Counter Productive Work Behavior, Health and Safety Management System in the Ready Made Garments Industry of Bangladesh

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Abstract The present study examined the relationship between counter productivity work behavior, and health & safety management systems of ready made garments employee of Bangladesh. The sample consisted of 384 participants over the age of 22 years old, 192 of whom were males and 192 were females. They were selected from different ready made garments industries of Dhaka City by using two stage cluster sampling technique. The instruments used in this study were demographic and personal questionnaire, Adapted Occupational Health and Safety Management System [6] and Bangla version of Counterproductive Work Behavior Checklist (CWB-C) [7]. Mean, Standard deviation, correlation and stepwise multiple regressions were performed. Results indicated that emergency response ($\beta = -0.312$, $p < 0.005$), procurement and contracting ($\beta = 0.071$, $p < 0.0005$) and OHS policy ($\beta = 0.995$, $p < 0.0005$) worker participation ($\beta = -0.448$, $p < 0.0005$), benchmarking ($\beta = 0.166$, $p < 0.002$) and monitoring and review ($\beta = -0.132$, $p < 0.014$) were significant predictors of counterproductive work behavior. The results show that emergency response had the strongest contribution to the variance of counterproductive work behavior. It contributes 67% of the variance in counterproductive work behavior. The predicting six variables combined contribute 84.6% of the total variance of counterproductive work behavior. The results suggest that less emergency response, procurement and contracting, OHS policy, worker participation, benchmarking and monitoring and review as the key contributors to produce counterproductive work behavior among ready made garments employees in the context of Bangladesh.

Keywords Counter Productive Work Behavior, Health & Safety Management

1. Introduction

The ready made garment (RMG) industry of Bangladesh is considered as the lifeblood of economic development for Bangladesh [1]. The industry started its journey in late 1970s, and now it is the largest export earning source of Bangladesh. As a prime source of foreign earnings, it has been playing a very significant role in economic development of the country for last two decades [2]. About 5100 firms of the industry bring about 80 percent of the total export earnings of the country, and 3.6 million workers are working in the industry in which 85 percent are female [2]. Despite the massive success of the RMG sector, the poor working environments in the factories and the lack of health and safety management systems are serious concerns.

Although the RMG industry assures employment opportunities for thousands of workers and brings valuable foreign currencies for Bangladesh, the industry has experienced severe chaos due to violence created by workers in recent time [3]. Gradually it is becoming a very common scenario of the industry. Recently, it has been observed that workers are recurrently coming down in the street and showing their rebellion by destroying public and private properties [2]. Misunderstanding between workers and owners has been increasing gradually. As a result, the dissatisfaction of workers is becoming violence and vandalism often. So the issue of counterproductive productive behavior and reasons behind of it is a serious matter to investigate.

Most OHS professionals would recognize occupational health and safety management systems (OHSMS) as a core element of the organization and management of worker health protection. OHSMS are distinct from the concepts of safety climate and safety culture. Safety management systems are defined as the policies, strategies, objectives, organization, management controls, practices, and resources.
that are used to manage safety throughout the organization [4, 5]. A set of values, perceptions, attitudes and patterns of behavior with regard to safety shared by members of the organization; as well as a set of policies, practices and procedures relating to the reduction employees' exposure to occupational risks, implemented at every level of the organization, and reflecting a high level of concern and commitment to the prevention of accidents and illnesses.

In this paper, occupational health and safety management system is made up of nine key elements. The organization has developed OHS policies that reflect a commitment to protecting workers’ health and safety and continuous improvement, and seeks to integrate the policies with other human resource (HR) activities. Workers are engaged in occupational health and safety inside the organization and the organization incents worker participation in OHS. OHS training is provided to new workers, and it is ongoing and coordinated with labor. Communication is an effort which is made to ensure OHS information is effectively communicated to workers and supervisors. A preventive & protective action refers to OHS hazard and risk assessment drive prevention plan development, and all plans are communicated to workers. The organization has an emergency preparedness plan and has practiced it to ensure all workers are aware of their roles and responsibilities called emergency response. Monitoring & review (internal control) means accountability is built into the organization to ensure hazards and risks are effectively controlled, prevention plans are completed and all incidents are investigated. Benchmarking means the organization seeks to understand its OHS performance compared to other similar organizations. OHS requirements are embedded in procurement and contracting [6].

Counterproductive work behavior (CWB) consists of acts that harm or are intended to harm organizations. They include acts directed towards both organizations and individuals, including aggression (physical and verbal), sabotage (destroying the physical environment), theft, and withdrawal (avoiding work through being absent or late) [7].

Health and Safety regulations, as prescribed in Factory Rules 1979 are routinely ignored by management and are hardly enforced by government. In fact the Factories Act of 1965 sets the occupational safety and health standards in Bangladesh, but like every other aspect of the Labour Code, it is rarely enforced due to the lack of resources and corrupt practices in the system. As a result, fires break out frequently, buildings often collapse and faulty building design regularly results in the death of workers. The Spectrum Factory building collapse of April 2005 killed 54 workers, injured over 70 and left hundreds jobless. Rana plaza called Savar tragedy is another burning example where more than 1100 worker were killed. The violations of the occupational safety and health codes are flagrant, as evidenced by the types of tragic and preventable accidents that occur in Bangladesh factories [8] for which various type of harmful activities are conducted by the garments employees.

The industry experienced severe labor chaos for the first time in 2006 for increasing their wage, which has been continuing almost every year [3]. There are different stakeholders in RMG industry such as owners of the firms, garment workers, buyers, NGOs, government, labor union, civil society members, and others. Low cost labor is the most important strength of the RMG industry of Bangladesh. Because of counterproductive behavior in the garment, approximately 300 garments units shut down at Ashulia, Dhaka in recent time [9].

A behavior will be considered as deviant if it has the potential to harm the well-being of members and the organization as well [10]. Kelloway et al. [11] suggests that counterproductive behavior includes both individual and collective behaviors. Workers are involved in counterproductive behavior when they willingly occur any act in order to harm the other workers within the organization as well as the organization [7]. There are different stakeholders in RMG sector like owners of the firms, garment labors, buyers, NGOs, government, labor union, civil society members, and others. Among all stakeholders, low cost labor is the most important strength of the RMG sector of Bangladesh. But unfortunately, labors of RMG industry have been demonstrating their arrogance for few years. The industry experienced severe labor chaos for the first time in 2006 for increasing their wage which has been continuing almost every year [3]. RMG workers have been involving different counterproductive behaviors because of their job dissatisfaction [12]. A great deal of researches have concentrated on poor and hazardous working environment [13]. Researches demonstrate that health safety and security management situation in RMG sector of Bangladesh is inadequate [14]. Injuries, death, and disability of workers from fire, and collapses of building are very frequent in the country [8]. Sarker and Afroze [12] stated that labor unrest in RMG sector of Bangladesh is one of the major problems which causes business prospect and profit losses. RMG sector of Bangladesh is also an example of violating international labor standard [15]. Most of the garment factories in Bangladesh do not follow the labour law and ILO conventions [16]. Enforcement of Health and Safety regulations never gets priority by management or government in Bangladesh [17].

1.1. Rationale of the Study

In the review of related literature, no studies were found that address the relationship between counterproductive work behavior and health and safety management systems at readymade garments industry in Bangladesh. Besides health and safety management issues have been started to get more significance after occurring two important incidences in the RMG sector of Bangladesh. The first incidence occurred on November 24, 2012 in which 112 workers lost their life by fire damage in Tazreen Fashions factory, and five months later 1,131 workers killed by collapse of Rana Plaza. So, this
is going to be a new research initiative in the context of Bangladesh. A scientific study of counterproductive work behavior is important for understanding quality of life of garments employees. Apart from these, studies of counterproductive work behavior for garments employee have been relatively less studied in recent years. For this, the current study was stimulated to identify actual scenario of health and safety management system and impact on their counterproductive work behavior of garments employee.

1.2. Objective

The research question of this study is: what is the relationship between counterproductive work behavior and health & safety management system in the RMG Industry of Bangladesh? The study aims to explore the relationship between counterproductive work behavior and health & safety management system in the RMG industry.

2. Methods

2.1. Participants

In this study, the target population is employees of Bangladeshi garments industry. For this study, the database of the targeted population was derived from BGMEA, which has a directory of Bangladeshi garments industry. Two stage cluster sampling method was adopted. The eligible participants for the present study were adults garments employee aged 22 and over. Education qualification of eligible participant of this study was twelve grades to undergraduate. A total of 384 employees were taken for collecting data, among which 192 were males and 192 were females.

2.2. Instruments Used

Demographic and personal information questionnaire was used to collect personal and demographic information of the participants, such as age, gender, religion, education, marital status, participant’s occupation, duration of occupation in an organization, alcohol and prescription drugs.

Occupational Health and Safety Management System questionnaires was originally developed by Ontario leading indicators project (OLIP) survey [6] for measuring occupational health and safety management system of an organization. The adapted Bangla version instrument is made up of nine indicators which measures nine aspects of health and safety management system variables. The first indicator, organizational health and policy consist of three items. In the second indicator, worker participation has four items. The third indicator, organizational health and policy consist of three items. In the second indicator, worker participation has four items. The third indicator, organizational health and policy consist of three items. In the second indicator, worker participation has four items. The third indicator, organizational health and policy consist of three items. In the second indicator, worker participation has four items. 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The fifth, preventive and protective action has four items. The sixth, emergency response has four items. Monitoring and review consists of eight items. Benchmarking indicator has two items. Procurement and contracting measure comprises five statements, and for each, the respondent is asked to indicate a level of agreement. Participant rated on a 5-point scale (0=Strongly Disagree; 1=Disagree; 2=Neither Agree nor Disagree; 3=Agree; 4=Strongly Agree). Points values are summed and then divided by the total number of items for each subscale. If a respondent’s scores for the five statements in the safety training measure are 3, 4, 2, 4 and 3, respectively, the organization’s safety training score is: 3+4+2+4+3=16/5=3.2. The score range is 0 (lowest) to 4 (highest) for all measures. These 38 items questionnaire was translated into Bangla. Than both English and Bangla versions of the scale were given to eight judges for carefully examining whether each item of both the version conveys the same meaning or not. They were also requested to give suggestion for improving the translations. Some changes in the translations were made according to the suggestions of judges. Then, English and Bangla versions of the scale were administered to 50 subjects. Half of the participants were administrated the English version first and then after an interval of 20 days the Bangla version was administrated. The remaining half of the participants were administrated the Bangla version first and the English version with 20 days gap between the two administrations. Significant positive correlation [r(48)=.801, p<.0005] was obtained between scores of English and Bangla versions indicating high translation reliability of the scale. The high alpha coefficient (α=.7187) indicates internal consistency of the scale.

Counterproductive Work Behavior Checklist (CWB-C): The Bangla version of the counterproductive work behavior checklist (Spector, et. al., 2006) was used to assess counterproductive work behavior of participants (e.g., aggression, sabotage, theft, and withdrawal). The 44-item Counterproductive Work Behavior Checklist (CWB-C), a standard measure of employees’ intentional behaviors that harm organizations and people in organizations. It asks respondents to indicate how often they have done each behavior at work, and it can be used to indicate the behavior of others, such as coworkers or subordinates. The items can be combined into a single total score, a two-dimension scheme (organization versus person target). CWB organization: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 13, 14, 15, 16, 17, 18, 19, 22, 23, 24, 25. CWB person: 11, 20, 21, 26-44. Responses are made on a5-point frequency scale 1=Never 2=Once or twice 3=Once or twice per month 4=Once or twice per week 5=every day. The total score is the sum of all 45 items Here higher score indicates highest counterproductive work behavior. Internal consistency reliability estimates (coefficient alpha) are for CWB organization.86, CWB person .86, and total .90 [7]. The questionnaire was translated into Bangla. Then the English and Bangla versions of the scale were administered to 50 participants with an interval of 20 days. Significant positive
correlation \[ r (48) = .883, \ p < .0005 \] was obtained between scores of English and Bangla versions indicating high translation reliability of the scale.

### 2.3. Procedure

Standard data collection procedure was followed to collect data for the current study. The informed consent of the participants was obtained that the study was on counterproductive work behavior in the workplace. They were also informed of the purpose of the present study and necessary rapport was established before administering the questionnaire. The questionnaires were administered to employees individually in each workplace by trained undergraduate and graduate students. They were asked to give tick marks in the appropriate box. They were also requested not to omit any item in the questionnaire. They were assured that information would be kept confidential and used only for research purposes. This study consists of answering some questions on two sets of questionnaires that take only 20 to 25 minutes. The participants will be taken in a closed room at their workplace with the questionnaires. Participation is completely confidential and their name will not be used at any time. After completion of the questionnaire, their time will no longer be needed.

### 3. Results

The objective of current study was to explore the relationships of health and safety management system with counterproductive work behavior of employees in garments industry. For this purpose, correlation coefficient of organizational health and safety policy, worker participation, organizational health and safety training, communication, preventive and protective action, emergency response, monitoring and review, benchmarking, procurement and contracting with counterproductive work behavior were calculated. Stepwise multiple regression methods were conducted to estimate a model predicting counterproductive work behavior. The mean and standard deviation of counterproductive work behavior (\( M = 126.25, SD = 8.58 \)); organizational health and safety policy (\( M = 2.54, SD = .901 \)); worker participation (\( M = 2.61, SD = 1.288 \)); organizational health and safety training (\( M = 2.60, SD = 1.124 \)); communication (\( M = 2.64, SD = 1.326 \)); preventive and protective action (\( M = 2.58, SD = .875 \)); emergency response (\( M = 2.55, SD = .887 \)); monitoring and review (\( M = 2.53, SD = 3.2 \)); benchmarking (\( M = 2.63, SD = 1.117 \)); procurement and contracting (\( M = 2.70, SD = 1.523 \)) scores indicate that the Garments employees perceived negatively their organizational health and safety policy, worker participation, organizational health and safety training, communication, preventive and protective action, emergency response, monitoring and review, benchmarking, procurement and contracting and they produced high level of counterproductive work behavior in their working place.

Another explanation may be that, workplaces where respondents reported lower score on organizational health and safety policy, worker participation, Organizational Health and Safety training, communication, preventive and protective action, emergency response, monitoring and review, benchmarking and procurement and contracting had higher scores in counterproductive work behavior, because participants perceived absence of nine leading indicators of health and safety management system of their work places.

Correlation analyses were conducted to determine the direction and intensity of the relations between counterproductive work behavior and health and safety management system. Pearson correlation-coefficients showed that there were statistically significant relationships among variables. Organizational health and safety policy, worker participation, organizational health and safety training, communication, preventive and protective action, emergency response, monitoring and review, benchmarking and procurement and contracting were found to be significantly associated with counterproductive work behavior.

<table>
<thead>
<tr>
<th>Variables</th>
<th>M</th>
<th>SD</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
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<tbody>
<tr>
<td>1. CWB</td>
<td>126.25</td>
<td>8.58</td>
<td>.812**</td>
<td>.858**</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>2. OHSP</td>
<td>2.54</td>
<td>.90</td>
<td>.868**</td>
<td>.919**</td>
<td>.858**</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>3. WP</td>
<td>2.61</td>
<td>1.28</td>
<td>.842**</td>
<td>.807**</td>
<td>.952**</td>
<td>.870**</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<td>-</td>
</tr>
<tr>
<td>4. OHST</td>
<td>2.60</td>
<td>1.12</td>
<td>.566**</td>
<td>.868**</td>
<td>.919**</td>
<td>.870**</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>5. CO</td>
<td>2.64</td>
<td>1.32</td>
<td>.442**</td>
<td>.807**</td>
<td>.952**</td>
<td>.870**</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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</tr>
<tr>
<td>6. PPA</td>
<td>2.58</td>
<td>0.87</td>
<td>.780**</td>
<td>.449**</td>
<td>.573**</td>
<td>.444**</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>7. ER</td>
<td>2.55</td>
<td>0.88</td>
<td>.767**</td>
<td>.441**</td>
<td>.585**</td>
<td>.454**</td>
<td>.966**</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>8. MR</td>
<td>2.53</td>
<td>0.91</td>
<td>.810**</td>
<td>.769**</td>
<td>.447**</td>
<td>.649**</td>
<td>.511**</td>
<td>.866**</td>
<td>.892**</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>9. BE</td>
<td>2.63</td>
<td>1.11</td>
<td>.536**</td>
<td>.720**</td>
<td>.679**</td>
<td>.777**</td>
<td>.735**</td>
<td>.703**</td>
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<td>.769**</td>
<td>-</td>
<td>-</td>
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<td>10. PC</td>
<td>2.70</td>
<td>1.52</td>
<td>.316**</td>
<td>.273**</td>
<td>.130**</td>
<td>.294**</td>
<td>.223**</td>
<td>.666**</td>
<td>.657**</td>
<td>.530**</td>
<td>.610**</td>
<td>-</td>
</tr>
</tbody>
</table>

*Correlation significant at .05 level, ** Correlation significant at .01 level

Note: CWB= Counterproductive work behavior, OHSP= Organizational health and safety policy, WP= Worker participation, OHST= Organizational health and safety training, CO= Communication, PPA= Preventive and protective action, ER= Emergency response, MR= Monitoring and review, BE= Benchmarking, PC= Procurement and contracting.
Counterproductive work behavior had a significant relationship with emergency response \( r = -0.821, p < 0.005 \); Organizational health and safety policy \( r = -0.812, p < 0.005 \); monitoring and review \( r = -0.819, p < 0.005 \); preventive and protective action \( r = 0.765, p < 0.005 \); benchmarking, \( r = -0.536, p < 0.005 \); worker participation \( r = -0.481, p < 0.005 \); communication \( r = -0.442, p < 0.005 \); and procurement and contracting \( r = -0.316, p < 0.005 \). Thus, the results of correlation indicated that an employee with a lower score on any of the independent variable had a higher level of counterproductive work behavior.

The results of stepwise multiple regression (Table 2) suggested that Emergency response \( \beta = -0.312, p < 0.005 \), Procurement and contracting \( \beta = 0.071, p < 0.005 \) and OHS policy \( \beta = -0.995, p < 0.005 \) Worker participation \( \beta = -0.448, p < 0.002 \) and monitoring and review \( \beta = -0.132, p < 0.014 \) were significant predictors of counterproductive work behavior. The results show that emergency response had the strongest contribution to the variance of counterproductive work behavior. It contributes 67% of the variance in counterproductive work behavior. However, monitoring and review were the lowest contribution to the variance of counterproductive work behavior. It contributes only 2% of the variance in counterproductive work behavior. The six variables combined contribute 84.6% of the total variance of counterproductive work behavior.

4. Discussion

The current study explores the relationship of organizational health and safety policy, workers participation, organizational health and safety training, communication, preventive and protective action, emergency response, monitoring and review, benchmarking, procurement and contracting with counterproductive work behavior among garments employees. The findings based on regression analysis revealed that Emergency response \( \beta = -0.312, p < 0.005 \), Procurement and contracting \( \beta = 0.071, p < 0.005 \) and OHS policy \( \beta = -0.995, p < 0.005 \) Worker participation \( \beta = -0.448, p < 0.005 \) Benchmarking \( \beta = -0.166, p < 0.002 \) and monitoring and review \( \beta = -0.132, p < 0.014 \) were significant predictors of counterproductive work behavior. Findings on Emergency response and counterproductive work behavior revealed that Emergency response was an important predictor of counterproductive work behavior. It contributes 67% of the variance in counterproductive work behavior. One explanation may be that emergency response or management has become a new reality for garments industry administrator. As recent years have demonstrated, Bangladesh garment industry are facing different type of catastrophes both natural and man-made, and administrators and facilities teams does not address these growing concerns to keep employees safe. The primary responsibility of organizational administrators should focus on emergency situations, which is a safe evacuation, executing procedures to move employee, staff to safety, and then providing timely correct information, both to those within the work places and family members at home who need to be informed. Unfortunately, many such efforts of RMG sectors of Bangladesh are woefully and current strategies to communicate emergency response are largely paper and pencil based activity.

But results also show that monitoring and review were the lowest contribution to the variance of counterproductive work behavior. It contributes only 2% of the variance in counterproductive work behaviors. The six variables combined contribute 84.6% of the total variance of counterproductive work behaviors.

<table>
<thead>
<tr>
<th></th>
<th>R</th>
<th>R²</th>
<th>R² change</th>
<th>( \beta )</th>
<th>SE</th>
<th>t</th>
<th>p</th>
<th>F</th>
<th>p</th>
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<tbody>
<tr>
<td>Emergency response</td>
<td>.821</td>
<td>.674</td>
<td>.674</td>
<td>-312</td>
<td>.814</td>
<td>-3.710</td>
<td>.005</td>
<td>789.796</td>
<td>.005</td>
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<td>Procurement and contracting</td>
<td>.873</td>
<td>.762</td>
<td>.088</td>
<td>.071</td>
<td>.204</td>
<td>1.966</td>
<td>.050</td>
<td>609.701</td>
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<td>OHS policy</td>
<td>.888</td>
<td>.789</td>
<td>.027</td>
<td>-.995</td>
<td>1.17</td>
<td>-8.079</td>
<td>.500</td>
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<td>.005</td>
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<tr>
<td>Worker participation</td>
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<td>.841</td>
<td>.052</td>
<td>-.448</td>
<td>.612</td>
<td>4.872</td>
<td>.500</td>
<td>427.338</td>
<td>.005</td>
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<td>Benchmarking</td>
<td>.918</td>
<td>.843</td>
<td>.003</td>
<td>.166</td>
<td>.403</td>
<td>3.173</td>
<td>.002</td>
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<td>.005</td>
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<td>Monitoring and review</td>
<td>.920</td>
<td>.846</td>
<td>.002</td>
<td>-132</td>
<td>.499</td>
<td>-2.465</td>
<td>.014</td>
<td>343.970</td>
<td>.005</td>
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Adjusted \( R^2 = .843 \)
Findings on procurement and contracting and counterproductive work behaviors show that procurement and contracting was a second important predictor of counterproductive work behaviors. It explained 8.8% variance of counterproductive work behaviors. The results on OHS policy and counterproductive work behavior revealed that OHS policy was another important predictor of counterproductive work behaviors. Significant standardized beta supported the view that OHS policy would contribute significantly to the variation of counterproductive work behaviors.

Furthermore, the researchers explored how workers participation related to counterproductive work behaviors. Findings on worker participation and counterproductive work behaviors show that workers’ participation was the fourth predictor of counterproductive work behaviors. It explained 5.2% variance of counterproductive work behaviors. Employees were engaged in low levels of occupational health & safety inside the organization and that the organization incents worker participation in OHS was likely to show high level of counterproductive work behaviors towards their organization and workmates. Benchmarking and monitoring and review were the also predictors of counterproductive work behaviors. They explained 3% and 2% variance of counterproductive work behaviors respectively.

It can be explained that as a whole most of the RMG factories do not practice leading indicator specially (emergency response, Procurement and contracting, OHS policy, Worker participation, Benchmarking, and monitoring and review) of health and safety management system the human resource management, and have no well-defined HR or Personnel unit, ineffectively address labor rights and ignore labor standards, discarding fair labor trade unions. As a result, workers’ rights are grossly violated in the RMG sector which has led to labor unrest [18] or counterproductive work behaviors.

Health and safety management systems in the study were measured on questionnaire based rather than source of data from higher authority of organization. Moreover, situational variables may also influence health and safety management and CPB relationships and would be useful for future researcher to examine. These include leadership style, organization culture, and presence of electronic monitoring, and reward systems [e.g., 19, 20]. Further, the data which are used in our research they are cross sectional; it is not possible to draw true causal inferences from the results of the multiple regression analysis. However, due to the cross-sectional nature of our data, caution must be exercised about inferring causal relationships. Finally, the deviance measures that we used in the study are subjective, that is, they are based on ratings of deviant behaviors. In spite of described drawbacks, research findings show that the working environment of RMG sector need to be brought into standard line with the country’s present realities and should be ensured to improve health and safety management system of garments employees.

REFERENCES


