

**Death by Instalment:
Occupational health and hazards in Nigeria**

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TABLE OF CONTENTS

Foreword	i
Editors' Note	ii
Note on Contributors	viii
Table of Contents	x
Chapter 1 Conceptual Issues in Occupational Health and Hazards in Nigeria.	1
Chapter 2 Legal Positions and Dimensions in Occupational Health in Nigeria.	11
Chapter 3 Occupational and Environmental Health Considerations at the Workplace in Nigeria: A Legal Inspection.	22
Chapter 4 Military Socialization and Coups: A Theoretical Proposition in Occupational Hazard.	39
Chapter 5 Socio-cultural Factors Affecting Occupational Health in Nigeria.	49
Chapter 6 Family and Work: Occupational Health of Housewives in Dual-Career Families in Nigeria.	63
Chapter 7 Marital Maladjustment as an Issue in Occupational Hazard for Career Women in Nigeria.	79

Occupational Hazard for Career Women in Nigeria.

Chapter 8

Occupational Health Issues in the Informal Sector.

96

Chapter 9

The State, Structural Adjustment and Occupational Health in the Informal Sector in Nigeria.

110

Chapter 10

Working in the Shadow of Death: The Case of Night-Guards in Urban Centres in Nigeria.

126

Chapter 11

Occupational Hazards and Safety in Community Dental Practice.

139

Chapter 12

The Hospital Work Environment: A Study of Occupational Hazards Associated with Nursing as an Occupation.

145

Chapter 13

Health Belief and Treatment of Dreadful Diseases: Issues in Occupational Health and Medical Practice in Nigeria.

154

Chapter 14

Rice Cultivation and Morbidity among the Ekiti Women of Nigeria.

170

Chapter 15

Conceptual Social Work Issues in Occupational Health in Nigeria.

181

Chapter 16	
Job Alienation as a source of Occupational Hazard among University Teachers in Nigeria.	192
Chapter 17	
The Role of the Health Educator in Occupational Health.	200
Chapter 18	
Working on the Streets: Occupational Health and Hazards of Street Children.	214
Index.	221

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CHAPTER 12

The Hospital Work Environment : A Study of Occupational Hazards Associated with Nursing as an Occupation

Bernard Owumi

Introduction

The subject of occupational hazard is as old as work, because the issues and problems attributable to different occupations have been analysed by many authorities since the era of industrial revolution in Europe and America (Modzen, 1986; Oke, 1982). The issues of child labour and the employment of women in the factories with its attendant implications as a result of scarcity of labour consequent upon industrialisation and the desire to improve productivity have attracted the attention of scholars to the impact of the work environment on man and the society.

It is interesting to note that while the subject is not new the attention and interest generated in different parts of the world and in different occupations have not been uniform. In the developed world, there is a genuine interest to protect the worker against the hazards of the job because the place of man has been observed to be crucial in the process of production within the industry (Clerc, 1985). Besides, there are some industrial concerns which are not only dangerous to the workers but also to the general public in times of accident (ILO, 1988). There is thus the need to protect man against the dangers which such industries pose to man and the economy of the state. While this situation continues to prevail in the developed world, the contrary is the case for the developing societies. Here, man is the "machine-minder" without adequate attention being paid to the human component of production.

Death by instalment: occupational health and hazards in Nigeria

In the same view, industries which are associated with the use of chemicals, explosives and automated industries have attracted more attention in terms of the associated dangers and ill health which the workers are exposed to as against other industrial concerns with less "lethal" states. The health industry which is not only intricate to human survival but also central to the maintenance of occupational safety and health is one of such industries that has attracted the "least sympathy" from researchers. The victim of work or occupation either in the form of accident (amputation) or ill-health would have to be catered for by the health worker without considering the threat which the "occupational work victim" poses to the health worker (a nurse, for example). Beyond this basic fact, health workers attend to numerous diseases in our society, some of which are incurable while others are highly contagious. In spite of this problem, little or no attention has been drawn to this area. It is within this context that this chapter examines the hazards associated with Nursing as an occupation within the health sector. The effort here is, therefore, geared towards examining the nature of nurses' work and the associated hazards with the main goal of proffering solutions aimed at ameliorating the situation.

Nurse, Work and the Environment

The word nurse would be used to refer to only registered or western trained nurses who are working in hospitals/clinics or have worked in the hospital as bed-side nurse. They are persons into whose hands the sick and infirm are entrusted (Mauksch, 1972). To be more specific, they are professionals who assist the physicians in the administration of the physician's prescriptions. In an attempt to carry out the physician's instruction work is being executed. The purpose of this action is primarily motivated by the quest to make a living because it attracts remuneration. Work is, therefore, the carrying out of tasks which enable people to make a living within the environment in which they find themselves (Soleye, 1989).

Death by instalment: occupational health and hazards in Nigeria

Environment on the other hand consists of both external and internal factors which affect work and work conditions. The immediate surrounding of the hospital, and the government would constitute the external environment while the authority structure within the hospital, facilities and the National Association of the Nigerian Nurses and Mid-Wives (Branch Representative) constitute the internal dynamics that affect the work environment.

Method of Study

The study was conducted during the months of January and March 1995 in three major hospitals; University College Hospital (UCH), Lafia Hospital and Group Medical Hospital, Mokola; all in Ibadan, as a part of an on-going research on patient perception of nurses and its implication for follow-up visit.

The study relied on the survey (questionnaire, method of data collection); supplemented by interviews and available documents from the hospital.

Ninety-eight nurses were selected on the basis of availability from the identified hospitals. To these, a set of structured questionnaire schedule consisting of thirty-five questions were administered. The questions centered on the demographic profile of the respondents and the subject studied (health hazards within the hospital and the state of the facilities). Available documents were also consulted to complement the data collected through the survey method.

Findings and Discussions

The findings presented here are the outcome of a survey conducted in the hospitals refer.ed to earlier. The data reveal that majority of the nurses studied are females (85.7%) while males constituted 14.3% of the sample. This is, however, in line with existing pattern because it is an occupation that is predominantly female. The age distribution shows that, all the respondents are below the

Death by instalment: occupational health and hazards in Nigeria

age of 50 years. Twenty-three and half (23.5) percent were aged 21-30 years, while 46.9% and 20.4% were aged between 31-34 and 41-50 years respectively. 9.2% did not indicate their age. As middle aged as the distribution appears, the respondents have put in a number of years as nurses while a great proportion of the sample have also served as bed-side nurses in the various hospitals. 80.5% of the nurses involved in this study have worked as nurses for a period ranging between 6 to 20 years while 17.4% worked for a period less than five years. 2.1% did not respond to the question. It is vital to note that the actual number of years spent as bed-side nurses is significant, 74.5% of the sample actually served as bed-side nurses for a period ranging between 2 to 6 years. Only 22.4% served for a period less than 5 years while 3.1% did not respond to the question.

Work Section, nature of work and associated hazards

The sample that took part in the study were drawn from many sections of the hospitals/clinics. In all the centres visited, there is hardly any section that is full-proof (safe) in terms of threat to the health of health workers. Some members of our research team in fact suffered from some of the associated problems (common cold, catarrh and cough) involved in working in a hospital environment. The table below shows the distribution of the various sections where the nurses work.

Table 1: Frequency Distribution of Respondents by Work Section

Wards	No.	%
Psychiatric	7	7.1
Pediatric	9	9.2
Maternity	13	13.3
General Out Patient	23	23.5
Casualty (Emergency)	2	2
Sexually Transmitted Disease	3	3.1
Surgery/Teaching	15	15.3
Others	26	26.5
Total	98	100

Death by instalment: occupational health and hazards in Nigeria

The nature and extent of the threat to health and the personal security is better appreciated when the question on nature of health problem mostly attended to is raised. The health problems ranged from endocrine, nutritional and metabolic diseases and immunity disorders, mental disorders, infectious and parasitic problems, injury and poisoning, diseases of nervous and circulatory systems, to genito-urinary system (Parker & Parker, 1991). In order for the problems associated with handling some of the ailments classified above to be appreciated fully, it is necessary to specify some of the ailments and have some of them discussed. There is the "ordinary cough and cold" which appears minor in the context of more deadly and highly contagious diseases such as lassa-fever and Acquired Immune Deficiency Syndrome (AIDS). Minor and common as cough and cold might appear it is a contagious ailment which causes a lot of discomfort to the "sufferer" (patient). The nurse who is often in contact with the patient because of her work demand is exposed to the virus causing the ailment and, consequently, the attendant discomfort. Beyond this fact, the outbreak of lassa fever in the eastern part of the country recently took its highest toll on the health workers in general.

In addition to highlighting the work place section and the attendant implications, the study found that a number of nurses in this study suffered from one form of accident or the other. The commonest problem faced had to do with contacting infectious and contagious diseases (60% of the sample had this problem). The ailments were mainly cold, catarrh, cough and nausea. 12% were due to injury / accident in the handling of hospital equipments/administration of prescription (burns from steam/hot water, accidental prickling) attack by patients or aggrieved relatives of patients (9.2%) while others constituted 18.8% (slippery floor, and fatigue due to heavy patient workload).

Death by instalment: occupational health and hazards in Nigeria

The dangers and severity of the health hazards faced by the health worker and the nurse in particular is better appreciated when we found during the course of this study that the University College Hospital (UCH), Ibadan, is not favourably disposed towards admitting AIDS patients into its wards. In a circular dated March 23rd, 1995 to all heads of clinical departments and Assistant Director (Nursing Services) stated that "this is to update all clinicians and nursing personnels about the hospital policy on cases of confirmed AIDS patients in UCH. Established cases of clinical AIDS referred as such to this hospital will not normally be admitted.... It further stated that cases discovered after admission to UCH shall be managed with attention paid to *maximum safety by all medical, nursing, laboratory and auxilliary personnel.* (emphasis mine). The above policy directive gives a vivid picture and goes a long way to corroborate our findings of the nature and extent of the dangers which the nurse is exposed to in an attempt to secure a living from work and protect other workers from occupational health and ill-health in general. Beyond this fact, what implications does this policy hold for the larger society and what facilities are available to ensure the safety of the Nigerian nurse in the course of carrying out her legitimate job in the work place? Before we return to the analysis of this question lets examine further the threat to life which the nurse faces at work. Physical attack on nurses by psychiatric patients in various psychiatric wards may lead to injuries of various magnitudes, and sometimes the tragic end of the psychiatric nurse if the situation is not properly handled. In other words, the dangers associated with the occupation are not limited to ailments alone. There is also the problem of accidental prickling of the hands (fingers) during administration of therapy among others. The hazards of the occupation are so numerous and without limit as more and more ailments are being discovered daily.

The policy earlier cited is quite protective but it would have been better if facilities to protect and ensure the safety of the health

Death by instalment: occupational health and hazards in Nigeria

workers are provided instead of creating barriers for patients in their quest for health and invariably endangering the health of the entire members of society who are more vulnerable. This is so because AIDS has no known cure. Hence, the anti-admission policy may not be helpful to the entire populace because the policy may facilitate the spread of the ailment. Again, it is important to note that Nigerian, and indeed African nurses have been known to manage AIDS patients and other deadly diseases in Europe and America, so why not the Nigerian patients? The bottom line is adequate remuneration and the provision of facilities that would facilitate the work of the health worker and the nurse in particular. In the Nigerian setting, the remuneration of the nurse is poor and so there is no motivation to work in the face of the hazards in the profession. The nurses' strike of 1995 was due to the poor conditions of service and the non-implementation of the Industrial Arbitration panel award of 1991 with respect to call duty and inducement allowance among others (Adejumo Bayo, 1995). Added to the above fact is the absence of essential facilities (tools and equipments) for the performance of the job. From the study, we gathered that there is a serious dearth of facilities in the hospitals where this study was conducted. Majority of the sample (40%) opined that the necessary facilities for work were not available while 12% said they were available. Another 30.6% observed that even when the facilities were present, the regularity of the supply was either in doubt or obsolete and sometimes not used because of non appreciation of their utility among staff members. Eighteen percent (18%) did not respond to the question.

These facilities are so basic that their non availability would affect work and workers attitude to work in the context of the dangers prevalent in the health system environment. In fact, some respondents opined that if they found that their lives or health were threatened they would seek transfer to other sections or leave the occupation.

Death by instalment: occupational health and hazards in Nigeria

These equipments and facilities range from hand and surgical gloves, mask, disinfectants, screening machine for AIDS, disposable facilities, steam and water, and electricity among others.

Suggestions and Conclusion

From the foregoing, it is obvious that the dangers associated with nursing as an occupation are enormous but it does not imply that the problems cannot be contained to make nursing a meaningful and safe occupation.

There are a number of basic facilities that are necessary for efficient job performance in the hospital in order to reduce the hazards of the job. Surgical gloves, sanitary facilities, water and steam, screening machines, free medical services for nurse, among others are essential to reduce the hazard level. Also, the remuneration of the nurse needs to be improved to include hazard allowance in addition to the other subsisting ones to induce the nurse to develop appropriate work habits and commitment to work in the face of dangers at work. Health workers, with special reference to the nurse, must develop genuine work habits that would reduce carelessness and carefree attitude towards the use of safety equipments that are meant to protect the nurse against any infection or dangers of the job.

Finally, the need for training the nurses on the hazards of the job and ways of reducing the dangers of the jobs are inevitable for safety in the hospital.

Death by instalment: occupational health and hazards in Nigeria

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