

# What about my health? An assessment of how the health and safety issues of health workers are addressed

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## Abstract

Hospitals are established to attend to the health needs of people as well as to treat the injured and the sick. However, health workers are sometimes faced with occupational health and safety issues which give a bad image to the socio-economic importance of the hospitals. This study assessed how the health and safety issues of health workers in the public health facilities of Ghana are addressed. Using the experience of the Achimota Hospital, a sample of fifty-three (53) health workers were randomly selected from the laboratory department, dental department, x-ray department and the various wards. The study observed that chemicals, noise, heat, communicable disease and patient aggression are the safety and hazardous issues entangling health workers and must be looked at carefully. The study also observed that the measures adopted by management in addressing the safety concerns of the workers are the provision of safety materials, the establishment of a compensation strategy, the formulation of a safety policy, and organization of training programs and durbars. The study concluded by making recommendations to management, health workers, patients and the government on how the health facilities can be made safe to protect the life of the workers and clients.

**Keywords:** Health and safety, health workers, public health facility, health and safety policy

## 1.0 Introduction

The right to life is the most fundamental right of every individual irrespective of their gender, race, place of work and socio-economic status. However, most organizations appear to pay lackadaisical attitude towards the health and safety needs of their workers which results in various workplaces injuries and fatalities. The ILO (2013) reports that each year workplaces claim more than 2.3 million lives out of which 350,000 are fatal accidents and close to 2 million are work-related diseases. In addition, 313 million accidents occur on the job annually; many of these resulting in extended absences from work. Similarly, every 15 seconds, a worker dies from a work-related accident or disease and 160 workers have a work-related accident. As a result of the increased rate of industrialization, a larger percentage of the Ghanaian workforce is being exposed to workplace physical, chemical, and biological stressors (Anan, 2010). In view of this the Ghana Labour Act 2003, Act 651 requires employers in Ghana to ensure that their employees are not exposed to work related injuries.

Workplace related health impairment like injuries or illness cause greater human suffering and incurs high cost both for employees affected and for the society as a whole. In most organizations, occupational health and safety is seen as an important corporate goal like quality, customer satisfaction, productivity growth and profitability. Occupational injuries alone account for more than 10 million Disability Adjusted Life Years (DALY) lost or healthy years of life lost whether to disability or premature death and 8% of unintentional injuries worldwide (Disease Control Priorities Project (DCPP), 2007).

In Ghana there are regulations that promote occupational health and safety such as Labour Act 651 of 2003, the 1992 constitution, Workmen's Compensation Law 1987, and the Factories, Offices and Shops Act 1970, Act 328 which tend to concentrate mainly on manufacturing and construction industries. However occupational health and safety is not only an issue for the manufacturing and construction industries but also an issue of great concern for the health sector. Although hospitals are established to attend to the health needs of people as well as to treat the injured and the sick, it is faced with occupational health and safety issues given a bad image to the socio-economic importance of the hospitals. For instance the recent outbreak of Ebola in West Africa has brought out the various risk factors and exposure associated with healthcare workers; currently 450 health workers have been infected with Ebola Virus, out of this number 244 deaths have been recorded in affected West African countries as of the 23 October 2014 (WHO, 2014).

Presently, there appear to be more literature on occupational health and safety concerns within the manufacturing and informal sectors in Ghana (Kheni et al, 2008; Danso, 2010; Ametepeh, 2011). For instance the study by Kheni et al (2008) focused on the health and safety practices of construction small and medium-sized enterprises (SMEs) in Ghana, Danso (2010) assessed health and safety issues relating to casual workers on a building construction sites in Ghana whereas the study by Ametepeh (2011) concentrated on the occupational health and safety of informal service sector in the Sekondi- Takoradi Metropolitan Area. Similarly, the study of Eyayo

(2014) evaluated Occupational Health Hazards among Oil Industry Workers within Nigeria. Although the health sector plays a very significant role in promoting the well-being of people in any given country, their safety concerns within the health industry has received little attention by researchers. It is against this background that this study seeks to identify how the health and safety issues of the health workers are addressed. The objective of this study is to determine how occupational health and safety issues are managed.

This study has been organized into five sections. Section one gives a background of the study. Section two reviews literature on occupational health and safety issues. Section three dwells on the collection and analysis of data. The findings and discussion is presented in section four. The recommendations and conclusion are summarized in section five.

## **2.0 literature review**

### **Conceptualization occupational health and safety**

The goal of all occupational health and safety programs is to foster a safe environment (Ametepheh, 2011). The World Health Organization (1948) defines health as the complete physical, mental and social wellbeing and not merely the absence of disease and infirmity. By physical, it includes the location of the person as well as the state of the environment of the individual. Danso (2010) also defines health as a sound state of the body and mind of people from illness resulting from the materials, processes or procedures used in the workplace, while safety is the protection of the people from physical injury. Thus occupational health and safety can be seen to concern the physical and mental well-being of the individual at the workplace (Danso, 2010). Similarly, Hughes & Ferret (2008) also defines health as a sound state of the body and mind of people from illness resulting from the materials, processes or procedures used in the workplace, while safety is the protection of the people from physical injury. According to Ametepheh (2011) anytime health is addressed, so is safety because a healthy workplace is also a safe workplace.

World health organization (2010) defines a healthy workplace as one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of workers. The above can be sustained at the workplace by considered the following. Firstly, the health and safety concerns in the physical environment should be assessed. Also, the health, safety and well- being concerns in the psychological work, environment which include the organization of work and workplace hazards should also be assessed. Thirdly, every organization should have personal health resources in the workplace. Furthermore, other ways of participating in the community to improve the health of workers, their families and other members of the community should be taken into consideration.

### **2.1 Occupational risks and hazards in the hospitals**

Organizations are faced with an unlimited number of health hazards caused by unsafe working conditions such as slippery floors, weak machinery, and excessive exposure to gas, dust, chemicals and other toxic substances.

According to Mock et al, (1999) occupational hazards can be classified into the following;

Physical hazards include noise, vibration, fire, poor, sanitation radiation and extreme temperatures. Biological hazards may also include bacteria, viruses, infectious waste and infections whereas Psychological hazards may result from stress and strain.

Finally, hazards associated with the non- application of ergonomic principles, for example badly designed machinery, mechanical devices and tools used by workers, improper seating capacity and work station design, or poorly designed work practices.

#### ***Poor sanitation***

According to Mirza (2010), hospital's current sanitation condition is a major issue today to which some people may not be aware. A research conducted by the Sanjay Gandhi postgraduate institute of medical science revealed that only fifteen percent of biomedical waste is hazardous (Kumara et al, 2013). Hazardous waste needs to be segregated at the source of generation. The World Health Organization (2013) defines sanitation as the provision of facilities and services for the safe disposal of human urine and feces. Inadequate sanitation is a major cause of disease world-wide and improving sanitation is known to have a significant beneficial impact on health both in households and across communities. In favorable circumstances, work contributes to good health and economic achievements. However, the work environment exposes many workers to health hazards that contribute to injuries, respiratory diseases, cancer, musculoskeletal disorders, reproductive disorders, cardiovascular diseases,

mental and neurological illnesses, eye damage and hearing loss, as well as to communicable diseases. Sanitation is a serious issue that is affecting most parts of the world especially the developing countries. The importance of the isolation of waste lies in an effort to prevent diseases which can be transmitted through human waste, which afflicts both developed countries as well as developing countries. A study conducted by the water and sanitation program by the World Bank in 2010 revealed that Ghana loses 420 million Ghana Cedis yearly due to poor sanitation (Ghana news agency 2013).

### ***Psycho-social hazards***

The lack of adequate security in jobs and the presence of criminal elements also decrease the sense of physical security felt by workers (Johnston et al, 2009). This is because some working conditions do not only have physical effect on workers but there are psychological repercussion too which usually result in social and mental problems. Work which are done in a repetitive nature and requires constant concentration or work that are carried out at irregular working hours can have adverse psychological effect on workers. This also causes fatigue, stress and general loss of interest in work (Ametepeh, 2011). Psycho-social hazards at the workplace may include, bullying which may be either verbal or emotional abuse. Social condition of work such as gender distribution and segregation of jobs and equality in the workplace, and relationships between managers and employees, raise concerns about stress in the workplace (Hospitals and Occupational Health in the European Union, 2010). Many service and public employees experience social pressure from customers, clients or the public, which can increase the psychological workload.

### ***Chemicals***

Chemicals used in hospitals contribute to poor air quality and has been implicated in the increase of worker respiratory ailment such as asthma and Reactive Airway Dysfunction Syndromes (RADS). Delozos (2007) identifies that exposure to and contact with cleaning chemicals can also cause eye, nose and throat irritation, skin rashes, headaches, dizziness and nausea. Also disinfectants used in hospitals such as quaternary ammonium compounds, phenols, and bleach are registered with the Environmental Protection Agency (EPA) as pesticides. The health effects from long term exposure to quaternary ammonium compounds include occupational asthma and hypersensitivity syndrome (Health Care without Harm, 2009).

### ***Ergonomic Hazards***

Niu (2010) identify ergonomics as fitting the job to the worker as compared to the more usual practice of obliging the worker to fit the job. Thus, the aim of ergonomics is to optimize the comfort of the worker, health, safety and efficiency of the employee. An ergonomic hazard refers to workplace conditions that pose the risk of injury. Ergonomic hazards include repetitive and forceful movement, vibration, temperature extremes and upward postures that arise from improper work methods and improperly designed work stations or place, tools and equipment. Margottini (2007) states that about thirty percent of the workforce in developed countries and between fifty percent and seventy percent in the developing countries are exposed to a heavy physical workload or ergonomically poor working conditions, involving much lifting and moving of heavy items, or repetitive manual tasks. Repetitive tasks and the static muscular load are also common among many industrial and service occupations and can lead to injuries and musculoskeletal disorders. In most developing countries such disorders are the main cause of both short term and permanent work disability and lead to economic losses amounting to as much as five percent of the Gross National Income.

### ***Needle pricks***

According to Canadian center for occupational health and safety (2014), needle stick injuries are wounds caused by needles that accidentally puncture the skin. Needle sticks injuries are hazards for the health workers who work with hypodermic syringes and other needle equipment.

These injuries can occur at any time when health workers use, disassemble, or dispose off the needles. When these needles are not properly disposed, they become concealed in the linen or garbage. This can injure other workers who encounter them unexpectedly. The Canadian Center for Occupational Health and safety (2005) also stated that needle stick injuries transmit infectious diseases, especially blood-borne viruses. These diseases include Acquired Immune Deficiency Syndrome (AIDS), Hepatitis B, and Hepatitis

## 2.2 Provisions relevant to Occupational health and safety legislation in Ghana

### Workmen's Compensation Law 1987, PNDC LAW 187

The workmen's compensation Act 1987 applies to employees employed by the Republic as well as private persons except in the case of persons in the Armed Forces. Section 2 to section 8 of the Act outlines the compensation strategies liable for an employer in the event of workplaces related injuries sustained by an employee in the cause of discharging their duties.

For instance section 2 (1) indicates that where an employee sustains personal injury by accident arising out of, and in the course of employment, the employer is liable, subject to this Act, to pay compensation in accordance with this Act. With reference to section 2 (5) the employer is not liable to pay compensation in respect of an injury to an employee resulting from an accident which is attributable to the employee having been under the influence of drink or drugs at the time of the accident.

### Labour Act, 2003

The occupational health, safety and environment conditions are outlined in the part XV of the Labour Act 2003. According to section 118(1)(1) of the Act it is the duty of an employer to ensure that every worker employed by him or her works under satisfactory, safe and healthy conditions. The employer also has the duty to provide and maintain at the workplace, plant and system of work that are safe and without risk to health. The employer must also ensure the safety and absence of risks to health in connection with use, handling, storage and transport of articles and substances. The provision of the necessary information, instructions, training and supervision regarding to the age, literacy level and other circumstances of the worker to ensure, so far as is reasonably practicable, the health and safety at work of those other workers engaged on the particular work is the responsibility of the employer.

Section 118(2)(d) states that employers must take steps to prevent contamination of the workplaces by, and protect the workers from, toxic gases, noxious substances, vapors, dust, fumes, mists and other substances or materials likely to cause risk to safety or health. The provision and maintenance of safety appliances, fire-fighting equipment and protective material at no cost to the employee is enshrined in the section 118(2)(e).

Similarly, it is the obligation of every worker to use the safety appliances, firefighting equipment and personal protective equipment provided by the employer in compliance with the employer's instructions as stipulated by section 118(3) of the Act. However, section 118(4) indicated that an employer shall not be liable for injury suffered by a worker who contravenes subsection (3) where the injury is caused solely by noncompliance by the worker.

### The 1992 Constitution

Section 12(2) of the 1992 constitution states that "Every person in Ghana, whatever their race, place of origin, political opinion, colour, religion, creed or gender shall be entitled to the fundamental human rights and freedoms of the individual contained in this Chapter but subject to respect for the rights and freedoms of others and for the public interest". Chapter 6 of the constitution also outlines the directive principles of state policy. As stipulated by Section 35 (4) "*the state shall cultivate among all Ghanaians respect for the fundamental human right and freedoms and the dignity of the human person*". Section 36 (10) also indicates that "*the state shall safeguard the health, safety and welfare of all persons in employment, and establish the basis for the full deployment of the creative potential of all Ghanaians*".

### Factories, Offices and Shops Act 1970, Act 328

The Factories, Offices and Shops Act of 1970, (Act 328) was enacted in 1970 to reduce the risk of injury and safeguard the health conditions of all employees. The Act indicates clearly what should be done in the event of an accident. Section 14 to section 24 states clearly the conditions under which factories, offices and shops should be kept in order to prevent workplace related injuries. For instance section 14 (1) indicates that no room comprised in or constituting a factory, office or shop shall, while work is carried on therein, be so overcrowded as to cause risk of injury to the health of persons working therein. In determining whether any such room is overcrowded or not, account shall be taken not only of the number of persons who may be expected to be working in the room at any time but also of the space in the room occupied by furniture, furnishings, fittings,

machinery, plant, equipment and appliances. Section 25 mandates employers to provide protective clothing and appliances for their employees whereas section 26 to 28 admonishes employers to reduce as far as possible the level of noise, vibrations and the lifting of excessive weight. The provision of first aid box is all encourage under section 28 to section states clearly what is expected. For instance, section 10 (1) (a and b) indicates that where an accident in any factory, office or shop causes a disability of an individual for more than three days from earning full wages at work at which he was employed, then the occupier shall forthwith send written notice of the accident, in the prescribed particulars, to the Chief Inspector or the inspector for the district. Similarly, the section 78 outlines the duties of persons employed in a factory, office or shop. Section 78 (2) indicates that no person employed in any premises to which any provision of this Act applies shall willfully and without reasonable cause do anything likely to endanger himself or any other person.

### **2.3 Overview of the health sector in Ghana**

According to Ghana investment Promotion Center (2013), the health sector comprises all firms directly involved in the production and promotion of health care. These include all firms both public and private operating in the health market and are involved in the manufacturing of health products, provision of health care, enhancing services and generation of knowledge in support of health. The structure of Ghana's health industry consists of; Health services, Communicable disease control, Non communicable disease control, Reproductive and sexual health, Nutrition, Accident and emergency services, Clinical care, Traditional and alternative medicine practices and Rehabilitation

The overall aim of the health sector is to promote healthy lifestyles and reduce risk factors that arise from environmental, economic, social and behavioral causes. In the government's quest to promote the health of its citizens, all regional capitals and most districts have hospitals, polyclinics and clinics. There are also two teaching hospitals in Accra and Kumasi with facilities for the treatment of special cases.

Additionally, there are a number of religious organizations and private medical practitioners that operates hospitals and clinics all over the country. There are also herbal medicines and psychic healing being practiced and a special government herbal medicine hospital and resource centre at Akwapim-Mampong Ghana Investment Promotion Center (2013).The role of this industry in wealth creation and employment is highly enormous. In Ghana, majority of the labor force is engaged in the Health sector. For this reason, there is the need for a substantial occupational and safety measures to be instituted in this sector.

### **3.0 Methodology**

This paper sought to identify how the safety concerns of the health workers within the public health facilities of Ghana are addressed. The study was carried out within the Greater Accra Health Directorate of Ghana specifically the Achimota Hospital. The Achimota Hospital is 78-bed hospital which was established in 1927 by the Achimota School Authorities. However, in 1973 due to the increasing nature of the surrounding community the Ministry of Health took it over and converted it as a hospital for the community. The Hospital has fifteen departments with a 120 permanent staff (Half year report, 2012). The study was an exploratory research which used the qualitative approach. Fifty-three (53) health workers were selected using the random sampling approach from the Environmental Department, Laundry, Transport, the Catering unit, the laboratory, the Dental and X-ray department, Out Patient Department (O.P.D) and Reproductive Child Health unit (RCH). In total the study had 7 respondents from the Environmental, Catering and Laundry Unit, 10 respondents from the X-ray, Laboratory and Dental unit and 36 respondents from the various wards, Out Patients Department and the Reproductive Child Health Unit. The above categories of workers were selected because they were considered to be more prone to a number of occupational hazards. The study made use of questionnaires for the data collection. The responses from the administered questionnaires were closely examined and coding schemes was prepared to facilitate the analysis of the data.

### **4.0 Findings and discussion**

#### ***Bio data of respondents***

The age distribution of the health workers at the Achimota hospital was concentrated between the ages of 21 years to 60 years. None of the health workers were either under the age of 20 years or above 60years. 38 of the respondent representing 71.4% were between the ages of 21 years to 40 years while 15 respondents representing 26.8% were between the ages of 40 years to 60 years. Also 2 out of the 53 respondents have been working for



less than 2 years. 4 of the respondents have also been working for 1 year. 19 of the respondents have also been working between 2 to 6 years. And finally 5 of the 53 respondents have been working for more than 11 years. Based on the information given by the respondent, the study deduced that majority of the respondent have at least tertiary education. 6 of the 53 respondents have secondary education, 30 of the respondents also have tertiary education, whilst the remaining 17 have professional education.

### ***Knowledge and awareness of health and safety concept***

The study revealed that all the respondents had a fair understanding of the occupational health and safety concept. To the respondents workplace related hazards refers to injuries and diseases that one acquires at the workplace, whereas the concept of health and safety is the identification of safety and hazardous issues within the various departments and protecting one's self from these hazards.

### ***Safety issues at the hospital***

The respondents were asked whether they had been confronted with any health related injuries in the course of their duties. 34 out of the 53 respondents representing 64.2% of the respondents interviewed stated that they had been confronted with workplace hazards. This was as a result of the chemical, dust, heat and other health related issues that confronted them at their department. 14 out of the 53 respondents also stated that they had never been confronted with any health and safety issues at their various departments. Some of the reasons given by these respondents were that they always adhered to the health and safety policies at the workplace. They also ensured that the used protective materials. 5 out of the 53 respondents representing 9.4% of the respondents were unsure as to the actual cause of their health related issues. The safety issues confronted by the respondents within their various departments were noise, radiation, communicable disease, slippery floors, patient aggression, fire explosion, electrical shocks and needle pricks. 13 of the respondents chose noise as a health and safety issue that confronts them at their department, radiation was stated by 6 of the respondents, 3 of the respondents cited vibration as the hazardous issue which confronts them. Dust was also stated by 14 of the respondents, 20 out of the 53 respondents indicated chemicals, communicable diseases was indicated by 17 of the respondents, 7 of the respondents identified slippery whereas 2 of the respondents indicated fire explosion. Patient's aggression was also indicated by 23 of the respondents whilst needle pricks and electric shock was cited by 2 of the respondents.

### **Measures in addressing health and safety issues**

#### ***Establishment of a health and safety policy***

The main objective of the study was to determine how health and safety concerns of the health workers are managed at the hospital. It was evident from the findings that management had established health and safety policy at the hospital. Further investigations revealed that notice board, staff hand book, staff orientation and durbars were the medium through which they were made aware of the health and safety policy. According to the respondents the safety policy was aimed at protecting the workers at the hospital against workplace hazards. Despite the existence of this safety policy 10 of the respondents indicated they were not aware of its existence whilst 5 of the of the respondents were indifferent about the existence of the health and safety policy. Thus, the unawareness of some of the respondents on the health and safety policy could be attributed to their own attitudes of not participating in functions such as durbars and staff orientation which appears to be the medium through which the health and safety policy of the hospital is made aware to the staff.

#### ***Provision of protective materials***

It was also evident from the findings that management made available protective materials to the health workers although some respondents claimed management did not respond quickly to their request for protective materials. These protective materials included medical gloves, utility gloves, laboratory coats, aprons, hair nets, and detergents (Carbolic soap, sanitizers, chlorine). It was observed that the workers also undertake proper hand washing. Management had made provision for the placement of buckets and bowls with soaps and detergent at vantage points to ensure that workers are able to wash their hands as often as they want to.

#### ***Training programs***

Another measure adopted by management in addressing the safety concerns of its staff was through the organization of durbars and staff orientations to educate the workers on how to protect them against workplace

related injuries. These programs were organized to provide the workers with the needed skill on how to protect themselves at their various departments. Thus, workers who failed to attend such programs had limited knowledge on the OSH policies that existed at the hospital.

### ***Establishment of a compensation strategy***

Upon further investigation, the study revealed that management gave out compensation to workers who were faced with health and safety issues. The compensation given to health workers who were confronted with workplace related injuries were in the form of counseling and medical treatment as stated by some of the respondents. 47.2% of the respondents indicated that they were not given any compensation. However, it was revealed that these respondents were not given the compensation because they did not report to management when they were faced with safety issues. 24.5% of the respondents indicated they did not report because they were uncertain whether the hazards they faced were as a result of the work they do or their personal attitudes. Furthermore, such respondents were also not sure whether management was given out compensation to the workers in the events of health and safety issues.

### **Awareness and implementation of Health and safety policy**

#### ***Awareness of health and safety policy***

Similarly, it appeared the respondents who were aware of the health and safety policies were those respondents who had been working in the hospital for more than two years. This proved that the duration of service had an effect on the attitude of the respondents towards protecting themselves from workplace hazards. Further investigation proved that the female respondents were more aware of the safety policy at the hospital. This was so because the respondents for this study were predominately from the female dominating department of the hospital.

#### ***Ratings of the performance of management in implementing the safety policy***

The respondents were further asked to rate the performance of management with respect to the implementation of the safety policy. 75% of the respondents stated that management was enforcing the implementation of the health and safety policy at the hospital. Although 25% some of the respondents thought otherwise. They stated that management was not enforcing the health and safety policy because of the failure of management to sanction health workers who failed to adhere to safety precautions. This could be cited as a reason why some of the respondents failed to use protective materials. 60% of the respondent rated management as being slightly effective in the implementation of the health and safety policies. This rating included the respondents who were not aware about the existence of the health and safety policy. This was the reason they rated managements as being slightly effective in the implementation of the health and safety policies. However, 40% of the respondent also rated management as being highly effective in the implementation of the health and safety policy. Furthermore, some of the respondents stated that management did not respond promptly to their request for safety materials upon demand.

### **Discussion**

The Government of Alberta (2008) identifies that employers have the obligation to ensure that all their employees are protected from health and safety risks arising out of their work activities. This implies they have to: Provide and maintain safe systems of work, make arrangements for ensuring the safe use, handling, storage and transport of equipment or substances Provide necessary information, instruction, training and supervision. Thus from the literature review it can be observed managements has some obligations when it comes to protection of the health and safety of its workers. This assertion by Government of Alberta (2008) supports the effort made by management of the Hospital in addressing the safety concerns of its workers. Although management has established a health and safety policy as a measure in addressing the safety concerns of its staff. It appears the establishment of the policy is not enough is enhancing the safety of these staff. Similarly, the compensation strategy of the health facility in the form of free medical care and counseling services appears inadequate.

Nevertheless, the protection of employees against workplace related injuries is not the sole responsibility of employers. Employers also have a role to play when it comes to protecting themselves against workplace hazards. The roles of employers need to be complemented by employees. Specifically, they are supposed to work

in a safe manner, be safety conscious on their jobs and co-operate with their employers in the health and safety measures they put in place. They must also work safely to protect themselves and others from injury (Government of Alberta, 2008; Labour Act, 2003; Factories, Offices and Shops Act 1970, Act 328). Doan (2001), states that occupational health and safety of employees and visitors to workplace is important issue for both the employer and the employee. It is the duty of the employer to provide the employees with protective materials. However the employee also has the duty to work safely to protect themselves and others from injury. Workers can only protect themselves and others from work related injuries only if they have some basic level of education.

All employees share equal responsibility and so must obey all health and safety procedures, including correctly wearing all personal protective equipment provided. They should also know emergency procedures, the location of the first aid kit and report any workplace hazards to employers (Health and Safety Orientation Guide for employers, 2011). This explains why some of the respondents stated it was their responsibility to abide by the health and safety rules. Furthermore, the Canadian center for occupational health and safety (2014) indicates that needle stick injuries are wounds caused by needles that accidentally puncture the skin. Needle sticks injuries are hazards for the health workers who work with hypodermic syringes and other needle equipment. These injuries can occur at any time when health workers use, disassemble, or dispose off the needles. From the findings it appeared the health workers were very careful in handling needles at their various departments.

Hospitals also make use of a lot of chemicals and disinfectants such as quaternary ammonium compounds, bleach and phenol. These chemicals and disinfectants have the potential of causing poor air quality and respiratory ailment like asthma. Exposure to and contacts with these cleaning chemicals can cause eye, nose and throat irritation (Delezos, 2007). The handling and storage of chemicals within the hospital especially the chemicals used for cleaning could be attributed for the frequency of headaches, flu and sore throat which was cited by some of the respondents as the workplace related hazards they faced within their department. This could be attributed to the improper handling or storage of these chemical used for cleaning.

From the literature review, it is evident that the chemical used within hospitals contributes to poor air quality and has been implicated in the increase of worker respiratory ailment such as asthma and Reactive Airway Dysfunction Syndromes (RADS) exposure to and contact with cleaning chemicals can also cause eye, nose and throat irritation, skin rashes, headaches, dizziness, nausea and sensitization. Also disinfectants used in hospitals such as quaternary ammonium compounds, phenols, and bleach are registered with the Environmental Protection Agency (EPA) as pesticides. The health effects from long term exposure to quaternary ammonium compounds include occupational asthma and hypersensitivity syndrome (Health Care without Harm, 2009). Thus, it is imperative for the management of the health institutions to ensure that these chemicals are handled and stored properly which will help in the reduction of the frequency of headache, flu, sore throat and other related hazards from the use of these chemicals.

## **5.0 Conclusion and recommendation**

### **Conclusion**

From the findings it was evident that management was committed in ensuring the safety of the health workers by formulating a safety policy, establishing a compensation strategy, providing protective materials and the organization of training programs and durbars. Despite this effort, some of the staff were either ill informed or appeared not committed towards this measure. The study therefore concludes that information regarding the safety policy and compensation strategy within the hospital will be made known to these staff if they endeavor to attend the various durbars, staff orientations and training programs organized by management. Similarly, the failure of some of the healthcare workers to report workplace related injuries could be as a result of the inadequate compensation strategy. Furthermore, the failure of management to administer sanctions to workers who refuse to use protective materials could be cited as a reason why some health works failed to use protective materials. However, this study was limited to one public health facility within the greater Accra Region in Ghana. Similarly, the respondents of this study were limited to the health workers, the view of management was not considered. Thus findings cannot be generalized across the entire country. Future researchers may focus on other health facilities within other regions in Ghana to access how the health and safety issues confronting them are addressed.



## **Recommendations**

### ***Role of management***

Management has role to play in ensuring the safety of its employees. It is the duty of management to strictly implement health and safety policies. Workers who fail to use protective material must be punished or sanctioned. Also, there must be a periodic maintenance of the machines and equipment at the hospital. This will ensure that faulty machines and equipment are detected early. This will prevent electrical shocks and other dangers posed by faulty machines. Similarly, the compensation strategy should be revised.

### ***Role of healthcare workers***

Healthcare workers also have the responsibility of protecting themselves at their various departments. They must adhere to all safety protocols and procedures at their department. Also, they must report any faulty tool or equipment to the appropriate supervisor. Similarly, health workers must be encouraged to report any health related injuries they encounter to their appropriate supervisor. It is their duty to attend all seminars and other programs organized by the hospital. This durbars and orientation will empower the workers on how to effectively protect them from workplace related issues. Management has done their best by providing the workers with protective materials as well as safety policies. It is therefore the duty of the health workers to also protect them at the workplace by abiding by the safety policies. Thus, whether management administers punishment to workers who fail to use protective materials or not, the workers must ensure that they use protective materials all the time.

### ***Role of patients or visitors***

Patients attend hospitals to receive treatment. Patient come to the hospital will different kinds of diseases and infections. It is therefore the responsibility of these patients to abide by the safety protocols at the hospital. For instance, patients are not to spit at the hospital premises. This is because they may infect other patients or the healthcare workers.

### ***Inter departmental collaboration***

Occupational health and safety involves a co-operative effort; it is therefore the duty of the various departments to contribute their quota in ensuring that the safety of their fellow colleagues is protected. Workers must be concerned with the safety of the all the workers at the hospital. They must encourage their fellow colleagues to use protective materials. They must also admonish them to attend programs organized by the hospital. Similarly, they must encourage them to report any workplace related injuries to their appropriate supervisors.

### ***Role of government***

The government can help minimize workplace hazards by strengthen occupational health and safety institutions. Although Ghana currently does not have a national health and safety policy, there are other regulations such as the workman's' compensation Act, the labor Act, the 1992 constitution and Offices and Shops Act 1970, Act 328 which seeks to protect the safety of workers. It is therefore imperative for the government to strengthen institutions responsible for protecting the safety of employees with the necessary financial, personnel and organizational resources to enable them undertake regular monitoring and evaluation of the activities health institutions.

Similarly, the government can set up a health and safety institution with the mandate of visiting healthcare facilities periodically. This will enable them determine whether or not these facilities are abiding by the health and safety protocols stipulated by the Ghana Health Service. Furthermore, there should be a clear decentralization of OHS institutions across all regions and districts. They will constantly monitor the healthcare facilities in their catchment area to ensure that they are abiding by the health and safety regulations.

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