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EXAMINING THE STANDARD OF ORGANIZATIONAL ROLES ON SAFETY OF EMPLOYEES: A STUDY OF POTISKUM GENERAL HOSPITAL

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ABSTRACT
The study examines the standard of organizational roles on safety of employees in generl Hospital potiskum, by ensuring a policy implementation or review, availability of PPE and monitoring of the regularities the questionnaire is designed in conjunction with five likertscales and were distributed to the employees according to their various units in the hospital which comprises of both organizations and employees a total of 400 respondents were sampled for the study while 384 respondents were returned and used for the analysis through simple statistics found that the standard of organizational roles played on safety of employees in Hospital is well done.

Keywords: *OSH-Organizational Safety and Health, PPE-Personal Protective Equipment, Safety, Organization, Health, Occupation*

Introduction
According to Idoro (2008) the OSH Bill of 2012 in Nigeria is designed to ensure a safe working environment in all sectors both the formal and informal sectors; the National Council for Occupational Safety and Health is empowered to oversee the Bill. In a study conducted by the National Institute for Occupational Safety and Health (NIOSH), only 8% of the 3686

hospitals surveyed met all of NIOSH's basic components of an effective occupational safety and health program for hospital employees (Lin & Cohen, 1984).This study has its base from crosscheck the performance of this institution to find out the level of advancement reached so far.

Literature review

The organizational culture, principles, methods, and tools for creating safety are the same, regardless of the population whose safety is the focus (Joint Commission, 2012). These six elements that can be adapted and implemented to fit the needs of workplaces of all different types and sizes, including hospitals, as demonstrated throughout this road map. Your hospital has likely put many of these processes and procedures in place already, as part of efforts to use high reliability concepts to improve patient care, (Joint Commission Standard, 2012). Management leadership means that top administrators and the entire hospital's management team are fully committed to improving workplace safety and health performance, Make safety and health performance a top organizational value and Provide sufficient resources to implement the safety and health management system with Visibly demonstrating and communicating their safety and health commitment to employees and others, (Montagne et al. 2004).

Occupational Health and Safety Legislation in Nigeria

Nigeria as a member of the United Nations has adopted the conventions and recommendations of the International Labour Organization. In addition to the ILO laws, Nigeria has her own labour law as spelt out in the laws of the Federation of Nigeria (2004). In the Labour Act Cap L1 under Nigeria laws, the Minister of Labour has powers to make regulations for health, safety and welfare of the worker in the workplace. The Factories' act of 2004, the Workmen's compensation act of 1987 and the labour safety, health and welfare bill of 2012 are important documents aimed at protecting the health and safety of the Nigerian worker. In addition to these, the Federal Ministry of Labour and Productivity and the Nigerian Institute of Safety Professionals also have oversight functions of employers' duties,

i. **Provision of a safe workplace**

   One of the requirements by law from the employer of labour in an organisation is to provide a safe place for employees to work.

Unfortunately, cases abound in the Niger Delta where employees are kidnapped, held and killed all in the name of employment. Newspapers reported a series of attacks and rape against female doctors at the Lagos University Teaching Hospital (LUTH) that triggered a strike action by the doctors asking for better protection in 2008 (Ale, 2012; Ogundimu, 2012).

Regardless of gender, profession or work experience, adverse events is a life altering experience for health care staff, leaving a permanent imprint of the individual. As said by Don Berwick, former administrator for the Centre for Medicare and Medicaid Services.

- ''Health care workers who get wrapped up in error and injury.
- Almost all someday will, get seriously hurt too. And if we're really
- Healers, then we have a job of healing them too. That's part of the
- Job. Is not an elective issue, it's an ethical issue'. (Denham,2007).

When managers demonstrate this type of leadership and back it up with meaningful action, significant improvements in an organization's safety and health performance will follow. This includes reductions in overall injury, illness, and fatality rates, as well as other indicators of safety and health performance. Management leadership is important due to strong, visible, and sincere management that is critical to an effective safety and health management system. In an evaluation involving over 270 safety and health experts, management leadership and employee involvement consistently ranked as the two most important elements of a safety and health management system. Research shows that initiatives aimed at increasing management involvement can lead to measurable and dramatic improvements in safety and health activities overall. Management commitment almost always leads to better worker safety and health, less hazardous working conditions, lower workers' compensation and other insurance costs, improved productivity and efficiency, enhanced employee morale, and reduced turnover, (OSHA, 1998).

Community Health Extension Workers bring basic health services 'to the doorstep' in remote communities. (Garbam, 2005).

The magnet hospital model has provided evidence that organizational attributes and an environment that maximizes use of clinicians' knowledge and skills to provide patient care can indeed positively impact patient outcomes.

There are Organizational and environmental factors that affect worker health and safety of patient outcomes Tammy L et al (2002).

Management leadership starts the organization on the path to superior safety and health performance and reinforces all the other core elements. This leadership helps set the stage for the establishment of a strong safety and health culture in the organization. Without strong commitment from top management, it is unlikely that other system elements can operate effectively. For example, employees are unlikely to fully participate in a system or embrace their safety and health responsibilities when management leadership is lacking. In fact, the lack of support from management often signals to employees that the organization is not serious about the initiative. This can discourage employees from participating,(Braun, 2007).The management leadership core element reflects OSHA's position that responsibility for protecting employee safety and health rests squarely with the employer. This position is consistent with the Occupational Safety and Health Act and with the business principle that management controls the resources of time, budget, and personnel necessary to accomplish organizational goals. When it comes to meeting the organization's safety and health goals management commitment is essential, (Boden et al, 1984).

Management involves policy for effective management leadership and it begins by adopting safety and health as a primary business objective. Having status within the organization is equal to productivity, profitability, service quality, and patient satisfaction. Doing so requires management to recognize and acknowledge the value of a safe and healthful workplace, and the costs of one that is not safe or healthful. Management's commitment is often communicated and documented in a formal safety and health policy. An overall safety and health policy can contain broad goals, such as implementing a safety and health management system, maintaining compliance, and achieving continuous improvement in safety and health performance. These broad goals then guide the development of more specific goals and objectives as hazards are identified and priorities for action are established. Management should avoid setting specific goals until a hazard assessment is complete. Often, underlying issues or problems that have remained undetected are uncovered through this process. Problems, or potential problems, that were not readily apparent may come to light through a systematic approach, (Huang,et al(2006).

Successful leadership goes with Management, managers demonstrate their commitment to improved safety and health, communicates this commitment, and document safety and health performance. They make safety and health a top priority, establish goals and objectives to provide adequate resources and support, and set a good example. Also employee participationwith their distinct knowledge of the workplace, ideally are involved in all aspects of the program. They are encouraged to communicate openly with management and report safety and health concerns hazard identification and assessment processes and procedures are in place to continually identify workplace hazards and evaluate risks. There is an initial assessment of hazards and controls and regular re assessments (OSHA, 1998).

In an organization with multiple layers of management, top management also demonstrates its commitment by holding middle managers, supervisors, and employees accountable for the implementation and success of the safety and health management system. This ensures their active involvement and encourages them to become creative safety and health problem solvers (Scott, et al 2004). To lead by example, a manager needs to know the safety and health operating procedures and practices that employees must follow and understand why they are important. He or she also needs to follow any safety and health practices and procedures that employees are expected to follow. For instance, employees tend to take notice when management wears hearing protection even during a brief walkthrough of a high-noise area, such as the hospital laundry or utility room. When managers fail to follow safety and health procedures, the credibility of the entire safety and health management system can be damaged,(Scott et al. 2004).Managers demonstrate their commitment by clearly communicating to each employee how he or she is expected to contribute to the safety and health management system and why that contribution is important. An effective system holds managers and employees accountable for implementing their assigned duties and responsibilities, often through formal performance evaluations (Scott, et al 2004).

Managers demonstrate leadership by conducting safety rounds and asking individual workers if they have any safety concerns or issues by following proper hand washing procedures and other standard precautions. Lead investigations of any incidents. Approve purchases or expenditures that will improve safety, and communicate the reasons for doing so. Walk around the hospital and stop to compliment employees who are following safe procedures, such as using patient

lifting equipment. Keep employees from taking dangerous shortcuts, such as failing to use standard precautions to prevent blood borne pathogen exposure. Halt work immediately to investigate or correct a serious hazard. Conduct housekeeping inspections of work areas. Ask workers informally about their safety and health concerns. Involve contractor and temporary workers in all aspects of the safety and health management system. Respond in person to employees' concerns. Provide access to occupational health services for any workplace-related injuries and illnesses, including infections.

Also As a result, associates describe their management team as "open and approachable" and the working atmosphere they have created as "family-like." Safety managers often struggle to calculate or explain the "return on investment" of a safety improvement. This can sometimes inhibit good ideas from being brought forward for consideration. At St. Vincent's Medical Center in Bridgeport, Connecticut, senior executives have an enlightened view of ROI. They emphasize evidence-based decisions (Has another hospital used it? Was it successful?), but when it comes to safety, they trust their safety staff and workforce to make sound recommendations, (Zohar D. et al, 2000). Researchers have found a direct organizational culture–performance link. According to Siehl and Martin, (1990), a ''strong'' organizational culture is one where espoused values are consistent with behaviour and where employees share the same view of the firm. Conversely, a weak culture results when people at all levels of the hierarchy fail to share the values espoused by management. The challenge facing organizations is to discover how to displace existing cultural patterns where they lack an appropriate concern with safety, and to replace them with new, self-perpetuating elements, which show a greater degree of care. While there are many potential external influences that make it difficult to define a ''strong'' safety culture across settings, there are many features that safety cultures from successful organizations have in common. In order to cultivate a strong safety culture, several measures can be taken (Pidgeon, 1991).

Methods and materials

STUDY INSTRUMENTS

A self-structured questionnaire containing closed ended questions was administered to the study subjects to respond with the aid of trained research assistants.

RESULT AND DISCUSSION

SAMPLING TECHNIQUE

This sampling technique will be appropriate for this study since that there are days for ante-natal.

Where, n = estimated sample size $n = \frac{z^2 p(1-p)}{d^2}$

P = sample proportion (the proportion of the sample that is assumed to be using Family planning = 50% or 0.5)
d = precision margin of error of the population use (5%)
Z = level of confidence that the chosen sample will be representative of the population (95%)
The assumption that 50% or 0.5 of the sample are using family planning among women attending ante-natal clinic at General Hospital Potiskum.

$$n = \frac{1.96^2 \times 0.5\ (1 - 0.5)}{0.05^2}$$

$$n = \frac{3.8416 \times 0.5 \times 0.5}{0.0025}$$

$$n = \frac{0.9604}{0.0025}$$

n= 384.16
therefore
n = 384

STUDY INSTRUMENTS

Age of the respondents based on their frequency and percentage of hospital workers in Potiskum

	AGE	Frequency	Per cent
	20-25 Yrs.	34	8.9
	26-30Yrs	260	67.7
	30Yrs and Above	90	23.4
	Total	384	100.0

It shows that workers between the age of 26-30 years are 260 or 67.7 per cent followed by 30yrs and above with 90 or 23.4 per cent then lastly 20-25yrs are 34 or 8.9 per cent.

The table contains gender of the respondents based on their frequency and percentage of the workers in Potiskum hospital workers

GENDER		Frequency	Per cent
	MALE	218	56.8
	FEMALE	166	43.2
	Total	384	100.0

It shows that are 218 or 56.8 per cent. But female are 166 or 43.2 per cent.

Marital status of Potiskum hospital workers

MARITAL STATUS		Frequency	Per cent
	MARRIED	347	90.4
	SINGLE	23	6.0
	WIDOW	7	1.8
	DIVORCE	7	1.8
	Total	384	100.0

The result shows that 347 which are 90.4 per cent are married and 23 or 6.0 per cent are single but widow and divorce both are 7 or 1.8 per cent.

The level of education of Potiskum general hospital workers

Level of Education		Frequency	Per cent
	DIPLOMA	246	64.1
	HND	22	5.7
	BSC	7	1.8
	DR	4	1.0
	OTHERS	105	27.3
	Total	384	100.0

The finding shows that 246 or 64.1 per cent are diploma, 22 or 5.7 are hnd,7 or 5.7per cent are bsc,4 or 1.0 per cent are DR and 105 or 27.3 per cent are others

Table 4.5: Ranks of the Potiskum hospital workers

Rank		Frequency	Per cent
	CLEANER	104	27.1
	HOSPITAL ASSISTANT	135	35.2
	NURSE	112	29.2
	DOCTOR	5	1.3
	ADMINISTRATOR	21	5.5
	OTHERS	7	1.8
	Total	384	100.0

It shows that hospital assistance are 135 or 35.5 percent, nurses are 112 or 29.2 percent, cleaners are 104 or 27.1 percent while administrators are

21 or 5.5 percent and doctors are e or 1.3 percent then others are 7 or 1.8 percent

Analysis and result

How does the organization play standard roles on workers safety in hospitals?

Responses of respondents on organizational roles on workers safety in Potiskum Local government area general hospital

SN	ITEMS	Mean	SD	Decision
1	Hospital organization implements a written policy supporting and mandating the safety and health management system.	3.70	0.80	Agreed
2	Hospital management defines effective worker health and safety goals and expectations for health program.	3.36	0.60	Agreed
3	Top hospital management assigns responsibility and accountability for the implementation and maintenance of health program.	2.87	1.40	Agreed
4	Hospital management effectively communicates its worker health and safety goals and expectations to all those working for or on behalf of the organization.	3.20	1.03	Agreed
5	Everyone in the hospital knows who has been assigned responsibility for the program.	2.88	1.16	Agreed
6	Hospital management allocates appropriate resources (funds and time) to accomplish goals and manage the health program.	2.90	1.29	Agreed
7	Hospital management routinely demonstrates visible commitment to the health program.	2.48	1.47	Disagreed
8	The organization allocates resources to the processes of implementation,	2.55	1.19	Agreed

	evaluation and regular review of the policy.			
9	Staffs are aware of the health promotion policy and it is included in induction programs for new Staff.	2.61	1.20	Agreed
10	The organization ensures the availability of procedures for collection and evaluation of data in order to monitor the quality of health promotion activities.	2.81	1.44	Agreed
11	The organization ensures that staffs have relevant competences to perform health promotion activities and supports the acquisition of further competences as required.	2.83	1.34	Agreed
12	The organization ensures the availability of the necessary infrastructure, including resources, equipment, etc. in order to implement health promotion activities.	2.77	1.40	Agreed
13	The organization ensures the establishment and implementation of a comprehensive Human Resource Strategy that includes the development and training of staff in health promotion skills.	2.37	1.62	Disagreed
14	The organization ensures the establishment and implementation of a policy for a healthy and safe workplace providing occupational health for staff.	2.77	1.28	Agreed
15	The organization ensures that health promotion services are coherent with current provisions and health plans.	2.88	1.41	Agreed
Cumulative Mean		**2.86**		

Decision Mean= 2.50

Table 4.6 above shows the response of respondents on examining the standard of organizational roles on safety of employees in General Hospital Potiskum. it was observe that majority of the respondents are in

agreement with the roles played by the organization on safety of workers while the rest of respondents are in dis agreement with the roles played by the organizations on safety of the workers this is because the cumulative mean 2.86 is greater than the decision mean 2.50

CONCLUTION

In view of the findings of this study, it is found that organizations are playing their roles in safety of employee and some roles that are played to improve the safety of workers in hospital settings such as leadership management and organizational culture were observed accurately

RECOMMENDATIONS

In the light of the finding of this research, the following recommendations are made:

1. Organizational roles should be clearly written and updated
2. Workers should be given room for self-safety measures
3. Safety culture should be improve in a hospital

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