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Occupational Health and Safety in the Workplace: A Case of the Central Administration of the University for Development Studies, Tamale, Ghana

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Abstract:

The paper presents Occupational Health and Safety (OHS) at the work place with reference to the Central Administration of the University for Development Studies (UDS), Tamale Campus. The majority of employees' working lives are spent at work. Individuals' mental well-being is enhanced by work, which gives economic, social, and psychological experiences. The work environment should be devoid of hazards as much as possible to provide healthy and decent work for the employees. Hence, the purpose of this paper is to document employees' understanding and appreciation of occupational health hazards at the work place, the effects of these hazards on the health of staff and its impact thereon on staff productivity. The study made use of structured qualitative data which was made up of one hundred and twenty (120) Administrators out of a total number of 335 across the various departments of the Central Administration of UDS, Tamale Campus. The results of the study indicate that, employees have a fair understanding of OHS in the University. The study, among others, recommends the establishment of a policy on OHS in the University and constitutes an OHS committee which will be given full mandate to implement its recommendations. Future study need to consider the causes and effects of psychosocial risk factors associated with staff at the workplace.

Keywords: Occupational health, safety, hazard, risk, productivity

1. Introduction

The increasing numbers of workplace injuries and accidents in many countries around the world has led to many negative consequences, not only for the individuals involved in the accidents but also for the organizations and society, especially in terms of higher expenses and damaged legitimacy (Agustí-Panareda et al., 2014; Clarke & Cooper, 2004). This usually results in a difficult work atmosphere and employee dissatisfaction.

According to the WHO (2004), poor occupational health and reduced working capacity of workers may cause economic loss up to 20% of the Gross National Product of a country. Workers in countries like Ghana, which have a rapidly rising workforce and a burgeoning informal sector, have tended to strive for job security at the expense of quality work life (Amponsah-Tawiah&Dartey-Baah, 2011). Although it is sometimes claimed that poor countries and businesses cannot afford safety and health measures, this is no longer the case in the twenty-first century. Different national and international standards, according to Jilcha&Kitaw (2016), provide guidelines to help firms create their safety management systems (SMS) with respect to various business demands and requirements. Former UN Secretary General, Kofi Annan said 'Safety and health at work is not only a sound economic policy - it is a basic human right'(Amponsah-Tawiah&Dartey-Baah, 2011).

The Finnish Institute of Occupational Health (FIOH) and the National Institute for Occupational Safety and Health (NIOSH) argue that the global plan of action for workers' health provides a policy framework for renewed and intensive action to protect, promote and improve the health of all workers, with the goal of preventing occupational health risks and hazards (Vaquero et al., 2016). Occupational health and safety remains a concern for human well-being that is rising currently as the industrialized and service sectors develop, resulting in an increase in workplace health issues. Because labor experts feel that occupational health and safety measures are pre-requisites for the continuation of industrial production, the topic of a safe and conducive workplace environment has gained significance in recent years (Anyim et al., 2013). Employees who are well and feel safe at work, according to Di Ruggiero et al. (2015), can fully invest their capabilities and maximize their potential at work.

Hughes (2007) posits that people's bodies and minds are safeguarded from illness and physical injury. This is seen as the protection of facilities to maintain the health and well-being of individuals at work, which is to say, the protection of facilities to maintain the health and well-being of individuals at work. Safety hazards, according to Akpan (2011), are those features of the workplace that have the potential to cause immediate and violent injury to an employee, whereas health

hazards gradually and cumulatively lead to an individual's health degradation. A healthy and safe work environment helps to reduce costs and improve organizational effectiveness (Akpan, 2011).

The World Health Organization (WHO, 1999) defines health as a 'state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. This means that health and safety is preventing and protecting people from injury and occupational disease in any form as a result of dangers and risks that may harm, injure or cause a hazardous working environment for people, or damaged equipment or facilities.

The International Labour Organization (ILO) defines occupational health and safety as a discipline with a broad scope involving many specialized fields (Mahaim, 1996). In its broadest sense, it aims at the:

- Promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations;
- Prevention among workers of adverse effects on health caused by their working conditions;
- Protection of workers in their employment from risks resulting from factors adverse to health;
- Placing and maintenance of workers in an occupational environment adapted to physical and mental needs; and
- Adaptation of work to humans.

In most African countries, a lack of comprehensive OHS policies, poor infrastructure and funding, a shortage of skilled occupational health and safety practitioners and a general lack of relevant knowledge have been mentioned as major roadblocks to efficient enforcement and inspection services (Annan et al., 2015). Community pressure has resulted in the development of diverse safety rules and standards in various countries and places for various industries, according to some research findings (Baron et al., 2014).

The World Health Organization (WHO), Global plan of action on workers' health and the International Labour Organization (ILO) urge for a national policy framework and strategy on occupational health and safety. Per the findings from these organizations, the majority of the countries (33/49, 67% of respondents) had an officially adopted OHS policy, or OHS was dealt with as a part of the OSH policy (ILO, 2006). A national OHS policy was reported by 79 percent of nations that had ratified ILO Convention No.161, compared to 63 percent of non-ratifiers (WHO, 2013).

People spend the majority of their time at work, thus their working environment should be kept safe, agreeable, and conducive to boost a high level of productivity and raise income for both the company and the employee if health and safety policies are enforced (Dike, 2013).

Several studies have investigated managerial areas in relation to safety and have provided support for their importance. For example, research concerning staffing has found overtime work (Kong, 2013), temporary employment (Rebitzer, 1995) and perceived job insecurity (Probst & Brubaker, 2001) to be positively related to a considerable increase in the occurrence of accidents. In addition, evidence points to the importance of integrating a safety perspective throughout the whole recruitment process (Tetrick et al., 2010).

Safe working environments are profitable workplaces, whether measured in a company's bottom line, its market share, its broader consumer reputation, or its ability to attract and retain workers, managers, or investors. Healthy people are expected to contribute more to productivity and innovation. Despite the efforts of University management of the UDS to ensure worker safety, accidents do occur.

1.1. Problem Statement

The International Labour Organization (ILO) estimates that, some 6,000 workers die each day as a result of work-related accidents or illness (Hämäläinen et al., 2009). The overall cost of such accidents and illnesses according to the ILO has been calculated to be equal to four percent (4%) of the world gross domestic product. Every day, more than 2.78 million individuals die as a result of workplace accidents or diseases (Swaen et al., 2009). In addition, 374 million non-fatal job-related injuries and illnesses occur each year, with many of them resulting in extended absences from work (Burke, 2011). The human cost of daily adversity is enormous, and the annual economic cost of poor workplace safety and health standards is estimated to be 3.94 percent of global GDP (Lewis & Burd-Sharps, 2010).

According to de-Sousa (2013), the prevalence of occupational health and safety issues in most of the African countries is due to inadequate attention given to OHS by the industries and governments. In Ghana, one of the most significant issues in occupational health and safety is that, like many African countries, Ghana lacks a comprehensive national OHS policy. The Factories, Offices, and Shops Act 1970, Act 328, and the Workmen's Compensation Law 1987, PNDC Law 187, are the two key statutes that have guided the implementation of OHS in Ghana (Amponsah-Tawiah & Dartey-Baah, 2011). The principal elements of the Factories, Offices, and Shops Act of 1970 involve changes required to meet internationally accepted standards for providing for the safety, health and welfare of those working in factories, offices, shops, dock work, and construction (Adaklumegah, 2014). The Act makes no provision for risk evaluations, medical surveillance, or hazard control. Although there is no national strategy on occupational health and safety, the Labour Act 2003 (Act 651) does. Provisions made under Part XV Section 118 of the Act places a responsibility on employers to ensure a safe and healthy working environment and an obligation on employees to use safety appliances provided by the employer in compliance of the employer's instructions. Companies do not seem to care about their employees' health and safety, according to observations by the Ministry of Health Report (2007), and some employers are unaware that they have a legal responsibility to protect their employees' health and safety. According to the Labor Department of Ghana Annual Report, there were 8,692 work-related incidents reported to the department for compensation claims in 2000, compared to 4,088 in 1999. The preamble of the International Labour Organization's (ILO) constitution emphasizes that worker protection from occupational illnesses, diseases, and injuries is a critical component

of social justice and the WHO emphasises that occupational health and safety is a human right, and decent employment leads to safe work in the end (Asumeng et al., 2015).

People at work experience a variety of hazards related to chemicals, biological agents, physical factors, unfavorable ergonomic circumstances, allergens, a complex network of safety concerns, and many and varied psychological aspects, according to Radandt et al. (2008). The ergonomic hazards impact employers, employees and their families but less attention is paid to this at the workplace. Workplace design, awkward body mechanics or postures, repetitive movements, and other forms of ergonomic hazards induce or contribute to an astounding number of cumulative trauma disorders (Radandt et al., 2008). Cumulative trauma disorders affect hands, wrists, elbows, arms, shoulders, the lower back, and the cervical spine area. Structures involved include tendons, muscles, bones, nerves, and blood vessels (Albers, 2007). The non-enforcement of existing occupational health and safety rules, as well as the government's incapacity to assure adherence to ILO conventions, are to blame for the current state of affairs (Annan, 2010). This is the reason why institutions must provide effective health and safety services to their employees in order to promote and preserve their physical, mental, and social well-being. Some state agencies such as the Ministry of Foreign Affairs and the Land Commission, were engulfed in fire and burned to the ground, with disastrous results (Puplampu&Quartey, 2012). According to the 2012 Fourth Quarter Police Reports, statistics indicate that someone dies or is injured every two working days in Ghana as a result of industrial accidents or poor workplace safety standards (AkosuaGanson, 2014).

Research by Amponsah-Tawiah et al. (2016), Fianko et al. (2011), Ganson (2014), Tawiah et al. (2015), Yeboah et al. (2008) and many others have identified unique concerns in the labor force's occupational health and safety practice on various dimensions. However, relatively little research has been done on the OHS procedures in the University setting where University management needs to make every effort to avoid occupational accidents because the human resource is one of the most significant resources in an organization. In this context, the study therefore necessitates the need to appraise the occupational health and safety of employees of the University for Development Studies

1.2. Aim/Objectives

The aim of this study is to appraise OHS practices, procedures and implementation in the work environment with particular reference to the Central Administration of the UDS, Tamale Campus. In particular, the study seeks to:

- Explore employees' level of understanding of health and safety needs in UDS.
- Determine the effect of the work environment on the health and safety on employees' productivity.
- Establish the opinions of management on the health and safety of employees in UDS.

2. Literature Review

2.1. The Concept of Occupational Health and Safety (OHS)

Health is defined as a 'state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO, 1999).

The International Labour Organization (ILO, 1996) defines occupational health and safety as a discipline with a broad scope involving many specialized fields. In its broadest sense, it aims at the:

- Promotion And Maintenance Of The Highest Degree Of Physical, Mental And Social Well- Being Of Workers In All Occupations;
- Prevention Among Workers Of Adverse Effects On Health Caused By Their Working Conditions;
- Protection Of Workers In Their Employment From Risks Resulting From Factors Adverse To Health;
- Placing And Maintenance Of Workers In An Occupational Environment Adapted To Physical And Mental Needs; And
- Adaptation Of Work To Humans.
- Occupational Health Safety Involves All Stakeholders At The Workplace Such As Management, Staff And Union Officials To Achieve Ohs Objectives.

2.2. Safety and Organizational Productivity

According to Glendon et al. (2006), it is claimed that the management of safety should be treated with the same effectiveness and commitment as are other functions within an organization which is based on the assumption that, the issue of safety is related to potential threats to the wellbeing or lives of human beings as well as to productivity and profitability.

Focusing on workplace safety is not only important for the sake of avoiding injuries to individual employees, as its potential positive impact on the wellbeing of employees is also a prerequisite for a vital and prosperous organization (Glendon et al. 2006).

Effective communication by management has also been identified as an important factor for the achievement and maintenance of safety within organizations. In a study by Mearns et al. (2003), the way that management communicates about safety issues within the organization was shown to be one of the management practices most strongly related to safety. They found that the use of pervasive channels of formal and informal communication as well as regular communication between management, supervisors, and the workforce were associated with lower accident rates. These findings provide additional support for the benefits of integrating safety management practices into the more general Human Resource Management (HRM) system of the organization.

According to Boyle (2006), output of the government sector has been measured as equal in value to the total value of inputs. This output one-fourth input convention has increasingly come under scrutiny in recent years. The challenge is to devise alternative estimates based on output measurement in a public sector context where collective services are provided and where there is, in most instances, no market transaction in services provided to individuals (Boyle, 2006).

Putnam (1993) expresses different opinion on the idea of including outcomes in productivity measurement. According to Putnam (1993), productivity focus on outcomes (changes in health rather than patients treated; changes in educational status rather than numbers of lessons taught) includes changes over which the government has no control. Meanwhile, Lee & Holzer (2004) argue that although the concept of productivity has been utilized for many years, it is often simplified, misinterpreted and misapplied. The concept of performance may represent a more attractive conceptual path toward improvement. Both concepts are underlying premises of public administration and the core of an ongoing effort that persists because it addresses a fundamental linkage: a productive society is dependent upon a high-performing government. The use of the concept of productivity has therefore been intermingled with the concept of performance (Lox et al., 1999).

Collins (2016) explain that a number of researchers have been developing performance indicators to measure the impacts of a range of workplace practices on firm-level performance which include gross or net sales per worker, the ratio of physical input to output, and the scrap rate and uptime for production equipment. Muchemedzi and Charamba (2006) observe occupational health and safety as a science concerned with health in its relation to work or working environment. Oxenburgh et al. (2004) emphasize that the health and safety of all employees is closely linked to the company's productivity in all workplaces. Occupational health safety is largely measured by negative outcomes such as workplace injury and illness but these measures have a shortfall, for instance, a low incidence of injury does not necessarily mean that adequate safety systems and controls are in place (Health and Safety Executives, 2006).

2.3. Occupational Hazards

An understanding of the numerous types of dangers prevalent at work, as well as how to recognize them is necessary for effective design and implementation of an occupational health and safety management system. According to Asumeng et al. (2015), the goal of any harm prevention plan should be to keep risk factor exposure to a minimum. It is important to remember that dangers simply reflect the possibility of harm (Frost & Hartl, 1996). The toxicity of the health hazard, the amount of exposure, the extent of the risk factors present, and the duration of exposure to the risk factors all influence whether or not injury occurs (Manno et al., 2010). According to Mackay et al. (2004), preventive strategies include aspects such as surveillance and control measures, and appropriate prevention strategy design necessitates a knowledge of the relations between hazard, harm, and risk.

Through risk factors, there is theoretical and empirical evidence linking dangers to harm (Ryff & Singer, 2009). It is very needful for basic concepts such as hazards, risks and harm to be explained. Hazards are those aspects of the workplace that have the potential to cause injury or unintended consequences, whether they are physical, psychosocial, or a combination of both (Toivanen, 2007). It is a quality of a material, agent, source of energy, or environment that has the potential to have significant effects, such as chemicals, a slick floor, working while standing, or working while standing on a ladder (Holt, 2008).

The harm is defined by the form and nature of the impact of workplace factors and conditions on employees' health. (Siegrist & Marmot, 2004). The physical and psychological impacts of professional stress may share molecular pathways, according to Clougherty and Kubzansky (2009). Apart from human health repercussions, harm can also refer to business-related outcomes such as sick leave, errors, and diminished performance efficiency.

The concept of risk relates to the chance of suffering injury as a result of exposure to a hazard (Brooks, 2003). It is noted in the works of Covello & Merkhoher (1993) that, risk is the likelihood that a specific hazard (such as exposure to a harmful chemical) may cause harm to life, health, and/or the environment. The chance of damage or illness as a result of a hazard is considered to be a function of both the hazard's inherent nature and the control mechanisms in place to mitigate the hazards.

There are major types of workplace hazards which include safety hazards which are the most common and present in most workplaces at one time or another including unsafe conditions that cause injury, illness and death. Examples are spills on floors or tripping hazards, such as blocked aisles or cords running across the floor; biological hazards include exposure to blood and other body fluids, fungi/mold, bacteria and viruses, plants, insect bites, animal and bird droppings (Asumeng et al., 2015); non-ionizing (EMFs, microwaves, radio waves), high exposure to sunlight/ultraviolet rays, temperature extremes-hot and cold; constant loud noise; bad lighting; poor ventilation; improper electrical wiring and bare electrical cables are just a few examples of the physical hazards; ergonomic hazards include improperly fitted seats, frequent lifting, bad posture, awkward movements, especially if they are repetitive, repeating the same movements over and over, needing to use too much power especially if it is required frequently and vibration are all ergonomic dangers (Parker, 1992); chemical hazards include liquids such as cleaning products, paints, acids, solvents, vapours and fumes produced by welding or solvent exposure (Carson, 2002); and psychological hazards include any danger that affects the worker's mental well-being or mental health and may have physical consequences by overloading the individual's coping systems and impairing the worker's capacity to operate in a healthy and safe manner is referred to as a psychological hazard.

3. Methodology

The study was conducted at the Central Administration of UDS which has the largest number of Administrative staff. The sample frame of the study included staff from all the departments of the Central Administration. The study

adopted a qualitative method to collect data for the analysis. Data were gathered through oral and written interviews which were structured. A sample of one hundred and twenty (120) staff were selected which was made up of Senior Members, Senior Staff and Junior Staff. The instrument used for the data collection was a structured interview where respondents were able to express their opinions and views on the OHS issues in the University. This was used to achieve a high degree of consistency in the procedure adopted.

4. Results and Discussion

The structured interview used for the data consisted of six themes under seven (7) questions. The data was analyzed using a theory-led thematic method (Hayes, 2000). The theoretical themes that emerged in the literature review functioned as a guide for the interpretation of the interview data. The full-length transcriptions of the interviews were examined in order to identify which statements belonged to which of the theoretical themes. The resulting thematic categorization of statements was then analyzed with respect to meanings and implications which are stated below:

- Theme 1: How long have you been in UDS?
- Theme 2: Is there a Labour law in Ghana?
- Theme 3: What is your understanding of health and safety at the work place?
- Theme 4: How has the work environment relative to employee health and safety affected productivity in UDS?
- Theme 5: Are there health hazards in the University's working environment? Identify these hazards if yes.
- Theme 6: a. What in your view can reduce hazards in the work place?

What is managements' decision on the health and safety of employees in UDS?

Following the responses given by the interviewees, the emerging themes from each of the questions are summarized below:

4.1. Theme 1: How Long You Have Been in UDS

On the length of service rendered in UDS, 32 of the respondents representing 26.7% said they have been working for under five (5) years, 45 of the respondents representing 37.5% said they have been working between 6-10 years in UDS and the remaining 43 respondents representing 35.8% also said they have been working for more than 11 years. The reason for asking was to determine how long and consistent employees have been working in the organization so that they can give fair and concrete information on the health and safety issues in the University and from the analysis, more than 37.5% have been working for more than 6 years in UDS. This is presented in table 1 below:

How long you have been in UDS	Frequency (N)	Percentage (%)
Under 5 years	32	26.7
6 - 10 years	45	37.5
11 years and above	43	35.8
Total	120	100

Table 1: How Long You Have Been In UDS

Source: Field Survey, 2017

4.2. Theme 2: Is There Labour Law in Ghana?

When respondents were asked if there is a labour law in Ghana, 110 of the respondents representing 91.7% said there is labour law Ghana and the remaining 10 respondents representing 8.3% said there is no labour law in Ghana. Respondents were further asked if they were aware the Labour Act 651 of 2003 places a responsibility on employers to ensure a safe and healthy working environment and obligation on employees to use safety appliances provided by the employer in compliance of the employer's instructions, 95 of the representing 79.2% said they were aware and the remaining 25 representing 20.8% said they were not aware. Some of the respondents further stated that they thought since UDS is a Public University, the law will be binding on it. This means that employees frequently abreast themselves with Labour issues. This is presented in table 2 below:

Statement	Yes	No	Total
Is there Labour Law in Ghana?	N (%)	N (%)	N (%)
	110(91.7)	10(8.3)	120(100)
Are you aware the Labour Act 651 of 2003 places a responsibility on employers to ensure a safe and healthy working environment and obligation on employees to use safety appliances provided by the employer in compliance of the employer's instructions?	95(79.2)	25(20.8)	120(100)

Table 2: Is There Labour Law in Ghana?

Source: Field Survey, 2017

4.3. Theme 3: What Is Your Understanding of Health and Safety Needs in UDS?

When respondents were asked about their understanding of health and safety needs in UDS, 115 of the respondents representing 95.8% said their understanding of health and safety needs in UDS is that, they work under serene environment and when he or she or dependent is indisposed, they pick a medical form from Human Resource Department which, to them, is good. But some suggested that, the University should have a policy on health and safety which will be binding on all Staff, Students and other Stakeholders. The remaining 5 respondents representing 4.2% also said they do not have any understanding of health and safety needs in UDS. The reason is that, the University does not have any policy on health and safety but they know that when a staff and his or her dependent are indisposed, that staff can seek medical attention from a recognized hospital by the University by picking a medical form from the Human Resource Department.

Here are what some of the respondents said: *'We only know that when a staff or his/her dependent is sick, you go for the medical form and send it to Kamina or Tamale Teaching Hospital. Apart from that, don't know whether there are policies of health and safety in UDS'.*

Another respondent also said: *'In fact, I don't have any idea about the health and safety issues here in the University.*

Other interviewees also gave these responses:

'My understanding of health and safety needs in UDS is how the University has put in place measures to deal with employees' welfare and wellbeing including medical insurance. Example is how staff and their dependents go for medical forms to a health facility recommended by the University'.

'The health and safety needs of the University are reflected in the University's statutes because when a staff is not well, he or she goes for a medical form to a hospital or health facility recommended by the University'.

Some of the respondents are Heads of Department/Sectional Heads who attend Administrative Management meetings held on first Monday of every month, therefore their views expressed represent management's opinion. Their responses also supports the views of Jorma (2004), who posits that management is responsible for most of the safety issues within organizations because they control the assignment of resources, establish and implement the methods of work, train supervisors as well as develop the policies.

4.4. Theme 4: How Has The Work Environment Relative to Employee Health and Safety Affected Productivity in UDS?

All the 120 interviewees representing 100% responded that when a staff is indisposed and he or she is unable to come to work, it affects productivity. They gave instances where some staff slipped off and fell and it took those staff months before they reported back to work and others even lost their lives. Again, the interviewees also responded about how a staff has to vacate his or her work for a longer period sometimes up to a month because of ill-health. According to them, this leads to low productivity and pushes pressure on the few who will be at work. Other interviewees also said the University ends up paying huge sums of money for staff on medical bills. The responses support Oxenburgh et al. (2004) study which emphasize that the health and safety of all employees is closely linked to the company's productivity in all workplaces. Occupational health safety is largely measured by negative outcomes such as workplace injury and illness but these measures have a shortfall, for instance, a low incidence of injury does not necessarily mean that adequate safety systems and controls are in place (Health and Safety Executives, 2006).

Workplace design and practices, according to Mohr (1992), encourage organizational performance by establishing environments that support work quantity, quality, and style while lowering turnover and absenteeism rates. Taylor et al.(2015) argue that the physical architecture of the workspace, as well as effective management processes, play a significant impact in increasing employee productivity and improving organizational performance.

4.5. Theme 5: Are There Health Hazards in the University Working Environment? Identify Health Hazards in the UDS

When interviewees were asked if there are health hazards in the University working environment, all the 120 respondents representing 100% said there are health hazards. The follow up question was for them to identify health hazards in the University, once again all the 120 respondents representing 100% identified the following: Heat in some Offices especially when air conditioners are not functioning properly and when there is lights out, leakages, slip/fall, some electrical problems, broken cabinets, sitting for long hours without standing up to stretch leading to extreme back pain, stench from gutters and assault (verbal abuse, physical attack and sexual harassment). Others also said some staff do not observe break periods which also affect them.

4.6. Theme 6: What in Your View Can Reduce Hazards in the Work Place?

On respondents views on how hazards can be reduced in the work place, 105 respondents representing 87.5% said management should put in place occupational health and safety policies, practices and procedures. Fifteen (15) of the respondents representing 12.5% said the University should have infirmary or clinic on the Tamale Campus that staff and students can seek first aid before going to the hospital. Additionally, there should be provision of canteen rooms so that staff can have their lunch break in the rooms and not eating in offices to produce rodents. The 12.5% of the respondents also said that orientation on how to use fire extinguishers must routinely be communicated to staff and also, floor tiles at the Chief AndaniAndan Auditorium and the Central Administration corridors should not be slippery. Furthermore, there should be elevators for persons with disabilities so that they can climb upstairs without any challenge.

The second part of the interview sought to establish the opinion on management on the health and safety of employees in UDS. Again, some of the Heads of Departments/Sectional Heads responded and came up that, management do not conduct program on occupational health and safety for staff regularly but set a committee to investigate into accident on the job if it occurs. The views express by management supports the views of Jorma (2004) who accessed that

management is responsible for most of the safety issues within organizations because they control the assignment of resources.

5. Conclusion

Individuals, communities, and countries place a high value on their employees' health and work environment. Maintenance of occupational health and safety is an important strategy not only to ensure the health of workers, but also to contribute positively to productivity, quality of products, work motivation, job satisfaction and thereby to the overall quality of life of individuals and society (Horst et al., 2014).

Organizational factors affecting working conditions and the occurrence of accidents and injuries have therefore gained increased research attention. The aim of the study was to document employees' understanding and appreciation of occupational health hazards at the work place, the effects of these hazards on the health of staff and its impact thereon on staff productivity.

The findings from the study highlight the importance of taking into consideration occupational health and safety issues towards improved safety in the work place. To be more specific, the results from the study show that staff have fair idea of occupational health and safety at the work place.

Occupational health and safety must be continuously emphasized that safety is a priority and encouraging the integration of safety considerations in all activities, an increased awareness and attention to safety issues is likely to characterize behaviors throughout the organization. It was realized again that the highest numbers of accidents occurring in the University premises was due to persons falling, slipping, lifting heavy files, and sitting for long hours. Therefore, floor surfaces must be of a suitable construction to reduce this risk especially at the Chief AndaniAndan Academic Board Chamber where a lot of meetings are being held and staff should observe their break periods and take a stroll around the office environment to avoid ergonomic hazards. It was also realized that, money spent on medical bills were huge which add cost to the University.

Occupational health and safety policies, practices and procedures must be prepared by Management and should be made available to employees so that they may be aware of the laid down policies, rules and safety precautions to reduce accidents at the work place. Once there policy is prepared, there should be a continuous review. Again, health and safety measures should properly be in place and employees should be trained and educated on how to use the emergency facilities in case of a problem.

6. Recommendations

The study makes the following recommendations based on the findings:

- Provision of infirmary or health centre on the Tamale Campus where staff can receive first aid.
- Provision of eating rooms/ canteen services to prevent rodents and insects from invading offices and destroying important documents.
- Establishment of police station to arrest and report offenders and general security issues.
- Provision of lifts or elevators where people with disabilities can patronise.

Future study needs to consider the causes and effects of physical risks, such as the combined exposure to elements of the physical work environmental and psychosocial risk factors. Many of the Occupational Health and Safety risks are caused or aggravated by job insecurity and the strain that workers experience as part of the demands of modern job markets, poor ergonomic design of workplaces and the lack of adequate training of workers on issues of health and safety. An interdisciplinary approach on health and safety may therefore assist in identifying the key issues and initiatives required to strengthen the health and safety of staff in UDS.

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