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**COLLEGE OF HEALTH SCIENCES**

**FACULTY OF ALLIED HEALTH SCIENCE**

**DEPARTMENT OF NURSING**

**DIPLOMA PROGRAMMES**



**KNOWLEDGE, PERCEPTION AND ATTITUDE ON WORK-RELATED RISKS  
AND HAZARDS AMONG STAFF NURSES AT BEREKUM HOLY FAMILY  
HOSPITAL.**

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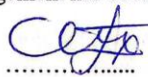
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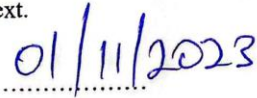
**2023**

**DECLARATION**

We hereby declare that this submission is our own work towards the Diploma in General Nursing and that, to the best of our knowledge, it contains no material previously published by another person nor material which has been accepted for the award of diploma of the University, except where due acknowledgement has been made in the text.

ADU PATRICK JOSEPH





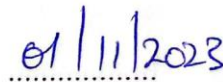
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## **ABSTRACT**

The study focused on the knowledge, perception and attitude on work-related risks and hazards among staff nurses at Berekum Holy Family Hospital. A cross sectional descriptive study was used to collect in-depth information for the study. The sample population was obtained using a convenience sampling technique. A total of 60 nurses were sampled for the study. The data for the study was collected by administering the questionnaire to the participants.

The study found that, 40.0% of the respondents also said occupational hazard is a risk or threat that has the potential to cause harm or damage. Majority (83.3%) of the respondents indicated they have received training of occupational hazards and safety practices before. Most (68.3%) of the respondents perceived moderate susceptibility to circulatory abnormalities due to standing for long periods of time. Half (50.0%) of the respondents perceived low susceptibility to exposure to radiation due to radioisotopes and x-rays.

The study recommended that Management of the Hospital must train healthcare workers on Occupational Health and Safety practices. Matron and ward in charges must also make sure that each shift is covered by enough nurses to prevent excessive fatigue among nurses and midwives.

The study concluded that respondents had very good knowledge on occupational hazards. The overall perception of respondents on work-related risks and hazards was good. Their perceived susceptibility to needle prick injuries and direct contact with patients' fluid were high. The respondents had good attitude towards work-related risks and hazards.

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## **ABBREVIATION**

PPE	Personal Protective Equipment
HCWs	Healthcare Workers
ILO	International Labour Organization
OHS	Occupational Health and Safety
WHO	World Health Organization
STF	Slips, Trips and Falls

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## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.0 Background of the study**

Globally, healthcare workers constitute 12% of the world populace. Currently, over 59 million people are engaged as healthcare workers worldwide. The healthcare industry is one of the biggest employing force of this generation (Obono et al., 2019).

Hazards are an inherent property of a substance, agent, source of energy or situation that has the potential of causing undesirable consequences while risk is the probability that damage to 'life, health, and or the environment' may occur from a hazard (Aluko et al., 2019). In this regard,

work-related or occupational injury is any personal harm, damage to any part of the body or disease or death which results from an external source such as occupational accidents, an occupational injury is therefore distinct from occupational disease, which is a disease contracted as a result of an exposure over a period of time to risk factors arising from work activity (Rai et al., 2021).

The main objective of occupational health and safety is to promote and maintain the highest degree of physical, mental and social wellbeing of workers in all occupations and the good adaptation of work to man and of each man is to his job (Clari et al., 2019).

There are 270 million occupational accidents and 160 million occupational diseases each year (Yesilgul et al., 2018). Protecting the safety of health care workers at the workplace is necessary in order to have well-trained and health professionals. Ignoring or overlooking the safe measures of the workplace causes healthcare workers attrition in many countries especially developing Countries (Hanvold et al., 2019). As Kofi Annan (Former UN secretary general) says, "having a safety and a good working environment is not only a basic human right but also a sound economic policy." Policy makers, health administrators believe that healthcare workers are immune to injuries or diseases which make them ignore or not adhered to the universal precaution procedures. This perception contributes to healthcare workers not seeking, implementing and adhering to universal precaution measures.

Nursing may be an extraordinarily unsafe occupation, nurses and health care givers are on the cutting edge of various work related hazard and are most helpless to occupational health hazard within the work place (Rai et al., 2021). In the nursing field, the type of risks experienced are varied. Other risks are new, mostly as a result of the fast progression within the health care field in recent times. Nurses given patient health care in workplace that are considered to be one of the most risky settings (Shamkh et al., 2022).

There are varieties of risk factors of occupational injuries such as blood pathogens from body fluids from patients, needle stick pricks, sharp cuts, slips, trips, violence from patients and relatives at the hospital. These hazards or injuries are classified into biological hazards (been exposed to body fluids of patients) these hazards make healthcare workers prone to infectious diseases such as TB, hepatitis, HIV/AIDS, SARS, Ebola. Chemical hazards such as glutaraldehyde, ethylene oxide. Physical hazards such as noise, slips, trips, falls. Ergonomic hazards such as heavy lifting. Psychosocial hazards such as shift work, stress. Finally, fire and explosion hazards. The use of oxygen, alcohols and sanitizing gels (Bello et al., 2021).

Needle stick or sharp injuries has been found to be the most frequent injury among HCWs. most in various studies both local and internationally (Denge & Rakhudu, 2022). The hepatitis B, C and HIV are the most common blood borne infections among healthcare workers (Amare, AlOtaibi, & Herzallah, 2021) acquired by healthcare workers through needle stick and sharp injuries. WHO statistics states that global burden of disease from sharps injuries to healthcare workers was shown to be 37% of the hepatitis B among health care workers was the result of occupational exposure ,whiles less than 10% of the HIV among health workers is the result of an exposure at work, needle stick injuries, the cause of 95% of the HIV occupational seroconversions are avoidable with practical, low cost procedures (World Health Organization, 2018).

The factors that contribute to occupational injuries and illnesses in healthcare facilities include lack of awareness by HCWs, lack of adequate protective aids and equipment, inadequate number of staff in the different sections of the facility, excessive workload, failure to observe basic safety and hygiene guidelines and inadequate operational knowledge of modern healthcare equipment (Hanvold et al., 2019).

A study in Botswana to determine incidence of occupational slips, trips and falls (STF) amongst health care workers in Limpopo Province of South Africa discovered that out of the 686 cases of occupational injuries reported to the Compensation Commissioner for the years reviewed, there were 139 cases, resulting in a prevalence of 20.3% (Manyele, Ngonyani, H., & Eliakimu, 2020). The consequences of occupational illnesses and injuries include physical, economic and psychological damages to the HCWs. In Nigeria, HCWs (medical doctors, nurses and nursing assistants) are poorly prepared to handle occupational hazards and therefore sustain injuries/illnesses while performing their duties (Aluko et al., 2019).

A study done in a Nigerian tertiary hospital among the healthcare workers in assessing the prevalence and types of workplace violence revealed that: 88.1% of the participants have had experienced workplace violence with more than half of 54.4% of all violent incidents happening in the wards. Verbal abuse (85.4%) was the most experienced, while sexual harassment was the least with 4.5%. Approximately one quarter (25.1%) of all the participants had been physically assaulted in the preceding year. Patients and their relations were the main culprits of physical assault and threats. The main workplace bullies were the senior colleagues (Ogbonnaya, 2019). The International Labour Organization (ILO) mandates the establishment of occupational health and safety (OHS) policies to be implemented at both the governmental and enterprises' levels ((Bonsu, Adei, & Agyemang-Duah, 2020). In compliance with the global directives, OHS policy exists in Ghana through an Act of Parliament (Ghana labour Act), Act 651 of 2003, to protect the health and safety of employees. The widespread implementation of the general principles, by various work settings however, underscores profession specific appraisal (Bonsu et al., 2020). Notwithstanding, adherence to fundamental guidelines of OHS has been found to be effective in curtailing occupational illnesses, injuries and hazards among healthcare workers (Amare et al., 2021). However, several barriers abound as potential barriers against the effective practice of

OHS across organizations which include lack of its knowledge, low motivation, poor attitude, and limited staff resources (Bonsu, Adei, & Agyemang-Duah, 2020).

Poor knowledge, perception and bad attitude to occupational health is associated with high occurrence of occupational injuries which contribute to low productivity of workers, absenteeism, high economic loss and high prevalence rate of occupational infectious and noninfectious diseases. Therefore, this current study will seek to find out the knowledge, perception and attitude on work-related risks and hazards among staff nurses at Berekum Holy Family Hospital.

### **1.1 Problem statement**

Numerous occupational hazards abound in healthcare facilities that have been consider as hazardous and high risk workplaces (Hanvold, et al., 2019). Healthcare workers in health facilities are exposed to so many occupational hazards that some of them are not aware of and so are vulnerable to occupational injuries and illnesses (Obono et al.,2019).

There has been a neglect of occupational health and safety for a very long time especially in the developing countries such as Ghana. Many governments, organizations, policy makers, managers and administrators do not show any commitment and lacks interest investing in this sector (Amare et al., 2021). The health sector has been one of the organizations that needs to adhere to occupational health and safety principles and measures to promote safety at work (Obono et al., 2019).

Globally, there is a burden of infectious disease which health workers contribute to the increase rate of risks due to the daily exposure to blood pathogens through needle stick injuries, cuts, sharps and body fluids of patients. This increase their susceptibility to infectious diseases like hepatitis B & C, HIV and others (World Health Organization, 2018).

Transportation of patients from one department to other department, lifting of objects and instruments, positions of delivering services, post-surgical patients are risk factors for musculoskeletal disorders (Aluko, et al., 2019).

There is underreporting of occupational injuries in the various working sectors, the health sector is no exception. In the health sectors, there is limited information or records of injuries which makes it difficult in the statistical analysis of injuries. Therefore, as students of Holy Family Nursing and Midwifery, this research is being conducted to delve on the knowledge, perception and attitude on work related risks and hazards among staff nurses at Berekum Holy Family Hospital.

## **1.2 General objective**

To find out the knowledge, perception and attitude on work-related risks and hazards among staff nurses at Berekum Holy Family Hospital.

## **1.3 Specific objective**

1. To determine the knowledge on work-related risks and hazards among staff nurses at Berekum Holy Family Hospital.
2. To ascertain the perception of work-related risks and hazards among staff nurses at Berekum Holy Family Hospital.
3. To assess the attitude of staff nurses at Berekum Holy Family Hospital towards workrelated risks and hazards.

## **1.4 Operational definition of terms**

**Occupational Hazard:** is defined as the “potential risk to the health of a person emerging from an unhealthy environment” which is a significant public health issue.

**Occupational Injury:** is any personal injury, disease or death resulting from an occupational accident.

**Occupational disease:** is a disease which is contracted as a result of an exposure over a period of time to risk factors arising from work activity.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

According to the WHO, all workers have the right to healthy and safe work and to a work environment that enables them to live a socially and economically productive life. Occupational safety and health (OSH) is generally defined as the science of the anticipation, recognition, evaluation and control of hazards arising in or from the workplace that could impair the health and well-being of workers, taking into account the possible impact on the surrounding communities and the general environment (World Health Organization, 2018).

#### **2.1 Types of Occupational Injuries**

Occupational injuries are classified into fatal and non-fatal depending on the severity, type and effect on the healthcare worker. Many agents can cause these injuries, these are: Physical agents, Chemical agents, Biological agents, Mechanical agents and Psychosocial stress (Cui, 2021).

### **2.1.1 Physical Hazard Injuries**

Physical Hazards is defined as "A factor within the environment that can harm the body without necessarily touching it. Examples are vibration, noise and slips which happens when a person's foot loses traction with the ground surface while trips occur when a person unexpectedly catches their foot on an object or surface. Falls may result from a slip or trip but many occur during falls from low heights or into a hole, ditch or body of water (Cui, 2021). Heat - Heat hyperpyrexia, heat exhaustion, heat syncope, and heat cramps, burns, prickly heat Cold - Frost bite, light – Occupational Cataract, Atmospheric-Pressure-Caisson disease, air embolism, explosion. Noise: Noisy equipment found in the laundry can cause occupational deafness among the workers. Radiation – causes diseases like Cancer, Leukemia, aplastic anemia, Pancytopenia Electricity - Electrical hazards including electric shock, electrocutions fires, and explosions (Cui, 2021).

### **2.1.2 Chemical Hazards**

Hazardous chemicals in the workplace are defined as substances, mixtures and materials that can be classified according to their health and physicochemical risks and dangers. Health hazards include skin irritants, carcinogens or respiratory sensitizers that have an adverse effect on a worker's health as a result of direct contact with or exposure to the chemical, usually through inhalation, skin contact or ingestion. Physicochemical hazards generally result from a substance's physical and chemical properties, as is the case with flammable, corrosive, oxidising or explosive substances. The routes of entry are inhalation, ingestion and skin absorption (Cui, 2021).

### **2.1.3. Biological Agents**

Globally, it is projected that around 320 000 workers die each year from transmissible diseases caused by work-related exposures to biological hazards (ALHazim, Al-Otaibi, & Herzallah, 2022).

Biological hazards are organic substances that pose a threat to the health of humans and other living organisms. Biological hazards include pathogenic micro-organisms, viruses, toxins (from biological sources), spores, fungi and bio-active substances. Biological hazards also involve biological vectors or transmitters of disease (Cui, 2021).

#### **2.1.4 Ergonomics-Adjustment of Man and Machine**

An ergonomic hazard is a physical factor within the environment that harms the musculoskeletal system. Ergonomic hazards include themes such as repetitive movement, manual handling, workplace or task design, uncomfortable workstation height and poor body positioning.

Ergonomics is the study of how a workplace, the equipment used there and the work environment itself can best be designed for comfort, efficiency, safety and productivity (Cui, 2021).

#### **2.1.5 Psychosocial Stress**

Psychosocial stress is experienced as a result of our social interaction with others and developing a sense of identity. It also offers opportunities for people to improve and practice their skills, to form social relationships, and find their self-worth. These are situations in which work can have adverse consequences for health and wellbeing. Risks to psychological health at work may result from organisational or personal factors, with the major factors being poor design of work place, poor communicational skills and interpersonal relationships and fatigue (Cui, 2021).

### **2.2 Knowledge on Work-Related Risks and Hazards**

A cross-sectional study was conducted among healthcare workers (HCWs') in Dammam Medical Complex Saudi Arabia. The aim of the study was to investigate HCWs' knowledge regarding ergonomics in a large governmental healthcare facility. The participants were interviewed to

complete a validated four-section questionnaire (demographic data, knowledge, attitudes, and practice information related to ergonomics). The questionnaire was newly self-developed based on a literature review and was pilot tested after development. A total of 273 HCWs from the Dammam Medical Complex participated in this study. Their average knowledge score regarding ergonomics was 2.6, or “fair to good.” This study showed that the majority of the participants had fair knowledge and good attitudes toward ergonomics at work while practicing. However, the practice of ergonomics at work was not implemented (ALHazim et al., 2022).

An institution-based cross-sectional study was conducted at Mekelle University, Ethiopia. The study aimed to assess exposure to occupational health hazards among nursing and midwifery students during clinical practice. A simple random sampling method was employed to select the intended study subjects. A total of 151 students had participated with a response rate of 100%. After data collection, the response was coded and entered into a computer using SPSS version 22 to process and analyze the data. The study found that most of the respondent’s 87 (57.6%) said that they know needle prick, blood flash, and skin cut can cause an occupational hazard. Majority (80 (53%)) had mixed (mass media, nursing school, journal, and books) sources of information about occupational hazards. Regarding the knowledge of occupational hazards in the clinical area as a whole 46 (29.8%) had good knowledge and 57 (37.7%) of them had poor knowledge. the study concluded that majority of the students have poor knowledge concerning occupational hazards. To build a skilled nurse and midwife, it is mandatory to train all students before clinical practice about safe work practices and proper use of personal protective equipment (Amare et al., 2021).

A descriptive cross-sectional design was used to conduct a study in Nigeria among healthcare workers on knowledge regarding occupational hazards and safety practices. Stratified sampling

technique was used to identify 290 respondents. The study showed that 167 respondents (57.6%) had high knowledge while 123 (42.4%) respondents had low knowledge on occupational hazards and safety in the workplace. The results showed that most respondents (89 %) were knowledgeable about hazards in HCFs, identified recapping used needles as a risky practice (70 %) and recognized that effective hand washing prior to, and after every clinical procedure in preventing cross infection (100%). Most respondents (99.7%) were aware about occupational hazards and respectively recognized physical (82 %), chemical (81.7 %), biological (72.4 %), mechanical (63.8 %) and ergonomic (33.8%) hazards. Also, most respondents (289, 99.7%) were aware of safety precautions against occupational hazards. Furthermore, most (58%, 253) respondents acquired knowledge on occupational hazards through professional training while only 6 % respondents acquired it through pre-employment orientation on work ethics (Aluko et al., 2019).

A descriptive cross- sectional design and stratified sampling technique was utilized to conduct a study in Lagos, Nigeria. A structured questionnaire was used for data collection. The objective of this study was to assess the knowledge and perception of healthcare workers on the occupational hazards in their workplaces and to identify their attitudes and safety practices towards protecting themselves from these hazards. The results of the study indicated that the knowledge of occupational hazards among Healthcare Workers is generally high. 97.1% of respondents agreed that physical hazards are present at their workplace. 88% recognized chemical hazards while 82% recognized biological hazards while 80% recognized psychological hazards. Almost all respondents (97.9%) agree that they can contract infectious diseases like Tuberculosis, hepatitis B, Tetanus, HIV/AIDS, Lassa fever, etc while working in the hospital. About 90% of respondents admitted that stress is part of the hazards a worker is exposed to in the hospital.

Most healthcare workers (about 80%) agreed that verbal and physical assaults are hazards that they are exposed to as workers in health facilities (Obono et al., 2019).

On attitude to safety, most Healthcare Workers (93.6%) admitted that they wash their hands before carrying out any job and after completing the job. 90% of respondents put on personal protective equipment (PPE) before carrying out their job. About 78% of respondents agreed they will read operating manuals of any medical equipment properly before operating the machine to reduce the hazard that may come with use of the equipment. Response to the question on whether they consider their working environment as conducive, only of respondents answered yes.

Majority perceive that their present nonconductive working environment may pre-dispose them to occupational hazards. Most of the Healthcare Workers (98.6%) perceive that contact with patient's specimens of blood/body fluids are potential sources of occupational infection and diseases. The result shows that most rooms & wards in the hospital are cleared with disinfectants on a daily basis as confirmed by 77.1% of respondents. About 80% of respondents did not agree that the employer or Management of the hospital makes provision of regular health screening of workers and there are barely measures in place to give immediate treatment to injured workers so as to ensure the availability of a healthy workforce (Obono et al., 2019).

A cross sectional survey was conducted among practicing physiotherapists within the southern sector of Ghana. The aim of the study was to determined the knowledge, perceptions, attitude and practice of occupational hazards and safety among physiotherapists. The participants were sampled purposively from the various centres. A total of 128 physiotherapists were required to take part in the study. Data were analysed with IBM-SPSS version 20. The study found that high proportions of the physiotherapists demonstrated adequate specific knowledge on physical hazards (89.3%) and ergonomic hazards (91.3%). Forty-Four participants (42.7%), cited the likely source

of occupational hazards as body contact, 36 (35.0%) reported air borne infection, and 22 (31.4%) alluded to bloody fluid as hazards (Bello, et al., 2021).

### **2.3 Perception of Work-Related Risks and Hazards**

A descriptive research model was carried out in a large state Hospital situated in Nicosia Cyprus, and its sample was 246 nurses. The study was conducted to determine hospital nurses' knowledge levels and perceptions regarding occupational risks. The study found that 81.7% of the nurses had received training about occupational risks. Circulatory abnormalities due to standing for long periods of time (74.0%), Injury from sharp objects such as needles (70%), Spinal cord injuries while giving care to patients (67.1%), Exposure to radiation due to radioisotopes and x-rays (57.7%) and Slipping and falling on slippery floors (39.4%) were perceived as high risk by most respondents among the various occupational risks (Yesilgul et al., 2018).

A descriptive cross-sectional design was used to conduct a study in Nigeria among healthcare workers on attitude towards occupational hazards and safety practices. Stratified sampling technique was used to identify 290 respondents. The study showed that 279 (96.2%) respondents believed that they are at risk of exposure to occupational hazards in the hospital, and about twothird (174 respondents) perceived the risk of exposure to be high while 31.7 % and 8.6 % considered the risk as medium and low, respectively. The staff perceived susceptibility from needle prick injuries (94.5%), direct contact with patients' fluid (92.4%) and assaults from patients (77.2%) as major hazards, while routine night shifts (59.3%) and body contact with patients having HIV (52.1%) were least considered as hazards. Also, more than two-third respondents (67.2%) perceived their vulnerability to occupational hazards to be high while 95 (32.8 %) felt that their work practices do not compromise their health, sufficiently ((Aluko et al., 2019).

A cross sectional survey was conducted among practicing physiotherapists within the southern sector of Ghana. The aim of the study was to determine the knowledge, perceptions, attitude and practice of occupational hazards and safety among physiotherapists. The participants were sampled purposively from the various centres. A total of 128 physiotherapists were required to take part in the study. Data were analysed with IBM-SPSS version 20. The study found that ninety six (93.2%) perceived that they were at risk of occupational hazard out of which 75 (72.8%) physiotherapists rated their perception as moderate. Incident of slips and falls, 92 (89.3%); overhead activities, 80 (77.7%); poor lighting, 83 (80.6%); body contact with retroviral patients 82 (79.6%), were identified as some of the perceived risks of occupational hazards in their practice setting (Bello et al., 2021).

An exploratory, descriptive, qualitative research design was used to undertake a study in Distobotla public hospitals. The study aimed to explore and describe perceptions of nurses on occupational health hazards and safety practices. A total of 15 nurses of different categories participated in the study that formed four focus group discussions. The study revealed that nurses are exposed to occupational diseases, which are illnesses developed from exposure to biological hazards such as bacterial infections that causes tetanus, tuberculosis, gonorrhoea and virus (hepatitis, HIV, COVID-19), physical and mechanical hazards risks such as sharp injuries, fall, cuts, abrasions and muscular and skeletal disorders (MSDs) and psychosocial factors that are present in the work environment or are encountered in the course of their employment. The study concluded that nurses' perceived different occupational hazards that affect their normal duties and responsibility in the workplace (Denge & Rakhudu, 2022).

The participants showed adequate attitude towards the adoption of OHS into their practice. Whilst 102 (99.0%) believed that prevention of occupational hazards is a joint responsibility of the

hospital management and the staff, only few 12 (11.7%), believed that paying extra attention to occupational hazard is an unnecessary burden on them. In addition, 101(98.1%) agreed that exposure and control policies should be regularly reviewed by the hospital management, and 78 (75.8%) agreed that punitive actions should be taken against violators of safety practices. In addition, very few participants 2 (1.9%) disagreed that prolonged standing should be avoided by all health workers (Bello et al., 2021).

#### **2.4 Attitude Towards Work-Related Risks and Hazards**

A descriptive cross-sectional design was used to conduct a study in Nigeria among healthcare workers on attitude towards occupational hazards and safety practices. Stratified sampling technique was used to identify 290 respondents. In the study, 288 (99.4%) respondents believed that occupational hazards should be prioritized and promptly considered as part of conducive work provisions in healthcare facilities and 285 (98.3%) believed that prevention and control of hazards in the healthcare facilities should be a shared responsibility between the hospital management and staff. In addition, 287 (99%) perceived staff training and provision of protective equipment as mandatory to reduce their risk of exposure to occupational hazard while 287 (99%) emphasized reporting and documentation of all exposures to occupational hazards by appropriate authorities. Also, 234 (81%) respondents believed that strict punitive sanctions should be measured out on staff members that violate safety practices in the healthcare facility to deter others. On composite attitude index, our study showed that 232 respondents, constituting 80 % had positive attitude in contrast to 20% that had negative attitude towards occupational hazards and preventive safety practices (Aluko et al., 2019).

A descriptive cross- sectional design and stratified sampling technique was utilized to conduct a study in Lagos, Nigeria. A structured questionnaire was used for data collection. The objective of

this study was to assess the knowledge and perception of healthcare workers on the occupational hazards in their workplaces and to identify their attitudes and safety practices towards protecting themselves from these hazards. On attitude to safety, most Healthcare Workers (93.6%) admitted that they wash their hands before carrying out any job and after completing the job. 90% of respondents put on personal protective equipment (PPE) before carrying out their job. About 78% of respondents agreed they will read operating manuals of any medical equipment properly before operating the machine to reduce the hazard that may come with use of the equipment. Response to the question on whether they consider their working environment as conducive, only of respondents answered yes. Majority perceive that their present nonconductive working environment may pre-dispose them to occupational hazards. Most of the Healthcare Workers (98.6%) perceive that contact with patient's specimens of blood/body fluids are potential sources of occupational infection and diseases. The result shows that most rooms & wards in the hospital are cleared with disinfectants on a daily basis as confirmed by 77.1% of respondents. About 80% of respondents did not agree that the employer or Management of the hospital makes provision of regular health screening of workers and there are barely measures in place to give immediate treatment to injured workers so as to ensure the availability of a healthy workforce (Obono et al., 2019).

A cross sectional survey was conducted among practicing physiotherapists within the southern sector of Ghana. The aim of the study was to determine the knowledge, perceptions, attitude and practice of occupational hazards and safety among physiotherapists. The participants were sampled purposively from the various centres. A total of 128 physiotherapists were required to take part in the study. Data were analysed with IBM-SPSS version 20. The participants showed adequate attitude towards the adoption of OHS into their practice. Whilst 102 (99.0%) believed

that prevention of occupational hazards is a joint responsibility of the hospital management and the staff, only few 12 (11.7%), believed that paying extra attention to occupational hazard is an unnecessary burden on them. In addition, 101(98.1%) agreed that exposure and control policies should be regularly reviewed by the hospital management, and 78 (75.8%) agreed that punitive actions should be taken against violators of safety practices. In addition, very few participants 2 (1.9%) disagreed that prolonged standing should be avoided by all health workers (Bello et al., 2021).

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

This chapter describes the research design and methodology. This includes the study area, study population, sample and sampling technique, data collection, analysis and ethical considerations.

#### **3.1 Study area**

The study was conducted at Holy Family Hospital, Berekum. This Hospital is situated inside Berekum in the Bono Region of Ghana. Berekum Holy Family Hospital is a facility of the Christian health Association of Ghana. It shares a boundary with the Holy Family Nursing and Midwifery Training College. The most identifiable landmark is the Freeman Methodist Preparatory School. The major catchment area of the facility is Berekum Municipality and its environs. The Hospital provides general services and it is National Health Insurance Scheme (NHIS) accredited. Due to the strategic location of the Hospital, patients from other parts of

Berekum visits the Hospital. The hospital offers general medical services, surgical services, antenatal and postnatal services and laboratory investigations etc.

### **3.2 The study population**

The study population consisted of nurses working at Berekum Holy Family Hospital.

### **3.3 Study design**

The study adopted a cross sectional descriptive study. Cross-sectional studies are carried out at one-time point or over a short period and they are usually conducted to estimate the prevalence of the outcome of interest for a given population, commonly for the purposes of public health planning. The study used this design because there was the need to gather data on the situation over the period of conducting the study.

### **3.4 Sampling technique and size**

A convenience sampling technique was used to select participants for the study. A total of 60 nurses were sampled for the study.

### **3.5 Data collection methods and instruments**

The research team developed a questionnaire which was used for the data collection on the knowledge, perception and attitude on work-related risks and hazards. Participants were encouraged to ask questions for clarifications and answers were provided for such questions.

### **3.6 Data analysis technique**

Data was entered and analyzed using the Microsoft excel version 2016 and results were presented in the form of frequencies and percentages.

### **3.7 Ethical consideration**

An introductory letter was issued from the school to the hospital administration seeking for permission to conduct the study at Berekum Holy Family Hospital. Informed consent was obtained after comprehensive explanation of the purpose and procedure of the study to the participants. Participants were informed about their right to withdraw or refuse to be part of the study at any point in the course of the interview and were assured of confidentiality of all information that was obtained. Furthermore, the identities of the participants were not disclosed, and only aggregate data was reported. The research team ensured no form of research misconduct transpired throughout the period of the study.

### **3.8 Validity and Reliability**

The quality of the data was enhanced by checking the reliability and validity of the data collection instruments used (Questionnaire). Each day's work was reviewed and potential problems were addressed. Completed questionnaires were checked for completeness and were numbered accurately. The questionnaire was tested before use in order to know if the questions being asked will accurately reflect the information the research team desire.

## **CHAPTER FOUR**

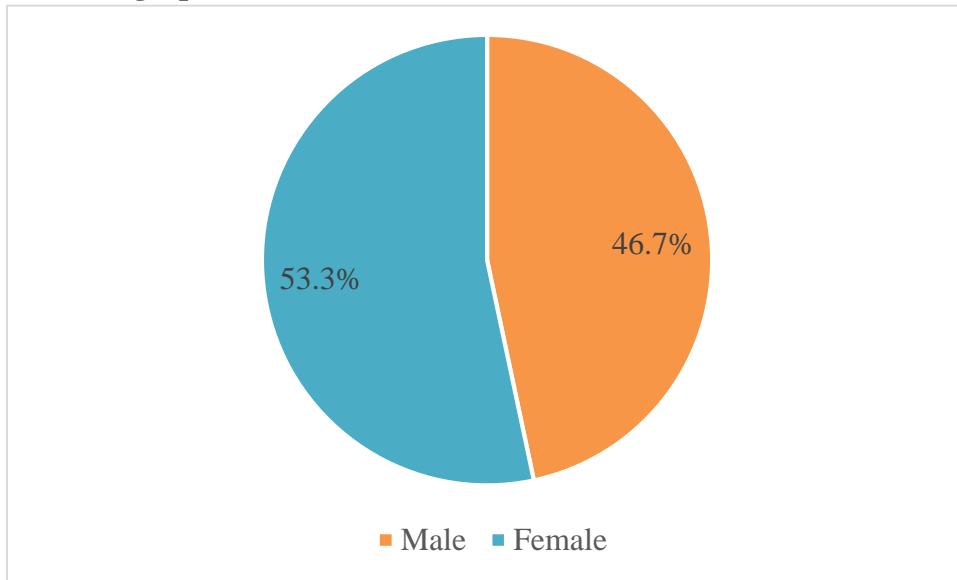
### **RESULTS AND DISCUSSION**

#### **4.0 Data Presentation and Analysis**

This section deals with analysis of data collected from the field of study and the results obtained from the analysis. The data collected was analyzed using Microsoft excel version 2016.

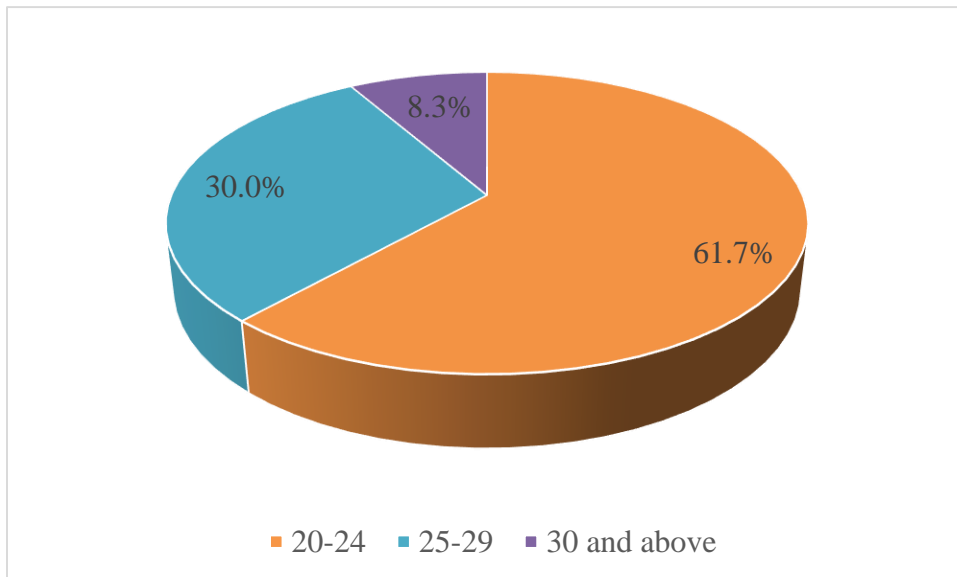
Information gathered was put into tables and graphs.

#### 4.1 Demographic Characteristics



**Figure 1: Gender of respondents**

From figure 1, the majority of respondents (53.3%) were females while 46.7% were males.



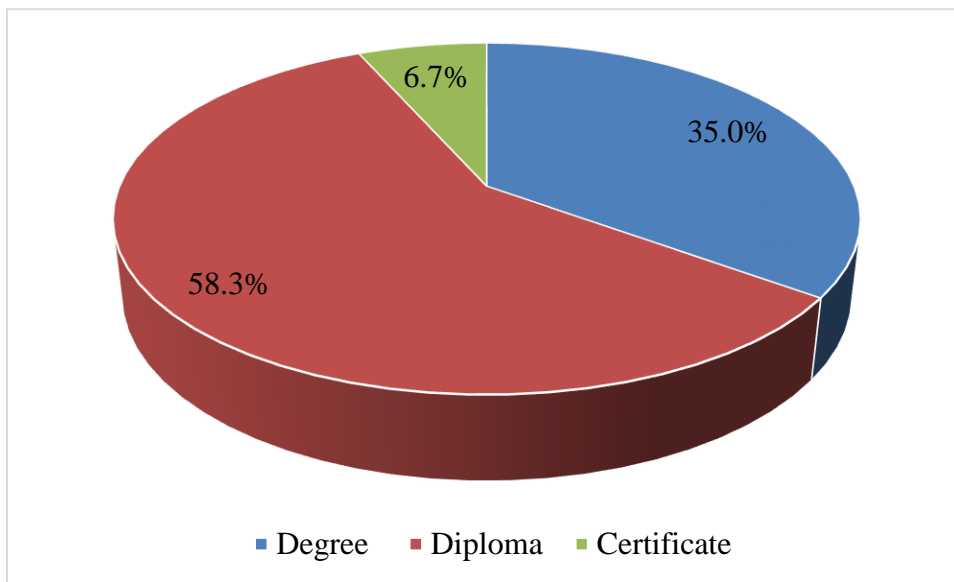
**Figure 2: Age of respondents**

From figure 2, more than half (61.7%) of the respondents were aged between 20 to 24 years and (30.0%) of them were between the ages of 25 to 29 years, this was followed by individuals between the ages of 30 and above (8.3%).

**Table 1: Marital status of respondents**

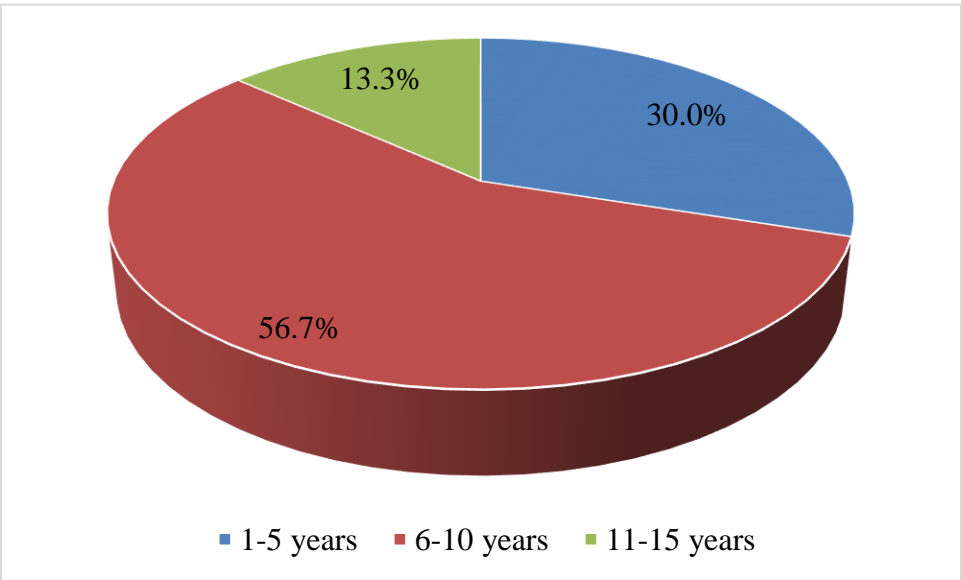
Variable	Frequency	Percentage
Married	6	10.0
Single	54	90.0
Divorced	0	0
Widowed	0	0

From table 1, the data showed that 10.0% of respondents were married, 90.0% were single.



**Figure 3: Data on profession qualification**

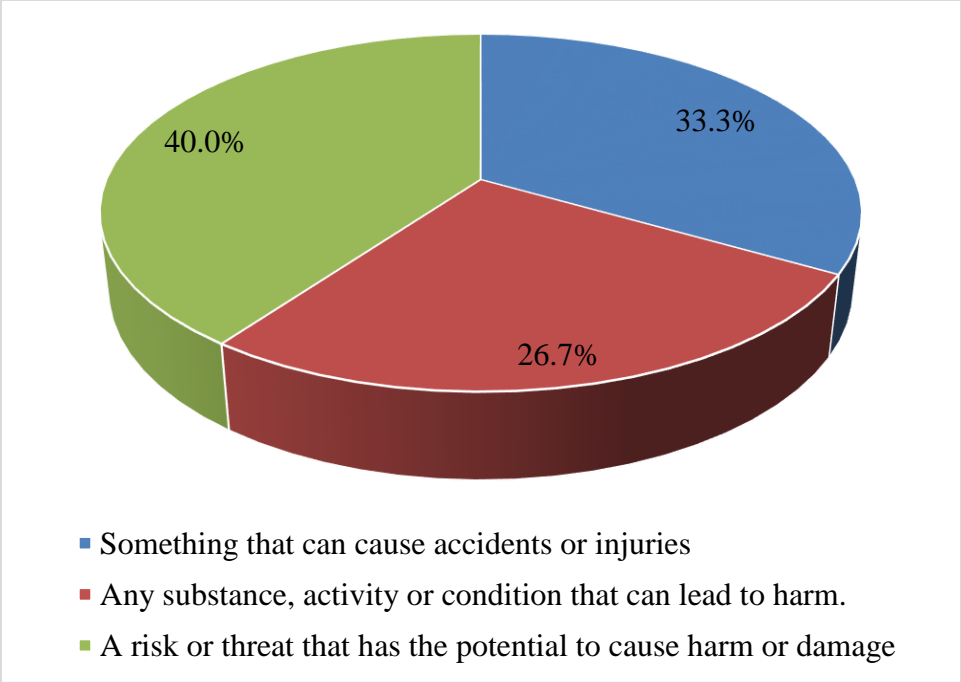
The data from figure 3 showed that the majority of respondents (58.3%) were diploma nurses and (35.0%) were degree nurses followed (6.7%) who were certificate nurses.



**Figure 4: Data on Respondents Years of Practice**

Figure 4 clearly showed the years of practice by respondents, most of the respondents (56.7%) had practiced for 6 to 10 years and 30.0% had practiced for 1 to 5 years followed by 13.3% who had practiced for 11 to 15 years.

**4.2 Knowledge on Work-Related Risks and Hazards**



**Figure 5: Respondents recognition of occupational hazards and safety practices**

From figure 5, Respondents understanding on occupational hazard was assessed, 33.3% of the respondents said that, occupational hazard is something that can cause accidents or injuries, 40.0% of the respondents also said that, occupational hazard is a risk or threat that has the potential to cause harm or damage and 26.7% of the respondents said that, occupational hazard is any substance, activity or condition that can lead to harm.

**Table 2: Respondents on how frequently they encounter physical hazards**

Variable		Never	Rarely	Sometimes	Frequently	Always
Heavy lifting and transferring patients	%	10.0	18.3	53.3	15.0	3.3
	N	6	11	32	9	2
Falls (accidents)	%	28.3	40.0	26.7	3.3	1.7
	N	17	24	16	2	1
Excessive noise	%	6.7	28.3	46.7	13.3	5.0
	N	4	17	28	8	3
Sharps injuries	%	10.0	40.0	38.3	5.0	6.7
	N	6	24	23	3	4
Exposure to infectious diseases	%	18.3	20.0	30.0	15.0	16.7
	N	11	12	18	9	10

Table 2 depicts how frequently respondents encounter physical hazards, over half (53.3%) of the respondents indicated they sometimes encounter heavy lifting and transferring patients followed by 18.3% who said they rarely encounter heavy lifting and transferring patients, 15% who said they frequently encounter heavy lifting and transferring patients, 10% who said they never encounter heavy lifting and transferring patients and 3.3% indicated they always encounter heavy lifting and transferring patients.

Again,40.0% of the respondents indicated they rarely encounter falls (accidents) followed by 28.3% who said they never encounter falls (accidents),26.7% who said they sometimes encounter falls (accidents), 3.3% who said they frequently encounter falls (accidents) and 1.7% who said they always encounter falls (accidents).

Also, 46.7% of the respondents indicated that, they sometimes encounter excessive noise followed by 28.3% who said they rarely encounter excessive noise, 13.3% who said they frequently encounter excessive noise, 6.7% who said they never encounter excessive noise and 5% indicated they always encounter excessive noise.

Furthermore, 40% of the respondents indicated that, they rarely encounter sharp injuries followed by 38.3% who said they sometimes encounter sharps injuries, 10% who said they never encounter sharps injuries, 6.7% who said they always encounter sharps injuries and 5% indicated that, they frequently encounter sharps injuries.

Moreover, 30% of the respondents indicated that, they sometimes encounter exposure to infectious diseases followed by 20% who said they rarely encounter exposure to infectious diseases, 18.3% who said they never encounter exposure to infectious diseases, 16.7% who said they always encounter exposure to infectious diseases and 15% indicated that, they frequently encounter exposure to infectious diseases.

**Table 3: Respondents on how frequently they encounter ergonomics hazards.**

Variable		Never	Rarely	Sometimes	Frequently	Always
Poor posture	%	13.3	23.3	33.3	25.0	5.0
	n	8	14	20	15	3
Repetitive tasks	%	13.3	30.0	33.3	13.3	10.0

	n	8	18	20	8	6
Manual Handling.	%	13.3	25.0	41.7	13.3	6.7
	n	8	15	25	8	4

Table 3 represent how frequently respondents encounter ergonomics hazards, 33.3% of the respondents indicated that, they sometimes encounter poor posture followed by 25% who said they frequently encounter poor posture, 23.3% who said they rarely encounter poor posture, 13.3% who said they never encounter poor posture and 5% indicated they always encounter poor posture.

Again, 33.3% of the respondents indicated that, they sometimes encounter repetitive tasks followed by 30% who said they rarely encounter repetitive tasks, 13.3% who said they never encounter repetitive tasks, 13.3% who said they frequently encounter repetitive tasks and 10% indicated that, they always encounter repetitive tasks.

Also, 41.7% of the respondents indicated that, they sometimes encounter manual handling followed by 25% who said they rarely encounter manual handling, 13.3% who said they never encounter manual handling, 13.3% who said they frequently encounter manual handling and 6.7% indicated that, they always encounter manual handling.

**Table 4: Respondents on how frequently they encounter chemicals hazards.**

Variable		Never	Rarely	Sometimes	Frequently	Always
Exposure to hazardous drugs or chemicals.	%	16.7	31.7	41.7	8.3	1.7
	n	10	19	25	5	1
Uncontrolled release of substances	%	16.7	31.7	40.0	10.0	1.7

(spills, leaks)	n	10	19	24	6	1
Poor ventilation in the workplace	%	13.3	30.0	46.7	5.0	5.0
	n	8	18	28	3	3

Table 4 represent how frequently respondents encounter chemicals hazards, 41.7% of the respondents indicated that, they sometimes encounter exposure to hazardous drugs or chemicals followed by 31.7% who said they rarely encounter exposure to hazardous drugs or chemicals, 16.7% who said they never encounter exposure to hazardous drugs or chemicals, 8.3% who said they frequently encounter exposure to hazardous drugs or chemicals and 1.7% indicated they always encounter exposure to hazardous drugs or chemicals.

Also, 40% of the respondents indicated that, they sometimes encounter uncontrolled release of substances (spills, leaks) followed by 31.7% who said they rarely encounter uncontrolled release of substances (spills, leaks), 16.7% who said they never encounter uncontrolled release of substances (spills, leaks), 10% who said they frequently encounter uncontrolled release of substances (spills, leaks) and 1.7% indicated that, they always encounter uncontrolled release of substances (spills, leaks).

Again, 46.7% of the respondents indicated that, they sometimes encounter poor ventilation in the workplace followed by 30% who said they rarely encounter poor ventilation in the workplace, 13.3% who said they never encounter poor ventilation in the workplace, 5% who said they frequently encounter poor ventilation in the workplace and 5% indicated that, they always encounter poor ventilation in the workplace.

**Table 5: Respondents on how frequently they encounter biological hazards**

Variable		Never	Rarely	Sometimes	Frequently	Always
Exposure to viruses	%	21.7	31.7	30.0	8.3	8.3
	n	13	19	18	5	5
Exposure to toxins	%	20.0	43.3	25.0	5.0	6.7
	N	12	26	15	3	4
Bio-active substance	%	23.3	36.7	31.7	3.3	5.0
	N	14	22	19	2	3

Table 5 represent how frequently respondents encounter biological hazards, 31.7% of the respondents indicated that, they rarely encounter exposure to viruses followed by 30% who said they sometimes encounter exposure to viruses, 21.7% who said they never encounter exposure to viruses, 8.3% who said they frequently encounter exposure to viruses and 8.3% indicated they always encounter exposure to viruses.

Again, 43.3% of the respondents indicated that, they rarely encounter exposure to toxins followed by 25% who said they sometimes encounter exposure to toxins, 20% who said they never encounter exposure to toxins, 6.7% who said they always encounter exposure to toxins and 5% indicated they frequently encounter exposure to toxins.

Also, 36.7% of the respondents indicated that, they rarely encounter bio-active substance followed by 31.7% who said they sometimes encounter bio-active substance, 23.3% who said they never encounter bio-active substance, 5% who said they always encounter bio-active substance and 3.3% indicated they frequently encounter bio-active substance.

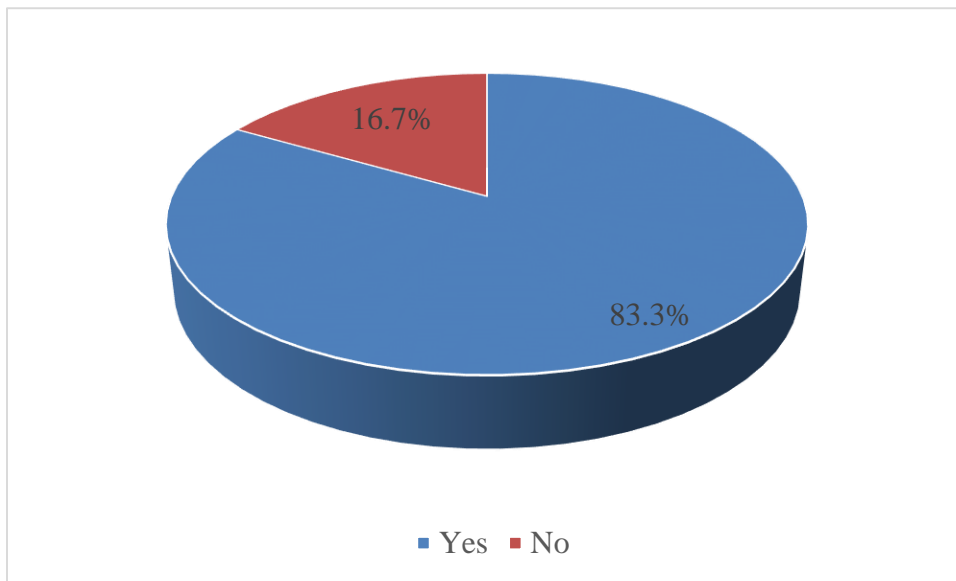
**Table 6: Respondents on how frequently they encounter psychosocial hazards**

Variable		Never	Rarely	Sometimes	Frequently	Always
Aggressive behavior from patients or visitors	%	11.7	16.7	53.3	13.3	5.0
	n	7	10	32	8	3
Lack of support from colleagues or superiors	%	13.3	28.3	46.7	6.7	5.0
	n	8	17	28	4	3
High workload and stress levels	%	6.7	20.0	40.0	16.7	16.7
	n	4	12	24	10	10

Table 5 represent how frequently respondents encounter psychosocial hazards, 53.3% of the respondents indicated they sometimes encounter aggressive behavior from patients or visitors followed by 16.7% who said they rarely encounter aggressive behavior from patients or visitors, 13.3% who said they frequently encounter aggressive behavior from patients or visitors ,11.7% who said they never encounter aggressive behavior from patients or visitors and 5% indicated they always encounter aggressive behavior from patients or visitors.

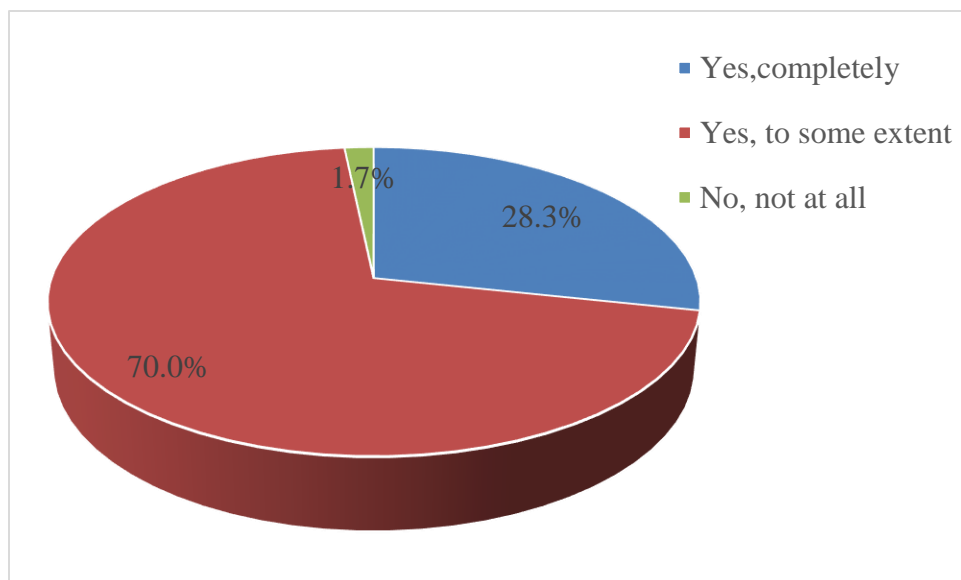
Again, 46.7% of the respondents indicated they sometimes encounter lack of support from colleagues or superiors followed by 28.3% who said they rarely encounter lack of support from colleagues or superiors, 13.3% who said they never encounter lack of support from colleagues or superiors,6.7% who said they frequently encounter lack of support from colleagues or superiors and 5% indicated they always encounter lack of support from colleagues or superiors

Also, 40% of the respondents indicated they sometimes encounter high workload and stress levels followed by 16.7% who said they always encounter high workload and stress levels, 16.7% who said they frequently encounter high workload and stress levels, 20% who said they rarely encounter high workload and stress levels and 6.7% indicated they never encounter high workload and stress levels.



**Figure 6: Training received on work-related risks and hazards**

From figure 6, majority (83.3%) of the respondents said they have received training on workrelated risks and hazards whiles (16.7%) of the respondents were not.



**Figure 7: Mitigation of work related risks and hazards**

From figure 7, more than half (70.0%) of the respondents felt that their organization adequately addresses and mitigates work related risks and hazards to some extent followed by (28.3%) who said their organization adequately addresses and mitigates work related risks and hazards completely and (1.7%) who said their organization does not adequately address and mitigates work related risks and hazards.

#### 4.3 Perception of Work-Related Risks and Hazards

**Table 7: Respondents perception of work-related risks and hazards**

Variable		High	Moderate	Low
Circulatory abnormalities due to standing for long periods of time	N	11	41	8
	%	18.3	68.3	13.3
Exposure to radiation due to radioisotopes and x-rays	N	4	26	30
	%	6.7	43.3	50.0
Slipping and falling on slippery floors	N	7	20	33

	%	11.7	33.3	55.0
Needle prick injuries	N	8	37	15
	%	13.3	61.7	25.0
Direct contact with patients' fluid	N	12	33	15
	%	20.0	55.5	25.0
Assaults from patients	N	8	24	28
	%	13.3	40.0	46.7

Most (68.3%) of the respondents perceived moderate susceptibility to circulatory abnormalities due to standing for long periods of time. Half (50.0%) of the respondents perceived low susceptibility to exposure to radiation due to radioisotopes and x-rays. Over half (55.0%) of the respondents perceived low susceptibility to slipping and falling on slippery floors. More than half (61.7%) of the respondents perceived moderate susceptibility to needle prick injuries. Most (55.5%) of the respondents perceived moderate susceptibility to direct contact with patients' fluid. Most (46.7%) of the respondents perceived low susceptibility to assaults from patients.

#### 4.4 Attitude Towards Work-Related Risks and Hazards

**Table 8: Respondents attitude towards work-related risks and hazards**

Variable		Agree	Disagree	Don't know
Occupational hazards should be prioritized in healthcare facilities	n	55	1	4
	%	91.7	1.7	6.7
Staff training and provision of protective equipment reduce risk of exposure to occupational hazard	n	58	1	1
	%	96.7	1.7	1.7
	n	55	4	1

Gloves should always be worn when administering injections, starting IVs and drawing blood	%	91.7	6.7	1.7
Handwashing before carrying out any job and after completing the job should be mandatory	n	57	3	0
	%	95.0	5.0	0

Almost (91.7%) of the respondents agreed that occupational hazards should be prioritized in healthcare facilities, gloves should always be worn when administering injections, starting IVs and drawing blood. Almost all (93.3%) the respondents agreed that staff training and provision of protective equipment reduce risk of exposure to occupational hazard. Almost (95.0%) of the respondents agreed that handwashing before carrying out any job and after completing the job should be mandatory.

## **CHAPTER FIVE**

### **DISCUSSION OF THE RESULTS**

#### **5.0 Introduction**

In this chapter, the data analyzed in chapter four were interpreted based on scientific evidence. The findings are briefly discussed with references to support the study.

#### **5.1 Discussions**

The main focus on this study is to delve on the knowledge, perception and attitude on work related risks and hazards among staff nurses at Berekum Holy Family Hospital.

##### **5.1.1 Knowledge on Work-Related Risks and Hazards**

From the current study it was found that 40.0% of the respondents also said that, occupational hazard is a risk or threat that has the potential to cause harm or damage. Similarly, Aluko et al. (2019) found that most respondents (89 %) were knowledgeable about hazards in health care

facilities.

The present study found that majority (83.3%) of the respondents said they have received training on work-related risks and hazards. Correspondingly, Yesilgul et al. (2018) found that 81.7% of the nurses had received training about occupational risks.

In the current study, over half (53.3%) of the respondents indicated they sometimes encounter heavy lifting and transferring patients. In the same way, Aluko et al. (2019) found that transportation of patients from one department to other department, lifting of objects and instruments are risk factors for musculoskeletal disorders

The present study found that 40.0% of the respondents indicated they rarely encounter falls (accidents) and 28.3% who said they never encounter falls (accidents). Contrastingly, Yesilgul et al. (2018) found that slipping and falling on slippery floors (39.4%) were perceived as high risk by most respondents among the various occupational risks.

The present study found that 40% of the respondents indicated that, they rarely encounter sharp injuries and 38.3% who said they sometimes encounter sharps injuries. This finding is not supported by a study conducted by Denge and Rakhudu (2022) which reported needle stick or sharp injuries has been found to be the most frequent injury among HCWs.

### **5.1.2 Perception of Work-Related Risks and Hazards**

The current study found that most (68.3%) of the respondents perceived moderate susceptibility to circulatory abnormalities due to standing for long periods of time. Half (50%) of the respondents perceived low susceptibility to exposure to radiation due to radioisotopes and x-rays. Most (55%) of the respondents perceived low susceptibility to slipping and falling on slippery floors. Over half (61.7%) of the respondents perceived moderate susceptibility to needle prick

injuries. Most (55.5%) of the respondents perceived moderate susceptibility to direct contact with patients' fluid. Most (46.7%) of the respondents perceived low susceptibility to assaults from patients. Consistently, Yesilgul et al. (2018) found that circulatory abnormalities due to standing for long periods of time (74.0%), Injury from sharp objects such as needles (70%), Spinal cord injuries while giving care to patients (67.1%), Exposure to radiation due to radioisotopes and x-rays (57.7%) and Slipping and falling on slippery floors (39.4%) were perceived as high risk by most respondents among the various occupational risks. Again, Aluko et al. (2019) reported that staff perceived susceptibility from needle prick injuries (94.5%), direct contact with patients' fluid (92.4%) and assaults from patients (77.2%) as major hazards, while routine night shifts (59.3%) and body contact with patients having HIV (52.1%) were least considered as hazards.

### **5.1.3 Attitude Towards Work-Related Risks and Hazards**

Almost (91.7%) of the respondents agreed that occupational hazards should be prioritized in healthcare facilities, gloves should always be worn when administering injections, starting IVs and drawing blood. Almost (95.0%) of the respondents agreed that handwashing before carrying out any job and after completing the job should be mandatory. Almost all (93.3%) the respondents agreed that staff training and provision of protective equipment reduce risk of exposure to occupational hazard. Consistently, Aluko et al. (2019) reported that 288 (99.4%) respondents believed that occupational hazards should be prioritized and promptly considered as part of conducive work provisions in healthcare facilities and 285 (98.3%) believed that prevention and control of hazards in the healthcare facilities should be a shared responsibility between the hospital management and staff. In addition, 287 (99%) perceived staff training and

provision of protective equipment as mandatory to reduce their risk of exposure to occupational hazard. Also, Obono et al. (2019) found that most Healthcare Workers (93.6%) admitted that they wash their hands before carrying out any job and after completing the job. 90% of respondents put on personal protective equipment (PPE) before carrying out their job.

## **5.2 Conclusions**

The study concluded that respondents had very good knowledge on occupational hazards. The overall perception of respondents on work-related risks and hazards was good. Their perceived susceptibility to needle prick injuries and direct contact with patients' fluid were high. The respondents had good attitude towards work-related risks and hazards.

## **5.3 Recommendations**

Based on the findings of the study, the following recommendations were made.

1. Management of the clinic must train healthcare workers on Occupational Health and Safety practices.
2. Matron and ward in charges must also make sure that each shift is covered by enough nurses to prevent excessive fatigue among nurses and midwives.
3. Further studies must be undertaken on the effects of high nursing workload on work-related hazards.

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## **APPENDICES**

### **QUESTIONNAIRE**

Dear Respondent,

We are students of Holy Family Nursing and Midwifery Training college, Berekum researching on the topic: “knowledge, perception and attitude on work-related risks and hazards among staff nurses at Berekum Holy Family Hospital.

You are kindly requested to answer the questions below by indicating a tick or writing the appropriate answer when needed. Confidentially will be observed therefore your name is not needed in this research. Your opinion is neither considered right nor wrong. You can choose to withdraw your participation at any time. It will take approximately 20 minutes to answer this questionnaire.

Thank you.

**SECTION A: DEMOGRAPHIC DATA**

1. Gender? (a) Male  (b) Female
2. Age: (a) 20 – 24 years  (b) 25 – 29 years  (c) 30 years and Above
3. Marital status? (a) Married  (b) Single  (c) Divorced  (d) Widow/Widower
4. Indicate your professional qualification.....
5. How many years have you worked? .....

**SECTION B: KNOWLEDGE ON WORK-RELATED RISKS AND HAZARDS**

6. Which of the following best describes a hazard?
  - a.  Something that can cause accidents or injuries
  - b.  Any substance , activity or condition that can lead to harm.
  - c.  A risk or threat that has the potential to cause harm or damage.
7. How frequently do you encounter the following work related hazards? Please tick the appropriate option for each hazard;

<b>PHYSICAL HAZARDS</b>	<b>NEVER</b>	<b>RARELY</b>	<b>SOMETIMES</b>	<b>FREQUENTLY</b>	<b>ALWAYS</b>

a. Heavy lifting and transferring patients.	[ ]	[ ]	[ ]	[ ]	[ ]
b. Falls (accidents)	[ ]	[ ]	[ ]	[ ]	[ ]
c. Excessive noise	[ ]	[ ]	[ ]	[ ]	[ ]
d. Sharps injuries	[ ]	[ ]	[ ]	[ ]	[ ]
e. Exposure to infectious diseases.	[ ]	[ ]	[ ]	[ ]	[ ]

<b>ERGONOMICS</b>					
f. Poor posture	[ ]	[ ]	[ ]	[ ]	[ ]
g. Repetitive tasks	[ ]	[ ]	[ ]	[ ]	[ ]
h. Manual Handling.	[ ]	[ ]	[ ]	[ ]	[ ]
<b>CHEMICALS</b>					
i. Exposure to hazardous drugs or chemicals.	[ ]	[ ]	[ ]	[ ]	[ ]
j. Uncontrolled release of substances (spills, leaks).	[ ]	[ ]	[ ]	[ ]	[ ]
k. Poor ventilation in the workplace.	[ ]	[ ]	[ ]	[ ]	[ ]

<b>BIOLOGICAL</b>					
<b>l.</b> Exposure to viruses.	[ ]	[ ]	[ ]	[ ]	[ ]
<b>m.</b> Exposure to toxins.	[ ]	[ ]	[ ]	[ ]	[ ]
<b>n.</b> Bio-active substance.	[ ]	[ ]	[ ]	[ ]	[ ]
<b>PSYCHOSOCIAL</b>					
<b>o.</b> aggressive behavior from patients or visitors.	[ ]	[ ]	[ ]	[ ]	[ ]
<b>p.</b> Lack of support from colleagues or superiors.	[ ]	[ ]	[ ]	[ ]	[ ]

q. High workload and stress levels.	[ ]	[ ]	[ ]	[ ]	[ ]
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8. Have you ever received proper training and education on how to prevent and address work-related risks and hazards?

a. Yes  b. No

9. Do you feel that your organization adequately addresses and mitigates work related risks and hazards?

yes completely

yes, to some extent

No, not at all

**SECTION C: PERCEPTION OF WORK-RELATED RISKS AND HAZARDS**

10. Indicate the level of your perceived susceptibility to the following work-related risks and hazards

a. Circulatory abnormalities due to standing for long periods of time

a. High  b. Moderate  c. Low

b. Exposure to radiation due to radioisotopes and x-rays

a. High  b. Moderate  c. Low

c. Slipping and falling on slippery floors

a. High  b. Moderate  c. Low

d. Needle prick injuries

a. High  b. Moderate  c. Low

e. Direct contact with patients' fluid

a. High  b. Moderate  c. Low

f. Assaults from patients

a. High  b. Moderate  c. Low

**SECTION D: ATTITUDE TOWARDS WORK-RELATED RISKS AND HAZARDS.**

11. Occupational hazards should be prioritized in healthcare facilities

a. Agree  b. Disagree  c. Don't know

12. Staff training and provision of protective equipment reduce risk of exposure to occupational hazard

a. Agree  b. Disagree  c. Don't know

13. Gloves should always be worn when administering injections, starting IVs and drawing blood

a. Agree  b. Disagree  c. Don't know

14. Handwashing before carrying out any job and after completing the job should be mandatory

a. Agree  b. Disagree  c. Don't know

NATIONAL CATHOLIC HEALTH SERVICE (DIOCESE OF SUNYANI)  
**HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE**  
**BEREKUM**



**BANKERS:**  
Ghana Commercial Bank, Berekum  
Agric Development Bank, Berekum  
Fidelity Bank, Berekum



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Our Ref. .... HFNMTC/GC/011/052523

Your Ref. ....

Date ..... May 25, 2023 .....

The Nursing Administrator  
Holy Family Hospital  
P.O. Box 21  
Berekum

Dear Nursing Administrator

**PERMISSION TO CONDUCT RESEARCH**

I wish to introduce to you the under listed names of final-year students of the College:

1. Adu Patrick Joseph
2. Adoma Priscilla

As part of the pre-requisite for the award of Diploma in Nursing they are to conduct a research study, on the topic 'Knowledge, Perception and Attitude of Work-Related Risks and Hazards among Nurses at Holy Family Hospital, Berekum.'

I would be grateful if you could assist them with any material or help they may need to accomplish this task.

Thank you.

Yours faithfully

.....  
Joseph Appiah  
Supervisor

For: Principal