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Declaration

All the papers in this publication went through a double-blind peer-review process involving initial screening of abstracts, review by at least two referees, reporting of comments to authors, modifications of papers by authors and re-evaluation of resubmitted papers to ensure quality of content.

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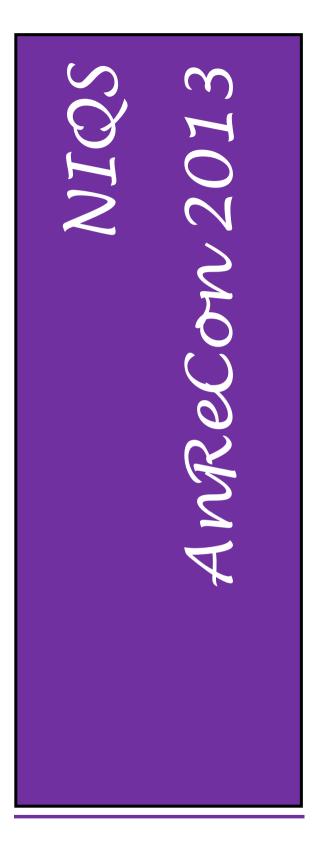
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RESEARCH AND LEGAL UNDERPINNINGS OF THE QUANTITY SURVEYOR AS A HEALTH AND SAFETY MANAGER

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ABSTRACT

Although the construction industry is a risky one with its average rate and severity of injuries and fatalities higher than most other sectors, it is, nonetheless, a major contributor to the economic growth of countries. Although in the advanced and developed economies, measures have been put in place to minimise rate and severity of accidents in the construction sector, the same cannot be said of Nigeria, with identified poor health and safety awareness, regulation and management. As a result, improvements in health and safety management in the Nigerian construction sector cannot be achieved through the regulatory route, but rather through the influence of project stakeholders. It then recommended that the Quantity Surveyor (QS) as an important stakeholder in the construction sector should begin to champion good health and safety management ethics in the construction industry.

Keywords: construction, designers, economic growth, health and safety management, quantity surveyor.

INTRODUCTION

The construction industry plays a vital role in the economic growth and stability of nations through employment generation (Sharp, 2010), contributions to national account (Dye and Sosimi, 2010), gross domestic product (GDP) and fixed capital growth (Olatunji and Bashorun, 2006). In spite of these contributions, there are observations that the construction industry is under-performing in some areas (Egan, 1998), notably, health and safety - a key performance indicator in the construction industry (Department for Business Enterprise and Regulatory Reform, 2007). Although Figure 1 below shows that there have been steady improvement in the construction health and safety statistics in some countries, the frequency and severity of these occurrences are still higher than in most other sectors (Health and Safety Executive, 2005).

The impact of accidents and injuries on the performance of the construction industry has been highlighted for instance by the International Labour Organization (2010) which observes that there are about 6,300 fatalities per day, more than 330 million occupational accidents and work-related diseases every year, with an estimated financial cost that corresponding to about 4% of annual global gross domestic product (GDP). With specific reference to the UK, the Health and Safety Executive (2012) indicates that accidents in the construction sector accounts for 27% of fatal injuries, 9% of reported major injuries, and 6% of over 3-day injuries to employees. It also impacts on the activities of construction industries due to disruptions high percentage of prohibitions and notices (Health and Safety Executive, 2004). In Rushton *et al.* (2012), a link between construction activities and occupational cancer deaths and cancer registrations was established.

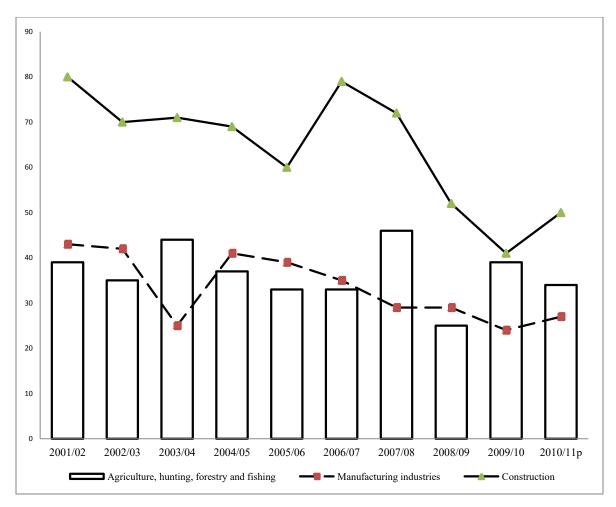


Figure 1: Fatal injuries to all workers 2001/02 - 2010/11p (Source: Health and Safety Executive (2012))

Several factors are responsible for the poor safety standard of the industry. Inference from literature is that certain management practices in the construction industry, which seems to encourage rivalry, and 'sitting on' on vital information, contribute substantially. But beyond this, there are observations that the undue emphasis (even in the selection of contractors) placed on price instead of quality is responsible (Johnston and Lawrence, 1988; Lingard and Holmes, 2001). This is closely associated with the market based type of relationship in the industry which some see as being responsible for the poor safety standard in the industry (Winch, 2002). In consideration of the above, this paper subscribes to the view that poor health and safety performance of the industry over the years could be attributed to the nature of activities carried out in the sector (Recio *et al.*, 2006). It shall go further to show that although certain aspects of supply chain

management (SCM) practices (e.g. subcontracting) can lead to poor health and safety standard, some other aspects of SCM (for instance, adequate engagement of project stakeholders such as Quantity Surveyors) can be effective improvement tools.

LITERATURE REVIEW

Construction supply chain network and management

According to London and Chen (2006), a construction supply chain (Figure 2) describes a group of firms linked through upstream and downstream contractual relationships, for the purposes of delivering product(s) and/or services) related to the core business of a construction project, with an associated flow of commodities, cash and information. Dainty et al. (2001) note that a construction supply chain is fragmented, with the contractor-subcontractor relationship often affected by the transactional power of the contractor and an undue focus on costs rather than value by the contracting organisation. Fragmentation, according to El-Sheik and Pryke (2010) affects the efficiency of the chain by making integration, cooperation and collaboration among stakeholders difficult (Abd Shukor et al., 2011). There is also a reduction in trust (Morledge et al., 2009), and inefficient information sharing and learning (Vrijhoef and Ridder, 2005). Invariably, the above factors impact negatively on performance (London, 2005) due to insufficient resources and a dearth of competence (Fenna, 2004) caused by a restriction on knowledge sharing, learning, and collaboration. Dave and Koskela (2009) see the industry as a highly projectized one, and this has a negative effect on project delivery efficiency of the industry (Evbuomwan and Anumba, 1998).

Several works have discussed specific impact of these factors on the performance of the industry (Tummala *et al.*, 2006; Abd Shukor *et al.*, 2011; London and Chen, 2005), and how these associated problems could be addressed (Lambert and Cooper, 2000; Fernie and Thorpe, 2007).

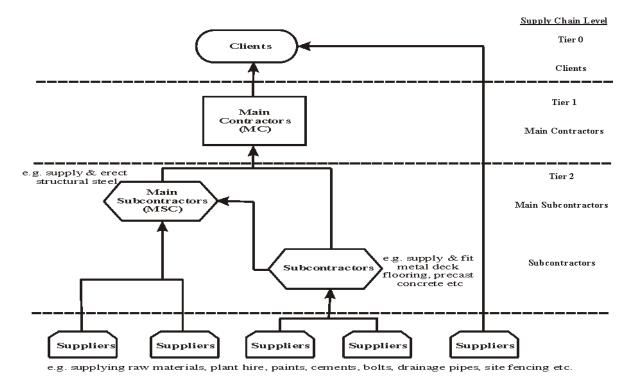


Figure 2: Construction supply chain (Source: Beach et al., 2005, p. 612)

Relating accident statistics and management with characteristics of the industry

The immediate major causes of accidents in the construction industry are slips and trips; collapses; drowning/asphyxiation; electricity and explosions; falls from roofs, scaffolds and ladders; falling objects and material; transportation equipment (e.g. excavators and dumpers); and excavation work (Helander, 1991; Health and Safety Executive, 2012, 2006). However, the remote causes have been given as the nature of, and management practices adopted in the industry (Dave and Koskela, 2009); its trade-based nature (Winch, 2002), viewed as highly fragmented and adversarial (El-Sheik and Pryke, 2010). According to Health and Safety Commission (2003), these characteristics contribute to the industry's accident statistics by promoting price competition among contractors, thus giving undue advantage to companies with poor health and safety standards. Furthermore, Egan (1998) as well as Mayhew and Quinlan (1999) believe that subcontracting, including an intensification of the use of contractual arrangements have negatively influenced accident statistics of the sector, probably due to increase conflicts and price competition due caused mainly by the difficulties inherent in the management of these relationships. Hope (1999) links the higher incident rates accounted for by contactors to difficulties in assigning responsibilities, occasioned by coordination and communication challenges due to poor relationship management.

Again, the construction industry is dominated by small and medium enterprises (Edum-Fotwe *et al.*, 1999; Dainty *et al.*, 2001), which are known to have peculiar challenges with health and safety management (Diugwu, 2008). For instance, companies in this band are 'hard to reach' (Fonteyn *et al.*, 1997), often unwilling to liaise with safety regulators on matters relating to health and safety (Lefebvre, 1997; Borley, 1997) out of fear of being punished for poor safety performance. The poor safety record has been aggravated by the implementation of poorly designed, targeted and implemented improvement initiatives (Rhodes and Carter, 2003). As such, the suitability of improvement strategies (Bibbings, 2003) that rely on the coercive forces of regulation (Smallwood, 1998) has been questioned. Earlier studies had advocated strategies that rely on customer requirements or supply chains influences as better alternatives (Diugwu, 2008; Diugwu, 2011); especially in Nigeria where glaring inefficient health and safety management regulation, low awareness and poor management contribute to poor safety standards (Ayininuola and Olalusi, 2004; Idoro, 2004; Idoro, 2008; Diugwu *et al.*, 2012).

Quantity Surveyor as a Health and Safety Manager

In consideration of the impact of accidents on the productivity of the construction industry, many countries have established regulations aimed at ensuring safer work environment. The Construction regulations are thus, statutory instruments which set out the minimum legal health and safety requirements expected during any construction activity (Chudley and Greeno, 2006). In the United Kingdom, there is the Construction (Design and Management) Regulations, 2007 (CDM, 2007), while in South Africa there is the Construction Regulations, 2003. Although a National Building Code capable of proffering solutions to the hazardous trends in the building construction industry has been accorded a legal status in Nigeria, the enforcement however remains a daunting task throughout the country (Mbamali and Okotie, 2012). And this is negatively impacting on efficient construction site management in Nigeria. For instance, Jimoh (2012) establishes that inadequate enforcement of existing enabling building regulations such as the National Building Code 2006, ranked number one among problems associated with site management in Nigeria. An analysis of the CDM Regulation 2007 shows that its focus is on integrating health and safety into the management of projects with a view to an early identification of risks, and the provision of targeted efforts that would not enhance health and safety, but also minimize the level of bureaucracy. Both the CDM Regulation 2007 of UK and the Construction Regulations 2003 of South Africa place specific health and safety responsibilities on the designer, whom the Health and Safety Executive (2007) describes as one who prepares design drawings, specifications, bills of quantities and the specification of articles and substances; for instance, a quantity surveyor. The level of responsibility placed upon clients and designers have been acknowledged (Smallwood and Haupt, 2006).

Apart from the statutory powers accorded to the quantity surveyor as outlined above, the Quantity Surveyor, of whom the Nigerian Institute of Quantity Surveyors (2004) sees as an expert who is professionally trained and experienced in construction cost, management and communication, is in a vantage and privileged position to drive forward construction industry health and safety improvement initiatives in Nigeria due to his relationship with the owners and as well as executors of constructors projects. Furthermore, the Quantity

Surveyor's training and practice have cumulatively enhanced his/her knowledge of, ability and skills needed for efficient site management as outlined in (Obiegbu, 2012)

CONCLUSION AND RECOMMENDATION

This paper has established the contribution of the construction industry to economic growth of nations; but the prevalently higher rates and severity of accidents in the sector constitutes a threat to this. Globally, the nature of the industry is such that it is dominated by small to medium enterprise organisations, known to have peculiar health and safety management challenges. Consequently, the reliance on the traditional regulatory approach to management and improvement of safety in the sector would not be effective. Locally, there is poor health and safety regulation in Nigeria.

In cognizance of the strategic role of the Quantity Surveyor from the conception to the close-out of construction projects, as well as the statutory powers bestowed on the quantity surveyor concludes that the Quantity Survey occupies both a vantage and privileged position and is best placed to drive health and safety management in the construction industry forward. This could be achieved by ensuring the adequate provisions for health and safety are made in the bill of quantities, and as a project manager, that these are adhered to strictly.

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