

Participant 21: You need to do a risk assessment yourself. After doing the risk assessment you will know where the dangers are so that when you take the patrols you know exactly where you can walk. We are too lazy to check the places where we are going, we are too lazy to report damaged equipment, we are too lazy to do risk assessment ourselves in the premises that we are working. So if we're going the extra mile even if we don't have equipment you need to do risk assessments to avoid the IODs.	

From table 6.4 it is evident that the seven participants were of the opinion that employees played a role in preventing IODs. The responses from the participants were as follows:

- follow procedures (2 participants)
- safety awareness (4 participants)
- assessments (2 participants)

Discussion

The participants' responses indicate a lack of application of the company's SOPs, ignorance, culture and being proactive in their approach to situations.

Participants indicated taking ownership of their own safety by reminding one another during shift changes and not relying solely on management to implement reminders to ensure their safety. The participants were of the opinion that embracing a more proactive approach in thinking before acting and adhering to the company's internal processes, it would also assist them in reducing IODs in the workplace.

The results are supported by the following authors' views that employees play a vital role in their contribution towards minimising IODs in the working environment:

- Brislin (2014) (section 3.3.3) contends that officers/employees who follow guidelines in the standing orders/standard operating procedures are less susceptible to an occupational injury.

- According to Zieren (2009) (section 3.3.1) and Quinlan et al. (2010) (section 3.3.1) the most effective way to identify ergonomic problems is to talk employees about the workplace environment that causes-discomfort and contains possible hazards to safety.

- Kaminski (2001) (section 3.3.1) posits that workers in teams (in this context, private security teams working shifts) typically have more control over the work process than individual workers. Officers, who identify safety issues, can use their influence to identify ergonomic problems and campaign for changes in hazard control measures. This could, in turn, lead to a reduction in the risk of injury for all the officers in that specific environment.

- According to Fugas et al. (2011) (section 3.3.5), proactive safety actions increased when employees perceived that their co-employees also performed proactive safety practices. Peers could therefore be effective role-models for proactive safety behaviour.

- Glendon and Clarke (2016) (section 3.3.5) also intimate that the role of social support from co-workers in the form of an informational function (how to deal with safety-related problems) also leads to a reduction in injuries. It could also have a buffeting effect by reducing psychological strain in the workplace and providing emotional support to an injured worker (Glendon & Clarke, 2016).

- Nolan (2011) (section 3.3.4) intimates that an organisational safety recognition programme would enhance on-the-job safety awareness by giving recognition to worker and group safety achievements in accordance with the company's safety goals.

- Acton (2012) (section 3.3.4) argues that awareness of organisational occupational health and safety has a crucial role to play in the combatting of IODs.

- Popov et al. (2016) (section 3.3.1) contend that risk assessment of ergonomic principles is required in the workplace and has an impact on the prevention and control of IODs.

- According to Briš et al. (2010) (section 2.7) the principle aim of organisational risk assessment is the prevention of accidents and injuries. Effective risk assessment results in the prevention of accidents and injuries which, in turn, results in the reduction of injuries.

6.5.1.2 Subtheme 2.2: Employer-initiated mechanisms to minimise IODs

The main questions and answers relating to employer initiated mechanisms to minimise IODs within the workplace are indicated in table 6.5 below.

Table 6.5

Employer's Contribution to Minimising IODs in the Workplace

Question 2: In your view how could employers contribute to minimising IODs in the workplace?	
Verbatim evidence	**Group category (code) identified for "how could employers contribute to minimising IODs in the workplace?"**
Participant 3: I would say information. Updating client information on the system is important. Either the responsibility is with the client to update his information of the premises on the system or to phone in or the RFM or senior in charge to make sure. Participant 4: I think lock boxes and "digi" pads must be installed in such a way that it's easier for the officers to	Increased information

see the numbers.	
Participant 2: What I've learnt is for example, you find you are working another area within a month or two weeks they change you to another area, if you are not familiar with that area, you are going to struggle. Then it's where most of the time you find out the person is getting injured. They need to review changing the officers around too soon. Participant 7: I think they must start changing the officer's mind set at the training centre, from the beginning. I don't think they concentrate a lot on safety although your SOPs say one thing in theory, they don't go into depth about safety and why they must wear a helmet, why they must wear their bullet proofs. If they can start at the training centre, change the mind-set of the people from the beginning. Participant 7: More practical training. Participant 9: In a nut-shell overall, prepare the officers while they are on training about the previous IODs. Revision of previous IODs. Participant 14: The company needs to make sure that the employees know what they are doing no matter how. They must train you and they must also assess you to ensure that you know what you are doing. Participant 15: They must give us proper training and they must not only give us training when we're hired. They must maybe after six months of employment check if we are still doing what we were taught and perhaps also	Training

provide training on changes implemented or on anything else of relevance. Provide site training for the spares because they work on different sites all the time which means they may not know a specific site to which they may be posted to. The supervisor should also not just drop you on the site and not show you how to work. They must show you what to do and make sure that the safety signs are also there. Participant 19: Arrange training for the guards once a year to educate them about IODs. Participant 20: Presenting industrial theatres, people participate and perform. We use to have this in the company before, for example, the Big 5. I think it could help a lot in the guarding department. Visualising a performance instead of just reading about it can help. Participant 22: Be provided with proper training and site training so that we know the premises where are working at. Participant 23: Workshops on how to deal with specific situations, for example, conflict situations, dealing with difficult (rude/angry) customers. Participant 25: Attending workshops. Training, for example, wearing safety shoes and a helmet when you're working in a dangerous area. Participant 27: Refresher driving training for supervisors.	
Participant 18: If we are well equipped I think it will minimise IODs … Bicycles, helmets and boots must be in	Equipment

a good condition. Participant 26: Proper equipment must be provided in time. The area manager or whoever signed the site up should do a proper risk assessment and ensure that the guard is provided with equipment according to the site's risk assessment finding.	
Participant 16: Regular visits from our managers, perhaps fortnightly or at month end. They don't visit us and don't provide feedback to us on our overall performance. Participant 18: Communication specifically with regards to site-specific procedures and also regarding working in different weather conditions. Participant 19: Dedicated team to investigate employee complaints, do regular site inspections/assessments, report the findings to management and monitor/manage the repairs/upgrade/supplying of equipment to the site. Participant 24: **I**mproving communication from management to employee. Timeous reaction and intervention from management on complaints regarding equipment, etc.	Employee engagement

It is evident from table 6.5 that participants were of the strong opinion that employers played a vital role in preventing IODs. The responses from the participants were as follows:

- increased information (2 participants)
- training interventions (11 participants)
- equipment (2 participants)
- employee engagement (4 participants) could contribute to the reduction of IODs in the workplace.

Discussion

There is strong emphasis on employer-initiated training interventions, ranging from on-site training to increased practical training interventions and workshops. Participants unanimously agreed that induction training should be more thorough and focussed on practical considerations rather than be theory based. It is evident that effective employee training is necessary to motivate employees to follow safe work practices.

Employee engagement and lack of communication between employee/management were also evident, which employees believed were the results of doing the wrong thing, simply because a clear understanding of what is expected of the employee is lost in communication.

With regards to a need for management involvement, participants were of the view that management should visit them, issue employees with the correct/working tools/equipment to enable them to perform their duties optimally and the supply of rubberized shoes to prevent slipping on wet surfaces and also torches.

The results are supported by the following author's views that employers play a vital role in their contribution towards minimising IODs in the working environment:

- Kaminski (2001) (section 3.3.3) confirms that health and safety training and education in the organisation are expected to heighten the employee's knowledge about safety issues.

- Dyck (2011) (section 3.3.3) suggests that organisations embracing orientation sessions could reduce health and safety incident rates by 25% as newly appointed employees are then enabled to meet the company's work standards and execute their tasks safely.

- According to Hattingh and Acutt (2003) (section 3.3.3), the primary aim of any organisational health and safety programme is to prevent injuries and illnesses. They elaborate by saying that when employees are empowered

through training initiatives and safety procedures are demonstrated, the employee's knowledge is enhanced and working environments improve, which prevents injuries in the workplace (Hattingh, & Acutt, 2013).

- Ladou (2007) (section 3.3.3) is also of the view that accidents can be prevented to a large extent through proper training of employees. Ladou (2007) (section 3.3.3) goes on to say that the main cause of occupational accidents is not unsafe equipment, but rather the worker's lack of understanding about the nature or severity of the potential hazards linked to the equipment.

- According to Kirsten and Karch (2012) (section 3.3.4), injury prevention awareness campaigns could take place through periodic workshops, seminars, distribution of educational pamphlets and leaflets and peer education.

6.6 SUMMARY

During the analysis of the data, main and relevant concepts and recurring themes were identified in the data. The data not relevant for the purposes of the study was ignored. Once identified, the themes were grouped into two main themes and each theme was grouped into subthemes. The relevant data was then linked to and parallels were drawn with the findings in the literature review. The findings were discussed and the researcher used the identified relevant data in the two themes and subthemes to understand and list the reasons for the occurrence of IODS in the private security workplace and to determine possible preventative measures to address the IODs, both from an employer and employee perspective.

The final chapter discusses the conclusions, recommendations and limitations of the study. Recommendations for possible future research are also addressed.

CHAPTER 7

CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

7.1 INTRODUCTION

In this chapter, the research study is concluded based on the results and findings presented in chapter 6. Chapter 7 further presents a comprehensive overview of the research in correlation with the research objectives of the study as discussed in chapter 1. The limitations and recommendations, as well as possible future research are discussed.

The research objective of this study was to explore the IOD experience of employees in order to develop an understanding of how to minimise IODs in the workplace.

The research questions were as follows:

Research question 1

What are the main causes of IODs of security officers in a private security company in Gauteng, South Africa?

Research question 2

What are the possible solutions that could be implemented to minimise IODs?

7.2 SUMMARY OF THE RESEARCH PROCESS AND MAIN CONCLUSIONS

The summary of the research process and main conclusions are presented in table 7.1 below.

Table 7.1

Summary of the Research Process and Main Conclusions

STEPS	RESEARCH QUESTION	AIM	RELEVANT DATA	RESEARCH METHOD APPLIED	CONCLUSIONS
Step 1	What is your experience after your IOD?	To establish the effect of the IOD experience on the employee	Data from individual interviews and focus group discussions	Qualitative content analysis using Tesch's method	There is sufficient evidence present to conclude that employees experienced a high level of negativity following their IODs.
Step 2	Why do IODs occur?	To establish whether there was unanimous consensus on the perceived reasons why IODs occur	Data from individual interviews and focus group discussions	Qualitative content analysis using Tesch's method	There is sufficient evidence that participants unanimously concurred with the reasons why IODs occur.
Step 3	What are the intervention mechanisms that manifest from participants in order to reduce IODs in the workplace	To establish whether there was consensus on the type of intervention mechanisms an employer could implement to possibly reduce IODs in the workplace	Data from individual interviews and focus group discussions	Qualitative content analysis using Tesch's method	Using Tesch's method of content analysis a number of intervention methods were identified. The proposed intervention methods are presented in section 7.7

7.3 CONCLUSION REGARDING RESEARCH QUESTION (SECTION 6.4, STEP 1): WHAT WAS YOUR PERSONAL EXPERIENCE DURING YOUR IOD?

The following definite conclusions were drawn:

- There was sufficient consensus amongst the participants to indicate that each IOD experience was different (Joubert, 2012). Some participants had a negative experience, while other participants had a positive IOD experience

(section 6.4.1.1 and 6.4.1.2). The negative experiences were higher in relation to the positive experiences. The negative experiences were as follows:

- financial strains
- physical injuries
- fear of dismissal
- flashbacks
- feelings of guilt
- fear of riding a bicycle
- fear of driving
- trauma
- stress
- lack of employer support

The negative experiences felt and endured by the participants manifested themselves in many ways and had a profound effect on their daily lives. The feelings of guilt and the physical injuries suffered were deemed the most negative experiences recorded.

- The positive experiences were as follows:

    - increased personal safety awareness
    - employer support
    - support from family/friends

From the results of this study, it could be concluded that the positive experiences manifesting themselves after the incident indicate that some good had come out of the predominantly negative feelings and experiences. The issue of increased personal safety awareness was deemed the most positive experience recorded.

In this study, the negative and positive experiences both had a huge impact on the psyche of the injured worker after the injury. The negative experiences require remedial actions on the part of a variety of individuals, professionals and institutions whereas the positive impacts should be nurtured and expanded upon to ensure a future positive working environment, free of occupational injuries. IODs have a

predominantly negative impact on the injured worker and the negative impacts outweigh the positive effects. Participants struggled with feelings of guilt, the deemed lack of support from the employer and the punitive manner in which the incidents were dealt with. As a rule the negative effects of IODs relate mainly on the physical trauma experienced by the worker, but the psychological impacts are equally important when one considers the remedial steps required to addressing the prevention of injuries.

7.4 CONCLUSION REGARDING RESEARCH QUESTION (SECTION 6.4, STEP 2): WHY DO IODs OCCUR?

The following definite conclusions were drawn:

- There was sufficient evidence to indicate that micro- and macro-environmental factors influenced the causes of IODs (Burke et al., 2011).

    - The micro-environmental factors were as follows:

        - working conditions
        - inappropriate/broken equipment
        - training
        - lack of employer support

The micro-environmental situation, focussing on the organisation (Smit, Cronje, Brevis & Vrba, 2011) indicates that working conditions (which may include inappropriate /broken equipment) are the single most common event leading to an IOD in the private security environment. It is evident from the results of this study that unfavourable working conditions, such as surfaces and structures, lead to situations conducive to sustaining injuries. The lack of sufficient training and support by the employer to identify potential hazards was further contributory factors leading to injuries.

- The macro-environmental factors were as follows:

    - the socio-economic environment
    - insufficient rest/sleep
    - financial burdens

The macro-environmental factors refer to issues outside of the organisation and include insufficient social support for the security guard in general (Smit et al., 2011). The results in this study revealed that insufficient rest opportunities between working shifts and financial burdens affecting the psyche of the security guard contributed to the participants' IODs.

It was evident from the result of this study that various factors contributed to the causes of IODs among the participants. Physical factors such as hazardous working environments, insufficient functional training by the employer and psychological factors such as lack of sleep all contributed to creating environments in which injuries could occur.

7.5 CONCLUSION REGARDING RESEARCH QUESTION (SECTION 6.5, STEP 3): POSSIBLE INTERVENTION MECHANISMS TO MINIMISE IODs IN THE WORKPLACE

Participants in this study indicated that they took ownership of their own safety by reminding one another about potential dangers during shift changes, and not relying solely on management to implement reminders to ensure their safety. The participants were of the opinion that, embracing a more proactive approach to thinking before acting and adhering to the company's internal processes, would also assist them in reducing IODs in the workplace.

The results from this study underscore the fact that there is strong emphasis on employer-initiated training interventions, ranging from on-site training to increased practical training interventions and workshops. The participants unanimously agreed that induction training should be more thorough and focussed on practical factors

rather than being theory based. The results also show that effective employee training is necessary to motivate employees to follow safe work practices at all times.

The lack of employee engagement and communication between employee/management was also evident in the results of this study. Participants believed that this resulted in doing the wrong thing because a clear understanding of what is expected of the employee was lost in communication.

- There was sufficient consensus among the participants to indicate that proper training interventions were the highest indicator in the prevention of IODs (Hattingh & Acutt, 2003). Other interventions mentioned were as follows:

    - increased information
    - appropriate equipment
    - employee engagement initiatives
    - following procedures
    - safety awareness
    - effective risk assessments

There appeared to be a positive element of ownership on the part of the participants that they accepted that health and safety is a crucial facet of their role as security officers. However, the same urgency was expected from the employer to implement the required training interventions in order to support the participants.

7.6 SUMMARY OF THE CONCLUSIONS OF THE STUDY

Figure 7.1 below indicates a summary of the conclusions drawn from this study, illustrating the various causes and different experiences of and specific preventative measures against IODs in a private security company involved in this study.

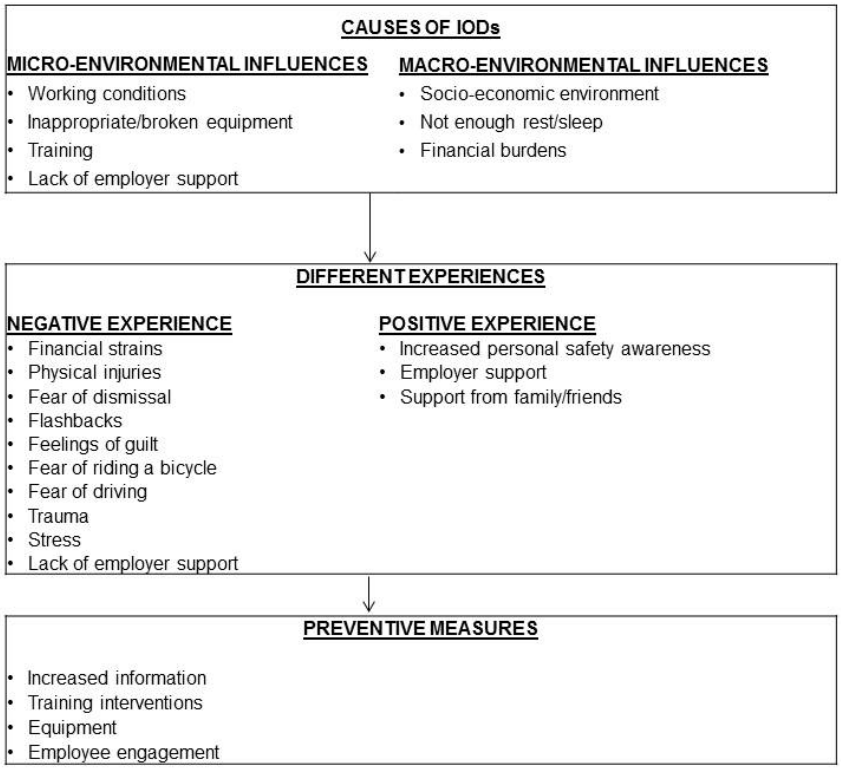


Figure 7.1. Causes and Experiences of and Preventive Measures against IODs as concluded in the study

7.7 RESEARCHER'S PERSONAL EXPERIENCE DURING THE STUDY

The researcher found this study personally fulfilling in certain areas, but disheartening from a professional perspective in other areas. It was disconcerting to hear the negative experiences the participants had suffered after their IODs. What the participants experienced contradicts what the private security company under investigation advocates, and what the researcher promotes from an HR perspective. The study enabled the researcher to gain a better understanding of what the participants actually experienced versus what the managers and organisation perceive and reports.

7.8 STRENGTHS OF THE STUDY

An unbiased strength of the data-gathering process was that a generous sample size of 28 individuals volunteered to partake in the research study. A combination of eight individual interviews and four focus group discussions were held. The interviews and discussions were held in a meeting room with minimal to no disturbances. The researcher works for the same organisation, and the participants thus knew her and felt comfortable speaking freely and sharing their experiences with her.

7.9 LIMITATIONS OF THE STUDY

7.9.1 Limitations relating to the researcher bias, data collection and analysis

Limited research has been conducted on the research topic in a South African context, which made it difficult for the researcher to refer back to previous studies during the literature review chapters as well as during the interpretation of the study. The literature review was limited to a global context. The researcher would have embraced the availability of more literature within a South African context.

The participants to this research study favoured employees in a private security company in Pretoria, Gauteng Province, South Africa and excluded the participation of managers.

Despite the limitations of study, it can be concluded that the study certainly opens up further opportunities for research in the private security industry in South Africa.

7.9.2 Limitations relating to the participating organisation

The research study was conducted in the Gauteng area only. The organisation is also operational in the Eastern Cape, Free State, KwaZulu-Natal, Limpopo, Mpumalanga, Northern Cape, North West and Western Cape. The findings could therefore not be generalised to the entire organisation. When transferability of the

findings is considered, the geographic demographics of the participants should be taken into account.

7.9.3 Limitations relating to the participants in the study

The interviews were conducted in English only. While most of the participants understood the English language, the researcher often had to repeat herself and explain the meaning of words in layperson's terms to enable the participants to grasp the substance of certain questions.

7.10 RECOMMENDATIONS

Based on the conclusions that were drawn from the findings in this study, recommendations are formulated for the implementation of richer practical training methods.

7.10.1 Recommendations for further research

The following recommendations can be made for possible future research:

- The researcher recommends that this research be extended to include more private security companies within the Gauteng Province.

- It is also recommended that this research be repeated to include management.

- It is further recommended that a comparative study be conducted at security companies nationally to investigate the geographic and cultural influences on the impact of IODs.

7.11 CONCLUDING REFLECTIONS OF THE RESEARCHER

Recommendations for possible future studies were discussed above. The two main criteria for participation in the study were that participants were employed as security officers at a private security company and that they had previously been involved in an IOD. A total of 28 participants fulfilled these criteria.

7.12 SUMMARY

In this chapter the conclusions, recommendations and limitations to the research study were discussed.

Recommendations for further research were made and the strengths and weaknesses of the study were explained.

The study is original, and the researcher is of the opinion that the findings of study underscore the importance of health and safety in the private security sector, and the fact that mechanisms to reduce IODs could be implemented throughout the private security industry.

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