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The Impact of Occupational Health and Safety Measures on Employee Performance at the South Tongu District Hospital

Patrick Gbadago ^α, Sedem N. Amedome ^σ & Ben Q. Honyenuga ^ρ

Abstract- The study is about the impact of OHS measures on employee performance at the South Tongu District Hospital. The aim is to find out the level of employee awareness of the OHS Policy of the Ghana Health Service, determine whether the OHS Policy has been implemented in the organisational setup, identify the kinds of hazards that employees face due to the nature of their work, identify the challenges face in the implementation of OHS measures by management and finally to examine the impact of the OHS measures on employee performance. The study used both stratified and simple random sampling methods to sample 116 employees of the Hospital including 5 management members. Questionnaires were administered and observation was carried out. However, only 88 questionnaires were retrieved and analysed using the SPSS software and results were displayed on tables. The study found out that the level of employee awareness of OHS Policy was 79.5 percent. The measures were seen to have been implemented adequately. Workers faced numerous hazards such as safety hazards, mechanical hazards, biological hazards, ergonomic, physical hazards and psychological hazards. Management was found to be constrained financially in the implementation and maintenance of OHS measures. The OHS measures of the hospital were also found out to impact the performance of staff. Based on the findings of the study, it is recommended that management should look for alternative sources of funds to implement the OHS Policy thoroughly.

I. INTRODUCTION

The International Labour Organization (ILO) and the World Health Organization (WHO) have been at the front line to improve the wellbeing and security of workers around the world. The World Bank and the WHO characterize around 3 percent of lost life years to the element "work" (Kreis & Bodeker, 2004). The ILO additionally considers that business related infections and casualties represent financial misfortunes as high as 4 percent of overall Gross Domestic Product (GDP) (ILO, 2003). Moreover, social protection consumption on OHS for instance, obligatory sickness salary, allowances for disability, and insufficiency rewards represent more or less, 2-3 percent of GDP in most exceptional Western economies (Adema & Ladaique, 2009).

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Ghana has several laws and legislations to deal separately with the protection of workers. Unfortunately, all laws and regulations put in place to ensure this protection are in most cases ineffective and lack effective implementation strategies to ensure compliance. These laws need to be harmonised to enhance efficiency and effectiveness in implementation. The Factories, Offices and Shops Act 1970 (FOSA), which is the earliest enactment to give protection to the wellbeing and security of employees in the nation, does not cover all sectors.

Since Ghana as a country does not have a single comprehensive policy on OHS, the Ministry of Health/Ghana Health Service in its desire to guarantee that all their employees work under secure, palatable and sound conditions has developed its OHS policy to protect its personnel from the enormous risks that they face in the course of duty.

II. OBJECTIVES OF THE STUDY

The general objective of the study is to assess the extent to which occupational health and safety measures impact on the job performance of employees of South Tongu District Hospital. The specific objectives are to:

- Find out the level of employees awareness of the OHS policy of the GHS.
- Determine whether the occupational health and safety (OHS) policy has been implemented in the organizational setup of the Hospital.
- Identify the kind of hazards that employees are exposed to due to the nature of their work.
- To identify the challenges management faces in the implementation of OHS measures.
- Examine the impact that OHS measures have on employee performance at the Hospital.

III. RESEARCH QUESTIONS

- What is the level of employee awareness of the OHS policy of the GHS?
- Has the health and safety policy been implemented in the organisational setup of the Hospital?
- What kinds of hazards are employees exposed to due to the nature of their work?

- d. What challenges does management face in the implementation of OHS measures?
- e. Do the health and safety measures impact on employee performance?

According to the Ghana Health Service, studies conducted by its Occupational Health Programme Unit have revealed that workers not only work under unhealthy conditions that are hazardous to their health but also that staff members are not educated on OHS issues (MOH/GHS, 2010).

A study conducted by the Ghana Health Service to determine the occurrence of musculoskeletal diseases among female nurses at the Korle-Bu Teaching Hospital and Mamprobi Polyclinic indicated that the nurses considered the spine as most affected by the nature of their work.

About 65 percent of the nurses suffered an injury to the lower back, 63 percent injuries to the neck and 37 percent injuries to the upper back (MOH/GHS, 2010). The study further revealed the causes of these injuries as lifting of patients (79%), poor working positions (77.2%), stress (68.5%), slips and falls (48%) and haulage and transport (45.7%).

IV. THE IMPORTANCE OF OCCUPATIONAL HEALTH AND SAFETY CULTURE IN AN ORGANIZATION

Safety customs can enhance proactive injury avoidance, and studies conducted has demonstrated that organizations do perceive health and safety as an essential segment of making and keeping up a healthy workforce. In altering an association's way of life, it is imperative that top management involvement in health and security issues is paramount and that a vibrant and positive attitude is needed to institute safety culture in the organisation. The implementation and review of any safety programme becomes successful with the involvement of top level or strategic level management (Fitzgerald, 2005).

Muchemedzi and Charamba (2006) characterized occupational safety and health "as a science concerned with wellbeing in connection with job setting".

As indicated by Oxenburgh et al. (2004), the wellbeing and security of all workers in a working environments is firmly connected to profitability.

a) Occupational Health and Safety Hazards

According to EUROFOUND (2007), a great percentage of workers in current jobs are exposed to work-related health risks. They contended that the effect of occupational wellbeing and security of workers depended on the types of hazards faced.

These include physical hazards such as radiation, noise, chemical hazards such as asbestos, disinfectants, ergonomic hazards such as raising of

bulky equipment, poor work postures, irregular work situations such night work, shifts/rotations, irregular work days and finally workplace violence such as harassment.

The Bureau of Labour Statistics in the US reported that in 2011, 58,860 job-place injuries and illnesses that made workers to absent from work occurred in Hospitals.

b) Evolution of Occupational Health and Safety in Ghana

Even though Ghana as a country does not have any single and comprehensive Policy on OHS, it has numerous health and safety laws relating to various sectors. The first laws enacted were the Factories, Offices and Shop Act 1970, Act 328 and the Mining Regulations 1970 LI 665.

These laws regulated only the labour sectors and mining sectors only. In 1987, the law on Workmen's Compensation was passed. This law provides compensation for personal injuries sustained by accidents at the workplace.

Furthermore, in 1999, the Ghana Health Service and Teaching Hospital Act 526, followed by the National Road Safety Act 567 were enacted.

Finally, in 2003, Parliament passed the Labour Act 2003 (651) with sections 118 to 120 specifically directing employers and workers of their obligations in dealing with OHS issues but failed to specify the reporting structure in case of accidents.

c) Impact of OHS on Organization

The Health and Safety Executive (HSE) (2006) clarifies that real efficiency heightening can be recognized by those organizations that put resources into a vibrant wellbeing and security programmes.

However, the Health and Safety Executive (2006) also appreciates that there ought to be a proactive approach by numerous businesses to proceed from only complying to statutory regulations on health and safety but also ensuring it follows best practice on health and safety issues.

Gabriel *et al.* (2013) concluded in their research that there is an inverse relationship between workplace injuries or accidents and employee performance. They affirmed that accidents and injuries are reduced in organizations through massive investment in occupational health and safety practices.

Direct benefits included reduced absenteeism, reduced mental and physical trauma resulting from fear of unsafe working environment which have positive effects on the performance of employees which results in an increase in productivity.

Ward *et al.* (2008), in their research also supported the many writers who view organizations enjoying direct benefit in promoting occupational health and safety.

According to them, when employees feel that their management cares for them, it represents an indication of a positive management of OHS system which results in a safer working conditions with benefits such improved staff morale, stress reduction, improved health, reduced absenteeism, increased job satisfaction, reduced injuries and illnesses and reduced medical expenses. Ward *et al.* (2008), concluded that effective and efficient OHS management impact positively on the performance of institution, affects workers behaviour towards work and gives a more positive impression towards employee health and security.

V. METHODS

a) Research Design

The study was descriptive in nature. Descriptive research is a study designed to depict the participants in an accurate way. The study used questionnaires and observation as qualitative tools to gather data for the study. These approaches were used because they were satisfactory tools for collecting data from sample population. The questionnaire was adapted from the U.S Department of Labour on 'assessment tool for hospital safety and health management system' and modified to match the objectives of the study.

b) Study Population

The target population for the study is the staff members of the District Hospital. The sample was drawn from the District hospital.

Currently the staff strength of the hospital is one hundred and ninety four (194) comprising of four (4) Medical Doctors, one hundred and eight (108) Nurses and eighty two (82) other workers as at April, 2015. However, during the period of the research, only one hundred and sixty six (166) staff members were at post. The rest were either on maternity leave or annual leave.

c) Sampling technique and sample size

The target population was the employees of the District Hospital. Three sampling methods were used. These are Purposive/Judgmental, Stratified and Simple Random Sampling Method. The Stratified Sampling method was used to divide the population into three sub-groups based on their unique characteristics. The three Strata are Management, Doctors and Nurses, and other workers.

The Purposive Sampling was used to select all five (5) Management Members because they are the key individuals who make decisions on OHS in the Hospital. The Simple Random Sampling Method was then to select members from the remaining two Strata. The Simple Random Sampling Method was used to give members of each Strata a known and equal chance of being selected.

The sample size for the study is one hundred and ten (110) staff members, chosen from a total

population of one hundred and ninety four (164), comprising five (5) management members, forty nine (59) nurses/ doctors and thirty six (46) other workers. The population is homogenous in their various strata.

d) Sampling Technique and Sample Size

The sample was drawn from the District Hospital. Two sampling methods were used. These are the Stratified and Simple Random Sampling Methods. The Stratified Sampling method was used to divide the population into two sub-groups based on their unique characteristics. The two Strata are Management and Subordinates.

The sample size for the study is one hundred and sixteen (116) staff members, chosen from a total population of one hundred and ninety-four (194), comprising five (5) management members and one hundred and eleven (111) subordinates. The sample size of 116 was calculated using the population size of 194 at a confidence level of 95% and a margin of error of 5%.

e) Data Collection Tools

Both primary and secondary data were employed. The Primary data assisted in addressing the specific objectives set out in the study. The data was collected with the help of questionnaires and observation. The questionnaire comprised both open-ended as well as close ended questions. The questionnaire was pretested to ensure their precision and reliability. The secondary data collection involved the study of existing literature. The secondary data was collected from the Occupational Health and Safety and Guidelines of the Ghana Health Service / Ministry of Health, the Strategic Plan of the hospital and publications of the South Tongu District Hospital.

The observation was carried out co-currently.

f) Data Analysis

The Statistical Package for Social Sciences (SPSS) software version 19.0 was used to analyse the data collected. Tables were equally used where appropriate to present the analysed data.

VI. RESULTS

This study investigates the impact of occupational health and safety measures on employee performance at the South Tongu District Hospital at Sogakope in the Volta Region. The objectives of the study were first to find out whether Occupational Health and Safety (OHS) measures exist in the hospital, to determine the level of employee awareness of the OHS policy and measures if it exist and to identify the kind of safety hazards that employees are exposed to in the hospital. Lastly, the study seek to identify challenges management of the hospital face in implementing the OHS policy and to determine the impact of the OHS

measures on performance of non – management staff members.

a) *Sample Characteristics*

i. *Non – Management Staff*

The sample characteristics of the non – management staff examined are sex, age, employment type, educational level, and number of years working with the hospital. The results indicated that, there are more (53.0%) females than males (47.0%). The age distribution of data showed that majority (49.4%) are between the ages of 39 years to 48 years, 21 representing 25.3 percent were between the ages of 18 – 28 years while 22.9 percent are aged between 39 – 48 years with less than 3 percent being between 49 – 58 years. The next variable – employment type showed that majority (88.3%) of the staff are full – time employees

while the rest (21.7%) are on Part – time. Examination of the educational level of the staff showed that the least number of employees held Basic (7.2%) and Second cycle (7.2) level certificates and a greater number hold Diploma (48.2%) in various subject areas. A few however, have tertiary level education. The results showed that 10.8 percent of the respondents hold First Degree while 26.5 percent had Certificates. Lastly, the number of years that the respondents have been with the hospital was also examined. The results showed that majority (43.4%) of the respondents had been with the hospital for periods ranging from 1 – 5 years. Twenty – four respondents representing 28.9 percent spent 6 – 10 years while 14.4 percent have spent over 11 years working at the hospital. Table 1a presents the results.

Table 1a: Junior Staff Sample Characteristics

	Number	Percent
Sex		
Male	39	47.0
Female	44	53.0
Age		
18-28years	21	25.3
29-38years	41	49.4
39-48years	19	22.9
49-58years	2	2.4
Employment type		
Full – time	65	88.3
Part – time	18	21.7
Highest Education level		
BECE	6	7.2
SSSCE / WASSCE	6	7.2
Certificate	22	26.5
Diploma	29	34.9
HND	11	13.3
Degree	9	10.8
Working Experience		
Less than 1 year	11	13.3
1 – 5 years	36	43.4
6 – 10 years	24	28.9
11 years plus	12	14.5
Total	83	100.0

Source: Field Data, May, 2015.

b) *Management Staff*

The views of all 5 Management members were also sought in seeking evidence to answer the research questions. Out of the number majority (80%) were males while (20%) are females. Regarding their age distribution, 40 percent are between the ages of 41 – 50 years, 20% between 51 – 60 years, 20% 61 years plus and the rest (20%) are between the ages of 31 – 40 years. Majority (80%) are full – time employees of the hospital while 20 percent are contract staff. The examination of the data on highest level educational and

number of years working with the hospital, the results showed that the highest educational level was Postgraduate (40%), First Degree (20%), and Diploma (40%). Eighty percent had been working with the hospital for periods between 1 – 5 years while 20 percent has been working for over 11 years in the hospital.

Table 1b: Management Staff Sample Characteristics

	Number	Percent
Sex		
Male	4	80.0
Female	1	20.0
Age		
31-40years	1	20.0
41-50years	2	40.0
51-60years	1	20.0
61years plus	1	20.0
Employment type		
Full – time	4	80.0
Contract	1	20.0
Educational level		
HND	2	40.0
Degree	1	20.0
Postgraduate	2	40.0
Working experience		
1-5years	4	80.0
11 years plus	1	20.0
Total	5	100.0

Source: Field Data, May, 2015.

VII. DISCUSSION

a) Availability of Occupational Health and Safety Policy at the Hospital

The first objective of the study sought to determine whether there is OHS policy of the Ghana Health service at the hospital. The respondents were thus requested to indicate their level of agreement or disagreement with statement 'does the Hospital have in place a health and safety policy' using a 4 – point Likert scale from strongly disagree to strongly agree. The results presented in Table 2 showed that a greater percent (79.5%) of the respondents agreed to the statement that there is an OHS policy in the Hospital while the rest 14.4 percent disagreed with 7.2 percent indifferent. This result means that there is OHS policy at the Hospital and lends credence to the study by Munroe (2010) that the Hospital is concerned and interested in protecting the health, safety and welfare of persons engaged to provide service. See Table 2.

Table 2: Does the Hospital have in place a health and safety policy?

	Number	Percent
Strongly Disagree	3	3.5
Disagree	9	10.8
No Action	6	7.2
Agree	44	53.0
Strongly Agree	22	26.5
Total	83	100.0

Source: Field Data, May, 2015.

b) Level of Awareness of Employees on OHS implementation

Next, the researcher sought to find out the level of awareness of employees on occupational health and safety issues at the Hospital. In measuring the level of awareness, a 17 – item scale measured on a 5 – point Likert scale from 'strongly disagree to strongly agree' was used. High scores on the scale represented high level of awareness while low scores on the scale indicate low level of awareness. Some of the items on the scale include 'Has the health and safety policy been implemented in the organisational setup of the Hospital', 'does the hospital have a health and safety committee', 'does the hospital conducts a review of its health and safety programmes' and 'does the hospital involve employees in the OHS programme implementation' etc. The result presented in Table 3 showed that most employees are aware of OHS measures in the hospital. Specifically, the result revealed that employees who scored high on the scale represented 73.5 percent and 25.3 percent scored averagely on the scale while less than 2 percent indicated no knowledge of the policy.

Table 3: Awareness Level of Employees of OHS Policy implementation

	Number	Percent
Low Awareness Level	1	1.2
Average Awareness Level	21	25.3
High Awareness Level	61	73.5
Total	83	100.0

Source: Field Data, May, 2015.

c) Satisfaction and Impact of OHS on Employees

The satisfaction of employee with the OHS measures being practiced at the Hospital and its impact on employees was next examined. In the first place, the respondents were requested to indicate how happy they were to be working in the Hospital. The result showed that majority (74.7 %) indicated they are happy while 25.3 percent of the respondents were not happy working with the hospital. The result is presented in Table 4.

Table 4: Are you happy working in the Hospital?

	Number	Percent
Yes	62	74.7
No	21	25.3
Total	83	100.0

Source: Field Data, May, 2015.

In assessing the impact of OHS on employee performance, all the respondents agreed that the practice of OHS impact on performance (see appendix for result). Describing the nature of impact, majority (96.4%) indicated the OHS measures have positive impact on employee performance while less than 4 percent described the level of impact as negative. This result is in line with the results obtained by Health and

Safety Executive (2006) that genuine productivity increases only when organizations invest in high performance health and safety practices.

d) *Benefits of implementing OHS Policy*

Further, the researcher sought to identify the benefits that employees enjoy as a result of the implementation of the OHS policy. The results presented in Table 5 showed that there is improvement in staff morale, reduction in stress level of employees, improved health and increased in job satisfaction. The rest of the benefits outlined were reduced medical bills, reduced injuries and accidents and reduced absenteeism. Table 5 presents the result indicating the benefits and the number of respondents who identified with the benefit.

Table 5: What are the benefits that you are likely to enjoy as a result of the OHS measures?

	Number	Percent
Improved staff morale	27	32.5
stress reduction	30	36.1
Improved health	32	38.6
Increased productivity	42	50.6
Increased job satisfaction	25	30.1
Reduced medical bills	15	18.1
Reduced injuries and illness	38	45.8
Reduced absenteeism	27	32.5

Source: Field Data, May, 2015.

e) *Hazards of Employees*

The next objective is to identify the kind of safety hazard that employees are exposed to due to the nature of their work. The analysis revealed the following hazards: safety hazards, mechanical hazards, biological hazards, ergonomic, physical hazards and psychological hazards. See Table 6 for detail result. It gives credence to Krause et al., (2001) that the most common health problems arising out of work included psychosocial and musculoskeletal disorders.

This is also consistent with studies carried out by the occupational and environmental health unit of the GHS which showed that workers of the GHS worked under conditions that are hazardous to their health. Furthermore, the findings that needle stick injuries is prevalent can also attest to the WHO's estimation that sharp injuries contribute 30% of new cases of Hepatitis B virus and 2.5% of annual infections of HIV among health care workers in Sub-Saharan Africa.

When workers were probed further to state the likely causes of this hazards, the results showed that poor working postures due to the sedentary nature of their work, slips and falls, transport and lifting of patients, stress, poor lighting, chemicals like reagents and detergents, and computer monitors without screen protectors. This is indicated in Table 6a.

Furthermore, employees were asked whether measures were put in place to control these

occupational hazards, the results in Table 6b indicated that majority 74.7% of respondents stated that there were no measures in place and 25.3% of respondents were aware of measures.

Table 6: What are the hazards that you face due to the nature of your job?

	Number	Percent
Safety hazards	28	33.7
Mechanical	21	25.3
Biological	47	56.6
Ergonomic	29	34.9
Physical	24	28.9
Chemical	26	31.3
Psychological	31	37.3

Source: Field Data, May, 2015.

Table 6a: What are the likely causes of these hazards?

	Number	Percent
Lifting and transport of patients	65	78.3
Poor working postures	30	36.1
Slips and falls	15	18.1
Computer monitors without screen filters	38	45.8
Stress	27	32.5
Needle stick injuries	65	78.3
Poor lighting	30	36.1
Chemicals like reagents and cleaning detergents	45	54.2

Source: Field Data, May, 2015.

Table 6b: Are there measures in place to control the occupational hazards?

	Number	Percent
Yes	62	74.7
No	21	25.3
Total	83	100.0

Source: Field Data, May, 2015.

Further, the absence of OHS measures in workplace was investigated. The respondents were asked to indicate some effects they might suffer should the OHS measures be unavailable in the workplace. The analysis revealed the following effects: increased injuries and illness, increased absenteeism from work, increase stress level and reduction in job satisfaction and productivity. The results presented in Table 7 showed that majority (51.8%) mentioned increased in injuries and illness, 37.3 percent mentioned increased in the rate of absenteeism and 36.1 percent mentioned increase in stress level and 28.9 percent reduction in job satisfaction and productivity as effects likely to suffer in the absence of OHS measures.

Table 7: What are some of the effects of the absence of OHS measures?

	Number	Percent
Increased injuries and illness	43	51.8
Increased absenteeism	31	37.3
Increased stress	30	36.1
Reduction in job satisfaction	24	28.9
Decreased productivity	24	28.9
	Out of 83	Out of 100.0

Source: Field Data, May, 2015.

f) Challenges

Lastly, the challenges associated with the implementation of the OHS policy in the Hospital were examined. Though all the Management staff who responded to the items indicated there has been positive impact of the OHS on the performance of staff which is reflected in the safe environment (20%) in which staff perform their duties, reduction in medical expenses (40%) and reduced accidents (20%) (see Table 8) there was some challenges associated with the implementation of the Policy.

Table 8: The nature of the impact of OHS measures

	Number	Percent
Safe environment promotes productivity	1	20.0
Reduces medical expenses	2	40.0
Reduces accidents / injury	2	40.0
Total	5	100.0

Source: Field Data, May, 2015.

The challenges identified include lack of funds to implement and maintain the OHS measures and also purchase OHS tools and equipments. Management contended that the central government through the Ministry of Health and the Ghana Health Service have failed to provide funding and also attach a trained Occupational Health Specialist to the hospital which are requirements in the OHS policy of the GHS/MOH., Management also contended the lack of cooperation and adherence by Junior Staff to rules, regulations and precautions in their place of work. It is not surprising to see employees reluctant to use safety equipments. There is also no clear administrative structure responsible for implementation of OHS policies in the hospital. Table 9 displays the results with the percentages associated with each challenge.

Table 9: Challenges of Management in implementing OHS Policy

	Number	Percent
Lack of funds to implement and maintain OHS measures	2	40.0
Lack of cooperation from junior staff	2	40.0
No Administrative structure in place	1	20.0
Total	5	100.0

Source: Field Data, May, 2015.

VIII. CONCLUSION

From the findings, it can be concluded that occupational health and safety measures exist in the organisational setup of the South Tongu District Hospital. This is because all workers attested to this and the observation carried out in the hospital environment supports what the respondents attested to. However, all the processes and provisions of the Policy are not duly followed and implemented.

Employee awareness of the existence of the health and safety policy formulated by the Ghana Health Service and the Ministry of Health was high. The researcher was shown a copy of this policy.

The benefits associated with the OHS measures of the hospital was found to include improved staff morale, stress reduction, reduced injuries and illnesses, improved health, increased job satisfaction, reduced medical expenses and increased productivity.

Management faced a lack of funding from central government to implement the OHS policy of the GHS and MOH fully. The government represented by the Ministry of Health also failed to train and assign occupational health specialists to the hospital. Management also failed to carry out induction and in-service training on OHS issues due to lack of funds.

Furthermore, employees faced various levels or kinds of hazards due to the nature of their work and results indicated that management was not putting enough control systems in place to reduce the risks associated with them.

Management contrasted this result by emphasizing that employees were reluctant in using safety equipment and fail to adhere to rules, regulations and precautions that are meant to reduce or alleviate the risk of exposure to hazards.

Finally, the results proved that there is a positive relationship between the OHS measures of the hospital and employee performance.

