**UNIVERSITY OF CAPE COAST**

# AN ASSESSMENT OF THE EFFECT OF OCCUPATIONAL HEALTH AND SAFETY PRACTICES AT THE TARKWA GOVERNMENT HOSPITAL

**ERIC CAESAR BAMFO JNR**

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BY

ERIC CAESAR BAMFO JNR

Dissertation submitted to the Department of Business Studies of the College of Distance Education, University of Cape Coast, in partial fulfilment of the requirements for the award of Master of Business Administration in Human Resource Management

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DECLARATION

**Candidate's Declaration**

I hereby declare that this dissertation is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's Signature: …… …. Date: ……..

Name: Eric Caesar Bamfo Jnr

**Supervisor's Declaration**

I hereby declare that the preparation and presentation of the dissertation were supervised in accordance with the guidelines on supervision of dissertation laid down by the University of Cape Coast.

Supervisor's Signature: …….. Date: …….

Name: Mr. J. E. Seddoh

ABSTRACT

The study sought to assess occupational health and safety practices at the Tarkwa Government Hospital. Case study research design was adopted for the study. Through the use of stratified and simple random sampling procedures, 144 hospital employees were selected to participate in the study. The mixed method was used to gather the requisite data for the study. The data were analysed through the computation of descriptive statistics such as frequencies, percentages, and mean of distributions. The study among other things found out that, one remarkable general safety and health precaution that has been put in place by the hospital authorities and which cuts 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. Again, both employers and employees have respective responsibilities and rights if occupational health and safety is to be effective. However, the respondents indicated that, the occupational health and safety measures put in place at the hospital were not sufficient, and most of the staff were also dissatisfied with the current occupational health and safety measures. The study recommended that hospital administration should organise regular training and workshop for staff on health and safety. Hospital administration should also institute a safety committee which would be constituted with the task of dealing with all occupational health and safety issues for the hospital and should also have a documented manual or policy on its occupational health and safety practices.

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DEDICATION

To my wife and children

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# CHAPTER ONE

# INTRODUCTION

## Background to the Study

Globally, protection of workers against work-related injuries and illnesses has over the years been an issue of great concern to employees, workers, governments, and the general public (Dessler, 2001). This is because a safe working environment does not only promote the physical, mental and social well-being of workers, but also saves cost associated with medical bills, compensation, work interruption, loss of experienced personnel, and others resulting from accidents at the workplace (Tadesse & Admassu, 2006; Hughes & Phil, 2007). The International Labor Organization (I.L.O) estimates that every year approximately 270 million work-related accidents are recorded worldwide, resulting in the death of some 2 million people (International Labour Organisation, 2005). Apart from the accidents resulting in fatalities, non-fatal accidents at the workplace, in some cases, leave victims with loss of body parts, skin diseases, musculoskeletal and reproductive disorders, cancer, mental and neurological illnesses, respiratory and cardiovascular diseases (Tadesse & Admassu, 2006). Studies have shown that employees in small and medium enterprises are more prone to work-related hazards and risks (Scneider & Becker, 2005). This is partly attributed to inadequate resources, poor technical capacity and ignorance of occupational safety and health (OSH) standards (International Labour Organisation, 2005). The sector also suffers neglect from OSH legislations and services.

In times past, employers were not concerned 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 (Dessler, 2001). 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; as well as contributing to the establishment and maintenance of the highest possible degree of physical and mental well being of the workers (Hughes & Phil, (2007).

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 (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 (Hsu & Sandford, 2010).

Litwin and Stringer (1968) opine that, 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, 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 (Lloyd & Leslie, 2008).

**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 (Harris, 2000). 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 (Downey, 1995). 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 (Robert & John, 2004). Inadequate training on acceptance and compliance to safety and health measures also hinder its effectiveness. In fact, 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 (Lloyd & Leslie, 2008).

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 against this backdrop that this study seeks to assess the effect of occupational health and safety practices at the Tarkwa Government Hospital and to examine the departments/units of the hospital and outline various safety hazards staff are exposed to.

**Objectives of the Study**

The purpose of the study is to assess the effect of occupational health and safety practices at the Tarkwa Government Hospital. Specifically, the study sought to:

1. examine the effect of occupational health and safety on healthcare delivery in the Tarkwa Government Hospital.
2. identify any inadequacies in the hospital's health and safety measures.
3. examine the roles of the employee, employers in the execution of health and safety programmes in the hospital.
4. assess the level of compliance of occupational health and safety practices by employers and employees.

**Research Questions**

In view of the above objectives, the study sought to find answers to the following questions:

1. What are the effects of occupational health and safety on healthcare delivery?
2. Are the hospital current occupational health and safety policies adequate?
3. What are the respective responsibilities and rights of employers and employees for effective occupational health and safety policy?
4. What is the level of compliance of occupational health and safety rules in the hospital?

**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 Tarkwa 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.

**Delimitation**

The study assessed the effect of occupational health and safety practices at the Tarkwa Government Hospital. It basically focused on examining the effect of occupational health and safety on healthcare delivery; inadequacies in the hospital's health and safety measures; the roles of the employee, employers in the execution of health and safety programmes; as well as the level of

compliance of occupational health and safety practices by employers and employees. Again, it was not possible to examine all the hospitals across the country. Therefore, the study was carried out at the Tarkwa Government Hospital.

**Limitations**

Certain weaknesses of the study could influence the results or its generalization, over which the researcher had little or no control. In the first place, limited financial resources on the part of the researcher did not allow the researcher to cover greater part of the population. Also, most of the employees of the hospital felt reluctant to disclose information with the view that the information will be disclosed to the outside world and it could be used against the hospital.

To reduce the effects of the above stated limitations, the researcher diligently ensured that, there was a fair representation of the population. This was done by making sure the entire list of the target population was accurate by carefully selecting the population sample for the study.

**Organisation of the Study**

The study comprises five (5) chapters. Chapter one outlines the general introduction grouped under the following headings; background to the study, statement of the problem, objectives of the study, research questions, significance of the study, delimitations of the study, limitations of the study, and organization of the study. Chapter Two reviews various related literatures on the relevant subject under the study. Chapter three concerns itself with various methodological tools that were employed in gathering the data for the study.

Chapter four presents results, discussions and provides analysis of the data gathered for the study, while Chapter five gives the summary of findings, as well as conclusions and recommendations.

# CHAPTER TWO

# LITERATURE REVIEW

## Introduction

The chapter reviews literature relevant to the subject matter under study. The issues discussed include; the concept of occupational health and safety; evolution of occupational health and safety; occupational health, safety and the law; overcoming occupational health and hygiene problems among others.

## The Concept of 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 (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).

## Evolution of Occupational Health and Safety

According to Michael (2006), in the late 19$^{th}$ and early 20$^{th}$ 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).

**Responsibilities and Rights of Employees and Employers in Health and Safety Issues**

Gany and Desler (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;

1. Filing government accident reports
2. Maintaining records
3. Posting safety notices and legislative information
4. 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;

1. Wearing protective clothing and equipment
2. Reporting any contravention of the law of reputation.

Downey (1995) identifies the following as employees' basic rights under the joint responsibility model:

1. The rights to know about workplace safety hazards.
2. The right to participate in the occupational health and safety process.
3. 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.

**Occupational Health, Safety and the Law**

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

1. Provide and maintain at workplace, plant and system of work that are safe and without risk to health.
2. Ensure that safety and absence of risks of health in connection with use, handling, storage and transport of articles and substances.
3. Provide the necessary information regarding the age, literacy level and other circumstances of the worker and ensure instructions, training and

supervision, as well as health and safety of the 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.

**Overcoming Occupational Health and Hygiene Problems**

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

1. Dominating the hazard at source through design and process engineering.
2. Isolating hazardous processes and substances so that workers do not come into contact with them.
3. Changing the processes or substances used, to promote better protection or eliminate the risk.
4. Providing protective equipment but only if changes to the design, process or specification cannot completely remove the hazard.
5. Training workers to avoid risk.
6. Good housekeeping to keep premises and machinery clean and free form toxic substances.

7. Pre-employment medical examinations and regular checks on those exposed to risk.
8. 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.
9. 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.
10. 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:

1. Avoid negatives – successful safety propaganda should contain positive messages not warnings of the unpleasant consequences of actions.
2. Expose correctly – address the message to the right people at the point of danger.
3. Maximize comprehension – message should be simple and specific

**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:

1. Studying trends in accidents, etc, with the view to making suggestions for corrective actions.
2. Examining safety reports and making proposals for avoiding accidents, etc.
3. Examining and discussing reports from safety representatives.
4. Making proposals for new or revised safety procedures
5. Acting as a link between the organization and the enforcement agency (the health and safety inspectorate).
6. 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.

**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 & 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 & 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 (Salon, 2001).

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 & John, 2004).

**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 & John, 2004).

**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).

**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.

**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;

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

2. 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 & Gomez-Mejia.1988).

**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.

**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.

**The Costs and Benefits of Occupational Health and Safety Programmes**

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 (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;

1. Cost of wages paid for time lost
2. Cost of damage to material or equipment
3. Cost of overtime work required by the accident
4. Cost of wages paid to supervisors while time is required for activities resulting from the accident
5. Costs of decreased output of the injured worker after she or he returns to work
6. Unsured medical costs borne by the company
7. Cost of time spent by higher management and clerical workers to investigate or to process worker's compensation forms.
8. Costs associated with the time it takes for a new worker to learn the job.
9. 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.

**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.

**Promoting Job Safety and Health**

Cacio (1992) outline four approaches in promoting job safety and health.

These are;

1. Technical responses- This involves replacing or redesigning equipment, modifying physical work places and providing worker protection (engineering controls).
2. Information responses- Which refers to changes in the way that health and safety information is transmitted within the organization.
3. 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).
4. 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;

1. 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.
2. 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.

3. 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.
4. Publicize safety statistics: monthly accidents reports should be posted. Ideas as to how accidents can be avoided should be solicited.
5. Use bulletins boards throughout the organization. Pictures, sketches, and cartoons can be effective.
6. Encourage employees including supervisors and managers to have high expectations for safety.
7. Periodically hold safety training programmes and meetings. Have employees attend and participate in these meetings as role players or instructors.

**Employee Assistance Programme**

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.

**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 & Stringer, 1968).

**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;

1. Making sure workers get enough fresh air. The cost of providing it is peanuts compared with the expense of cleaning up a problem.
2. Avoiding suspected building materials and furnishing. A general rule is that if it stinks, it is going to emit an odour.
3. Testing new buildings for toxins before occupancy. Failure to do so may lead to potential health problems.
4. 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.
5. Keeping air ducts clean and dry. Water in air ducts is a fertile breeding ground for fungi.
6. Servicing the air ducts periodically can help eliminate the fungi before they cause harm.
7. 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.

**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).

**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:

1. 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.

2. 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.
3. 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.
4. 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.

5. 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).
6. 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.
7. 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 healthserviceisalso in a position to organize employee hea lth surveillance programmes for the early diagnosis of disease **(**Encyclopedi a Britannica, 2009).

# CHAPTER THREE

# RESEARCH METHODS

## Introduction

This section takes a critical look at the research methods and techniques that were used to carry out this research. It comprises the research design, the population from which sample was selected, sample and sampling procedure, research instrument, validity and reliability of instrument, data collection procedure and data analysis procedure.

## Study Area

The area of study is the Tarkwa Municipal Government Hospital. The Tarkwa Municipal Government Hospital is situated in Tarkwa in the Tarkwa Naueam Municipal of the Western Region. It was established by the government as the first hospital built by the Ghanaian Government to serve the people of Tarkwa and its environs due to brisk businesses going on in the mining areas. It is a Municipal Hospital with the state-of-the-art facilities serving the health needs of the citizens of the District and those beyond. The Wassa Traditional Fiase Land cuts across two Districts, namely Wassa West Municipal and the Mpohor Wassa East District. It is bounded to the north with Pretea-Huni Valley District, the south by the Ahanta West District, the West by the Nzema East Municipal and the East by Mpohor District and Wassa East District respectively. The Municipality has a total land area of 2354 sq. km.

Tarkwa General Hospital, which is one of the oldest in the country, has never seen any major rehabilitation and lack certain vital facilities for effective

health delivery. The Health Management Team building is just completed but most of the office leak during rainstorm shows both public and private health facilities. 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 form the patient to the health professional. The hospital has twenty-two (22) departments and units performing various specific functions. This includes administration, Laboratory, Mortuary, X-ray, Maternity/Wards, Theartre, 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 respiratory infections, malaria, eye infections, ear infections, home/occupational accidents, skin disearses, gynoecia conditions, hypertension, dental cases, pregnancy and related complications. The hospital has a computerized system which supports the operation of the institution.

**Research Design**

Research design provides the glue that holds the research project together (Newman, 2003). Research design is therefore a systematic plan adopted by the

researcher to answer questions validly, objectively, accurately and economically. The research design that was used for this study is the case study research design. A case study, according to Yin (1991), is an empirical enquiry that investigates a contemporary phenomenon within its real-life context when the boundaries between phenomenon and context are not clearly evident, and in which case multiple sources of evidence are used.

Hartfield (1982) and Yin (1991), quoted by Sarantakos (1998), suggest that case study analysis is a type of research that is different from other forms of investigation and demonstrates the following distinguishing characteristics. It studies whole units in their totality and not aspects or variables of these units and employs several methods primarily to avoid or prevent errors and distortions. It often studies a single unit and perceives the respondent as an expert not just as a source of data.

This case study design was chosen because it offers the opportunity to examine the effect of occupational health and safety on healthcare delivery; identify the inadequacies in the hospital's health and safety measures; examine the roles of the employee, employers in the execution of health and safety programmes in the hospital; as well as assess the level of compliance of occupational health and safety practices by employers and employees at the Tarkwa Hospital into details and in greater depth than any other method. It creates room for using different sources of information to build a better and more extensive picture. However, the design has its own weakness as they are very hard to do, time consuming, and difficult to analyse and write up: as it is mostly

qualitative research (Shuttleworth, 2008). Finding out the occupational health and safety practices on job performance is a process and in order to have an objective analysis of the situation on the ground, I will use the case study which is suitable for practical problems and it is often thought of as being problem-centred, and small-scaled (Osei, 2008).

**Population**

The target population for the study was the entire staff of the Tarkwa Government Hospital in the Western Region totaling 225 (Tarkwa Hospital, 2016). The categories of the population include: administration, Laboratory, Mortuary, X-ray, Maternity/Wards, Theartre, 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 Tarkwa Hospital was selected for the study because the institution is a well resourced referral Hospital which has all the structures in place as per the Ghana Health Service standard and also for proximity reasons, since the area was found to be closer to the researcher.

**Sample and Sampling Procedure**

Out of the 225 staff of the Tarkwa Government Hospital, 144 staff/employees were selected to participate in the study based on the Krejcie and Morgan table for determining sample size. The categories of the population include: administration, Laboratory, Mortuary, X-ray, Maternity/Wards, Theartre, 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.

Both the stratified and the simple random sampling techniques were adopted. With regard to the stratified sampling technique, the entire hospital was segmented into two strata i.e. medical and paramedical. The medical staffs included the doctors and nurses in the theatre, surgical ward, maternity ward and medical ward, a dental unit, pediatric unit, psychiatric unit and ENT (Eye, Nose, Throat) unit. The paramedical staffs included the technicians, pharmacists/dispensers, administrators and other clerical staffs who give support to the medical staffs. They were drawn from x-ray, administration, laboratory, mortuary, pharmacy/dispensary, kitchen, and laundry, blood bank. This segmentation is necessary because of the fact that the nature of work being performed and levels of exposure to risks in these departments and units were different. With a sample size of 144 respondents; a simple random sampling method was used to select 72 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 homogeneous. The sample unit was selected by using the lottery method. “Obviously this method is more convenient and less time consuming...” (Sarantakos, 1997, p. 142). With this, the list of employees from Tarkwa Hospital served as sample frame during the lottery method. Then, the names of the workers listed in the sample frame were written on slips of paper and put into a container.

The slips of papers in the container were mixed well and then, one slip of paper was drawn one at a time from the container without looking into it. The name on the slip was recorded and thrown back into the container before the next one was picked. The process was continued until the required number of respondents was recorded. An already drawn number selected for a second or third time were ignored, that is, thrown back into the container.

**Data Collection Instrument**

Instrumentation refers to the tools or means by which investigators attempt to measure variables or items of interest in the data collection process. Instrument for data collection is a tool that is used by researcher for collection of data in social science research (Bhandarkar & Wilkinson, 2010). It is related not only to instrument design, selection, construction, and assessment, but also the conditions under which the designated instruments are administered (Hsu & Sandford, 2010). The questionnaire was the sole data collection instrument used in the study.

The questionnaire took the form of questions given to respondents to answer with the rationale of getting data on the topic under study. The questionnaires were self administered. The items in the questionnaire took two forms; open ended and close ended. The close ended items offered a set of alternative answers from which the respondents were asked to choose the one that most closely represented their view. The open ended items 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 the questionnaire allowed

respondents time to think through the questions to provide accurate answers. Reasons for the choice of the instrument were that, questionnaire is described as structured instrument for gathering data from a potentially large number of respondents, within a shorter possible time when especially the population is easily accessible (Deng, 2010; Amedahe & Gyimah, 2005).

**Validity and Reliability of Instrument**

The research instrument was subjected to a validity and reliability test. The instrument was given to an expert, my supervisor for that matter to ascertain how they met face and content validity. The suggestions as given by my supervisor were used to effect the necessary changes to improve upon the instrument. Thereafter, a pilot test of the instruments was conducted whereby the questionnaires were administered at the University of Cape Coast (UCC) Hospital in the central region of Ghana. This area was chosen for the pilot testing because of proximity reasons and the fact that, the area shares similar characteristics with that of Tarkwa Hospital in terms of the health and safety practices they encounter in their day to day operations. A convenience sampling technique was used to select 30 staff of the UCC hospital; 15 medical staff and 15 paramedical staff to constitute the respondents for the pilot study.

The data gathered were analysed and the Cronbach's alpha established for the items. The value of Cronbach's alpha of .74 for the hospital staff questionnaire was attained. According to De Vellis (1991), such a reliability coefficient is said to be respectable. Therefore, the instrument was considered reliable and appropriate to collect the relevant data to answer the questions posed.

Also Fraenkel and Wallen (2000, p. 17), posited that "For research purposes a useful rule of thumb is that reliability should be at .70 and preferably higher". With these in place, the instrument could be said to be of good quality capable of collecting useful data for the study. The queries that came out of the item analyses were catered for. The reliability of the instruments was determined using Statistical Product for Service Solutions (SPSS). All these actions were taken to ensure that the instrument would be capable of collecting quality and useful data for the study.

**Secondary Sources**

Secondary data are data collected for some other purposes, other than the research in question. Examples of sources of secondary data sources used were the 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.

**Data Collection Procedures**

In order to ensure a high return rate, the instruments were administered personally by the researcher. Before data collection, the researcher presented an introductory letter from the Head of School of Business of the University of Cape Coast. The purpose of this introductory letter was to solicit for cooperation and also to create rapport between the researcher and the respondents for the study. A

discussion was held with administration and management of the Tarkwa Government Hospital to agree on a convenient time to administer the instrument. The respondents were supervised by the researcher to complete the questionnaire.

The purpose of using questionnaire hinged on the fact that, the target group for the study was both the staff and management members who sometimes combine clinical activities with their managerial roles and therefore have little time at their disposal. The questionnaires were self-administered.

**Ethical Considerations**

Researchers need to protect their research participants, they must develop a trust with respondents; promote the integrity of research, guard against misconduct and impropriety that might reflect on their institution or organizations (Cresswell, 2009). In compliance with these requirements, the questionnaire for the study made no provision for the name of respondents. Instead, they were coded to prevent identification of information by respondents. Thus, it was ensured that all ethical issues concerning confidentially and anonymity of participants were adhered to.

**Data Processing and Analysis**

This study sought to assess the effect occupational health and safety practices at the Tarkwa Government Hospital. To answer the research questions that were formulated to guide the study, the type of statistics that were employed in the analysis of the data was the descriptive statistics. Specifically, the data were analysed through the computation of frequencies, percentages as well as mean of

means distributions. This was done with the use of computer software called Statistical Product for Service Solutions (SPSS).

# CHAPTER FOUR

# RESULTS AND DISCUSSION

## Introduction

The purpose of this study was to assess the occupational health and safety practices at the Tarkwa Government Hospital. A set of questionnaires were employed to gather the requisite data for the study. The data from the hospital employees were analyzed through the computation of frequencies, percentages as well as mean of means distributions. The descriptive statistics was employed in the data analysis. This chapter presents the discussions and inferences that were made from the output.

## Analysis of Data from Hospital Staff/Employees

Table 1 shows the characteristics of hospital staff/employees at the Tarkwa Government Hospital in the Western Region of Ghana, who served as respondents for the study.

Table 1: *Characteristics of Sampled Hospital Staff/Employees*

| Variable | Subscale | No. | **%** |
|---|---|---|---|
| Gender | Male | 60 | 41.7 |
| | Female | 84 | 58.3 |
| Age | Under 25 yrs | 43 | 30.0 |
| | 26-35 yrs | 74 | 51.7 |
| | 36- 45 yrs | 24 | 16.7 |
| | Above 45 yrs | 3 | 1.7 |
| Years of Working | Under 5 years | 53 | 36.6 |

| | | | | |
|---|---|---|---|---|
| Experience | 6-10 yrs | 43 | 30.0 | |
| | 11-15 yrs | 24 | 16.7 | |
| | 16-20 yrs | 22 | 15.0 | |
| | Above 20 yrs | 2 | | 1.7 |
| Department | X-ray | 9 | 6.0 | |
| | Administration | 11 | 8.0. | |
| | Laboratory | 14 | 9.0 | |
| | Mortuary | 6 | 4.0 | |
| | Theatre | 9 | 6.0 | |
| | Pharmacy/Dispensary | 10 | 7.0 | |
| | Kitchen | 9 | 6.0 | |
| | Laundary | 9 | 6.0 | |
| | Environmental Health Unit | 5 | 4.0 | |
| | Surgical Ward | 9 | 6.0 | |
| | Maternity Ward | 9 | 6.0 | |
| | Medical Ward | 11 | 8.0 | |
| | Blood Bank | 6 | 5.0 | |
| | Dental Unit | 10 | 7.0 | |
| | Pediatric Unit | 6 | 5.0 | |
| | Eye, Nose, Throat Unit | 10 | 7.0 | |

Source: Bamfo (2016)

From Table 1, out of the 144 hospital staff/employees who were involved in the study, (41.7%) were males, whiles (58.3%) were females. So a greater number of respondents in the study area were females. Again, with respect to the age of the respondents, (30.0%) were under 25 years, (51.7%) were between 26-35 years, (16.7%) were between 36-45 years, and (1.7%) were above 45 years. Therefore, the majority of the hospital employees were between 26-35 years. Concerning how long the staff members have been working in the hospital, (36.6%) had worked for less than 5 years, (30.0%) had worked between 6-10 years, (16.7%) had worked between 11-15 years, (15.0%) had worked between 16-20 years, and (1.7%) had worked for 20 years and above. Thus, the majority of the respondents had worked for less than 5 years in the hospital. Concerning the Department of the respondents, (6.0%) were from the X-ray department, (8.0%) were from the Administration, (9.0%) were from the laboratory department, (4.0%) were from the Mortuary department, (6.0%) were from the Theatre, (7.0%) were from the Pharmacy/Dispensary, (6.0%) were from the Kitchen, (6.0%) were from the Laundary, (4.0%) were from the Environmental Health Unit, (6.0%) were from the Surgical Ward, (6.0%) were from the Maternity Ward, (8.0%) were from the Medical Ward, (5.0%) were from the Blood Bank Unit, (7.0%) were from the Dental Unit, (5.0%) were from the Pediatric Unit, and (7.0%) were from the Eye, Nose, and Throat Unit. Therefore, the majority of the respondents were from the Laboratory Department.

Table 2 sought to find out from the respondents their understanding of occupational health and safety.

Table 2: *The Meaning of Occupational Health and Safety*

| Response | No. | % |
|---|---|---|
| Employees Welfare | 5 | 3.4 |
| Employers Welfare | 7 | 5.2 |
| Both Employees and Employers Welfare | 7 | 5.2 |
| Employees, Employers and Third Party Welfare | 125 | 86.2 |
| Total | 144 | 100.0 |

Source: Bamfo (2016)

From Table 2, it can be observed that 5 respondents representing (3.4%) indicated that occupational health and safety is welfare for employees in the hospital. Seven (7) respondents representing (5.2%) indicated that occupational health and safety is welfare for only employers. Seven (7) representing (5.2%) indicated that occupational health and safety comprises both employees and employers. It can however be observed that 125 respondents representing (86.2%) 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. In line with some of the occupational health and safety measures in place in their various departments and units, the respondents indicated; Safety training; Proper waste disposal systems; Regular monitoring on health and safety; Using protective clothing and equipment; as well

as Prompt reporting of accidents/injuries as some of the occupational health and safety measures in place in their various departments/units.

Table 3 sought to find out from the respondents how satisfied they are with the current occupational health and safety measures put in place.

Table 3: *Current Occupational Health and Safety Measures*

| Response | No. | % |
|---|---|---|
| Very Satisfied | 0 | 0.0 |
| Satisfied | 70 | 48.3 |
| Dissatisfied | 74 | 51.7 |
| Total | 144 | 100.0 |

Source: Bamfo (2016)

It is evident from Table 3 that, 70 respondents representing (48.3%) indicated that, they were satisfied with the current occupational health and safety measures in place, whereas 74 respondents with (51.7%) stated that they were dissatisfied with the current occupational health and safety measures at the hospital. The responses indicated that not much was being done about occupational health and safety.

Table 4 sought to find out from the respondents whom they thought was ultimately responsible for their health and safety at the workplace.

Table 4: *Responsibility for Occupational Health and Safety*

| Response | No. | % |
|---|---|---|
| Head of the Hospital | 50 | 34.5 |
| Yourself | 62 | 43.1 |
| Your supervisor | 22 | 15.5 |

| | | |
|---|---|---|
| Environmental Health Unit | 10 | 6.9 |
| Not Sure | 0 | 0 |
| Total | 144 | 100.0 |

Source: Bamfo (2016)

As depicted in Table 4, 50 respondents representing (34.5%) of the respondents indicated that occupational health and safety was the ultimate responsibility of the head of the hospital. On the other hand, 62 respondents representing (43.1%) indicated that occupational health and safety was more of an individual staff member's responsibility than management, supervisors or any other person, department or unit. Twenty two (22) respondents representing (15.5%) indicated that occupational health and safety was the responsibility of their supervisors, whereas 10 respondents with a percentage of (6.9%) showed that environmental health unit was responsible for their health and safety in the hospital. Therefore, it could be concluded that, the staff recognised the fact that as individuals their health and safety were in their own hands. In line with this, Downey (1995) writes that, one of the employee's basic rights under the joint responsibility model is the right to refuse unsafe work if they have "reasonable cause" to believe that the work is dangerous. If performance of a task would adversely affect health and safety, a worker cannot be disciplined for refusing to do the job.

Table 5 sought to find out from the respondents if work areas may need adequate lighting and ventilation.

Table 5: *Lighting and Ventilation*

| Response | No. | % |
|---|---|---|
| True | 0 | 0.0 |
| False | 144 | 100.0 |
| Total | 144 | 100.0 |

Source: Bamfo (2016)

From Table 5, all the 144 respondents indicated that, ventilation was as important as adequate lighting. It could 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 its adequacy.

Table 6 sought to find out if staff members were required to put on protective clothing in the performance of their duties.

Table 6: *Using of Protective Clothing*

| Response | No. | % |
|---|---|---|
| True | 144 | 100.0 |
| False | 0 | 0.0 |
| Total | 144 | 100.0 |

Source: Bamfo (2016)

All 144 respondents (100.0%) indicated that they were required to put on protective clothing in the performance of their duties. It was clear that staff members knew they were to protect themselves well whiles performing their lawful duties to avoid accidents and injuries. This finding is in congruence with the views shared by Gany and Desler (1942) that, 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, and reporting any contravention of the law of reputation.

Table 7 sought to find out from respondents if they agreed that both employers and employees had responsibilities and rights for effective occupational health and safety.

Table 7: *Responsibilities of Employers and Employees*

| Response | No. | % |
|---|---|---|
| Yes | 144 | 100.0 |
| No | 0 | 0.0 |
| Total | 144 | 100.0 |

Source: Bamfo (2016)

From Table 7 it could be realised that all the 144 respondents representing (100.0%) indicated that both employees and employers have responsibilities and rights for effective occupational health and safety. In relation to this, respondents indicated the following as responsibilities and rights of employees; wearing protective clothing and equipment; reporting any contravention of the law by management; as well as the right to refuse unsafe work. In relation to the rights and responsibilities of employers, respondents indicated; filing government accidental reports; maintaining records on health and safety issues; posting safety notices and legislative information; as well as providing education and training on health and safety. Therefore, it could be deduced that staff understood that as their employers have responsibilities so do they under occupational health and safety. This is in agreement with the views opined by Gany and Desler (1942) that, both

employees and employers are responsible for taking every reasonable precaution to ensure the health and safety of 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; and 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; and reporting any contravention of the law of reputation.

Table 8 sought to find out from respondents if they had suffered any accident or injury in the hospital since they were engaged.

Table 8: *Accidents and Injuries Suffered*

| Response | No. | % |
|---|---|---|
| Yes | 12 | 8.6 |
| No | 132 | 91.4 |
| Total | 144 | 100.0 |

Source: Bamfo (2016)

From Table 8, 12 respondents representing (8.6%) showed that since their engagement by the hospital they had suffered accidents/injuries in different forms, whereas 132 respondents representing (91.4%) stated that they had not suffered accidents or injuries. The 12 respondents who had suffered accidents/injuries stated the following as the causes of the accidents; lack of adequate training on health and safety; failure to follow instructions on the use of tools and equipment; non provision of requisite protective clothing and equipment; as well as ignorance

on health and safety matters. This view is in agreement with the views shared by Pirani and Reynolds (1976) that, accidents result from two broad causes: unsafe work condition (physical and environmental) and unsafe work behavior. In line with this, Cacio (1992) again emphasised 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 and can serve as a constant reminder to employees on the need to observe safety practices at the workplace.

Table 9 sought to find out from respondents i.e. those who indicated that they had suffered accidents/injuries, if they reported the accidents or injuries to the appropriate authorities.

Table 9: *Reporting of Accidents/Injuries*

| Response | No. | % |
|---|---|---|
| Yes | 10 | 80.0 |
| No | 2 | 20.0 |
| Total | 144 | 100.0 |

Source: Bamfo (2016)

From Table 9, 10 (80.0%) out of 12 (100.0%) respondents who indicated that they had 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; accidents cases were referred to an emergency committee; investigations were instituted; and reports were issued thereafter. Again, 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; as well as lack of training on occupational health and safety. It can therefore be concluded that, staffs know that they are suppose to report any form of accidents/injuries to the appropriate authorities in order to find solution and avoid re-occurrence.

Table 10 sought to find out from respondents, if the hospital had a safety committee.

Table 10: *Safety Committee*

| Response | No. | % |
|---|---|---|
| Yes | 0 | 0.0 |
| No | 137 | 94.8 |
| Not Sure | 7 | 5.2 |
| Total | 144 | 100.0 |

Source: Bamfo (2016)

A look at Table 10 and the figures show that none of the respondents indicated that the hospital had a safety committee, 137 respondents representing (94.8%) on the other hand showed that the hospital did not have a safety committee, whereas 7 respondents representing (5.2%) stated that they were not sure if the hospital had a safety committee. It could be concluded therefore, that the hospital did not have a safety committee. This committee when they exist will have the task of handling all health and safety issues. In relation to this, Michael (2006) opines 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. This view is collaborated by Eva and Oswald (1981) who emphasised 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.

Table 11 sought to find out from respondents how often training was organised for staff on occupational health and safety.

Table 11: *Training on Occupational Health and Safety*

| Response | No. | % |
|---|---|---|
| Quarterly | 12 | 8.6 |
| Biannually | 2 | 1.7 |
| Annually | 0 | 0 |
| No definite time fixed | 130 | 89.7 |
| Total | 144 | 100.0 |

Source: Bamfo (2016)

From Table 11, 12 respondents representing (8.6%) indicated that training was organised for them on quarterly basis, 2 respondents representing (1.7%) indicated that training was organised biannually, 130 respondents representing (89.7%) indicated that management had no definite time schedules for safety training. Respondents listed the following as health and safety issues which were discussed during safety training sessions: reports from adhoc committees for previous periods were discussed; suggestions were received from staff on occupational health and safety; and staff members who were identified to be

safety conscious were awarded. It could be concluded that though the hospital organised training on health and safety, this process was not regularised. It is imperative for staff to be aware of training schedules on health and safety and participate fully in it. In support of this finding, Turner and Lawrence (1965) stated that, training workers to avoid risk was one of the measures to overcome occupational health and hygiene problems and it is imperative for staff to be aware of training schedules on health and safety and participate fully in it. This view is corroborated by Tsui and Gomez-Mejia (1988) who emphasised 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; and showing videos, television broadcasts and internet-based resources all are means used to conduct safety training.

Table 12 sought to find out from respondents to what extent they thought that monitoring, inspection and evaluation of safety practices were prerequisites for effective occupational health and safety.

Table 12: *Monitoring, Inspection and Evaluation of Safety Practices*

| Response | No. | % |
|---|---|---|
| Strongly Agree | 144 | 100.0 |
| Agree | 0 | 0.0 |
| Disagree | 0 | 0.0 |
| Total | 144 | 100.0 |

Source: Bamfo (2016)

From Table 12, all the 144 respondents representing (100.0%) responded that they strongly agree that monitoring, inspection and evaluation of safety practices were prerequisites for effective health and safety programme. The staff members agree that there could not be effective health and safety if monitoring, inspection and evaluation were not carried out. 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, monitoring, inspection and evaluation of safety practices and posting information in visible areas also are recommended (Tsui & Gomez-Mejia, 1988).

Table 13 sought to find out from respondents how often monitoring, inspection and evaluation of safety practices were conducted.

Table 13: *Time Frame for Monitoring, Inspection and Evaluation of Safety Practices*

| Response | No. | % |
|---|---|---|
| Monthly | 10 | 6.9 |
| Quarterly | 27 | 19.0 |
| Biannually | 27 | 19.0 |
| No definite time fixed | 80 | 55.1 |
| Total | 144 | 100.0 |

Source: Bamfo (2016)

From Table 13, 10 respondents representing (6.9%) indicated that monitoring, inspection and evaluation of health and safety practices were conducted on monthly basis, 27 (19.0%) respondents indicated that these

activities were conducted quarterly and biannually respectively. However, 80 respondents representing (55.1%) indicated that there was no definite time schedule for monitoring, inspection and evaluation of health and safety practices in the hospital. They indicated that though monitoring, inspection and evaluation were carried out, they were not done on a routine basis. It is important to conduct monitoring on a routine basis so that results can be compared accurately. In support of this view Eva and Oswald (1981) emphasised that, 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. 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.

Table 14 sought to find out from respondents if they were satisfied with what management was doing currently to improve upon existing occupational health and safety at the hospital.

Table 14: *Level of Satisfaction with Health and Safety*

| Response | No. | % |
|---|---|---|
| Yes | 0 | 0.0 |
| No | 144 | 100.0 |
| Total | 144 | 100.0 |

Source: Bamfo (2016)

From Table 14, all the respondents stated that they were not satisfied with what management was doing currently to improve on occupational health and

safety. The respondents listed some of the things they thought management should do to improve upon occupational health and safety at the hospital. These include; 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; and supervision and safety management. Therefore, it could be concluded that the staff members were not satisfied with the 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.

Table 15 sought to find out from respondents to what extent they thought that the hospital should have employee assistance programmes as a necessity in preventing occupational hazards.

Table 15: *Employee Assistance Programmes*

| Response | No. | % |
|---|---|---|
| Strongly Agree | 144 | 100.0 |
| Agree | 0 | 0.0 |
| Disagree | 0 | 0.0 |
| Total | 144 | 100.0 |

Source: Bamfo (2016)

From Table 15, all the respondents (100.0%) stated that they strongly agree that employee assistance programmes were crucial in preventing occupational hazards. However, 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 legislations 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 (Quin, 1983).

Table 16 intended to find out from respondents if they do have as individual staff members or their department or unit a written occupational health and safety policy.

Table 16: *Documented Guidelines on Health and Safety*

| Response | No. | % |
|---|---|---|
| Yes | 0 | 0.0 |
| No | 144 | 144.0 |
| Total | 144 | 100.0 |

Source: (Bamfo) 2016

From Table 16, it is clear that all 144 respondents representing (100.0%) indicated that they did not as individual staff members or as department or unit have a written occupational health and safety policy of the hospital. It is obvious from the above that, the hospital had no documented policy to serve as a reference or guide on occupational health and safety.

**Analysis and Presentation of Findings from Interviews/Personal Observation**

The researcher engaged the supervisors and heads of departments/units in an interview on one on one basis and the following were revealed:

The first department examined was the administration. The administration department houses the hospital administrator, accounts 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 were exposed to sharp objects as well as other piercing objects which posed a risk to their health and safety. The hospital provided gloves for them; staff members were also provided with working or protective coats to protect their bodies from fluids which may be contaminated. Safety boxes were also provided in which sharp and piercing objects were kept to protect employees from cuts and bruises.

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

The next was the X-ray department. This is where staff members took films of suspicious parts of the human body to help Doctors/medical officers in their diagnosis. Both staff and patients were exposed to radiations which were

dangerous to their health. To ensure the health of both staff and patients, protective clothes were provided, and both the staff and patients used them.

Again, it was observed that the X-ray room was firmly sealed to protect radiation from penetrating beyond the confinement of the X-ray room to affect other staff members or even patients as well. X-ray technicians are given a special protective badge which was 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 unit was also examined. This happened to be the department where staff were likely to get infections because of the nature of their work. The staff preserved dead bodies (embalmment) most of whom died because they could not survive their sicknesses. They did this by using a chemical called formaldehyde and this chemical has a cancer-causing agent in it thereby posing great danger to staff that needed to work with it. The hospital tried to protect staff by making available plastic aprons, heavy duty boot, face masks, gloves and so on to avoid splashing 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 refused to wear safety apparels given them. This they said was because, the safety apparels available were not adequate for all of them. Some nurses also gave no reasons for not using them.

The maternity ward, where babies were delivered was another crucial department where infections could 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 in to contact with in the normal duty of delivery. To protect staff, surgical gloves, protective clothing and goggles were provided to ensure safety of health personnel, mother and baby. Clothing and other materials used were also dipped into chlorine to prevent infection.

At the maternity 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 were also provided and they were labeled red, yellow and black. Waste bins labeled red contained toxic materials, human parts, and other infectious materials. Yellow labeled waste bins contained clinical waste like syringe, cottonwool. Black-labeled waste bins contained households waste. It was revealed at the maternity that, some midwives preferred to do their work without the use of the goggles provided them because they claimed they were not comfortable working with them.

The theatre is another department in the health facility where staff were exposed to a lot of risks because of the use of sharp and piercing instruments. Staff were exposed to blood which could be contaminated thereby posing risk to them. It must be emphasized that the patient being operated on at the theatre also stood the risk of being infested if safety precautions were not adhered to strictly. To ensure the safety of staff, the hospital provided surgical gloves,

protective coats or gowns to protect their bodies from bodily fluids from patients. The entire body of the surgeons were totally covered for maximum protection. There was enough space and good lighting system put in place to ensure total performance of operations. The floors of the theatre were also regularly disinfected to prevent infections to both staff and patients. Again, safety boxes were provided to keep sharp and piercing objects in the theatre to prevent cuts and bruises to staff and patients. The patient operated upon was clothed well to secure his/her health. One safety and health measure adopted was the crosschecking of materials before and after use. With this system, surgeons counted each device used to see whether they were up to the number taken into the room before the patient was finally stitched.

Another vital department visited to examine their health and safety measures was the dispensary/pharmacy. This department was responsible for giving out drugs prescribed by doctors/medical officers and staff were exposed to the risk of inhalation of chemicals. Staff were however 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 were also given protective coats in the discharge of their duties.

The kitchen was another department the researcher examined to ascertain the health and safety measures that have been put in place to protect the workers. The staff in the kitchen faced the problem of fire outbreaks and this was a major threat to their safety. Again, bruises, burns and lacerations arising from hot water spillage were also threats to their health. An important safety precaution put in

place by the hospital authorities was the fixing of cylinders outside the kitchen to minimise the risk of fire outbreaks. Again, heavy duty fire extinguishers were provided in the kitchen to fight fire in the event of a fire outbreak. Also, there were shelves provided to keep knives and other cutting tools in the kitchen to prevent accidental cuts and bruises to staff. Cooking utensils and others were thoroughly washed and kept neat in order to provide patients on admission with healthy food that would facilitate their healing process.

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

The final department visited was the environmental health unit which was responsible for the disposal of the hospital's waste. Here, staff were charged with the responsibility of collecting all waste bins from the various departments to their final disposal point. The Hospital had three disposal units: The first unit was the incinerator where sharp objects and other instruments that were not needed were disposed off. The second unit was the placenta pit where human parts from surgeries and the maternity ward and other wards were discarded and the last unit was household waste section, where rubbish and other non-contagious waste were discarded. Staff in the department were also exposed to a

lot of risk as they also come into contact with harmful waste from all the departments. To protect staff, they were 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 were also given nose masks to prevent them from inhaling dangerous fumes from the waste that were normally burnt.

# CHAPTER FIVE

# SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

## Introduction

This chapter marks the concluding part of the study. It aims at highlighting the main findings. It also presents a summary of the research process, the conclusions and offers the implications for future research.

## Summary of the Research Process

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 organisation. Though many organisations accept this to be true, they fail to realise that as part of their human resource management practices, there is the need for management to ensure that personnel in the organisation work in safe and healthy environment that will promote their optimum utilisation. It should be emphasised that accidents are costly both to the affected worker and the organisation. 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. Therefore, this research sought to assess the occupational health and safety practices on job performance at the Tarkwa Government Hospital and to examine the departments/units of the hospital and

outline various safety hazards staff are exposed to.

In order to find answers to the research questions that were formulated to guide the study, the case study research design was employed. The study covered the entire staff of the Tarkwa Government Hospital in the Western Region of Ghana. In all, 144 hospital employees were involved in the study. The stratified and simple random sampling techniques were used to select the hospital staff/employees to serve as respondents.

The questionnaire, interview and personal observation were the instruments used in collecting data to address the research questions. A set of questionnaires consisting of both close-ended and open-ended items was used to gather the requisite data for the study. It is worthy to note that, these instruments were subjected to reliability and validity tests. The data gathered was analyzed using the computation of frequencies, percentages as well as mean of means distributions. The following are the main findings of the study.

**Key Findings**

1. Concerning the effect of occupational health and safety on healthcare delivery, it was realised that, one remarkable general safety and health precautions that has been put in place by the hospital authorities and which cut across all departments was the policy that every employee of the hospital was to report to the authorities if he or she suspected his/her health has been compromised in any way in the discharge of his/her duties for immediate action to be taken. However, most of the staff were dissatisfied with the

current occupational health and safety measures and the hospital did not have a documented manual on its occupational health and safety.

2. Also it was found out that, the current occupational health and safety policies at the hospital were not adequate. For example; workers at the mortuary had to lift up dead bodies to a considerable height before they could be placed in the morgue and there was no emergency exit to help people escape safely in case of fire outbreak. The administration block for example, had only one entrance that posed a great danger to staff in the event of fire outbreak. However, it came to bare that the rate of accidents/injury to staff in the hospital was low.
3. The findings of the study depicted that, both employers and employees had respective responsibilities and rights if occupational health and safety was to be effective. Yet, the majority of the respondents agreed that each individual was ultimately responsible for his or her health and safety. The employees indicated that, they would not compromise their lives with the jobs to be done and that, they had the right to refuse any job if they suspected that doing that particular job could cause them some havoc.
4. It was realised that, both employers and employees complied with the occupational health and safety practices laid down in the institution. This is because, the majority of the employees reported accidents/injuries to the appropriate authorities in the hospital in order to find solution and avoid re-occurrence. Management on the other hand, took decisions on the reported cases by instituting investigations about the reported cases and issuing reports

thereafter. Also, the respondents suggested that; communicable diseases that came from patients or chemicals could easily be contracted when staff failed to use proper protective tools.

**Conclusions**

The following conclusions could be drawn from the findings of the study. It came to bear that, most of the staff were dissatisfied with the current occupational health and safety measures. For example, the hospital did not have schedule in terms of specific periods for training staff on occupational health and safety. Perhaps, the hospital management did not recognize the need to have regular periods for training staff on occupational health and safety.

Also, it can be concluded that the current occupational health and safety policies at the hospital were not adequate. Perhaps, the hospital administration was not aware of the need to provided emergency exits and a jack lift t be used to send bodies up and also used to retrieve them when needed.

Again, it can be concluded that the hospital has not instituted a safety committee to be in charge of all health and safety related issues. There cannot be any effective occupational health and safety policies if both employers and employees fail to perform their respective responsibilities.

In addition, the employees stated the following: inadequate protective clothing and equipment; lack of personal consciousness to occupational health and safety rules; as well as lack of training on occupational health and safety; as some of the causes of the accidents they were involved in. This raises a lot of questions. Perhaps, hospital management are not doing enough to ensure that

employees are provided with enough protective clothing and to ensure that employees adhere to the health and safety measures put in place at the hospital.

**Recommendations**

Based on the findings and conclusions drawn from the study, the following recommendations have been made.

1. Hospital management and administration need to ensure that, proper health and safety measures is the concern of each worker in the organization and this can only be achieved when serious education and training is carried out. Also, it was found out that the hospital has no schedule periods in terms of specific periods for training, monitoring, inspection and evaluation of health and safety policies. Therefore, it is recommended that, hospital management organise regular training, workshops, monitoring, inspection and evaluation of existing health and safety measures for improvement since all staffs confirmed that this forms an integral part of any effective health and safety policy.
2. 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. It is also recommended that, hospital management provide emergency exits, jack lift to be used to send and retrieve bodies at the mortuary, and provide fire extinguishers at the hospital. 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. Visitors who come to the hospital must be made aware of the precautionary measures in order to prevent accidents and injuries.

3. Again, hospital administration should institute a safety committee which would be constituted with the task of dealing with all occupational health and safety issues for the hospital and should also have a documentary manual on its occupational health and safety. Again, it is suggested that, hospital management should encourage employees/staffs 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.
4. 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. Hospital management should provide employees with protective clothing and be made to understand that safety and health practices are the responsibility of both management and staff and this will go a long way to make the work area safe. Also, 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.

## Suggestions for Further Research

This study assessed the occupational health and safety practices at the Tarkwa Government Hospital. The study could be replicated in other regions in the country to find out what persists there. Also, future studies may consider finding out the impact of occupational health and safety practices on job performance.

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## APPENDIX

## APPENDIX A

## UNIVERSITY OF CAPE COAST

## SCHOOL OF BUSINESS AND COLLEGE OF DISTANCE EDUCATION

Questionnaire on the assessment of occupational health and safety practices on job performance at the Tarkwa Government Hospital. This questionnaire is purely for academic work. I therefore ask for your maximum co-operation and assure you that information provided here will be treated with outmost confidentiality.

## QUESTIONNAIRE

Please respond to each of the following items by ticking (√) the appropriate response box.

## SECTION A

1. What is your age group?

a) Under 25 yrs ( )

b) 26-35 yrs ( )

c) 36-45 yrs ( )

d) 46-55 yrs ( )

e) Above 56 yrs ( )

2. Gender

a) Male ( )

b) Female ( )

3. How long have you been with the hospital?

a) Under 5yrs ( )

b) 6-10 yrs ( )

c) 11-15 yrs ( )

c) 16-20 yrs ( )

d) Above 20 yrs ( )

4. Indicate the department you work

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)**

5) 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 specify……

6) 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……

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

a) Very satisfied ( )

b) Satisfied ( )

c) Dissatisfied ( )

d) Very Dissatisfied ( )

8) 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

d) Health Unit ( )

d) Not Sure ( )

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

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

a) True ( )

b) False ( )

c) Not sure ( )

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

a) True ( )

b) False ( )

c) Not Sure ( )

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

a) Yes b) No

12) 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……

13) 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 specify……

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

a) Yes

b) No

15) 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 ( )

16) If yes, did you report the accident to the appropriate authorities?

a) Yes ( )

b) No ( )

17) 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 ( )

18) 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 specify……

19) Does the hospital have a safety committee?

a) Yes ( )

b) No ( )

c) Not sure ( )

20) 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 ( )

21) 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 specify……

22) 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 ( )

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

a) Monthly ( )

b) Quarterly ( )

c) Biannually ( )

d) No definite time fixed ( )

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

a) Yes ( )

b) No ( )

25) 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 specify……..……

26) 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 ( )

27) 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 ( )

28) 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 ( )

Others, please specify……

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

a) Yes ( )

b) No ( )