AN ASSESSMENT OF OCCUPATIONAL HEALTH AND SAFETY PRACTICES ON JOB PERFORMANCE AT THE TETTEH QUARSHIE MEMORIAL HOSPITAL, MAMPONG-AKUAPEM.

by

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DECLARATION

I hereby declare that this submission is my own work towards the Commonwealth Executive Masters of Business Administration, and that to the best of my knowledge, it contains no material previously published by another person nor material which have been accepted for the award of any other degree of the University, except where due acknowledgement has been made to the text.

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ABSTRACT

Recent accidents occurring in most companies in Ghana should be a source of worry to everyone. Most employers fail to put in place adequate health and safety measures in place at their workplace to safeguard not only the employees and management but also clients/customers and other stakeholders who might have some kind of interest in the company or institution. Ineffective occupational health and safety policy have a negative effect on the organization as well as the workforce. Some of these include, cost of wages paid for time lost, cost of damage to material or equipment, cost of overtime work required as a result of accidents etc. It is against this background that the researcher decided to research into the area. The topic for the work was an assessment of occupational health and safety practices on job performance at the Tetteh Quarshie Memorial Hospital,Mampong-Akuapem. Being a health institution, the staff, management, patients and other stakeholders are expose to several risks and hazards. The research aimed among other things to examine the effect of occupational health and safety on job performance. The medical doctors/officers, administrators, technicians, cooks, nurses etc in the departments and units of the hospital formed the population of the study. Eighty respondents formed the sample size of the study. Data was collected through questionnaire, interviews and review of relevant literature from books, articles, website etc. It was found out that the current occupational health and safety practices at the hospital were inadequate. Staff commitment and compliance to health and safety rules was also low. It was recommended that management of the hospital constitute a safety committee and maintain regular monitoring, inspection and evaluation and conduct reviews for improvement.

DEDICATION

I dedicate this piece of work to the following dear ones. To my parents; Mr. Matthew Agblegoe and in the loving memory of my late mother, Mrs. Victoria Agblegoe, brothers and sisters, relatives, friends who assisted in diverse ways to make this work and my studies in general a success.

Finally to Godwin, Rosina, Jerry, Vida, Rachael, Sophia, Abigail for their moral and spiritual support and encouragement.

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CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND TO THE STUDY

In times past, employers were not concern with the health and safety of their employees at work. An employee was not provided with safety and health equipment and s/he risked getting hurt at work anytime s/he goes about his/her duties.

An injured employee in countries like U.S.for example had to litigate to obtain compensation which in most cases was not successful and the cost of doing so even prevented employees from going to court. However, the International Labour Organization made some recommendations in 1959 which provided that "occupational health services should be established in or near a place of employment for the purpose of:

- Protecting the workers against any health hazards arising out of work or conditions in which it is carried on.

- Contributing towards workers physical and mental adjustment

- Contributing to the establishment and maintenance of the highest possible degree of physical and mental well being of the workers.

The employer has responsibility to protect the employees from all health hazards that may pose threat to their safety and health (International Labour Organization 1959).

Safety hazards are those aspects of the work environment that have the potential of immediate and sometimes violent harm to an employee; for example loss of hearing, eyesight or body parts, arts, sprains, brushes, bruises, broken bones, burns and electric shock.

In organizations, occupational accidents may arise from three dimensions: the task to be done, for instance malfunctioning machines, lack of protective equipment like working conditions which arise from inadequate lighting, fatigue that comes out of excessive working hours and the employee himself/herself.

The Labour Act 2003, Act 651 of the Republic of Ghana, section 118(I) states that "it is the duty of an employer to ensure that every worker employed by him/her works under satisfactory, safe and healthy conditions. It is noteworthy mentioning that some organizations have placed responsibility for employee health and safety with their Chief Executive Officers. This approach is typical of smaller organizations with threats in this area or with mid-size organizations with few such threats. Large organizations seeing health and safety of their employees do set up safety departments usually under the purview of the human resource management team. For example, in the United States of America, a safety director should be appointed for every two thousand (2000) workers.

In India, it is mandatory under the factories Act of 1948 to appoint safety officers in factories with a workforce of one thousand (1,000) or more.

Government plays a significant part in health and safety because it legislates to improve health and safety factors.

Trade unions have been more appreciative of health and safety measures than employees they represent. It is easy to see why this is so. The objectives of health and safety initiatives and trade unions both improve the quality of working life of employees. They pressurize employers for better programmes and use their clout to lobby for legislation to improve the health and safety of employees.

On the other hand, socially responsible management had active health and safety programmes long before they were made mandatory by law. Some others only complied because they were required to and that too only to meet the minimum requirements of the law.

Quite apart from the willful avoidance of health measures, some employers face the dilemma of ignorance about the consequences of some dangerous working conditions. Furthermore, even where there is knowledge, prohibitive costs could prevent them from doing what is necessary, for example, uranium workers can expect that 10-11% of their numbers will die of cancer within 10 years. As long as there are no alternative methods and as long as there is a need for uranium, some employees will risk shorter lives in these jobs. That is although work is being done to determine the dangers and to prevent or mitigate the consequences of such works, the costs of some of these preventive programmes are so high that it would not be economically viable to adopt them. Employees today are central to achieving competitive advantages (Cascio,Wayne 1986). This reality has led to the need for health institutions and other organisations to link strategic goals and objectives in order to improve health service delivery and develop organizational cultures that foster innovation and flexibility. Health professionals need to be treated as crucial in meeting this aspiration. The key levers (including health and safety of people) of human resource management must be internally integrated with each other and externally integrated with the institution's strategy to enhance productivity and personal satisfaction.

 To be able to do this management has to focus on the immediate workplace, the adjacent communities, the regional environment and the international environment.

It must be noted that legislation and changed attitudes towards employees will make safety and health priority areas for organizations. In the organization's role of "managing bottom lines" they should realize that support and commitment to safety and health is ultimately cost effective.

Typical health hazards to health professionals in their quest to provide healthcare services include toxic and carcinogenic chemicals and dust, often in combination with noise, heat and other forms of stress. Other health hazards include physical and biological agents. The interaction of health hazards and the human organisms can occur either through the senses, by absorption through the skin, by intake into the digestive tract via the mouth or by inhalation into the lungs.

1.2 STATEMENT OF THE PROBLEM

There is no doubt that the human resource that an organization has is one of its versatile resources. Therefore, an effective and efficient use of the human resource will translate into the overall effectiveness and efficiency of the organization. Though many organizations accept this to be true, they fail to realize that as part of their human resource management practices, there is the need for management to ensure that personnel in the organization work in safe and healthy environment that will promote their optimum utilization. It should be emphasized that accidents are costly both to the affected worker and the organization. Therefore, every effort should be made by management and employees in order to avoid them from happening at the work place. As a hospital the employees are exposed to varied kinds of hazards. Therefore, failure to institute adequate health and safety measures in place by management to protect employees from these hazards and risks will lead to avoidable

deaths and ultimately lead to loss of staff. Inadequate training on acceptance and compliance to safety and health measures also hinder it effectiveness. Infact, safety and health in the organization have to be everybody's concern. On the contrary, this is not the case in most organizations. There is lack of cooperation between management and employees in making health and safety issues effective.

Failure to identify these hazards and understanding their implications on the personal lives of all staff in the hospital will be consequential. Also, ensuring that regular monitoring and review of these measures are important to examine their effectiveness. Non existence of these measures hinders job performance and the employee suffers the ultimate consequence.

Employee attitudes play a significant part in health and safety. Most employees are not committed to the idea of safety and fail to cooperate with safety initiatives, hence making safety measures become ineffective.

Indeed, any safety measure or action on the part of government or employer may prove futile if the employees are not committed to the idea of safety. Employers also fail to see occupational health and safety as a process. It is not enough to institute safety measures and fail to provide adequate training and education on these measures and rules.

In essence, conscious effort by management to put in place safety measures and ensure that these rules are adhered to compels employees as well to be safety conscious at all times. A wider view of occupational safety and health is necessary for management of the hospital to formulate correct policies in regard to industrial safety which is commensurate with international standards, compatible with national policies and at the same time, meet the organizational objectives of providing quality health care and personal satisfaction.

It is line with this that this research seeks to assess the health and safety measures of the Tetteh Quashie Memorial hospital. It is also to examine the departments/units of the hospital and outline various safety hazards staff are exposed to.

1.3 OBJECTIVES OF THE STUDY

The study aimed at finding out the following:

a. To examine the effect of occupational health and safety on healthcare delivery in the Hospital.

b. To identify any inadequacies in the hospital's health and safety measures.

c. To examine the roles of the employee, employers in the execution of health and safety programmes in the hospital.

d. To assess the level of compliance of occupational health and safety practices by employers and employees.

1.4 RESEARCH QUESTIONS

a. What are the indications that the hospital administrators and supervisors are really concern about health and safety?

b. What are the respective responsibilities and rights of employers and employees for effective occupational health and safety policy?

c. Is the hospital current occupational health and safety policies adequate?

d. What happens if staff fail to comply with occupational health and safety rules in the hospital?

1.5 SIGNIFICANCE OF THE STUDY

The importance of this study can be seen in diverse ways. The study could provide bases for the formulation of effective occupational health and safety policies in the Tetteh Quarshie Memorial Hospital. The piece of work will also provide the opportunity for employees, employers to identify their specific respective roles in health and safety issues. It will also provide bases for other health institutions in Ghana to adopt the recommendations in the formation of effective health and safety measures in their institutions as well. The work will be used as reference material for policy makers in making decisions concerning health and safety practices and policies.

1.6 LIMITATIONS OF THE STUDY

Most of the employees of the hospital have unstable or unfavourable work schedules. This made the conducting of interviews very difficult.

Financial constraints-in the course of the research, the researcher had to spend a lot of money in printing of the research work, photocopying relevant research materials, allowances to research assistants, travelling and transport cost to the site to gather information.

Another limitation was the reluctance of the respondents in disclosing information with the view that the information will be disclosed to the outside world and it could be used against the hospital.

Time limitation- In a research work like this, time is essential. Every section of this research was given a timeframe within which it was to be presented .However; the researcher had to combine the exercise with other academic activities at the same time. Again, due to the fact

that the period for the research is short to allow for adequate data collection on the subject, this could affect the outcome of the work.

1.7 ORGANISATION OF THE STUDY

The research work is divided into five (5) chapters. Chapter one concerns itself with the general introduction grouped under the following headings; Background to the study, Statement of the problem, Objectives of the study, Significance of the study, Research questions, Scope of the study and Organization of the study. Chapter two involves the review of various related literatures on the relevant subject under the study.

Chapter three includes the various methods used for collecting data for the research work. These methods include administration of questionnaires, interviews, observation etc.

Chapter four presents results, discussions and provides analysis of the data gathered for the study.

Finally, the fifth chapter provides conclusions and recommendations.
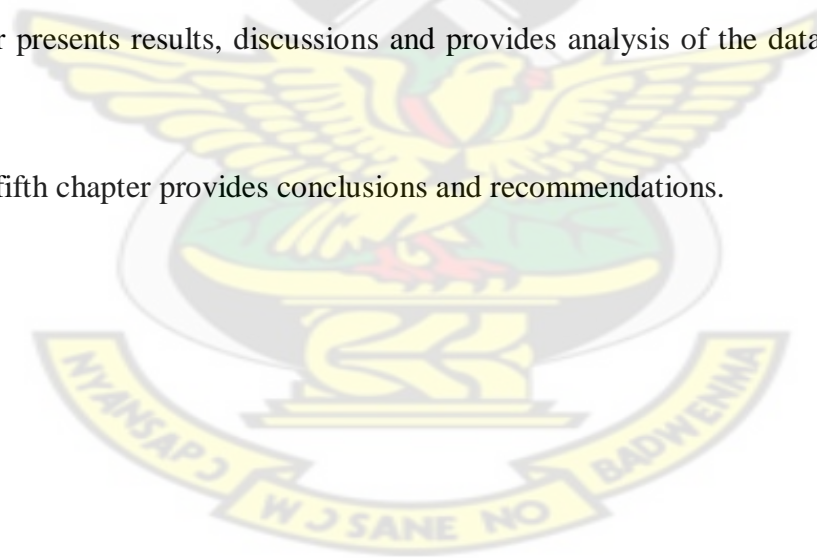
CHAPTER TWO

LITERATURE REVIEW

2.1. INTRODUCTION

For the purpose of making any meaningful and realistic conclusion on the data drawn from the study, it is important that a closer look is taken at similar works done on occupational health and safety with reference to job performance and review some of the literatures pertinent to the study, in order for comparison, confirmation and differences to be laid bare. Due to this, this chapter is meant to contain the review of various literatures considered to be relevant to the study

2.2. WHAT IS OCCUPATIONAL HEALTH AND SAFETY

The Cambridge Advanced Learner's Dictionary defines "welfare' as "well-being". Therefore, health and safety are strictly aspects of employee welfare, which have been separately identified as being significant areas of welfare provision for sometimes.

Cascio,Wayne(1986) defines safety hazards as those aspects of the work environment that have the potential of immediate and sometimes violent harm to an employee; for example, loss of hearing, eye sight, or body parts, cuts, sprains, bruises, broken bones, burns and electric shock.

Health hazards as those aspects of work environment that slowly and cumulatively (and often irreversibly) lead to deterioration of an employee's health; for example: cancer, poisoning and respiratory diseases.

Typical causes include physical and biological hazards, toxic and carcinogenic dusts and chemicals and stressful working conditions (Cole, 1991).

2.3. EVOLUTION OF OCCUPATIONAL HEALTH AND SAFETY

In the late 19th and early 20th centuries, employers ran their businesses as they saw fit to make profit. Employee safety and health were not their concern. In fact, in official terms these things were nobody's concern. In the U.S. injured employees had to litigate to obtain compensation for their injuries. The cost of doing so effectively prevented employees from going to court. Besides, employees were rarely successful since, under common law, if the employee knew of the hazards the job entailed or if the injuries were brought about as a result of the negligence of the employee or a co-worker, the employer was not liable.

From these origins, there has emerged an approach and practice with regard to health, safety and welfare issues. The national safety council had been established in 1913 in the U.S. after safety conscious managers and engineers spearheaded its founding (major disasters led to changes in thinking). Significantly the international labour organization 1959, provided that occupational health services should be established in or near a place of employment for the employee welfare.(International Labour Organisation,1959)

2.4. RESPONSIBILITIES AND RIGHTS OF EMPLOYEES AND EMPLOYERS IN HEALTH AND SAFETY ISSUES.

Gany, Desler et al.(1942) state that employers are responsible for taking every reasonable precaution to ensure the health and safety of their workers. This is called the "due diligence" requirement.

Specific duties of the employer include;

- Filing government accident reports

- Maintaining records

- Posting safety notices and legislative information

- Education and training on health and safety precautionary measures

Employees also have responsibilities which include taking reasonable care to protect their own health and safety and, in most cases, that of their co-workers.

These specific requirements include;

- Wearing protective clothing and equipment

- Reporting any contravention of the law of reputation.

Downey, D. M. et al. (1995) identify the following as employees' basic rights under the joint responsibility model:

- The rights to know about workplace safety hazards.

- The right to participate in the occupational health and safety process.

- The right to refuse unsafe work if they have "reasonable cause" to believe that the work is dangerous.

"Reasonable cause" usually means that a complaint about a workplace hazard has not been satisfactorily resolved, or a safety problem places employees in immediate danger. If performance of a task would adversely affect health and safety, a worker cannot be disciplined for refusing to do the job.

2.5 OCCUPATIONAL HEALTH, SAFETY AND THE LAW.

Ghana's Labour Act 2003, Act 651 states that an employer shall;

- Provide and maintain at workplace, plant and system of work that are safe and without risk to health.

- Ensure that safety and absence of risks of health in connection with use, handling, storage and transport of articles and substances.

- Provide the necessary information, instructions, training and supervision having regard to the age, literacy level and other circumstances of the worker to ensure, so far as if reasonably practicable, the health and safety at work of those other workers engaged on the particular work.

The Act again states that an employer who, without reasonable excuse, fails to discharge any of the obligations listed above commits an offence and is liable on summarily conviction to fine not exceeding 1000 penalty units or to imprisonment for a term not exceeding three years or to both. In all Canadian jurisdictions, occupational health and safety law provides for government inspectors to periodically carry out safety inspections of workplaces.

As in local scene, penalties consist of fines and / or jail terms. Canadian corporate executives and directors are held directly responsible for work place injuries.

2.6 OVERCOMING OCCUPATIONAL HEALTH AND HYGIENE PROBLEMS

Turner and Lawrence.(1965) identify some measures to overcome occupational health and hygiene problems. These are;

- Dominating the hazard at source through design and process engineering.

- Isolating hazardous processes and substances so that workers do not come into contact with them.

- Changing the processes or substances used, to promote better protection or eliminate the risk.

- Providing protective equipment but only if changes to the design, process or specification cannot completely remove the hazard.

- Training workers to avoid risk.

- Good housekeeping to keep premises and machinery clean and free form toxic substances.

- Pre-employment medical examinations and regular checks on those exposed to risk.

- Ensuring that ergonomic considerations (thus, those concerning the design and use of equipment, machines, processes and workstations) are taken into account in design specifications, establishing work routines and training.

- Maintaining and preventing medicine programmes which develop health standards for each job and involve regular audits of potential health hazards and regular examinations for anyone at risk.

- Maintaining plant and equipment to eliminate the possibility of harmful emissions, controlling the use of toxic substances and eliminating radiation hazards.

Holt and Andrews.(1993) suggest the following steps to be taken to increase the effectiveness of safety:

- Avoid negatives – successful safety propaganda should contain positive messages not warnings of the unpleasant consequences of actions.

- Expose correctly – address the message to the right people at the point of danger.

- Maximize comprehension – message should be simple and specific

2.7 SAFETY COMMITTEES

Regulations relating to safety representatives also include obligations regarding the establishment and operation of safety committees at the workplace. The overall objective of a safety committee is the promotion of co-operation between employers and employees in investigating, developing and carrying out measures to ensure the health and safety of the employees at work.

Cole.(2002) identifies key functions of safety committees. These include:

- Studying trends in accidents, etc, with the view to making suggestions for corrective actions.

- Examining safety reports and making proposals for avoiding accidents, etc.

- Examining and discussing reports from safety representatives.

- Making proposals for new or revised safety procedures

- Acting as a link between the organization and the enforcement agency (the health and safety inspectorate).

- Monitoring and evaluating the organization's safety policies, and making proposals for changes, it necessary.

Michael.(2006) also states that employees frequently participate in safety planning through safety committees, often composed of workers from a variety of levels and departments. A safety committee generally meets at regular scheduled times and has specific responsibilities

for conducting safety reviews, and makes recommendations for changes necessary to avoid future accidents.

2.8 HEALTH, SAFETY AND SECURITY

Today, employees expect their employers to provide work environments that are safe, secure and healthy. However, many employers once viewed accidents and occupational diseases as unavoidable by-products of work. This idea may still be prevalent in many industrial settings in underdeveloped countries. Fortunately in most developed nations, this idea has been replaced with the concept of using prevention and control to minimize or eliminate risks in workplaces. But in many underdeveloped countries significant health, safety concerns exist in workplaces.

Health refers to a general state of physical, mental and emotional well-being (Robert and John, 2004).

A healthy person is free of illness, injury or mental and emotional problems that impair normal human activity. Health management practices in organizations strive to maintain the overall well-being of individuals.

Safety on the other hand refers to protecting the physical well-being of people (Robert and John, 2004).

The main purpose of effective safety programmes in organizations is to prevent work related injuries and accidents. The purpose of security is to protect employees and organizational facilities.

The general goal of providing a safe, secure and healthy workplace is reached when there is cooperation between managers and HR staff members. An HR manager or safety specialist

can help coordinate health and safety programmes, investigate accidents, produce safety programme materials and conduct formal safety training. However, department supervisors and managers play key roles in maintaining safe working conditions and a healthy workplace. For example, a supervisor in a warehouse has several health and safety responsibilities: reminding employees to wear safety hats; checking on the cleanliness of the work area; observing employees for any alcohol, drug or emotional problems that may affect their work behavior; and recommending equipment changes(such as screens, railings or other safety devices) to engineering specialists in the organization. A position becoming more common in many companies is that of safety/environmental officer. This combination may make sense in situations where danger results from chemical or other sources of pollution that may be hazardous to both employees and the public or the environment.

Regarding security, HR managers and specialists can coordinate their efforts with those in other operating areas to develop access restrictions and employee identification procedures, contract or manage organizational security services such as guards and train all managers and supervisors to handle potentially volatile situations. (Robert and John,2004).

2.9 ERGONOMICS

Ergonomics is the study and design of the work environment to address physiological and physical demands on individuals. In a work setting, ergonomic studies look at such factors as fatigue, lighting, tools, equipment layout and placement of control (Robert and John, 2004)

2.10 SAFETY MANAGEMENT

Effective safety management requires an organizational commitment to safe working conditions. But more importantly, well designed and managed safety programmes can pay dividends for associated costs such as worker's compensation and possible fines. Furthermore, accidents and other safety concerns usually decline as a result of management efforts emphasizing safety (Salon, 2001).

2.11 ORGANISATIONAL COMMITMENT AND SAFETY CULTURE

Robert and John.(2004) state that at the heart of safety management is an organizational commitment to a comprehensive safety effort. This effort should be coordinated from the top level of management to include all members of the organization. It should also be reflected in managerial actions.

Employers can prevent some accidents by having machines, equipment and work areas so that workers who daydream periodically or who perform potentially dangerous jobs cannot injure themselves or others. Providing safety equipment and guards on machinery, installing emergency switches, installing adequate ventilation, installing emergency switches, installing safety rails, keeping aisles clear, lighting, heating and air conditioning can all help make work environment safer. Designing jobs properly requires consideration of physical setting of a job. The way the work space surrounding a job is utilized can influence the worker's performance of the job itself. Several factors that affect safety have been identified; including size of work area, kinds of materials used, sensory conditions, distance between work areas, and interference from noise and traffic flow. Designing safety policies and rules and disciplining violators are important components of safety efforts. Frequently reinforcing the

need for safe behavior and supplying feedback on positive safety practices also are effective in improving worker safety. Such efforts must involve employees, supervisors and managers.

2.12 SAFETY TRAINING AND COMMUNICATION

Tsui and Gomez-Mejia.(1988) state that one way to encourage employee safety is to involve all employees at various times in safety training. Safety training can be done in various ways. This includes;

- Regular sessions with supervisors, managers, and employees often are coordinated by HR staff members.

- Showing videos, television broadcasts and internet-based resources all are means used to conduct safety training.

To reinforce safety training, continuous communication to develop safety consciousness is necessary. Merely sending safety memos is not enough. Producing newsletters, changing safety posters, continually updating bulletin boards and posting information in visible areas also are recommended.(Tsui and Gomez-Mejia.1988)

2.13 EMPLOYEE SAFETY MOTIVATION AND INCENTIVES

Michael (2006) states that to encourage employees to work safely, many organizations have used safety contests and have given employees incentives for safe work behavior. Jewellery, clocks, watches and even vacation trips have been given as rewards for good safety records.

Unfortunately, some evidence indicates that incentives tend to reinforce understanding and "creative" classifying of accidents. This concern about safety incentives is that employees and managers do not report accidents and injuries so that they may collect the incentive rewards.

2.14 INSPECTION, ACCIDENTS INVESTIGATION AND EVALUATION

It is not necessary to wait to inspect the work area for safety hazards. Inspections may be done by a safety committee or by a safety coordinator. They must be done on a regular basis.

Eva and Oswald (1981) emphasize that when accidents occur, they should be investigated by the employer's safety committee. Investigation at the scene should be done as soon as possible after an accident to ensure that the conditions under which the accident occurred have not changed significantly. The second phase of investigation is the interview of the injured employee, his or her supervisor and witnesses to the accident. This is followed by recommendations .Organization should monitor and evaluate their safety efforts. Just as organizational accounting records are audited, a firm's safety efforts and records should be audited periodically as well.

2.15 THE COSTS AND BENEFITS OF OCCUPATIONAL HEALTH AND SAFETY PROGRAMMES

Wayne,Cacio(1992) states that employers frequently complain that there is no systematic method of quantifying costs and benefits when dealing with employees' safety and health conditions. Technically that is true, but there is a behavior costing model that may provide a

useful start. It is important to distinguish nondiscretionary from discretionary safety and health expenditures. Some states and local agencies require firms to comply with safety and health regulations. To comply, firms may have to purchase and install special equipment, such as machine guards, safety switch interlocks, and non slip flooring. These costs are nondiscretionary. To do otherwise is to risk heavy fines and losses from liability and damage suits. Cacio,Wayne.(1992) again emphasized that, beyond mere compliance, however, companies have a number of options regarding the degree to which they invest in employee safety and health. A motivational poster programme (e.g. "think safety") is a token effort that requires minimal expenses. Creation of a safety committee to encourage active employee complaints is more expensive. The highest-cost option includes regular safety training for all employees. The training may involve films, lectures by safety experts or hands-on drills and demonstrations with safety and emergency apparatus.

Boyd.(2003) states that for each of these levels of safety and health programmes, investment costs are measurable. They include the salaries and wages of employees participating in the programme, the costs of outside services used and the costs to implement the programmes. Unfortunately, the benefits to be derived from such programmes cannot be traced as easily to the bottom line. Certainly, the most quantifiable benefit resulting from the successful introduction of a safety and health programme is a reduction in casualty and workers' compensation insurance rates. Less measurable benefits involve the avoidance of the "indirect "cost of an accident, including;

- cost of wages paid for time lost

- cost of damage to material or equipment

- cost of overtime work required by the accident

- cost of wages paid to supervisors while time is required for activities resulting from the accident

- costs of decreased output of the injured worker after she or he returns to work

- Unsured medical costs borne by the company

- Cost of time spent by higher management and clerical workers to investigate or to process worker's compensation forms.

- Costs associated with the time it takes for a new worker to learn the job.

- Cost of labour spent on the employee engaged to replace the injured

Prediction of these costs and identification of trends in them is very difficult. It must be done on the basis of historical information (to gauge trend) and judgment by managers (to assess the seriousness of the accidents avoided).This makes economic sense for firms to ensure that there should be no limit to efforts to eliminate accidents and health hazards.

2.16 ORGANISATIONAL SAFETY AND HEALTH PROGRAMMES.

Pirani and Reynolds.(1976) indicate that accidents results from two broad causes: unsafe work condition (physical and environmental) and unsafe work behavior .Unsafe physical conditions include defective equipment, inadequate machine guards, and lack of protective equipment. Examples of unsafe environmental conditions are noise, radiation, dust, fumes, and stress. Accidents often result from an interaction of unsafe acts. Thus if a particular operation forces a worker to lift a heavy part and twist to set it on a bench, then the operation itself forces the worker to perform the unsafe act. Telling the worker not to lift and twist at the same time will not solve the problem. The unsafe condition itself must be corrected,

either by redesigning the flow of material or by providing the worker with a mechanical devise for lifting. Engineering controls attempt to eliminate unsafe work conditions and to neutralize unsafe worker behaviors. Management controls attempt to increase safe behaviors. Engineering controls involve some modification of the work environment; for example, installing a metal cover over the blades of a lawnmower to make it almost impossible for a member of a grounds crew to catch his or her foot in the blade.

2.17 PROMOTING JOB SAFETY & HEALTH

Cacio, Wayne. (1992) outline four approaches in promoting job safety and health. These are;

- Technical responses-this involves replacing or redesigning equipment, modifying physical work places and providing worker protection (engineering controls).
- Information responses-which refers to changes in the way that health and safety information is transmitted within the organization.
- Administrative responses include changes in the authority structure or in policies and procedures with respect to safety and health (e.g. upgrading the safety function and shifting it from engineering to the human resource department)
- External responses refer to legal or political actions to change the enforcement of safety and health regulations.

Byars and Rue (2008) suggest the following as things which can be done to promote safety and health of the organization. These include;

a) Making the work interesting

Uninteresting work often leads to boredom, fatigue and stress, all of which can cause accidents. Often simple changes can be made to make the work more meaningful. Attempts to make the job interesting are usually successful if they add responsibility, challenge, and other similar factors that increase empolyees'satisfaction with the job.

b) Establishing a safety committee composed of operative employees and representatives of management. The safety committee provides a means of getting employees directly involved in the operation of the safety programmes.

c) Feature employees' safety contests

Give prizes to the work groups or employees having the best safety record for a given time period. Contests can also be held to test safety knowledge. Prizes can be awarded periodically to employees who submit good accident prevention ideas.

d) Publicize safety statistics

Monthly accidents reports should be posted. Ideas as to how accidents can be avoided should be solicited.

e) Use bulletins boards throughout the organization. Pictures, sketches, and cartoons can be effective.

f) Encourage employees including supervisors and managers to have high expectations for safety.

g) Periodically hold safety training programmes and meetings. Have employees attend and participate in these meetings as role players or instructors.

2.18 EMPLOYEE ASSISTANCE PROGRAMME

Mills,Quin.(1983) state that until recently, organizations attempted to avoid employees' problems that were not job related. Although aware of the existence of these problems, most managers did not believe they should interfere with employees' personal lives. In the past, organizations tended to get rid of troubled employees. In recent years, however, cost considerations, unions and government legislation altered this approach. The accepted viewpoint now is that employees' personal problems are private until they begin affecting the job performance. When and if that happens, personal problems become a matter of concern for the organization. As a result of this, many large organizations and a growing number of smaller ones are attempting to help employees with personal problems. These problems include not only alcohol and drug abuse but depression, anxiety, domestic trauma, financial problems, and other psychiatric/medical problems. This help is not purely altruistic; it is largely based on cost savings.

2.19 COST OF PERSONAL PROBLEMS

A primary result of personal problems brought to the workplace is reduced productivity. Absenteeism and tardiness also tend to increase. Increased cost of insurance programmes,

including sickness and accident benefits, are a direct result of personal problems brought to workplace. Lower morale, more friction among employees, and more grievances also result from troubled employees. Permanent loss of trained employees due to disability, retirement and death is also associated with troubled employees. Difficult to measure, but a very real cost associated with troubled employees, is the loss of business and a damaged public image (Litwin and Stringer, 1968).

2.20 MAINTAINING A HEALTHY WORK ENVIRONMENT

David,and Stephen .(1999) indicate that unhealthy work environment is a concern to us all. If workers cannot function properly at their jobs because of constant headaches, watering eyes, breathing difficulties, or fear of exposure to materials that may cause long term health problems, productivity will decrease. Consequently, creating a healthy work environment not only is the proper thing to do, but it also benefits the employer. Often referred to as sick buildings, office environments that contain harmful airborne chemicals, asbestos, or indoor pollution (possibly caused by smoking) have forced employers to take drastic steps. For many, it has meant the removal of asbestos from their buildings.

Palmer.(1989) makes suggestions for keeping the workplace healthy. These include

- making sure workers get enough fresh air. The cost of providing it is peanuts compared with the expense of cleaning up a problem.
- avoiding suspected building materials and furnishing. A general rule is that if it stinks, it is going to emit an odour.

- Testing new buildings for toxins before occupancy. Failure to do so may lead to potential health problems.

- Providing a smoke-free environment. If you do not want to ban smoking entirely, then establish an area for a smoker that has its own ventilation.

- Keeping air ducts clean and dry. Water in air ducts is a fertile breeding ground for fungi. Servicing the air ducts periodically can help eliminate the fungi before they cause harm.

- Paying attention to workers' complaints. Dates and particulars should be recorded by a designated employee. Because employees are often closest to the problems, they are a valuable source of information.

2.21 OCCUPATIONAL DISEASES/ACCIDENTS

Occupational disease is any illness associated with a particular occupation or industry. Such diseases result from a variety of biological, chemical, physical, and psychological factors that are present in the work environment or are otherwise encountered in the course of employment. Occupational medicine is concerned with the effect of all kinds of work on health and the effect of health on a worker's ability and efficiency.

Occupational diseases are essentially preventable and can be ascribed to faulty working conditions. The control of occupational health hazards decreases the incidence of work-related diseases and accidents and improves the health and morale of the work force, leading to decreased absenteeism and increased worker efficiency. In most cases the moral and

economic benefits far outweigh the costs of eliminating occupational hazards.(Encyclopedia Britannica, 2009)

2.22 AIMS AND FUNCTIONS OF OCCUPATIONAL HEALTH SERVICES

The primary concerns of occupational health services remain those specified by the International Labour Organisation/World Health Oganisation in 1950, although work-related diseases are now considered as well as purely occupational diseases. The actual services offered are essentially preventive in nature and are summarized below:

a)Job placement-People with certain preexisting medical conditions may be at a disadvantage in some jobs. A pre-employment health questionnaire or medical examination can be of great value in such cases by determining job unsuitability before training time and expense have been incurred. Job suitability may also need to be regularly monitored in order to assure employee health and ability. Airline pilots, for example, undergo regular medical checkups because a pilot with failing vision or one who suffers from an undetected heart condition that can lead to a heart attack could endanger many lives. The health service can also give valuable advice with regard to alternative employment when a worker is found to be unfit for a particular job.

b) Safety training-An occupational health service has a responsibility to keep all employees informed about hazards in the workplace. The measures taken to protect employee health should be thoroughly explained so that workers understand the necessity of complying with

such unpleasant restrictions as the wearing of protective clothing and face masks. First aid facilities should be organized and employees instructed about first aid procedures in case of accidental injuries or other emergencies.

c) Supervision of high-risk groups-Exposure levels considered safe for a young male worker may be hazardous for a pregnant woman (the fetus, especially during the first three months of development, is particularly sensitive to environmental toxic agents). Pregnant women, as well as such other vulnerable groups as the very young, the elderly, and the disabled, therefore require appropriate medical surveillance and advice about specific precautionary measures they can take.

d) Control of recognized hazards-A complex system of environmental and biological monitoring has been developed for the control of known hazards at work. Occupational health practice is concerned with monitoring the concentration of toxic substances in the environment, determining safe exposure levels, suggesting procedures to limit worker exposure, and monitoring workers for signs of overexposure. Occupational health specialists can also contribute to the prevention of health risks by assisting in the planning and design of new equipment and factories.

e) Identification of unrecognized hazards-Occupational health services can play a major role in the detection of new health hazards of all types. Clinical observation and study may reveal a causal relationship between patterns of sickness or mortality in groups of workers and their occupational exposure. Examples of hazards identified in this manner include lung and nasal cancer among nickel workers, lung cancer in asbestos workers, and coronary heart disease among workers exposed to carbon disulfide (used in the manufacture of rayon).

f) Treatment-Quick, on-site treatment of work injuries and poisonings can prevent complications and aid recovery. Such treatment can also be economically beneficial by saving traveling and waiting time. Furthermore, physicians and nurses who are unfamiliar with their patients' working conditions may keep workers with minor injuries away from work longer than necessary. An occupational treatment service offers opportunities for specialized counseling and health education.

h) General health education and surveillance-Occupational health services may have to provide general medical care for workers and their families in developing countries with inadequate community health services. Even when general health care is provided elsewhere, an occupational health service can offer an effective and often economically advantageous program of health education and counseling. By advising employees on such topics as smoking, alcohol or drug abuse, exercise, and diet, the occupational health service can improve worker health and efficiency and reduce illness and absenteeism. The health service is also in a position to organize employee health surveillance programmes for the early diagnosis of disease. (Encyclopedia Britannica. 2009)

CHAPTER THREE

METHODOLOGY

3.1 INTRODUCTION

This chapter presents the procedures, methods and techniques the researcher adopted in the research work. Research work most often than not is appraised based on the quality and accurateness of the analysis and information it provides at the end. However, this is dependent on the nature of data collected during the research. As a result, this chapter looked at how data were gathered for the research. The methodology enlightened on the tools or techniques for research design, data collection, the population and sampling techniques, and data sources, data collection instruments, and data analysis plan.

3.2 THE STUDY AREA

The area of study was the Tetteh Quarshie Memorial Hospital. The Tetteh Quarshie Memorial Hospital is situated in Mampong-Akuapem in the Akuapem North District of the Eastern Region. It was established in 1961 by the government in honour of Tetteh Quarshie, the man who first brought cocoa to Ghana. It is a District Hospital with the state-of-the-art facilities serving the health needs of the citizens of the District and those beyond.

The vision of the hospital is to become a center of excellence in the provision of quality, affordable and accessible healthcare to all people in the hospital's catchment area and also a center for teaching and learning.

The hospital hopes to achieve this vision through client focused activities, with well trained, motivated, disciplined results oriented staff.

As a hospital, the major occupational hazard or threat is infection and this can be bi-directional. It can be from the health personnel to the patient and from the patient to the health professional. The hospital has thirty-two (32) departments and units performing various specific functions. This includes administration, Laboratory, Mortuary, X-ray, Maternity/Wards, Theater, Dispensary, Kitchen, Laundry and Environmental Health Unit. The wards at the hospital are surgical, maternity and medical. These are subdivided into male and female. It has a blood bank, a dental unit, pediatric unit, and ENT (Eye, nose, throat) unit. The top ten diseases that are repeated at the hospital includes; malaria, eye infections, ear infections, home/occupational accidents, respiratory infections, skin diseases, gynoecia conditions, hypertension, dental cases, pregnancy and related complications. The hospital has a computerized system which supports the operation of the institution.

Due to time and financial constraints data shall be drawn from eighty (80) staff for the research work. Data was drawn from two sources; primary sources and Secondary sources. Primary sources include data to be collected through questionnaires, interviews, personal observations. Interviews were conducted with respondents in the sampled departments to acquire data for the research work. The sources of secondary data include data drawn from books, files, journals, magazines and internet and website.

3.3 POPULATION AND SAMPLING TECHNIQUE.

The target population for the collection of data for the research is the staff in the departments and units. The medical doctors, medical officers, nurses, pharmacists/dispensers, technicians, administrators, cooks, mortuary attendants, environmental health officers formed the sample frame for the study. The researcher adopted both stratified and simple random sampling techniques. With regard stratified sampling technique, the researcher segmented the entire hospital staff from the various departments and units into two strata i.e, medical and paramedical. The medical staffs include the doctors and nurses in the theater, surgical ward, maternity ward and medical ward, a dental unit, pediatric unit, psychiatric unit and ENT (Eye,nose,throat) unit. The paramedical staffs include technicians, pharmacists/dispensers, administrators and other clerical staffs who work in support of the medical staffs. They were drawn from x-ray, administration, Laboratory, Mortuary, pharmacy/Dispensary, Kitchen, and Laundry, blood bank. This segmentation was necessary because of the fact that the nature of work being performed and levels of exposure to risks in these departments and units are different. With a sample size of eighty (80) respondents; a simple random sampling method was then adopted to select forty (40) respondents from each of the stratum. With this method, a sample of the population is selected so that each member of the population has an equal chance of being selected. The basic concept underlying this method of sampling is that the elements or the individuals in the population are judged to be homogenous.

3.4 DATA COLLECTION PROCEDURE

Data collection in a research is the stage where the necessary data useful according to the purposes and objectives of the research are gathered from the field. The ways for gathering these data is what is termed data collection methods. Two main sources of data were used for the research work; primary sources and secondary sources. The methods used in collecting primary data include interview, questionnaire, and observations. The study made use of primary data at the chapter four, which is the analysis stage. Secondary source includes data from published and unpublished books, magazines, journals, websites etc

3.5 RESEARCH INSTRUMENTS

3.5.1 Primary Sources:

3.5.1a Interview-It is a conversation carried out with a definite aim of obtaining certain information. Interview was designed to gather valid and reliable information through the responses of the interviewee to a planned sequence of questions. Interview took both structured and unstructured forms. That is though content and the procedure involved were designed in advance there were instances where follow up questions not planned for were asked for further clarification.

Interview solved the problem of misunderstanding of questions in the questionnaires. This is because; the interviewer was present to explain any question that the interviewee did not understand.

It is to be stated that the interview method of collecting data was used for this research work. It provided the researcher better understanding of all issues concerning the topic under study.

Interviewees practically demonstrated on other issues which were not covered by the questionnaire.

3.5.1b Questionnaire

This took the form of a list of questions given to respondents to answer with the rationale of getting data on the topic under study. The researcher chose self administered questionnaires as oppose to the postal questionnaires. The questions in the questionnaire took two forms; open ended questions and close ended questions. The close ended questions offered a set of alternative answers from which the respondents were asked to choose the one that most closely represents their view. The open ended questions on the other hand were not followed by any kind of choice. With this, the respondents' answers were recorded in full. The respondents again answered the questions the way he or she understood them.

It is to be emphasized that questionnaire allowed respondents time to think through the questions to provide accurate answers.

The researcher conducted pretesting of the draft questionnaire with few potential respondents in an informal manner before following up with the full scale questionnaire administration. To check for accuracy, completeness of data and ensure quality, questionnaires and interview guide were numbered serially. Research assistants who retrieved completed questionnaires checked thoroughly to ensure that respondents answered questionnaires.

As an ethical consideration, permission was sought from the various bodies that were involved in the study. The purpose of the study was explained to officials and those who responded to questionnaires and interviews.

3.5.1c Personal observation

The researcher undertook personal observation through the hospital general environment to examine the design, provision of exit entrances, waste disposal systems among others. The researcher again visited the departments and units selected to understand the system of operation in the hospital and to assure himself that staff comply with safety measures in the discharge of their duties.

3.5.2 Secondary Sources:

Secondary data are data collected for some other purposes, other than the research in question. Examples of sources of secondary data are encyclopedia, textbooks, magazines, journals, newspaper, internet, websites and articles. Secondary data is easy to come by, cheap source, already made etc. However, some of its shortcomings are that it may be liable to alterations, it may not be in the required state and it may also be from the wrong source.

This study made use of secondary data very extensively. Some parts in chapter one, three and the whole of chapter two were from secondary data.

3.6 RESEARCH DESIGN

The research is a descriptive research. It made use of both qualitative and quantitative tools in analyzing the data gathered through questionnaire, interview etc.

3.7 DATA ANALYSIS PLAN

The analysis of the data collected was done at the end of the data collection. The responses were classified and summarized on the basis of the information provided by the respondents. The analysis was done using both qualitative and quantitative tools. With the quantitative tools, the current version of Statistical Product and Services Solution (SPSS) data analysis programme, Microsoft excel, absolute figures, tables, percentages, and statistical tools such as graphs, charts, maps, diagrams were used, whereas qualitative made use of descriptions, analysis of feedback from interview

CHAPTER FOUR

ANALYSIS, DISCUSSION AND REPRESENTATION OF RESULTS

4.0 INTRODUCTION

This chapter covers the presentation of responses, analysis and findings of data collected from diverse sources, i.e questionnaire, interview, personal observation and documentary evidence.

The researcher in attempt to collect data relevant to the study distributed forty (40) copies of questionnaire to each strata. With this number the total copies of questionnaire administered were eighty (80).

However, it is important to state that only fifty-eight (58) copies of questionnaire in all were filled complete and returned.

As a result, presentation, analysis and conclusion of the study were based on the fifty-eight (58) returned copies of questionnaire as below under the various headings:

4.1 The Meaning of Occupational Health and Safety

A question that sought to find out from respondents what they understand by occupational health and safety.

Table 4.1 The Meaning of Occupational Health and Safety

Option	No.of Respondents	Percentage %
Employees Welfare	2	3.45
Employers Welfare	3	5.17
Both Employees &Employers Welfare	3	5.17
Employees ,Employers & Third party Welfare	50	86.21
Total	58	100

Source: Field Survey Data, May, 2011

From table 4.1 and figure 1, it can be observed that 2 respondents which represent 3.45% indicated that occupational health and safety is welfare for employees in the hospital .Three respondents indicated that occupational health and safety is welfare for only employers. Three respondents indicated that occupational health and safety comprises both employees and employers.

It can however be observed that 50 respondents which represent 86.21% indicated that occupational health and safety comprises employees, employers and third party.

This shows that staff understand that health and safety is a comprehensive issue that matter to management, workforce, and considers the security of all other stakeholders as well. Respondents stated the following as some of the occupational health and safety measures in place in their various departments and units.

- Safety training

- Proper waste disposal systems

- Regular monitoring on health and safety

- Using protective clothing and equipment

- Prompt reporting of accidents/injuries

Figure 1 A graph on the meaning of health and safety
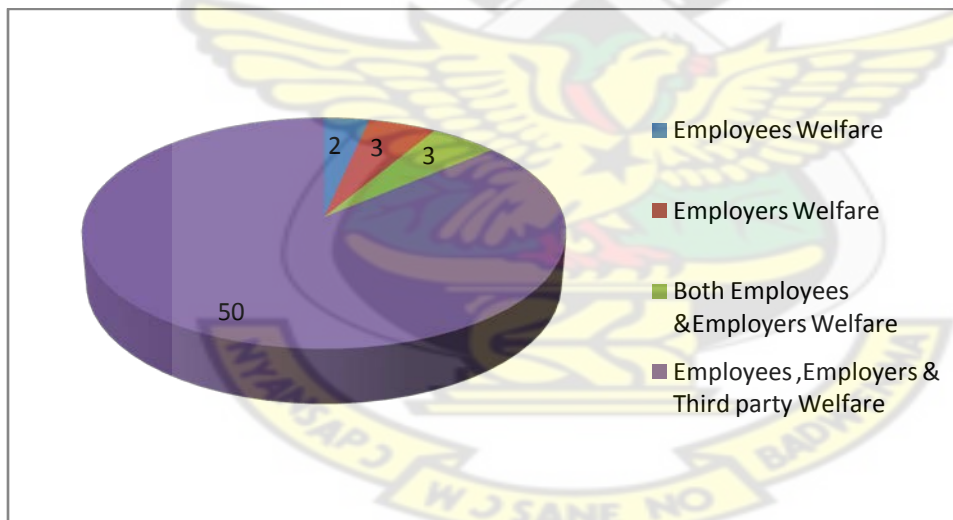
Source: Field Survey Data, May, 2011

4.2 Current occupational health and safety measures

A questionnaire that was intended to find out from respondents how satisfied they are with the current occupational health and safety measures put in place.

Table 4.2: Current occupational health and safety measures

Option	No.of Respondents	Percentage %
Very satisfied	0	0
Satisfied	28	48.28
Dissatisfied	30	51.72
Total	58	100

Source: Field Survey Data, May,2011

From table 4.2 and figure 2, it can be seen that 28 respondents representing 48.28% indicated that they are satisfied with the current occupational health and safety measures in place, whereas 30 respondents with 51.72% stated that they are dissatisfied with the current occupational health and safety measures in place in the hospital.

The responses indicate that not much is being done about occupational health and safety.

Figure 2: A graph on current occupational health and safety
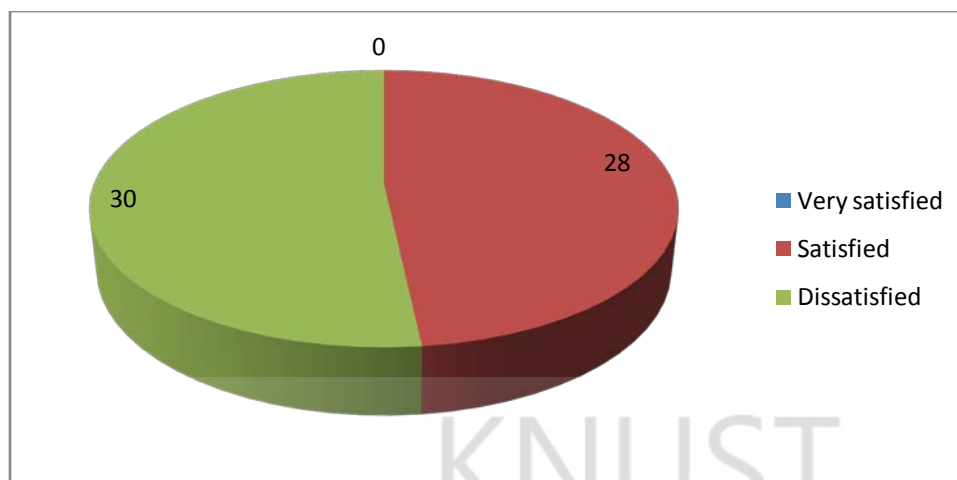
4.3 Responsibility for occupational health and safety

A questionnaire that was intended to find out from respondents who they think is ultimately responsible for their health and safety at the workplace.

Table 4.3 Responsibility for occupational health and safety

Option	No.of Respondents	Percentage %
Head of the Hospital	20	34.48
Yourself	25	43.10
Your supervisor	9	15.52
Environmental Health unit	4	6.90
Not Sure	0	0
Total	58	100

Source: Field Survey Data, May, 2011.

As depicted by table 4.3 and figure 3, 20 respondents representing 34.48% of respondents indicated that occupational health and safety is the ultimate responsibility of the head of the hospital. On the otherhand, 25 respondents representing 43.10% indicated that occupational health and safety is more of an individual staff member's responsibility than management, supervisors or any other person, department or unit. Nine respondents indicated that occupational health and safety is the responsibility of their supervisors, whereas 4 respondents with a percentage of 6.90 showed that environmental health unit is responsible for their health and safety in the hospital. Analyzing the responses above, it is obvious to see that staff recognize the fact that as individuals their health and safety is in their own hands.

Figure 3: A graph on responsibility for occupational health and safety
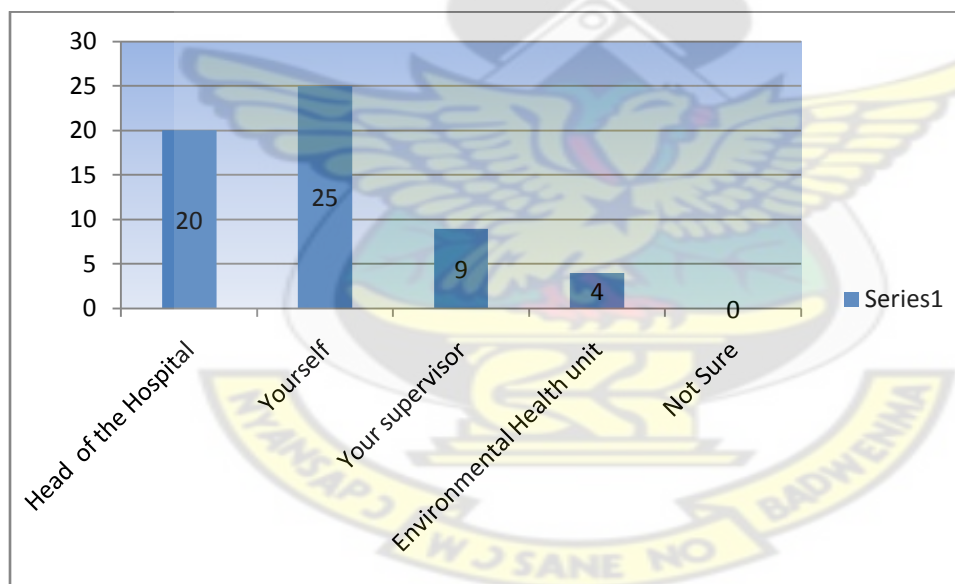
Source: Field Survey Data, May, 2011.

4.4 Lighting and ventilation

A question posed with an intention of finding out from respondents if work areas may need adequate lighting but ventilation is a secondary concern.

Table 4.4 Lighting and ventilation

Option	No.of Respondents	Percentage %
True	0	0
False	58	100
Total	58	100

Source: Field Survey Data, May, 2011.

From table 4.4, all 58 respondents indicated that ventilation is equally important as adequate lighting.

It can be deduced from the interpretation above that occupational health and safety cuts across a spectrum of issues hence, providing one of these facilities does not make it adequate.

4.5 Using of protective clothing

A question that sought to find out if staffs are required to put on protective clothing in the performance of their duties

Table 4.5 Using of protective clothing

Option	No.of Respondents	Percentage %
True	58	100
False	0	0
Total	58	100

Source: Field Survey Data, May, 2011.

All 58 respondents indicated that they are required to put on protective clothing in the performance of their duties.

It clear that staffs know that they are to protect well whiles performing their lawful duties to avoid accidents and injuries.

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4.6 Responsibilities of employers and employees

A question that sought to find out from respondents if they agree that both employers and employees have responsibilities and rights for effective occupational health and safety

Table 4.6 Responsibilities of employers and employees

Option	No.of Respondents	Percentage %
Yes	58	100
No	0	0
Total	58	100

Source: Field Survey Data, May, 2011.

From table 4.6 it can be realized that all 58 respondents, i.e. 100% indicated that both employees and employers have responsibilities and rights for effective occupational health and safety.

Respondents indicated the following as responsibilities and rights of employees:

- Wearing protective clothing and equipment.

- Reporting any contravention of the law by management.

- The right to refuse unsafe work.

Respondents again indicated the following as responsibilities and rights of employers:

- Filing government accident reports

- Maintaining records on health and safety issues

- Posting safety notices and legislative information

- Providing education and training on health and safety

From the analysis, it can be seen that staffs understand that as their employers have responsibilities so do they under occupational health and safety.

4.7 Accidents and injuries suffered

A question that sought to find out from respondents if they have suffered any accident or injury in the hospital since they were engaged

Table 4.7 Accidents and injuries suffered

Option	No.of Respondents	Percentage %
Yes	5	8.62
No	53	91.38
Total	58	100

Source: Field Survey Data, May, 2011.

Five respondents representing 8.62% showed that since their engagement by the hospital they have suffered accidents/injuries in different forms, whereas 53 respondents showing 91.38% stated that they have not suffered accidents or injuries.

The 5 respondents who have suffered accidents/injuries stated the following as the causes of the accidents.

- Lack adequate of training on health and safety

- Failure to follow instructions on the use of tools and equipment

- Non provision of requisite protective clothing and equipment

- Ignorance on health and safety matters

Figure 4: A graph on accidents and injuries suffered
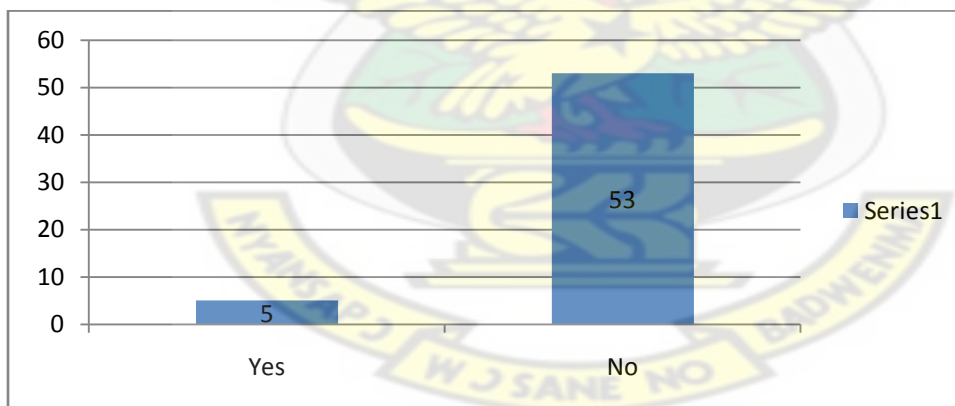
Source: Field Survey Data, May, 2011.

4.8 Reporting of accidents/injuries

A question that sought to find out from respondents i.e., those who indicated that they have suffered accidents/injuries, if they reported the accidents or injuries to the appropriate authorities.

Table 4.8: Reporting of accidents/injuries

Option	No.of Respondents	Percentage %
Yes	4	80
No	1	20
Total	5	100

Source: Field Survey Data, May, 2011.

4 out of the 5 respondents who indicated that they have suffered accidents or injuries stated that they reported the incidents to the appropriate authorities.

On actions management took on these cases, they listed the following:

- Accident cases were referred to an emergency committee

- Investigations were instituted

- Reports issued thereafter.

Respondents stated the following as some of the findings from the investigation

- Inadequate protective clothing and equipment

- Lack of personal consciousness to occupational health and safety rules

- Lack of training on occupational health and safety

It can be seen from the interpretation above that, staffs know that they suppose to report any form of accidents/injuries to the appropriate authorities in order to find solution and avoid re-occurrence.

4.9 Safety committee

A question which was set with the intention of finding out from respondents, if the hospital has a safety committee.

Table 4.9: Safety committee

Option	No.of Respondents	Percentage %
Yes	0	0
No	55	94.83
Not Sure	3	5.17
Total	58	100

Source: Field Survey Data, May, 2011.

A look at table 4.9 and the figures show that none of the respondents indicated that the hospital has a safety committee. Fifty-five respondents on the other hand showed that the

hospital does not have a safety committee, whereas 3 respondents stated that they are not sure if the hospital has a safety committee.

It is obvious to see that the hospital does not have a safety committee. This committee when they exist will have the task of handling all health and safety issues.

Figure 5: A graph on safety committee
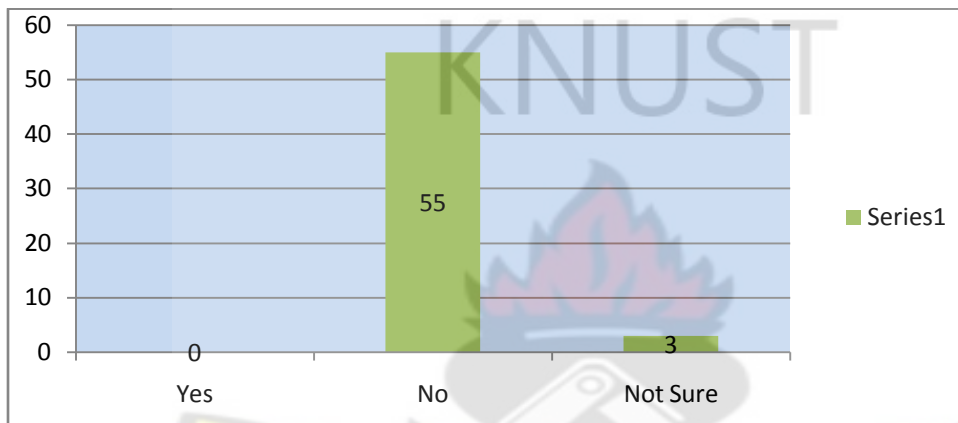
Source: Field Survey Data, May, 2011.

4.10 Training on occupational health and safety

A question that sought to find out from respondents how regular training is organized for staff on occupational health and safety

Table 4.10: Training on occupational health and safety

Option	No.of Respondents	Percentage %
Quarterly	5	8.62
Biannually	1	1.72
Annually	0	0

No definite time fixed	52	89.66
Total	58	100

Source: Field Survey Data, May, 2011.

Five respondents which represent 8.62% showed that training is organized for them on quarterly basis.1 respondent showed that training is organized biannually. Fifty-five respondents representing 89.66% revealed that management has on definite time schedules for safety training.

Respondents listed the following as health and safety issues which are discussed during safety training:

- Reports from adhoc committees for previous periods are discussed

- Suggestions are received from staff on occupational health and safety

- Staff who are identified to be safety conscious are awarded.

It can be seen that though the hospital organizes training on health and safety, this process is not regularize. It is imperative for staff to be aware of training schedules on health and safety and participate fully in it.

Figure 6: A graph on training on occupational health and safety
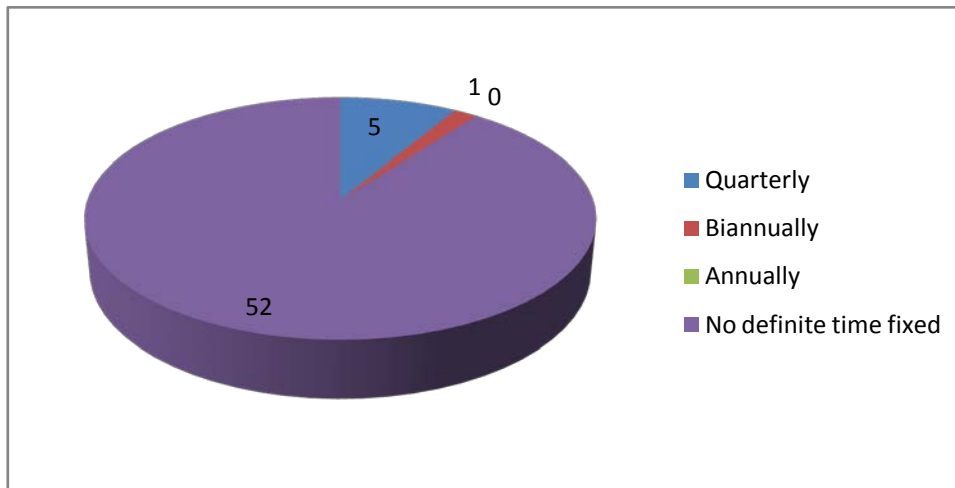
Source: Field Survey Data, May, 2011.

4.11 Monitoring,Inspection and Evaluation of safety practices

A question that sought to find from respondents to what extent they think that monitoring, inspection and evaluation of safety practices are prerequisite for effective occupational health and safety

Table 4.11: Monitoring, Inspection and Evaluation of safety practices

Option	No.of Respondents	Percentage %
Strongly agree	58	100
Agree	0	0
Disagree	0	0
Total	58	100

Source: Field Survey Data, May, 2011.

All 58 respondents responded that they strongly agree that monitoring, inspection and evaluation of safety practices are prerequisite for effective health and safety programme. The staffs agree that there cannot be effective health and safety if monitoring, inspection and evaluation is carried out.

Figure 7: A graph on monitoring, inspection and evaluation of safety practices
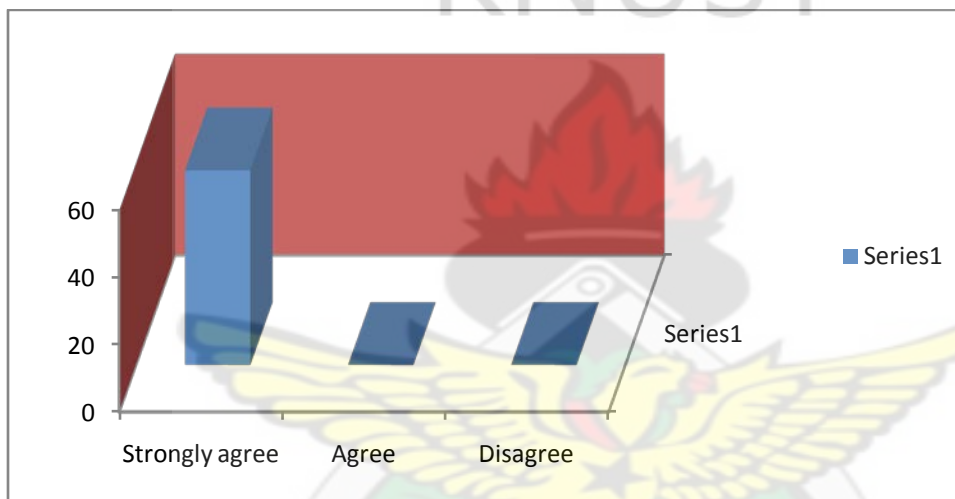
Source: Field Survey Data, May, 2011

4.12 Time frame for Monitoring, Inspection and Evaluation of safety practices

A question that sought to find out from respondents how often monitoring, inspection and evaluation of safety practices conducted.

Table 4.12: Time frame for Monitoring, Inspection and Evaluation of safety practices

Option	No.of Respondents	Percentage %
Monthly	4	6.90
Quarterly	11	18.96

Biannually	11	18.96
No definite time fixed	32	55.18
Total	58	100

Source: Field Survey Data, May, 2011.

From the above table 4.12, 4 respondents representing 6.90% indicated that monitoring, Inspection and evaluation of health and safety practices are conducted on monthly basis. Eleven respondents each for quarterly and biannually indicated that these activities are conducted quarterly and biannually respectively.However,32 respondents which represents 55.18% showed that there is no definite time schedule for monitoring, inspection and evaluation of health and safety practices in the hospital. The staff indicated that though monitoring, inspection and evaluation is carried out, it is not done on a routine basis. It is important to conduct monitoring on a routine basis so that results can be compared accurately.

Figure 8: A graph on timeframe for monitoring, inspection and evaluation of safety practices.
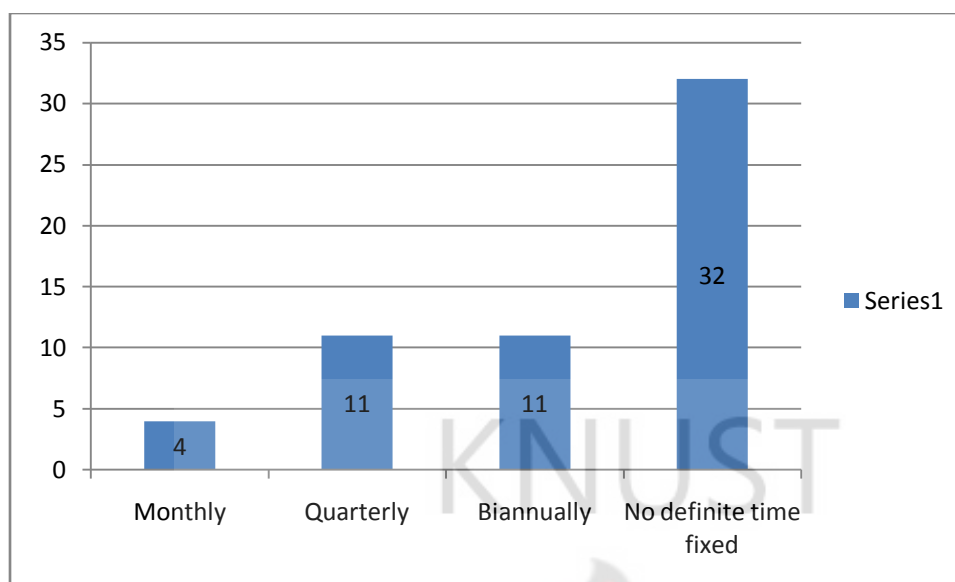
Source: Field Survey Data, May, 2011.

4.13 Level of satisfaction with health and safety

A question posed with an intention of finding out from respondents if they are satisfied with what management is doing currently to improve upon existing occupational health and safety of the hospital

Table 4.13: Level of satisfaction with health and safety

Option	No. of Respondents	Percentage %
Yes	0	0
No	58	100
Total	58	100

Source: Field Survey Data, May, 2011.

All 58 respondents stated that they are not satisfied with what management is doing currently to improve on occupational health and safety.

The respondents listed some of the things they think management should do to improve upon occupational health and safety of the hospital. This includes:

- Engagement of safety expert to re-design occupational health and safety policies for the hospital

- Constantly reviewing health and safety practices

- Improve on good housekeeping and sanitation

- Supervision and safety management

From the interpretation above, staff are not satisfied with current arrangements to improve on occupational health and safety. Occupational health and safety policy should form part of the hospital's human resource practices and there should be constant efforts in improving upon existing measures.

4.14 Employee assistance programmes.

A question with an intention of finding out from respondents to what extent they think that the hospital should have employee assistance programmes as a necessity in preventing occupational hazards.

Table 4.14 Employee assistance programmes

Option	No.of Respondents	Percentage %

Strongly agree	58	100
Agree	0	0
Disagree	0	0
Total	58	100

Source: Field Survey Data, May, 2011.

The 58 respondents stated that they strongly agree that employee assistance programmes are crucial in preventing occupational hazards.

4.15 Impact of occupational health and safety on job

A question intended to find out from respondents if they think effective occupational health and safety policies have any impact on job performance in hospital

Table 4.15: Impact of occupational health and safety on job

Option	No.of Respondents	Percentage %
Yes	58	100
No	0	0
Not Sure	0	0
Total	58	100

Source: Field Survey Data, May, 2011.

From table 4.15, it is clear that all 58 respondents showed that they think effective occupational health and safety policies have impact on job performance in hospital.

The respondents stated the following as the benefits the hospital and employees derive from effective occupational health and safety policies.

- Reduces accidents

- Reduces cost of compensation to injured employees

- Lost or death of staff

- labour turnover is reduced

- Corporate image of the hospital is enhanced.

From the above, it is clear that an organization cannot achieve its objectives without the workforce, hence the health and safety of the workforce should be a priority.

4.16 Documented Guidelines on health and safety

A question posed to find out from respondents if they do have as individual staff members or their department or unit have a written copy of occupational health and safety policy of the hospital.

Table 4.16: Documented Guidelines on health and safety

Option	No.of Respondents	Percentage %
Yes	0	0
No	58	100
Total	58	100

Source: Field Survey Data, May, 2011.

From table 4.16 and Figure 9,it is clear that all 58 respondents showed that do not as individual staff members or as department or unit have a written copy of occupational health and safety policy of the hospital.

It is obvious to see from the above that, the hospital has no documentary package to serve as a reference or guide on occupational health and safety.

Figure 9: A graph on documented guidelines on health and safety
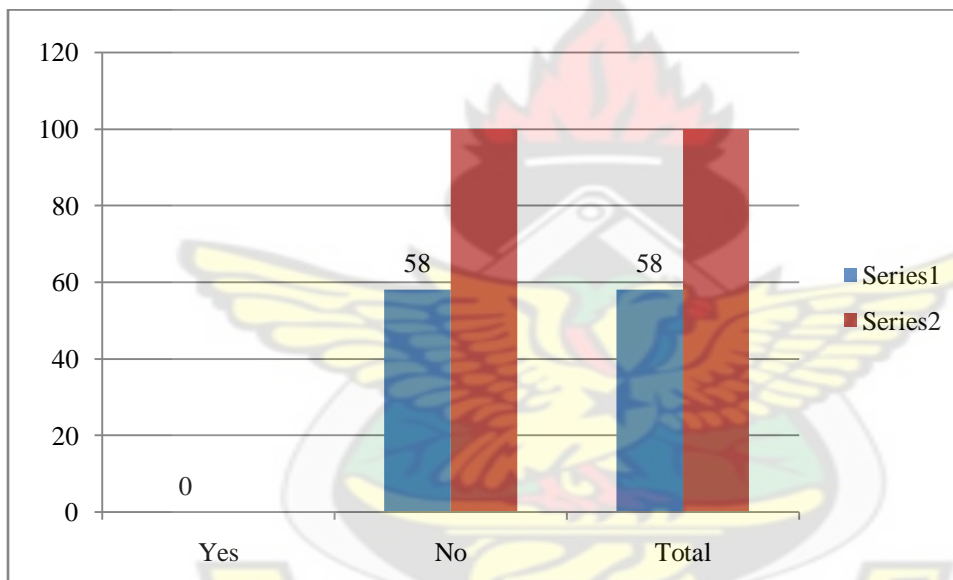
Source: Field Survey Data, May, 2011

4.17 ANALYSIS AND FINDINGS FROM INTERVIEW/PERSONAL OBSERVATION

The researcher engaged the supervisors and heads of departments/units in an interview on one on one basis and the following came to bear:

The first department examined was the administration. The administration department houses the hospital administrator, account section, clerical staff and other co-coordinating offices. To secure the safety of employees, the hospital has put in place good ventilation and good lightening systems as well as workable and well tested fire extinguishers ready to fight in case of fire outbreaks.

The second is laboratory department which is mandated to do testing of blood, urine, fecal materials and other bodily fluids. They are exposed to sharp objects as well as other piercing objects which pose a risk to their health and safety. The hospital provides gloves for them; staff are also provided with working or protective coats to protect their bodies from fluids which may be contaminated. Safety boxes are also provided in which sharp and piercing objects are kept to protect employees from cuts and bruises.

Waste bins are also provided and these are labeled with colours to indicate level of contamination of waste. Waste bins labeled red contains contagious substances and should be handled with care, waste bins labeled Black contains household and non-toxic materials. This is an attempt to caution staff so that their safety and health can be preserved. The laboratory premise is spacious enough to allow free movement of staff and it is well-ventilated to allow easy diffusion of any contamination in case there is any.

The next is the X-ray department. This is where staff take films of suspicious parts of the human body to help Doctors/medical officers in their diagnosis. Both staff and patients are

exposed to radiations which is dangerous to their health. To ensure the health of both staff and patients, protective clothes are provided for their use.

Again, it was observed that the X-ray room is firmly sealed to protect radiation from penetrating beyond the confinement of the X-ray room to affect other staff or even patients as well. X-ray technicians are given a special protective badge which is used to measure the level of radiation. At the end of the year, staff from the Ghana Atomic Energy Commission (GAEC) come in to work on this special badge to determine the level of radiation and subsequently give advice on necessary precautionary measures to be taken to help protect staff and patients.

The mortuary department was also examined. This happens to be the department where staffs are likely to get infection because of the nature of their work. The staffs preserve bodies (embalmment) of our dear departed ones who most of them died because they couldn't survive their sickness. They do this by using a chemical called formaldehyde and this chemical has a cancer-causing agent in it thereby posing great danger to staff that need to work with it. The hospital seeks to protect staffs by making available plastic aprons, heavy duty boot, face masks, gloves etc. to avoid splash or spillage of bodily fluids which they come into contact with in the discharge of their duties. It was revealed however that some workers of the mortuary department refuse to wear safety apparels given them.

The maternity ward, where babies are delivered is another crucial department where infections can be passed on to a staff or from staff to patients because of the bodily fluids such as blood and liquor (balloon-like water that burst before the baby comes out) that staff come to contact with in the normal duty of delivery. To protect staff, surgical gloves,

protective clothing and goggles are provided to ensure safety of health personnel, mother and baby. Clothing and other materials used are also dipped into chlorine to prevent infection.

At the maternity and as well as the general wards, regular disinfection takes place with the help of chemicals to kill all germs to protect staff and patients. Waste bins are also provided and they are labeled red, yellow and black. Waste bins labeled red contain toxic materials, human parts, and other infectious materials. Yellow labeled waste bins contain clinical waste like syringe, cottonwood etc. Black-labeled waste bins contain households waste. It was revealed at the maternity that, some midwives prefer to do their work without the use of the goggles provided them because they claim they are not comfortable working with them.

The theatre is another department in the health facility that staffs are exposed to a lot of risks because of the use of sharp and piercing instrument. Moreover, staffs are exposed to blood which may be contaminated thereby posing risk to them. It must be emphasized that the patient being operated on at the theatre also stands the risk of being infected if safety precautions are not adhered to strictly. To ensure the safety of staff, the hospital provides surgical gloves to protect the hands of staff, protective coat or gowns to protect their bodies from bodily fluids from patients. The entire body of the surgeons is totally covered for maximum protection. There is enough space and good lightening system put in place to ensure total performance of operations. The floors of the theatre are also regularly disinfected with disinfectants and other chemicals to prevent infections to both staff and patients. Again, safety boxes are provided to keep sharp and piercing objects in the theatre to prevent cuts and bruises to staff and patients as well. The patient operated upon is clothed well to secure his/her health. One safety and health measure adopted is the crosschecking of materials

before and after use. With this system, surgeons count each device used to see whether they are up to the number taken into the room before the patient is finally stitched.

Another vital department visited to examine their health and safety measures was the dispensary/pharmacy. This department is responsible for giving out drugs prescribed by doctors/medical officers and staff are exposed to the risk of inhalation of chemicals. Staff are provided with gloves to protect their hands from physical contact with the drugs which may be harmful to their health and also to prevent contamination of drugs thereby protecting patients. Staff are also given protective coats in the discharge of their duties.

The kitchen is another department the researcher examined to ascertain the health and safety measures that have been put in place to protect the workers. The staffs in the kitchen face the problem of fire outbreaks and this is a major threat to their safety. Again, bruises, burns and lacerations arising from hot water spillage are also threats to their health. An important safety precaution put in place by the hospital authorities is the fixing of cylinders outside the kitchen to minimize the risk of fire outbreaks. Again, heavy duty fire extinguishers are provided in the kitchen to fight fire in the event of a fire outbreak. Also, there are shelves provided to keep knives and other cutting tools in the kitchen to prevent accidental cuts and bruises to staff. Cooking utensils and others are thoroughly washed and kept neat in order to provide patient on admission with healthy food that will facilitate their healing process.

The hospital's laundry where dirty clothes like bed sheets, pillow cases, and other blood-soaked materials are washed was also examined. Staff in this section risk getting infection from clothes stained with blood which may be contaminated. The safety precautions put in place by the hospital authorities are the provision of wellington boots to protect staff, gloves

to protect the hands of staff from infections and also detergents which are used in cleaning the floors of the laundry as it may be soiled by blood from blood-stained clothes.

The final department interviewed was the environmental health unit which is responsible for the disposal of the hospital's waste. Here, staff are charged with the responsibility of collecting all waste bins from the various departments to their final disposal point. The Hospital has three disposal units: The first unit is the incinerator where sharp objects and other instruments that are not needed are disposed off. The second unit is the placenta pit where human parts from surgeries and the maternity ward and other wards are discarded and the last unit is household waste section, where rubbish and other non-contagious waste are discarded. Staff in the department are also exposed to a lot of risk as they also come into contact with harmful waste from all the departments. To protect staff, they are given heavy-duty gloves to protect their hands in the discharge of their duty. They are also protected by being provided with wellington boots to avoid stepping on sharp and piercing objects. Moreover, staff are also given nose masks to prevent them from inhaling dangerous fumes from the waste that are normally burnt.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATION

This chapter deals with the conclusions and recommendations. In addition, the chapter offers directions for future research.

5.1 SUMMARY OF FINDINGS

It came out clearly that to have a comprehensive occupational health and safety it extends beyond the security for employees and employers to third parties or other stakeholders.

From this examination, one remarkable general safety and health precaution that has been put in place by the hospital authorities and which cut across all departments is the policy that every employee of the hospital is to report to the authorities if he or she suspects his/her health has been compromised in any way in the discharge of his/her duties for immediate action to be taken.

It came to light that occupational health and safety measures put in place at the hospital are not sufficient. Most of the staff are dissatisfied with the current occupational health and safety measures.

For example, in most of the departments, it came to bear that there were no emergency exit to help people escape safely in case of fire outbreak. The administration block for example, had only one entrance that poses a great danger to staff in the event of fire outbreak. The entire hospital has no fire or smoke detectors fitted anywhere to help detect fire outbreak on time. There are no fire alarms also fitted to alert members of an impending danger in case of fire

outbreak. Although some fire extinguishers are in place, they are not adequate looking at the size of the organization, the kind of work they do there and the number of people who come there every day to check on their health issues. Water is important in the pursuance of activities at the hospital. Inadequate supply of this commodity at the hospital affects various works from laboratory, laundry, mortuary, kitchen to the maternity/wards. Because water does not flow constantly as is expected to be, thorough washing of hands and other materials cannot be undertaken thereby putting both workers and patients at risk of contamination. At the maternity ward for instance, the ideal way is for the nurse to wash her hands after attending to a particular patient, although gloves are used. This is not possible because water does not flow as expected. The story at the laboratory, kitchen, laundry and the mortuary is not different as they are also hooked on unto this problem.

At the mortuary, one major inadequacy in occupational health practices that was identified was the issue where workers have to lift up dead bodies to a considerable height before they can be placed in the morgue. The workers should have been provided with a jack lift so that it can be used to send bodies up and also used to retrieve them when needed. Because they do not have it, they are compelled to do so using their physical strength and this they say go a long way to affect their health in the long run. Workers at the maternity/wards also face a marginal risk in terms of lifting up sick people when their relatives are not around but needs to be attended to.

It is obvious work stress can contribute to accidents at the work place. It was found out that the X-Ray department at the hospital has only one technician who attends to all the people who might need his services. This is an inadequacy because; apart from getting exhausted

and thereby increasing the chances of accidents occurring, his health is also at stake since he is the only one taking all the possible radiation that may come out of his normal duties.

At the dispensary, the same people who pack drugs are the same people who deliver them to the patients thereby making it difficult for the staff to wear protective masks to protect themselves from excessive inhalation. Some may even have allergies to certain drugs and if it is not detected early can affect the health of such a worker when he/she is exposed to the drug for a long time. Another finding has to do with the way expired drugs are disposed off. It is the responsibility of the dispensary staff to see to it that drugs that go out of date are properly taken off the stock but no proper way has been identified to carry out this task. Proper protection is not given to these staff in the course of disposing off these drugs and can compromise on the health at the long term.

The researcher turns to agree with the staff when most of them stated that the person ultimately responsible for their health and safety is themselves. This is an indication that staff will not compromise their lives with the jobs to be done. They have the right to refuse any job if they suspect that doing that particular job will lead to either temporal or permanent disability.

Occupational health and safety should be a holistic exercise encompassing the office design, ergonomics, tiling and flooring, protective tools and equipment, ventilation, lighting and any other things that will make the staff feel comfortable to do his/her job.

Respondents confirmed that, the use of proper protective tools will prevent them from contracting communicable diseases likely to come from patients or chemicals. All staff agree

to the fact that both employers and employees have respective responsibilities and rights if occupational health and safety is to be effective

It came out to bear that the rate of accidents/injury to staff in the hospital is low.

Some of the workers refuse to protect themselves with protective clothing during their work and this poses a great danger not only to the person but his/her colleague workers.

At the mortuary for instance, some workers refuse to wear safety apparels given them. At the maternity too, some midwives prefer to do their work without the use of the goggles provided them because they claim they are not comfortable working with them.

It is important to report on accidents to the appropriate authorities for redress to be found and solutions found to avoid same or similar accidents in the future. Almost all the accidents that occurred were reported to the authorities.

One major requirement in any occupational health and safety programme is to constitute a safety committee. It was found out from the analysis that the hospital does not have safety committee constituted with the task of dealing with all occupational health and safety issues for the hospital. It was however found out that an emergency committee is constituted any time there is a certain issue bothering on health and safety.

Health and safety should be the concern of each worker in the organization and this can only be achieved when serious education and training is carried out.

It was found out that the hospital does not have schedule in terms of specific periods for training staff on occupational health and safety.

It is important to do monitoring, inspection and evaluate existing health and safety measures on regular basis for improvement. All staffs confirmed that this forms an integral part of any effective health and safety policy. It was however found out that the hospital has no schedule periods for doing monitoring, inspection and evaluation of health and safety policies.

It was found out that staff are not satisfied with current measures being put in place by management to improve on existing occupational health and safety measures in the hospital.

The health and safety of the staff doing the job is equally important as the job to be done.

This was confirmed when all staff indicated that effective occupational health and safety policy has a significant impact on the performance of the job.

It was again found out that the hospital does not have a documentary manual on its occupational health and safety.

5.2 CONCLUSIONS

There cannot be any effective occupational health and safety policies if both employers and employees fail to perform their respective responsibilities. The employer is suppose to file government accident reports, maintain records on health and safety issues, posting safety notices and legislative information, providing education and training on health and safety.

The employer is required to institute a safety committee to be in charge of all health and safety related issues. The safety committee is responsible for studying trends in accidents with the view to making suggestions for corrective actions, examining safety reports and

making proposals for avoiding accidents, examining and discussing reports from safety representatives, making proposals for new or revised safety procedures.

It also acts as a link between the organization and the enforcement agency (the health and safety inspectorate), monitoring and evaluating the organization's safety policies, and making proposals for changes, if necessary.

The employee on the other hand is required to comply with all health and safety rules, knowing that the person ultimately responsible for his/her health and safety is himself/herself. Staff are required to wear protective clothing, use equipment and tools provided for their work, and report any contravention of the law by management.

Also the employee has the right to refuse unsafe work.

Accidents are costly both to the affected worker and the organization. Therefore, every effort should be made in order to avoid them from happening at the work place.

5.3 RECOMMENDATIONS

The following recommendations were made based on the findings of the study:

Education and Training: Management of the hospital should organize regular training, workshops, seminars on health and safety for staff, publish materials on safety and many other steps to inculcate safety consciousness in the minds of workers. Employees should be made to understand that safety and health practices are the responsibility of both management and staffs and this will go a long way to make the work area safe.

Management should provide and maintain at the workplace, adequate plant and system of work that are safe and without risk to health. There should be regular servicing of

machines, plants and equipment to make them safe for use at the work place. Management should display warning notices on faulty machines and equipment or other potential hazard places to make workers aware of potential danger.

Provide the necessary information, instruction, training and supervision having regard to the age literacy level and other circumstances of the worker to ensure, so far as reasonably practicable, the health and safety at work of those other workers engaged on the particular work. Some industrial accidents that happen could have been avoided if effective supervision were carried out during the execution of duties at the work place.

Management must share hazard and risk information with other employers including those on adjoining premises, other site occupiers and all sub-contractors coming on to the premises. Proper dissemination of risk information is important in ensuring safe and healthy working environment. Visitors who come to the hospital must be made aware of the precautionary measures in order to prevent accidents and injuries.

Ensure correct storage procedures of flammable liquids and other dangerous materials. Management should endeavor to provide safe and proper means of storing dangerous gases at the work place in order to protect the safety and health of employees. Correct procedures should be adhered to strictly. The off loading of petroleum products for example should not be compromised in order to avoid cases of fire outbreak.

The provision of fire extinguishers in itself is good but not enough. It is recommended that management should take it a point to train staff in the effective and efficient use of fire extinguishers. This may call in the regular conduction of fire drills to ensure that employees are ready to deal with any fire outbreak. This is more important in areas where highly inflammable gases are used like the filling stations.

Workers should be given enough insight of the risk and dangers inherent in their work at the work places. Through education some of these accidents could be minimized if not eradicated entirely. Jobs can also be designed in such a way as to remove all inherent potential dangers to make the work safe for employees.

The provision of protective clothing and putting in place safety and health measures is not enough. Management should put in place a regular monitoring team who will go round to check whether the employees really do put on their protective materials given to them before doing their duties and also observe in strict terms safety measures put in place in order to avoid any mishaps and accidents.

The government should also institute monitoring teams that will go round periodically to check whether employers go by the regulations as provided in the Labour Act.

The factory inspectorate of Ghana should come up with a blue print to be used as guide for the design of health and safety policies for industries, companies and other institutions.

A legislative framework on health and safety is recommended

5.4 DIRECTIONS FOR FUTURE RESEARCH:

The researcher proposes further research to be conducted on other human resource practices which impact positively on job performances.
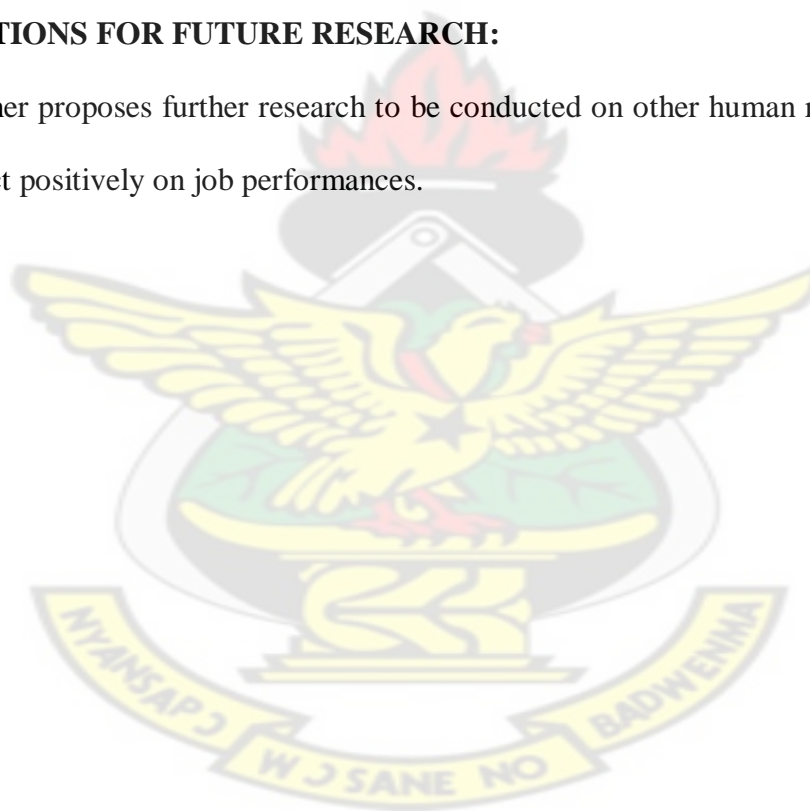
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KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

INSTITUTE OF DISTANCE LEARNING-IDL

COMMONWEALTH EXECUTIVE MASTER IN BUSINESS ADMINISTRATION

QUESTIONNAIRE.

Please provide your responses for this questionnaire for the study entitled An assessment of Occupational Health and Safety on Job Performance at the Tetteh Quarshie Memorial Hospital.

Please, since this research is for academic purpose any information provided would be treated with utmost confidentiality.

Biographical Information:

i)What is your age group? a) Under 25 (   ) b) between 26-35(   ) c) 36-45(   ) d) 46-55 (   ) e) above 56(   )

 Your gender: a) male (   ) b) female (   )

ii) How long have you being in the hospital? a) Under 5 ( ) b) 6-10(   ) c) 11-15 (   ) c) 16-20 (   )d)above 20 (   )

iii)Indicate the department you work in the hospital   a)X-ray b)Administration (   ) c)Laboratory (   ) d)Mortuary (   ) e)Theater(   ) f)Pharmacy/Dispensary (   ) g)Kitchen (   ) h) Laundry   (   ) i)Environmental Health Unit (   ) j)Surgical Ward (   ) k)Maternity Ward (   ) l)Medical Ward (   ) m)Blood Bank (   ) n)Dental Unit ( ) o)Pediatric unit (   ) p)Eye, Nose,Throat unit (   )

The following are multiple-choice questions. More than one option may be correct. Please tick in the boxes the correct response(s)

1) What do you understand by occupational health and safety?

a) Employees' welfare (   ) b) Employers' welfare (   ) c) Both employers and employees welfare(   )   d)   Employers,   employees   and   third   party   welfare(   )e)others,please……………………………..

2) What are some of the safety measures put in place in your department?

a) Safety training as part of orientation on first employment ( ) b) Proper disposal of waste

( )

c) Regular monitoring on safety and health standards to ensure if they are complied with

( )

d) Using protective clothing (   ) e) Prompt reporting of accidents/injuries (   )

f) Re-training on safety and health practices (   ) g) All of the above (   ) h)Others,please state……………………………………………………………………………………

3) Indicate how satisfy you are with the current occupational health and safety measures put in place

a) Very satisfied (   ) b) satisfied (   ) c) Dissatisfied (   ) d) Very Dissatisfied (   )

4) The person ultimately responsible for your safety and health in the performance of your duties is?

a) The head of the hospital (   ) b) Yourself (   ) c) Your supervisor (   ) c) Environmental Health Unit (   ) d) Not Sure (   )

For each question, tick in the space provided whether the statement is True, False or otherwise .

5) Work areas may need adequate lighting but ventilation is a secondary concern

a)True   (   ) b)False (   ) c) Not sure (   )

6) Staff are required to put on protective clothing in the performance of their duties

a)True (   ) b) False (   ) c)Not Sure (   )

7) Do you agree that both employers and employees have responsibilities and rights for effective occupational health and safety?

a) Yes (   )   b) No (   )

8) If yes, what are some of the responsibilities and rights of employees?

a) Wearing protective clothing and equipment (   ) b) Reporting any contravention of the law by management (   ) c)The right to refuse unsafe work (   ) d)All of the above (   ) e)others,please state……………………………………………………………………

9) If yes, what are some of the responsibilities and rights of employers?

a)Filing government accident reports (   ) b)Maintaining records on health and safety issues ( ) c)Posting safety notices and legislative information (   ) d)Providing education and training on health and safety (   ) e)All of the above (   ) f)others,please state…………………

10) Have you suffered any accident or injury in the hospital since you were engaged?

a) Yes   (   )   b) No (   )

11) What were the causes of the accident?

a) Lack adequate of training on health and safety (   ) b) Non provision of adequate protective clothing and equipment c) Ignorance on health and safety matters (   ) d) Not sure (   )

12) If Yes, did you report the accident to the appropriate authorities?

a) Yes (   )   b)No (   )

13) If yes, what actions were taken to forestall the occurrence of the same accident or injury in the future?

a)The case was referred to a committee ( ) b)Investigation was instituted and I was invited ( ) c)Report issued, causes identified and report formed part of the hospital's subsequent safety meeting (   )

14) State some of the findings from the investigation?

a) Inadequate protective clothing and equipment ( ) b)Lack of personal consciousness to occupational health and safety rules ( ) c) Lack of training on occupational health and safety ( ) d)All of the above (   ) e)others, please state…………………………………………

15) Does the hospital have a safety committee?

a) Yes (   ) b) No (   ) c) Not sure (   )

16) How regular is training organized for staff on occupational health and safety?

a) Quarterly (   )   b) Biannually (   ) c) Annually (   ) e) No definite time fixed for training ( )

17) What specific health and safety issues are discussed during the training?

a) Reports from adhoc committees for previous periods are discussed ( ) b) Suggestions are received from staff on occupational health and safety (   ) c) Staff who are identified as having safety consciousness are awarded () d)others,please state…………………………………………………………..

18) To what extent do you think that monitoring, inspection and evaluation of safety practices are prerequisite for effective occupational health and safety?

a) Strongly agree (   ) b) Agree (   ) c) Disagree (   )

19) How often is monitoring, inspection and evaluation conducted?

a) Monthly ( ) b) Quarterly ( ) c) Biannually (   )d)No definite time fixed ( )

20) Are you satisfied with what management is doing currently to improve upon occupational health and safety of the hospital?

a) Yes (   ) b) No ( )

21) Indicate some of the things you think management do to improve upon occupational health and safety of the hospital?

a)Engagement of safety expert to re-design occupational health and safety policies for the hospital (   ) b)Constantly reviewing health and safety practices (   ) c)Improve on good housekeeping and sanitation (   ) d)Creating the environment for staff to freely report on occupational health and safety (   ) e)Supervision and safety management ( ) f)None of the above (   ) g)others, please state…………………………………………………

22) To what extent do you think that the hospital should have employee assistance programmes are crucial in preventing occupational hazards?

a) Strongly agree (   ) b) Agree (   ) c) Disagree ( )

23) Do you think effective occupational health and safety policies have any impact on job performance in the hospital?

a) Yes ( ) b) No (   ) c) Not Sure (   )

24) If yes, what benefits will the hospital and employees derive from effective occupational health and safety policies?

a) Reduces accidents (   ) b) Reduces cost of compensation to injured employees (   ) c) Lost or death of staff (   ) d) labour turnover is reduced (   ) e) Corporate image of the hospital is enhanced (   ) f) All the above ( ) g)Others, please state……………………………

25) Do you or your department or unit have a written copy of occupational health and safety policy of the hospital?

a) Yes (   ) b) No (   )