

PERCEPTIONS REGARDING OCCUPATIONAL INJURIES BY EMPLOYEES AT
LETABA HOSPITAL IN MOPANI DISTRICT, LIMPOPO PROVINCE.

BY

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The aim of the study was to explore the perceptions of employees regarding Occupational injuries at Letaba Hospital, Mopani District in the Limpopo Province of South Africa. The study followed the qualitative-explorative design. Purposive sampling was utilised to select participants to partake in focus group Interviews. The discussions were tape recorded with the permission from the respondents. Tesch's eight steps of data analysis were utilized to analyse the data. The findings revealed that even though the participants know about occupational injuries, some still blame other people and witchcraft as causes of injuries. The participants experienced occupational injuries like burns, falling from ladders and needle pricks due to negligence in the use of Personal Protective Equipments. It emerged in the findings that occupational injuries can cause death at times. The study also revealed that negative perceptions and experiences of the employees towards the use of Personal Protective Equipment are still a challenge to some participants. The institution and the provincial office were perceived to be responsible for provision of Personal Protective Equipments that should be done twice or thrice a year and that in-service training and awareness campaigns should be organized for the employees in the Mopani district. The study concluded that if employees have negative perceptions and experiences regarding occupational injuries their preventive effort becomes low and become exposed to injuries as a result of not using personal protective equipment. The study recommends that employees get workshops regarding the value of occupational injuries and be supported by both the local institution and the provincial Occupational Health and Safety office.

DECLARATION



I, Malatjie Suzan Khutso, hereby declare that the dissertation for the Master of Public Health degree at the University of Venda, hereby submitted by me, has not been submitted previously for a degree at this or any other university, that it is my own work in design and in execution, and that all reference material contained therein has been duly acknowledged.

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25.08.2014

Date

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ABBREVIATION AND ACRONYMS

| | | PAGES |
|---------|---|-------|
| AHA - | Activity Hazard Analysis | |
| ALARP - | as Low as Reasonably Practical | |
| COIDA - | Compensation for Occupational Injuries and Diseases Act | |
| DALYs - | Daily-adjusted Life Years | |
| GDP - | Gross Domestic Product | |
| GNP - | Gross National Product | |
| ILO - | International Labour Organization | |
| JHA - | Job Hazard Analysis | |
| JSA - | Job Safety Analysis | |
| LI - | Labour Inspection | |
| LIS - | Labour Inspection System | |
| OHS - | Occupational Health and Safety | |
| OHSA - | Occupational Health and Safety Act | |
| OPD - | Out Patient Department | |
| OSHA - | Occupational Safety & Health Administration | |
| PPE - | Personal Protective Equipments | |
| RA - | Risks Assessments | |
| SA - | South Africa | |
| USA - | United States of America | |
| USD - | United Statistics Development | |
| WHO - | World Health Organisation | |

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1.1. INTRODUCTION

The right to health and safety at work is part of basic human rights. Most of the world's population spend one third of their adult life at work contributing to the development of their well-being, that of their families and of the society at large. A healthy workplace is one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of all workers and sustainability of the workplace (World Health Organization, 2010). Occupational injuries, therefore, disrupt the healthy environment of the work place. This chapter provides background to the study, problem statement, rationale of the study, significance of the study, purpose of the study, research question and definition of concepts and operational definitions for this study.

1.2. BACKGROUND TO THE STUDY

Occupational safety is a major concern for organizations and society at large. Data from the United States Bureau of Labour Statistics (USBLS) shows that among private industry employers in United State, there were 4.4 causes of non-fatal occupational injuries and illnesses per 100 equivalent full time employees in 2006 (USBLS, 2007). In the same year, USBLS recorded 5703 fatal work injuries. While these numbers reflect a decrease in occupational injuries and illness from previous years, there is still cause for concern. The costs associated with occupational injuries and illnesses are extremely high (De-Armond & Chen, 2009).

Occupational injuries constitute a public health problem, estimated to kill more than 300,000 workers worldwide every year and to cause many more cases of disability. This covers the global burden of fatal and non-fatal unintentional occupational injuries for the year 2000 (Concha- Barridentos, Nelson, Fingerhut, Driscoll & Leigh, 2005).

The WHO's World Health Report (2002) indicates that 1.5% of the global burden in terms of disability-adjusted life years (DALYs) results from only a selected subset of occupational injuries. Hundreds of millions of people throughout the world are working under circumstances that foster ill health and/ or are unsafe. It is estimated that yearly, over two million people worldwide die of Occupational injuries and work-related diseases.

Working conditions for the majority of the three billion workers worldwide do not meet the standards set by the World Health Organization, (WHO) and the International Labour Organization (ILO) for Occupational health, safety and social protection. Throughout the world, poor occupational health and safety leads to three million work-related deaths, 271 million injuries and 160 million Occupational diseases per year (WHO & ILO, 2002).

The principal responsibility of Occupational Health and Safety (OHS) services is to identify, control and prevent adverse health effects caused by the work environment. There are no reliable National and Provincial data to estimate the extent and scope of OHS challenges. However, the Abdullah Report states that about 240 000 occupational injuries in 2011 were reported to the Workmen's Compensation now known as (COIDA) Compensation of Injuries and Disease Act (South Africa Department of Health and Welfare, 2000).

Every employee takes reasonable care for the health and safety of himself. Injuries have been recognized as a major public health problem in both developed and developing countries. It is generally acknowledged that this problem is growing rapidly and caused death among adults and accounted for 12% of all admissions at the national hospital in world's largest cities (Keyserling, 2002).

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An employee who may be affected by his actions or omissions, if he is involved in any incident which may affect his health or cause an injury to himself has to report such incident to his employer or to anyone authorized thereto by the employer, or to the health and safety representative in the section where he/she is working as soon as practicable but not later than the end of the particular shift during which the incident occurred. Unless if the circumstances were such that the reporting of the incident was not possible, in that case he/she shall report the incident as soon as practicable thereafter (Occupational Health and Safety Act (OHSA) No. 85 of 1993). Hence the role of government is to provide services and enforce responsibilities to the employee as it is done in the United States, as this is the role played by labour unions (Sprince & Sokas, 2008).

The South African Occupational Health and Safety Act (OHSA) (No. 85 of 1993) requires the employer to provide and maintain, as far as is reasonably practicable, a working environment that is safe and without risk to the health of the employees. This means that the employer must ensure that the workplace is free from hazards that may cause injuries, damages or diseases. Where this is not possible, the employer must inform the workers of these hazards, how they may be prevented, and how to work safely in the workplace (Department of Labour, 1993).

1.4. RATIONALE OF THE STUDY

1.3. PROBLEM STATEMENT

Occupational Health and Safety in the public sector was implemented in 1998. Letaba Hospital actively implemented the service in 2006. There are representatives in each section and an Occupational Health and a Safety Clinic has been instituted. Currently, training is provided for staff members regularly on occupational safety including induction of new staff. Despite this training and awareness campaign, the institution still experiences an increased number of injuries among the workers, especially the ground men and general assistants (cleaners). The most common accidents prevailing in the institution include chemical/blood spillage, falling, needle pricks, burns and electrical shocks (Letaba Hospital Occupational Health and Safety, 2012).

The table below shows the extent of the problem

Table 1: Statistics showing the number of accidents that occurred between April 2012 and March 2013.

| ACCIDENT | April | May | Jun | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Chemical/ blood spillage | 01 | 04 | 02 | 05 | 01 | 03 | 04 | 08 | - | 07 | 05 | 01 |
| Falls | 06 | 03 | 07 | 04 | 01 | 04 | - | 03 | 04 | 03 | 04 | 02 |
| Needle pricks | 03 | 04 | 09 | 08 | 03 | 02 | 07 | 02 | 06 | 06 | 03 | 10 |
| Burns by hot water from leaking pipes | - | 03 | - | 01 | 01 | 03 | 01 | 01 | - | 03 | 02 | - |
| Electric shocks | 02 | 03 | 06 | 02 | 02 | 03 | 02 | 08 | 02 | 01 | 05 | - |
| TOTAL | 15 | 17 | 22 | 20 | 08 | 15 | 14 | 24 | 12 | 20 | 19 | 13 |

Letaba Hospital Occupational Health and Safety, 2012

1.4. RATIONALE OF THE STUDY

This is the first study carried out on the perceptions of employees at Letaba Hospital regarding Occupational injuries. Despite the availability of the Occupational Health and Safety Act (OHSA), Hospital Policy on reporting occupational injuries, the presence of the Occupational Health and Safety representatives in the units, supervisors and the in-service educations that are given to the employees, a number of occupational injuries are still regularly reported in the institution.

1.5. SIGNIFICANCE OF THE STUDY

- The results of the study will provide the recommendations which may lead to the improvement of the occupational service in the hospital.

- The results of the study may also assist policy makers in reviewing the procedures and guidelines regarding Occupational health services in the health facilities in the country.

1.6. PURPOSE OR AIM OF THE STUDY

The study seeks to determine the perceptions regarding occupational injuries by employees at Letaba Hospital, Mopani district, Limpopo Province in order to assist in curbing the high number of injuries which are currently taking place.

1.7. THE STUDY OBJECTIVE

- To explore the perceptions of employees regarding occupational injuries in their workplace.

1.8 RESEARCH QUESTION

What are the perceptions regarding occupational injuries by employees at Letaba Hospital, Mopani district, Limpopo Province?

1.9. DEFINITION OF CONCEPTS AND OPERATIONAL TERMS

Perception - is the process or the way in which an individual sees/views things. The *Oxford Dictionary* describes perception as the process by which an individual interprets and organizes sensation to produce a meaningful experience of the world (Duckett, 2009).

In this study, the term will be used to describe the way in which the employees see/view things.

Employees – are individuals that are hired to perform a job who are entitled to receive any remuneration or who work under the direction or supervision of an employer or any other person authorized by the employer. They could be permanent or on probation (Occupational Health and Safety Act No 85 of 1993).

CHAPTER 2

LITERATURE REVIEW

2.1. INTRODUCTION

This chapter provides global trends on occupational injuries, occupational injuries in the developing countries, occupational injuries in the African region, occupational health in South Africa (S.A), strategies to control occupational injuries and the cost of occupational injuries.

2.2. GLOBAL TRENDS ON OCCUPATIONAL INJURIES

Occupational injuries and ill health have huge social and economic implications for individuals, their families, and their communities. They also have economic impact in the form of direct and indirect costs for the society as a whole. The occupational injuries also affect production especially if there are an increased number of casualties involved. Therefore, the human resource is reduced and also manpower to produce is affected (Leigh, Markowitz, Fahs & Landrigan, 2000).

Most Americans between the ages of 22 and 65 spend 40 to 50 percent of their lives at work. Every year millions of Americans suffer injuries and thousands experience deaths at their workplaces. Yet little effort has been made to estimate either the extent of these injuries, deaths, and diseases or their cost to the economy (Leigh, Markowitz, Fahs & Landrigan, 2000).

The important questions about workplace safety and the economic resources expended due to workplace health problems remain unanswered. To address these questions, estimates of the incidence, prevalence, and costs of workplace-related injuries, illnesses and deaths for the entire civilian workforce of the United States in 1992 were done. The major findings include: An estimated 6,371 job-related injury

deaths, 13.3 million nonfatal injuries, 60,300 case deaths, and 1,184,000 illnesses occurred in the U.S. workplace in 1992. The total direct and indirect costs associated with these injuries and illnesses were estimated to be \$155.5 billion, or nearly 3 percent of Gross Domestic Product (GDP) (Leigh, Markowitz, Fahs & Landrigan, 2000).

Injuries generated roughly 85 percent whereas diseases generated 15 percent of all costs. Costs were borne by injured workers and their families, by all other workers through lower wages, by firms through lower profits, and by consumers through higher prices. Workers' compensation covered roughly 27 percent of all costs. Taxpayers paid approximately 18 percent of these costs through contributions to Medicare, Medicaid and Social Security (Leigh, Markowitz, Fahs & Landrigan, 2000).

Employers are responsible for providing a safe and healthful workplace for their employees. The Occupational Safety and Health Administration (OSHA), an agency of the U.S. Department of Labour, has the responsibility of ensuring the safety and health of America's workers by setting and enforcing standards; providing training, outreach and education; establishing partnerships; and encouraging continual improvement in workplace safety and health (U.S. Department of Labour, 2005).

A thorough knowledge of time trends of occupational injuries is essential to the development of strategies to prevent these events. In Italy the main source of information about occupational injuries is the Institute of Insurance for Occupational Illness and Injury (Istituto Nazionale per l'Assicurazione degli Infortuni sul Lavoro, INAIL), which covers nearly every employee. Data collected by the Italian Funds for Occupational Injuries and Diseases (IFOID) on incidence and mortality for the occupational injuries in Italy during 1951-2001 are described with respect to two main occupational sectors, Industry and Service, and Agriculture.

The ultimate result of the work input of the global workforce is a total global gross domestic product (GDP) of USD 21.6 trillion per year (USD 9 160 per worker). This GDP provides the economic and material resources by which all other activities, including health and social services, training and education, research and cultural services are sustained. In addition to these material and tangible values human

labour is also behind most intangible assets such as level of education and general knowledge (WHO, 2010).

The relationship between GDP and the occupational injuries rate of the wage-earning population between 1955 and 2004 was analyzed using an error correction model. The sample size increased from 1.568,371 persons in 1955 to 2.656,952 in 2004. Occupational injuries were divided into fatal and non-fatal injuries. Occupational injuries (fatal and non-fatal) decreased from 8.59% to 4.08%: non-fatal injuries decreased from 8.56% to 4.07%; fatal injuries decreased from 0.03% to 0.01%. Austrian GDP increased from EUR 37.7 billion to EUR 202.8 billion.

2.3. OCCUPATIONAL INJURIES IN THE DEVELOPING COUNTRIES

Statistical analysis clearly shows that a growing economy is associated with declining injury rates (fatal and non-fatal). Two mechanisms are discussed. Firstly, rising GDP is accompanied by greater investment in safer technologies and occupational safety measures. Secondly, booming economies are associated with a reduced risk of unemployment, which is already known to be a risk factor for occupational injuries.

Economic development appears to have an impact on the incidence of occupational injuries in Austria. Health policy should emphasize the necessity for safety at work particularly in phases of economic slowdown (SpringerLink-Wiener Klinische Wochenschrift, 2007). In 1990, about 6.3% of global GDP was produced by agriculture, 36.3% by industry and 57.4% by services. The shares of different sectors varied widely, however, so that the respective proportions were 3.6%, 36.9% and 59.5% in the most industrialized countries and 48.4%, 15.5% and 36.1% in the least developed countries.

Attention has been given to occupational accidents in many countries for over 100 years. For the most part, industrialized countries have introduced different laws and regulations for the prevention of occupational accidents and work-related diseases; and the number of occupational accidents has been followed up. In recent decades, countries and companies have been increasingly interested in occupational accidents, at least partly because of the cost of accidents.



The International Labour Organization (ILO) estimated that the total costs of occupational accidents and work-related diseases are 4% of the gross national product (GNP; ILO Safety in numbers 2003). The total GNP of the world was approximately 34 10¹² USD in 2003 (Statistics Finland, 2005), which means that worldwide the annual cost of work-related injuries and diseases is approximately 1.36 10¹² USD. Work-related diseases are an increasing problem that countries are just becoming aware of. Recent studies show that the number of work related diseases seems to be underestimated. (Driscoll, Takala, Steenland, Corvalan, & Fingerhut, 2005)

2.3. OCCUPATIONAL INJURIES IN THE DEVELOPING COUNTRIES.

According to ILO News (2000) in Geneva - two million workers die each year through work-related accidents and diseases. More than 5,000 every day - and for every fatal accident there are another 500-2,000 injuries, depending on the type of job. In addition, the ILO indicated that for every fatal work-related disease there are about 100 other illnesses causing absence from work.

In a report prepared for the XVIth World Congress on (OHS) at Work, held in Vienna, Austria, in 2005, the ILO said the number of estimated annual deaths among workers has clearly increased since 1990, mainly because work-related communicable diseases were not counted previously and the number of cases of work-related cancer and circulatory diseases have increased. During the same period, figures for fatal accidents went up slightly in developing countries but decreased in most industrialized countries.

Dr Jukka Takala, Director of the International Labour Office's *In Focus Programme on Safety and Health at Work and the Environment* (Safe Work), in his report to the Congress said that 270 million workers were involved in occupational accidents annually of which approximately 360,000 were fatal - while another 160 million workers incurred occupational diseases.

According to the ILO figures, the biggest killer in the workplace is cancer, causing roughly 640,000 or 32 per cent of deaths, followed by circulatory diseases at 23 per

cent, then accidents at 19 per cent and communicable diseases at 17 per cent. Asbestos alone, the report says, takes some 100,000 lives annually. Worse still, 12,000 employees die each year working in hazardous conditions.

2.4. OCCUPATIONAL INJURIES IN THE AFRICAN REGION

According to WHO (2004) information available concern eight 'countries which are Algeria, Ethiopia, Ghana, Guinea, Kenya, Libyan Arab Jamahiriya, Uganda and United Republic of Tanzania. What is observed is that none of the countries in this region have managed data for the number of Labour Inspection System (LIS) covered and registered workplaces that were inspected, the amount of money imposed in sanctions or fines, the number of occupational injuries and diseases, all of them components that would provide a better idea of the state of LI (Labour Inspection), considering that six of the eight countries have information on the total number of inspectors for specified periods. The information in this regions indicated that comparative study cannot be conducted because the eight countries have "scattered figures" for different years on the total of visits made by inspectors, inspections, the amount of infractions and work-related accidents.

2.5.1. Occupational safety in the Public Sector

Occupational Health and Safety (OHS) in the public sector began to be implemented since 1998 (Limpopo, 2008/09). There is OHS oversee in the hospital and representatives in all the units to guard and report any incident of occupational injuries which may occur in her/his absence or presence. This must be in writing where the designed forms for employee involved in occupational injuries are filled for him/her, whereby assessments/ examinations by the doctor are done to determine the severity of the injury.

If necessary, the person injured may be referred to multidisciplinary team members. The Compensation for Occupational Injuries and Disease Act (COIDA) may also intervene for the compensation of the employee in case of severe damage to an extent that the employee will no longer be able to perform his/her duties as expected. However, it must be found that the employee was not ignorant to conform to rules assigned by the employer, for example the use of Personal Protective Equipments.

2.5.2. Legislation and Occupational health

According to the South Africa's Constitution Act (Act No 108 of 1996) and supported by the Occupational Health and Safety Act No 85 of 1993 (OHS Act), all South Africans are entitled to work in a healthy and safe environment that promote personal health and wellbeing. Employers must identify workplace hazards; assess the potential risk stemming from these hazards and take appropriate action, which includes informing employees about the resources. Yet every year work related diseases and injuries cause nearly 300,000 deaths in the companies and organizations in South Africa. The country is losing a large amount of economically active workers through occupational injuries and diseases every year.

Statistical data from International Labour Organization (ILO) shows an estimated five percent of the global gross national product (GNP) is wasted as a result of costs

associated with occupational injuries and five percent of South Africa's gross national product in 2009 represent a total loss of R121, 2 billion in economic activity.

The OHSA (Act No. 85 of 1993) requires the employer to provide and maintain, as far as is reasonably practicable, a working environment that is safe and without risk to the health of the employees. This means that the employer must ensure that the workplace is free from hazards that may cause injuries, damages or diseases. Where this is not possible, the employer must inform the workers of these hazards, how they may be prevented, and how to work safely in the workplace (Department of Labour, 1993).

The Occupational Health and Safety Act focuses on accident and disease prevention. Put into effect on January 1994, the act replaced the Machinery and Occupational Safety Act of 1993. The safe operation of machinery is a principal component of updated act, incorporated preventative measures and promoting proactive policies for strengthening the workplace through safety (Lundstrom, 2010).

The Compensation for Occupational Injuries and Diseases Act (COIDA) (Act No. 130 of 1993) and its function is to provide compensation for disablement caused by occupational injuries or diseases sustained or contracted by employees in the course of their employment, or for death resulting from such injuries or diseases; and to provide for matters connected therewith.

2.5.3. Occupational injuries in the mines

Harmony Gold Mining Company Limited provides access to quality health care through company-managed facilities, third-party service-providers or medical aids to all employees, some contractors and many dependents. Harmony's two private hospitals and one mine hospital, including three private pharmacies, are a world-class health care delivery service providing an extensive range of general and specialist care. Casualty departments at these hospitals provide 24-hour emergency services to local communities as well as to the company's employees. There were



16 507 in-patient contacts and 477 366 out-patient contacts during the year. Around 73% of these patients were Harmony's own employees.

2.6 STRATEGIES TO CONTROL OCCUPATIONAL INJURIES

There are a number of measures taken to minimize the hazards in the workplace. These include the following:

2.6.1. Environmental engineering

Job Safety Analysis (JSA), also known as Job Hazard Analysis (JHA), Activity Hazard Analysis (AHA) or Risk Assessment (RA), is a safety management tool in which the risks or hazards of a specific job in the workplace are identified, and then measures to eliminate or control those hazards are determined and implemented. More specifically, a job safety analysis is a process of systematically evaluating certain jobs, tasks, processes or procedures and eliminating or reducing the risks or hazards to as low as reasonably practical (ALARP) in order to protect workers from injury or illness (Greenwood, 2006).

2.6.2. Personal Protective Equipments (PPE), training and monitoring.

Personal protective Equipments are defined as safety devices provided by the employer helping to protect the employees from the hazards in their work places/environment (Business dictionary). Personal Protective Equipments (PPE) are devices and garments used to protect the employees from injuries, are designed to protect hands and arms, eyes, ears, head, the body, feet and nose. These include the safety gloves, goggles/safety spectacles, earplugs, helmets, work suites/overalls/ safety coats, boots and masks/ respirators and are supplied free of charge by the employer. Employees need in-service training on how to use PPE and monitoring is conducted to ensure compliance on the use of PPEs (Taylor, 2002).

Haddon (1972) has identified ten technical strategies that may be used to control or reduce the number of fatalities in South African mines:

- Prevent the creation of hazard in the first place- The employer should be able to prevent the miners from exposure to particularly hazardous areas, such as unsupported roof.
- Reduce the amount of hazard brought into being-underground mining operations can be made less hazardous by reducing the number of hazardous work areas (unsupported roof and other falling earth).
- Prevent the release of the hazard that already exists-improve equipment in daily use and machinery with engineering controls.
- Modify the rate of spatial distribution of the release of the hazard and that which is to be protected- in mines where fires lead to injury and fatality, fire sensing and sprinkler systems might be used.
- Separate, in time or space, the hazard and that which is to be protected-clearly separate, with signage and lighting, areas that are relatively safe for miners to work in from those areas that are especially hazardous.
- Separate the hazard and that which is to be protected by interposition of a material barrier-utilize engineering controls such as safety guards to protect miners from hazardous machinery.
- Modify basic relevant quantities of the hazard-modify mining equipment and transportation vehicles so that there are no sharp exterior points/edges or unguarded parts.
- Make what is to be protected more resistant to damage from the hazard-miners should be equipped with appropriate personal protective gear e.g. helmets.
- Begin to counter the damage already done by the environmental hazard- locate emergency response teams closer to mining sites to expedite rescue efforts.
- Stabilize, repair, and rehabilitate the object of the damage- offer comprehensive medical and rehabilitative services to miners who experience non-fatal injuries

2.7. Cost of the occupational injuries



Occupational injuries have an impact on several aspects that affect employee's daily living, which might be negative or beneficial to him/her. Occupational injuries have cost on the followings aspects:

2.7.1. Money

Every year workplace injuries, illnesses and deaths cost South Africa \$170 billion. That is money that businesses can save and pain workers can avoid. How can money be saved while improving safety and health in the facility? There is estimation that indicates a good safety and health program that can save \$4 to \$6 for every \$1 invested. That is because injuries and illnesses decline. Workers' compensation costs go down. Medical costs decrease. South Africa is losing a large amount of economically active workers through occupational injuries and diseases. Safety management programs minimize occupational injuries, thereby putting more money back into employers' pockets.

There are other less quantifiable benefits as well - reduced absenteeism, lower turnover, higher productivity and increased morale. Direct Costs are medical costs and indemnity payments. Direct costs included medical expenses for hospitals, physicians, and drugs, as well as health insurance administration costs, and were estimated to be \$51.8 billion (Leigh, Markowitz, Fahs & Landrigan, 2000).

2.7.2. Production

Indirect costs refer to production time lost by the injured employee, fellow workers and supervisors; spoiled product, unhappy customers; clean up time; schedule delays; training new employees; overhead costs; legal fees and an increase in insurance costs. The indirect costs included loss of wages, costs of fringe benefits, and loss of home production (e.g., child care provided by parent and home repairs), as well as employer retraining and workplace disruption costs, and were estimated to be \$103.7 billion (Leigh, Markowitz, Fahs and Landrigan, 2000). The health of employees is valuable to organizations. When employees get injured on the job, it

can cause them to miss days from work. Absence takes away from productivity, which costs employers time and money (U.S. Department of Labour

, 2005)

RESEARCH METHODOLOGY

1.1 INTRODUCTION

Occupational accidents and disease impose an enormous cost on South Africa. A 1997 study prepared for the Department of Labour estimated the cost of occupational accidents and disease to be (in 1996 terms) R17 billion, equating to 3.5% of the national Gross Domestic Product (GDP). In 2003 terms, this amounts to R 30 billion. Costs to employers include property damage, lost production time, lost skills as well as the cost of engaging and retraining replacement (Department of Health, 1996).

1.2 STUDY DESIGN

The researcher used qualitative, descriptive and exploratory approach to describe the knowledge and perception related to occupational injuries. The qualitative method was chosen for this study to describe people's lives and experiences, how to interpret their experiences and how they structure the world in which they live (Burns & Grove, 2012). Creswell (2009) defines design in qualitative research as "the entire process of research, from conceptualizing a problem, to writing the narrative". The term of inquiry is the term used to refer to "an approach to qualitative research that has a distinguished history in one of the disciplines, having spawned distinct methodologies that characterized its approach" (Creswell, 2009:2).

The researcher used this method to explore substantive areas about which little is known or about which much is known to gain novel understandings (Brink & Wood, 2004). In addition the researcher used this method to obtain intricate details about the phenomena such as feelings, thought process and emotions that were difficult to extract or learn about through more conventional research methods (Creswell, 2009). Qualitative research was used to describe and analyze the culture and perception of the study group's perception regarding occupational injuries. Interviews assisted the researcher in the collection of rich descriptive data from the participants.

CHAPTER 3

RESEARCH METHODOLOGY

3.1. INTRODUCTION

This chapter presents the methodology adopted for the purpose of this study. The chapter is composed of the research design, study setting, study population and sampling, methods of data collection, data analysis, measures of ensuring trustworthiness and ethical consideration.

3.2. STUDY DESIGN.

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3.3. STUDY SETTING



The study was conducted at Letaba Hospital, which is about 17 kilometers away from Tzaneen, and about 04 kilometers away from Nkowankowa Township in Mopani District, Limpopo province, South Africa. It is located on the eastern region of Tzaneen. The hospital's workplace is dominated by Sepedi and Xitsonga (Shangaan) speaking people. The hospital comprises of the Administration section, eight wards (female and male medical, female and male surgical, paediatric, psychiatric, gynaecological and maternity), Staff clinic (Occupational Health and Safety Office), Health Support services (occupational therapists, social workers, physiotherapists, psychologists), Allied (Speech and hearing, dental and X-ray), Casualty and Out Patient Department (OPD), Theatre and Technical department (maintenance/workshop and grounds men) and wellness clinic (Nyeleti). The hospital consists of 968 employees. The hospital has the following categories of employees: Doctors and nurses, clerks, general assistants, grounds men and porters. Table 2 shows the categories of employees in the hospital.

Table 2: Employees at Letaba Hospital according to Departments

| Department | Employees |
|--|-----------|
| Administration | 75 |
| Allied(X-ray, speech and hearing, and dental) | 39 |
| Clinical(nurses and doctors) | 562 |
| Logistic: | |
| Kitchen | 18 |
| Laundry | 32 |
| Porters | 22 |
| General assistants | 112 |
| Health support services(physiotherapists, psychologists, social workers and occupational therapists) | 34 |
| Technical(maintenance/workshop and grounds men,) | 58 |
| Transport(Drivers) | 16 |
| Total | 968 |

3.4. STUDY POPULATION AND SAMPLING



The study population refers to the group of people or other entities that have certain specific properties (Burns & Groove, 2012). In this study, the study population comprised of grounds men in the maintenance department and general assistants in the wards as they are mostly exposed to the occupational injuries than other employees in the other sections/units.

For the purpose of this study non-probability purposive sampling was used to select the participants for focus group. Each group comprised of heterogeneous group of 6-10 members, consisting of both males and females. According to Burns and Groove (2012) non-probability sampling means that not every element of the population has an opportunity of being selected in the sample. The odds of selecting a particular individual were not known because the researcher did not know the population size or the members of the population whilst a purposive sampling is defined as "conscious selection by the researcher of certain subjects or elements to include in the study" (Brink & Wood, 1994). Participants were conveniently selected, and only those on duty participated in the study. Purposive sampling is sometimes called 'judgmental' or 'theoretical sampling' (Brink & Wood, 1994).

The researcher selected the grounds men in the maintenance department and the general assistants in the wards, whereby five focus groups of participants were selected. Participants were 35, aged 25-60 were 10 (ten), both males, aged 25-65 were 14 (fourteen), 09 (nine) females and 05 (five) males and aged 32-60 were 11 (eleven), 08 (eight) females and 03 (three) males. They were Tsonga (Shangaan) and Northern Sotho (Sepedi) speaking participants and were interviewed in both mentioned languages. The participants dominating were males than females, the cause might be the fact that one of the section were the participants were selected the employees are only males and that males also want to be empowered, therefore need information and to be well informed of what takes place around their world and daily lives (Letaba Hospital OHS, 2012).

The characteristics that the researcher looked for in the participants were as follows: the respondents employed at Letaba Hospital, speaking and understanding Pedi and Tsonga languages, aged between 25 and 60.

3.5. DATA COLLECTION PROCEDURE

Data collection is the gathering of information needed to address a research problem (Polit & Hungler, 2012). Focus groups were used as the method of data collection. Focus groups assessments are exploratory forms of qualitative research (Carey, 1994). This method assisted the researcher to generate ideas, explore issues or behavior category that was unknown. Before data was collected, permission to interview the participants and record the interviews was obtained from each participant individually.

Focus group discussion allowed the researcher to interact with participants and provided the opportunity for clarification of responses, follow-up questions and probing when necessary (Reed & Paton, 2002). Four focus groups were conducted, two with grounds men and two with the general assistants (cleaners). The researcher arranged that all focus groups be carried out to select the respondents. The researcher chose the purposive approach to select the widest variety of participants who are judged to be typical of the population in question (Burns & Groove, 2012). The important factor with this method is that one must verify that the identified participants meet the criteria. The judgement of the individual researcher is obviously too prominent a factor in this type of sample (de Vos, Delport, Fouche, & Strydom, 2007).

The five studied focus groups were conducted during lunch times until the aim was reached. Saturation of data determined whether the discussion was to continue or stop. The discussion took place for an hour to an hour and half for the respondents not to lose interest and refreshments were served at the end of each discussion.

An unstructured interview guide (Appendix F) was used to guide the researcher while collecting data. Unstructured interview guide was defined as unorganized/unplanned areas of particular interest, while still allowing considerable

flexibility in scope and depth (de Vos et al., 2007). The interview guide consisted of one broad open question for the respondents to give unlimited responses. The question was designed to encourage a full, meaningful discussion of the respondents' own perceptions. By asking a broad open question, the researcher got a wide range of responses and also probed in order to determine the challenges, benefits and suggestions from the research participants (employees).

The discussion was tape recorded with the permission from the respondents. The researcher was assisted by two independent translators to translate to the local languages Sepedi and Xitsonga, to make the topic more understandable and motivate/encourage even participation. Both translators were knowledgeable in Xitsonga (Shangaan) and Sepedi.

3.6. DATA ANALYSIS

According to Polit and Hungler (2012) data analysis is a systematic organization of research data. The data gathering method of choice was the focus group interview. The information from the tape recorder was first listened to then transcribed verbatim before undertaking data analysis. Data was coded and based on the questions in the interview guide, it was determined, followed by coding of subthemes and descriptions. The researcher recoded existing data when necessary (Creswell, 2009; Tesch 1990). The following Tesch's principles of data analysis were followed in order to analyse data for this study:

- Get sense of whole

The researcher read the transcription carefully. The ideas that came to mind were jotted down.

- Pick one document

The researcher picked the most interesting document which was also short and read through again, trying to make sense out of it and write thoughts in the margin.

- List the topics

When the researcher completed this task for several participants a list was made of all topics. Similar topics were clustered together to form columns that might be arranged into major, unique topics and leftovers.

- Go back to data

The researcher took the list and returned to the data. The topics were abbreviated as codes and the codes written next to appropriate segment of the text.

- Describe the topics

The researcher found the most descriptive wording for the topics and turned them into categories. The researcher reduced the total list of categories by grouping together topics that relate to each other. A list was drawn between categories to show relationships.

- Abbreviate categories

The researcher made the final decision on the abbreviation for each category and made alphabetical order of codes.

- Assemble data

The data material belonging to each category was assembled in one place and preliminary analysis performed.

- Recoding

The researcher recoded existing data when necessary (Tesch 1990 & Creswell, 2009).

3.7. MEASURES OF ENSURING TRUSTWORTHINESS

Trustworthiness is a method of establishing rigor in qualitative research without sacrificing relevance. Guba's model for ensuring and assessing trustworthiness was used in this study. The four criteria that were used to ensure trustworthiness are as follows:

3.7.1. Credibility

Credibility established how confident the researcher was with the truth of the findings based on the research design, participants and the context (Lincoln & Guba, 1995). The researcher spent more time with the participants, interacted with the groups prior to the interview and established relationships. Interviewing was long not rushing for time. Field notes were taken throughout.

3.7.2. Dependability

The concept dependability implies trackable variability, that is, variability that can be ascribed to identify sources (Lincoln & Guba, 1995). In this study, the researcher coded the data and waited for certain period and returned to recode the same data to ensure accuracy. The study was audited by the peer researchers and recorded. The same data recorded was coded to ensure accuracy.

3.7.3. Conformability

Conformability refers to the degree to which the findings are a function solely of the participants and conditions of the research and not biases, motivations and perspectives (Lincoln & Guba, 1995). The researcher spent a lot of time with participants. The researcher ensured that no researcher's opinion is reflected in the participant's views. Focus group interviews, field notes and literature control were conducted.

3.7.4. Transferability

Transferability refers to the degree to which the findings can be applied to the other context and setting or with other groups (Lincoln & Guba, 1995). In this study, transferability was ensured by densely describing the background information about participants.

3.8. ETHICAL CONSIDERATIONS

In this study the researcher ensured that the following ethical issues were considered.

3.8.1. ETHICAL CLEARANCE

The content of the research proposal was submitted to the University Higher Degrees Committee of the School of Health Sciences for approval prior to starting

the research project. It was later presented to the University SENEX, then to the University's Research Ethics Committee to obtain ethical clearance. Finally it was submitted to the Department of Health for provision of permission to conduct the study.

3.8.2. INFORMED CONSENT

Informed consent means that the participants are fully informed and understand the research project in which they are being asked to participate. The participants were informed about the aim of the study, and to those who understood they were requested to give written consent to participate in the study (See Appendix C). It was also made clear to the participants that they may participate in the study voluntarily, and that they may terminate their participation at any stage during the research process. The manner in which data was collected and used to explain serves to ensure confidentiality, privacy and anonymity were maintained. All this was done to ensure that there was no relationship of mistrust among participants (Burns & Groove, 2012).

3.8.3. ANONYMITY

Anonymity relates to keeping the participants nameless in relation to their participation in the study (Brink, 2012). In this study, anonymity meant that the names of the participants were not used.

3.8.4. CONFIDENTIALITY

Confidentiality is related to the researcher's management of private information shared by the participants that must not be shared by others without authorization by the participants (Burns & Groove, 2012). Confidentiality entails that no information provided by the research subjects should be divulged or made available to any other person (Brink, 2012). The issue about confidentiality and dissemination of the results was discussed with the participants in the study. Confidentiality was maintained for all participants in this study. No information provided by the participants will be made available to any other person other than the researcher. The researcher ensured that

the interview schedule to the study was kept in a safe place and confidentiality was maintained.

3.8.5. PRIVACY

Privacy is a right. An individual has to determine the time, extent and general circumstances under which the personal information is shared or withheld from others (Burns & Groove, 2012). Privacy was maintained throughout this study. The researcher ensured same treatment of the participants regardless of the educational or socio-economic status.

3.8.6. PERMISSION TO CONDUCT THE STUDY.

Upholding ethical consideration was ensured by securing permission from:

- University of Venda Research Ethical Committee.
- Department of Health Research Ethical Committee in Limpopo Province.
- Letaba Hospital in Mopani District in Limpopo Province.

4.1. INTRODUCTION

This chapter presents the results obtained through the use of the focus group interviews. The purpose of this section is to present the results from the participants as they discussed their perceptions as employees regarding occupational injuries at Letaba Hospital, Mopani district, Limpopo Province. The data analysis reflects the biographical information, and thematic presentation of the perception of the participants regarding occupational injuries. The section that follows presents the results.

4.2. RESULTS

Based on the interviews, the following themes emerged:

- The first theme was participants' knowledge about occupational injuries, participants presented different information which reflected their level of understanding related to occupational injuries.
- The second theme was the participants' experience regarding occupational injuries, some of the participants reflected that they were involved in occupational injuries like burns, needle pricks and falling from ladders.
- The third theme was the participants' views and perceptions about occupational injuries, participants reflected their positive and negative perceptions about occupational injuries.
- And lastly, the fourth theme was the participants' opinion regarding management of the occupational injuries.

Table 1 and 2 that follow will present the summary of the biographic information and the findings of the research according to the each theme, subtheme and description, respectively.

Table 1: Biographical information of the participants

| Sections | Age in years of the participants | No. of focus groups | Gender | Total |
|----------------------|----------------------------------|---------------------|------------------------|-----------|
| Maintenance | 25-60 | One | 10 males | 10 |
| OPD and Casualty | 32-60 | Two | 08 females 03 males | 11 |
| Medical and surgical | 25-65 | Two | 09 females 05 males | 14 |
| TOTAL | | | | 35 |

Table 2: Presentation of themes, subthemes and description

| THEME | SUB-THEME | DESCRIPTION |
|---|-----------|---|
| Participants' knowledge about Occupational injuries | | Participants defined occupational injury as any injury that might occur while the employee is at work. Further, they added that amongst these injuries some might affect the body like the needle pricks, burns and falling from ladders. |
| Participants' experiences about occupational injuries | | The participants' reflection of their experiences about |

occupational injuries, where by some outlined that they were involved in burns, falling from ladders and were pricked needles while cleaning the floors, report to the OHS representative consulted the doctor in the staff clinic, counselled and tested for HIV and AIDS. Some were injured by the corrugated irons while off-loading and some were burnt doing welding works.

Positive views and perceptions regarding occupational injuries.

The participants' reflection of the support from their supervisors and their occupational health and safety representatives in their sections.

Negative views and perception regarding occupational injuries.

The participants displayed negative perceptions towards occupational injuries by outlining that some of the occupational injuries occur because one is bewitched by the

| | | |
|--|--|---|
| | | <p>relatives and neighbours due to jealous they have towards them.</p> |
| | <p>Role of the province (Limpopo Province) regarding the employee involved in the occupational injuries.</p> | <p>If possible, the provincial office as the overall employer should organize workshops and awareness campaigns twice or thrice a year for all the employees including those on probation and permanent members of staff so as to be well informed about occupational injuries.</p> |

4.2.1. Participants' knowledge about occupational injuries

Overwhelmingly, all focus groups participants indicated that they have knowledge about occupational injuries. However, evidence based on the interviews reflects knowledge deficit in other aspects related to occupational injuries. In relation to the definition of the occupational injuries, participants presented different information which reflected their level of understanding related to occupational injuries. Most of the participants had constructive knowledge regarding occupational injuries and have indicated that:

“Occupational injuries are bodily damage resulting from work situation. They are life threatening as some may cause death” (Participant 1, G1, 25 years old).

“Occupational injuries are the risks or any hazards that are occurring in the workplace” (Participant 2, G3, 39 years old).

“Occupational injuries may even turn our kids to be orphans and wives widow as they may at some stage kill us” (Participant 3, G2, 43 years old).

Although there were those who understand what occupational injuries are there are some who do not have constructive knowledge. The results show that older males and some female over the age of 50 lacked constructive knowledge and they indicated that occupational injuries are caused by people who hate and are jealous against them. They further suggested that injuries at work may be caused by the devil punishing them.

“Occupational injuries are resulting from witchcraft of one of my neighbours” (Participant 9, G5, 53 years old).

“Haai, no man, occupational injuries are caused by this evil spirits, Satan” (Participant 5, G2, 57 years old).

“People, occupational injuries is caused by someone who is jealous of others who does not want to see one improving themselves and always wishes someone bad things to happen” (Participant 10, G1, 53 years old).

Evidence shows that younger participants between the ages of 25–40 overwhelmingly indicated different knowledge about occupational injuries than older participants over the age of 50. The younger participants reflected understanding in defining the occupational injuries and the older participants linked occupational injuries with their beliefs about occupational injuries.

4.2.2. Participants' experiences about occupational injuries

The following personal experiences were reflected during discussions, where some of the participants outlined that they had needle pricks while cleaning the floors, report to the OHS representatives in their sections, consulted the doctor in the staff clinic, counselled and tested for HIV and AIDS. Some were injured by the corrugated irons while off-loading and some were burnt doing welding works.

"I was pricked by the needle while cleaning the floor with bare hands, I reported to the sister-in-charge who called the sectional OHS representative, I was taken to staff clinic for consultation"(Participant 7, G4, 46 years old).

"Oh! in my case it was even worse I was even tested for HIV and AIDS and it was so scary for me that I might be infected as the needle was not known whom it pricked, I did not think that the in-service education about Occupational health and safety issues done in the section and in the institution were important in our daily work"(Participant 3, G2, 51 years old).

"I realized that the gloves, helmet and the other equipment that we are given are very important, myself was burnt during welding work because I did not put on the gloves that my supervisor supplied me with although they are torn, I was away from work for a while and even now my hand is not functioning well" (Participant 8, G2, 38 years old).

Evidence show that participants who had experience regarding occupational injuries were those who did not use the Personal Protective Equipment supplied by the supervisors and the OHS representative and do not attend to the in-service education given regarding occupational health and safety issues in their units.

4.2.3. Participants' views and perceptions regarding occupational injuries.

It is evident from the participants' responses that some had positive whilst others had negative views pertaining to Occupational Health Injuries. The subthemes that follow are evidence to this effect.

4.2.3.1. Positive views and perceptions about occupational injuries

The participants presented positive views regarding occupational injuries. In relation to the relationship they had with the sectional supervisor and the health and safety representatives, participants regarded it as good and to their own benefit. This was evident with the support they receive from the OHS representatives. The participants reflected that there is support from their supervisors and their Occupational Health and Safety representatives in their units. Participants indicated that OHS representatives present different topics on occupational health and safety issues, and employees of all ages and gender are involved in the presentations of those issues, for example, in-service education.

“Our relationship with the sectional supervisors and health and safety representatives is good, because if there is something that we do not understand we are able to consult them and we are answered as expected and elaboration where necessary to enhance understanding, and they even accompany us to the staff clinic to be examined” (Participant 4, G4, 47 years old).

“Occupational health and safety to us as employees seems like a security that guards us to be on the safe side always and help us to concentrate especially when operating the machine during cleaning the floors” (Participants 5, G2, 37 years old).

“As colleagues, we are to remind each other of whatever our supervisors and the unit representatives are teaching us regarding occupational injuries, their effect on individual and families and their outcome thereof, this will mean that we are supporting each other and showing love and care to each other” (Participant 6, G1, 32 years old).

“We must always know and remember that all what he said means we are to prevent occupational injuries at all times until we reach the pension time” (Participant 7, G3, 45 years old).

Evidence also shows that participants in all the groups are of the perception that occupational injuries are preventable and avoidable. That is because participants are of the idea that all the employees from all sections should be involved so that they can be knowledgeable. This will help them know what to do in case they are involved in occupational injury.

4.2.3.2. Negative views and perception about occupational injuries

It was also evident from some participants' responses that occupational injuries are being sometimes discussed in their units, but approximately more than half of the participants reported that they were less concerned about occupational injuries. These employees also did not attend these meetings. The perceptions they had was that the purpose of the meetings were for retrenchment and not for their safety. Some of the employees were of the view that they were closer to pension and had no reason to attend OHS meetings since they would not use the information at home after retirement.

"There are meetings that are sometimes held in our section, the supervisor and those stupid guys calling themselves the OHS representatives are telling us of the occupational health and safety issues like the injuries which are there in our workplace" (Participant 4, G5, 59 years old)

"Oh, they like this to happen to us as they think that we are not educated, and they think and feel that they are clever as they have the diplomas and other certificates" (Participant 3, G 3, 47years old)

"I will never attend whatever gathering which is related to the whether you call it OHS or occupational injuries. This people think we are stupid to an extent that we are not aware that they want to retrench us" (Participant 6, G1, 36years old)

"In addition to what has been said, the supervisor and his people I mean those that are teaching us this injury related things they think we are grade R

kids where they can tell us and listen to them and further they are born just yesterday and remember what will I use the information at home because I will be on pension not long”(Participant 8, G1, 63 years)

The study also finds some believe in witchcraft in relation to occupational injuries. Some have stated that occupational injuries are the results of witchcraft initiated by their neighbours who are jealousy of them. Participants think that they are bewitched so that they join the witches who are their unemployed neighbours. Some even suspected that the relatives can be responsible for the occupational injury.

“Neighbours do not want us to work because of the developments that we are doing for our families, because they are jealous of us they even bewitch us to be involved in the injuries so that we can join them in being jobless”.(Participant 8, G4, 28 years old).

“You are right, with me my relatives like to see me involved in any form of injuries at work, they even ask me what I will do if it may happen that I’m injured at work, with me I do not like this occupational injuries issue”.(Participant 9, G4, 32 years old).

“If one can be injured even divorce may take place as for some of the injuries cause permanent disability, one will need someone to take care of therefore occupational injuries are scary in terms of that”.(Participant 10, G1, 59 years old)

Based on this sub-theme, it is evident that participants displayed negative perceptions towards occupational injuries. That is some of the participants stated that some of the occupational injuries occur because one is bewitched by the relatives and neighbours because of the jealous they have towards them.

4.2.4. Participants’ opinion regarding management of occupational injuries.

In relation to management of occupational injury, participants have indicated that the institution and the province have roles to play. Below are two sub-themes that

address the management of occupational injuries within the context of the local institution (Letaba Hospital) and the province (Limpopo Province).

4.2.4.1. Role of the institution (Letaba Hospital) regarding management of Occupational injuries

The participants had an opinion that for the purpose of management of occupational injuries, the hospital has to supply them with all necessary protective clothing, may be twice or thrice a year. They also had an opinion that the Occupational Health and Safety representatives in the units and supervisors should conduct the in-service training more often to all employees in the institution.

“The management bought us the uniform and all the equipments to protect us from injuries like this helmet I have put on my head, overalls, gloves and the boots some years ago and now they are torn and our bare hands are best to be used” (Participant 5, G3, 42 years old).

“To add on what my brother has mentioned and the goggles for us who work in the welding section although they are not as clear as they should and we are no longer using them frequently” (Participants 8, G4, 54 years old).

“Although the equipment might be as old as we think our safety comes first, and remember this is for our benefit so we are to use them and make request to our representatives and supervisors so that they will write letters to our management to buy for us the protective clothing needed according to our sections” (Participants 3, G1, 44 years old).

Despite all what is said above the participants confirmed that the health and safety clinic is in use in case an employee gets injured. Some participants considered this service to be fair enough for the reason that it is a free service and the doctor is also called to examine the injured employee.

“Guys, the hospital management in terms of injury on duty is fair. Immediately when one is injured and report to the supervisor or the unit Occupational

Health and Safety representative that person is referred to the staff clinic to be treated and the nurses there after examination they call the doctor to examine the person in totality” (Participant 7, G2, 43 years old).

“Correct I remember when one of my colleagues was burnt while putting the coals in the boiler, reported to the supervisor and was treated for free and treated thoroughly as I’m speaking he is still working and healthy” (Participants 6, G2, 32 years old).

The evidence of this subtheme is that the management including the OHS representatives should render motivation in relation to the employees needs pertaining to the supply of the Personal Protective Equipments in terms of the respective units. In-service training should also be conducted as much as possible to make each employee aware of the occupational injuries which might occur in the unit he/she may be allocated to and how to deal with it. Such should include the office to report to.

“Our supervisors are there in the sections knowing very well that the protective equipments that we are using are worn out but they keep on telling us that we should use them. No, this is really unfair to us”(Participant 3, G5, 49 years old).

“In our section the OHS representative said that our supervisor has written request to stores for the rubber gloves, helmets, overalls and the goggles”(Participant 2, G2, 34 years old).

“Ok, meaning while waiting for the request to be attended to let’s continue using whatever protective equipments are available in our sections to prevent more injuries which will affect the service” (Participant 7, G4, 25 years old).

Although the role of the hospital is to provide the employees with safe and healthy environment, including empowering the employees which involves in-service training, the employees should know to whom they should report accidents in case of occupational injuries. Some stated that there is fear that employees who report

injuries may be at risk of disciplinary action, denial of overtime or promotion opportunities, stigmatization, drug testing, harassment, or job loss. Other employees may fear such outcomes even in the absence of demonstrable risk.

“Reminder as there are in-service training that are given in our sections can we please attend, if it was my wish we would all be on duty in order to attend so that we will be knowledgeable on the precautionary measures to be taken to prevent and avoid occupational injuries” (Participant 3, G1, 27 years old).

“It is fine with that if I can report injury I will not be at risk of being disciplined by my supervisor, where he/she will deny to claim the overtime for me or promotion opportunities, I fear the stigma attached to occupation injuries by the colleagues and I would loss job”(Participant 4, G5, 57 years old)

“Remember the employee is protected by the Basic Conditions of Employment that state that the employee should be safe not forgetting the Occupational Health and safety Act No. 85 of 1993, so those will not take place and even the Constitution of this country is against discrimination of any form” (Participant 6, G2, 32 years old)

4.2.4.2. Role of the province (Limpopo Province) regarding the employee involved in the occupational injuries.

Participants are of the opinion that the Limpopo provincial OHS office has to organize workshops twice or thrice a year for all the employees including those on probation and permanent staff to be well informed on the occupational injuries. The provincial office has a role to play in assisting the workmen compensation scheme in reduction of the claims to be done. The office has also to know statistically which unit has got high number of casualties and to be assisted as much as possible to prevent injuries.

“The Minister of Health should organize the workshop or awareness campaign for all the districts in Limpopo Province health institutions as some of us have

never heard of the Occupational Health and Safety issues” (Participants 2, G1, aged 35)

“Not the Minister of Health but our units’ representatives and the senior representative in the provincial office in our province should organize the workshop where we should be equipped with the information regarding the occupational injuries and the responsibility therefore” (Participant 9, G4, aged 29).

“Guys and to add more some of us might not be aware that there are procedures to be followed in terms of the Occupational Injuries for the employee to be compensated ” (Participant 3, G2, aged 33).

The participants indicated that the provincial office should assist and empower the employees about the occupational injuries and the procedure to be followed thereafter in terms of any type of injury.

“By the way there is an employer which is the Provincial office. Is this challenge known to him/her because we might blame our supervisors for nothing?” (Participant 8, G1, aged 44).

“I heard one of OHS representative saying she reported to the Chief Executive Officer as the overall supervisor, may be something will be done for us”(Participant 1, G4, aged 34).

“You are right the Provincial office OHS representative should organize in-service education for the employees in Mopani district and there should also explanation of information related to the compensation of the employee involved in the occupational injuries”(Participant 7, G3, aged 29).

“Very correct, in addition to what my sister has said, awareness campaign should also be organized related to occupational injuries issues” (Participant 5, G2, aged 53).

CHAPTER 5

“What should be remembered is that the Provincial office should provide the employees with the environment that is free from danger and our safety is very important to us” (Participant 3, G5, aged 35).

The results in this chapter show that participants had knowledge regarding OHS, even though their knowledge differed from one participant to the other. Participants also had different perceptions regarding OHS and its management both locally and provincially. The chapter that follows presents the discussion of the results.

5.2. DISCUSSION OF THE RESULTS

5.2.1. Participants' knowledge about occupational injuries

All focus groups participants indicated that they have knowledge about the occupational injuries. Participants had different definitions about occupational injuries, some of the definitions discussed reflect knowledge deficit about safety precautions for example, the use of Personal Protective Equipments, where some of the participants linked occupational injuries with their beliefs.

An occupational injury is bodily damage resulting from working. In the United States in 2007, 5,488 workers died from job injuries, 92% of which were men, and 49,000 died from work-related injuries. NIOSH estimates that 4 million workers in the U.S. in 2007 suffered from non-fatal work-related injuries or illnesses (US Department of Labour, 2007). Although participants in this study agree with this definition, there were those who still think it is based on witchcraft and jealousy

According to ILO (1998) and Tadesse and Kumie (2007), occupational injury is any personal and physical injury, disease or death resulting from an occupational accident; an occupational injury is therefore distinct from an 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. These occupational injuries pose a major public health and developmental problems which result in serious health, social, and economic consequences on workers and their employers

CHAPTER 5

DISCUSSION OF THE RESULTS

5.1 INTRODUCTION

This chapter discusses the results. In order to provide a valid discussion of the results, objectives of the study and the themes that appear in the previous chapter were considered. In addition to that, literature control was considered.

5.2. DISCUSSION OF THE RESULTS

5.2.1. Participants' knowledge about occupational injuries

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The implication of knowledge deficit in the real setting can lead to more casualties, decreased manpower, low production, poor service delivery, high absenteeism rate from duty. When participants believe that occupational injuries are caused by witchcraft, they may end up losing focus and the importance of attending services rendered to reduce Occupational injuries.

5.2.2. Participants' experiences about occupational injuries

Some of the participants outlined that they had needle pricks while cleaning the floors. These participants reported to the OHS representatives in their units. They also consulted the doctor in the staff clinic. Some of them indicated that they received HIV and AIDS related counselling and testing. Some were injured by the corrugated irons while off-loading while others were burnt doing welding works. It shows that participants who had occupational injuries were either pricked by needles or injured by corrugated irons or burned when welding. This is in line with the study conducted in Addis Ababa that indicated that being hit by or against objects and falling were the commonest causes of work-related injuries. The study indicated that the common affected body parts were fingers, hands and lower leg (Fuller, 1988).

The Department of Environmental Health in the Ministry of Health in Ethiopia reported that striking, falling and flying objects from machines were the major causes of occupational injury. Reports from Department of Environmental Health of Ministry of Health of Ethiopia listed eyes, hands and fingers as the most commonly affected parts of the body. Similarly, a study done among small- and medium-scale factory workers in North Gondar Zone indicated that hands were with the highest frequently affected body parts followed by fingers and eyes (Tadesse & Kumie, 2007).

Similarly the Amahara regional BOLSA reported that machinery, mishandling, falling and hand tools were the commonly complained occupational injury types among manufacturing industrial workers. In most studies, abrasions, cuts, burns, puncture, and fracture were the common injury types among manufacturing industrial workers. The Amahara regional BOLSA 2007/2008 report also indicated that abrasion cuts and punctures were the commonest occupational injury types (Bilingual annual Bulletin, 2007/8).

The implication of participants' experiences about occupational injuries is that employees with long service in their work consider themselves experienced therefore they tend not to use the Personal Protective Equipment supplied by the supervisors and the OHS representative and do not attend in-service education given regarding occupational health and safety issues in their units

5.2.3. Participants' views and perceptions about occupational injuries

5.2.3.1. Positive views and perceptions about occupational injuries

The participants in all the groups stated that they perceive occupational injuries as preventable and avoidable hence all the employees from all sections are to be involved and be knowledgeable about what to do in case occupational injury happens to someone. They also indicated that all employees are supported by the OHS representatives in the units and if one is involved in any type of injury the representative accompanies him/her to the staff clinic to be examined and an in-service education about occupational injuries is given.

According to Seblework (2006), increased educational levels in the factory have been associated with decreased work-related injuries. This shows that if employees receive education related to occupational injuries they will know what to do to prevent injuries in the work place. This also indicated that all employees are supported by OHS representatives in the units and if one is involved in any type of injury the representative accompanies him/her to the staff clinic to be examined. And this should be done to all employees in all units by their representatives. When all employees are positive about preventing occupational injuries they will conform to the use of Personal Protective Equipments as much as possible.

The implication of the positive views and perception of employees about occupational injuries will bring good interpersonal relationship between the employees, the OHS representatives and their supervisors. This will also mean conforming to the rules and regulations of the occupational health and safety, the

use of Personal Protective Equipments as expected and the taking of precautionary measures to prevent and avoid occupational injuries.

5.2.3.2. Negative views and perception about occupational injuries

The participants mentioned information that clearly indicates that they have negative views about occupational injuries. The findings of this study revealed that participants seemed to have negative perceptions due to fear of the effect of occupational injuries to the employees and their families.

Poor perception regarding working conditions and safety environment had a significant influence on injury occurrence. Most researchers emphasize that work place injuries are caused by poor personal environment which leads to increased job stress and, therefore, increases occupational injury risk. A study done in Ethiopia North Gondar Zone among small- and medium-scale factory workers indicated that hours worked per week, workplace supervision, health and safety training showed a significant association with work and work-related injuries (WHO & ILO, 2004).

According to Becker (1974), worker perception of risk influences worker behaviour and consequently exposure to risks. However, an inverse relationship between perception of occupational risks and work-related injuries has not yet been clearly established. Assessment of occupational risk perception was performed by asking the workers to fill out a questionnaire consisting of questions on specific risks related to problems in work relations, work per se, and mode of production. The findings suggest that the degree of perception that workers with occupational injuries have of some occupational risks is lower than that of their non-injured co-workers.

The implication of negative views and perception about occupational injuries in reality is that employees neglect Occupational Health and Safety Act and the advices from their supervisors and OHS representatives. This can result in more prevalence of occupational injuries since employees might not know how to avoid obvious injuries and what to do when injured.

5.2.4. Participants' opinion regarding management of employees involved in occupational injuries

5.2.4.1. Role of the institution (Letaba Hospital) regarding the employee involved in occupational injuries

In view of the management of employee involved in Occupational injuries, participants indicated that the local institution (Letaba Hospital) has a role to play. The participants outlined that the management including the OHS representatives should motivate that the employees be supplied with personal protective clothing as needed in terms of the respective units in which they work.

Akbar- Khanzabeh, Bisesi and Rivas (2000) investigated the provision of Personal Protective Equipments (PPE) among the workers in an encapsulating plant. The employees were provided with the PPE. The results indicated that some employees used one or a combination of PPE and some felt comfortable and some uncomfortable to use the PPE supplied by the employer. This implies that provision of these clothing would play a role in the prevention and reduction of prevalence of occupational injuries.

Participants were also of the opinion that in-service training should be conducted as much as possible to make each employee aware of the occupational injuries which might occur in the unit he/she may be allocated to and how to deal with it, including to whom and where to report.

According to Morse (2000), worker reports injury or illness to the supervisor who then perceives that the worker has a legitimate work-related health problem. The supervisor allows the worker to take a full day away from work or provides restricted work or worker perceives means to pay for medical treatment, obtains medical treatment, and informs the supervisor. The supervisor then logs the injury according to Occupational Safety and Health Administration (OSHA) record-keeping requirements.

5.2.4.2. Role of the province (Limpopo Province) regarding the employee involved in the occupational injuries



The participants mentioned that the provincial office has to assist and empower the employees about the Occupational injuries and the procedure to be followed in terms of injury type. That is because the Provincial office is the employer.

According to the US Department of Health and Human Services (2010), a worker who is injured or sick reports the problem to the employer who would understand that the worker has a work related injury and reports it to the employer's workers' compensation insurer. Alternatively, the employee perceives the work-relatedness of the condition and contacts the insurer to obtain the claim number or the worker may have other means of paying for medical care. The worker obtains medical care at a hospital or clinic that accepts workers' compensation. The physician accurately diagnoses the condition by taking into consideration the occupational history or on the other hand the worker perceives the work relatedness of the condition and informs physician. The physician demonstrates the link between workplace exposure and health problem. The hospital or clinic charges workers' compensation for the treatment.

The implication of the role of the province (Limpopo Province) regarding the employee involved in the occupational injuries is to assist the employee with the procedure to be followed immediately the supervisor or OHS representative has reported the incident to claim from the workers' compensation scheme and empower employees by organizing the awareness campaigns about occupational injuries.

6.1. SUMMARY OF THE FINDINGS

6.1.1 Methodology

The research design for this study was based on a qualitative descriptive and explorative approach, which followed an inductive approach. Focus group interviews were conducted with five groups of participants namely, one with the maintenance officers, two with grounds men and two with the general assistants (cleaners). Data was collected by use of focus group and unstructured interviews. Thematic analysis was adopted for the purpose of data analysis.

6.1.2. Results

The first theme evidenced that all groups of participants expressed knowledge about occupational injuries. The only challenge was with those participants who relate to occupational injuries as caused by jealousy and witchcraft.

The second theme was: the participants' experience about occupational injuries

The participants' reflected on their experiences about occupational injuries. Some outlined that they had needle pricks while cleaning the floors reported the matter to the OHS representative who then consulted a doctor in the staff clinic and they also got counselled and tested for HIV and AIDS. Some were injured by the corrugated irons while off-loading and some were burnt doing welding works.

The third theme was: participants' views and perceptions about occupational injuries

The theme had only two subthemes, that is, positive views and perceptions about occupational injuries. The participants' reflected on the support from their supervisors and their occupational health and safety representatives in their units.

On the negative views and perception about occupational injuries, participants displayed negative perceptions towards occupational injuries by outlining that some of the occupational injuries occur because one is bewitched by relatives and neighbours because of their being envious of their employed relative.

5.3.1. Recommendation regarding research

The fourth theme was: participants' opinion regarding management of occupational injuries.

The participants' had an opinion that the hospital has to supply them with all necessary protective clothing twice or thrice a year. They also had an opinion that the Occupational Health and Safety representatives in the units and supervisors should conduct in-service training as much as possible in the institution.

6.2. LIMITATION OF THE STUDY

For the point that the researcher was familiar with some of the participants in the groups; some felt embarrassed to discuss the matter in her presence thinking that they were exposing their supervisors/management and therefore that was not easy for the participants to provide accurate and honest responses. However, despite this challenge the researcher ensured the respondents to felt free to express themselves. Right at the beginning of the discussions, the researcher also assured them of confidentiality and anonymity. The researcher had to meet with the respondents only during lunch time, and some of the participants could not keep the appointment as they had something to attend elsewhere.

The study used the qualitative method which relies on human experiences and may have the disadvantage of bias. Some participants could not attend scheduled discussions therefore the results of the study reflect only the responses of those who participated.

6.3. RECOMMENDATIONS

The following recommendations are made based on the findings of the study:

6.3.1. Recommendation regarding research

Further research on this topic is necessary in order to obtain broader views as well as deeper knowledge and perception related to occupational injuries in other hospitals in Limpopo.

Due to the finding that there are still employees who do not value attendance of meetings that address occupational injuries issues, it is recommended that there be strategies that can instil the importance of attendance of meetings in the work place for these employees.

Since there are still employees who do not wear protective clothes, it is recommended that these employees be educated to value the protective clothing to an extent that they wear them on a daily basis.

Since there are still employees that are preoccupied with their superstitious beliefs regarding occupational injuries, it is recommended that these employees be educated and trained about occupational injuries that there are not punishment or any supernatural powers from any human being, but they occur due to negligence of the employee to conform to the Occupational Health and Safety Act and the advices from their supervisors and representatives.

Furthermore, since the participants are of the opinion that the clothing are torn, then they should be supplied with new and intact protective clothing to avoid further injuries that might be caused by wearing torn protective clothes.

6.3.2. Recommendations regarding nursing education

In-service training and workshops should be organized to empower the nurse educators on issues regarding Occupational Health and Safety including the Act for them to incorporate the information in the Community Nursing Science.

6.3.3. Recommendations regarding nursing administration

The Occupational Health and Safety management sections from the local areas to National areas should always make follow up on employees' knowledge with regard to occupational injuries, their impact on individuals and their families and the legal frame works involved. This will help them to identify gaps and category of employees that need more attention on matters of occupational injuries.

6.4. CONCLUSION

In this study the knowledge and perception regarding occupational injuries were explored, and some of the participants were knowledgeable about these issues. However, some need in-service education and workshops on occupational injuries, their impact on individuals and their families. To combat the occupational injuries in the Limpopo Province, South Africa and Africa as a continent should be a national development priority. Based on the above-mentioned findings, it is recommended that the employees need support from the employer including the hospital OHS representatives by conducting frequent in-service training and workshops with all employees.

The findings of the study reveal that the participants had knowledge about occupational injuries. It emerged in the findings that occupational injuries can cause death at times. The perception of causes of Occupational injuries was significantly due to the poor perception of employees regarding occupational injuries including ignorance to use protective clothing.

Though not all the participants knew that occupational injuries are to be reported irrespective of their severity within 24 hours of the incident, occupational injuries are

associated with negligence. In this study, misconception about occupational injuries include that they happen when one is bewitched by envious unemployed relatives and neighbours. In the study some participants also believe that those who hate them may wish them to get injured so that they may lose their job.

However, positive perceptions regarding occupational injuries can bring forth positive results pertaining to avoidance and reduction of the prevalence of occupational injuries. On the other hand, negative perceptions regarding occupational injuries and the use of the protective clothing by some of the employees is still a challenge. The fact that there are still employees in some sections who even think it is useless to use protective clothing as they are torn and also time wasting than their bare hands, results in possibilities of increase of occupational injuries

Some participants appeared to understand the link between negligence and the likelihood of being involved in occupational injuries. Participants even said that if one could be involved in any kind of occupational injury without the necessary precautions can be charged with negligence. In turn, this may result in lack of compensation by the employer.

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APPENDIX B
BUDGET FOR THE STUDY

| ACTIVITY | QUANTITY | UNIT PRICE | AMOUNT |
|---|---------------|-------------------------|------------------|
| Registration | 03 | R3600 R4100 R4600 | R12300 |
| Communication with the supervisors/telephone costs | | R1500 | R1500 |
| Transport from Tzaneen to the University for presentation | | @R2,50 x km x 15 days | 6457.00 |
| Memory stick 8 Gig for data storage | 03 | R500 | R1500 |
| A4 papers (500 sheets per pack) | 10 | R80 | R800 |
| Pens per dozen to record the data collected | 04 | R50 | R200 |
| Puncher for papers to be filed | 01 | R160 | R160 |
| Lever arch files for filing papers at the study sites after interviewing the participants | 04 | R175 | R700 |
| Stapler with staples | 01 | R100 | R100 |
| Staples | 01box | R100 | R100 |
| Giant stapler and staples | 01 02boxes | R750 R400 | R750 R800 |
| Diary for the allocation of days | 01 | R120 | R120 |
| Writing pads for making schedule to be marked for each participant interviewed | 04 | R30 | R120 |
| Translators for translating interview guide | 02 | R700 | R1400 |
| Research assistant salary and language editor | | R5000 | R5000 |
| Typing and binding of research report | | R5000 R5000 | R5000 R5000 |
| Miscellaneous for unseen circumstances | | R4000 | R4000 |
| Computer and printer | | R4000 | R4000 |
| TOTAL | | | R50000.00 |

APPENDIX C

PARTICIPANT CONSENT LETTER PARTICIPANT

DEAR RESPONDENT

I, **SUZAN KHUTSO MALATJIE** am a Master Degree student at the University of Venda conducting research entitled "perceptions regarding occupational injuries by employees at Letaba Hospital, Mopani district, Limpopo Province". You are kindly requested to participate in the research project. You will be one of the participants in the focus group discussion.

Please note that the participation is VOLUNTARY i.e. you may choose not to participate or withdraw even during the discussions. All information will be dealt with strict confidentiality and no information collected will be attached to your name and I guarantee that the research will not cause any harm to you as a participants. To participate in the study, you are requested to sign the attached consent form. Your co-operation will be highly appreciated.

Yours truly,

Malatjie SK (MPH student 11595637)

Date

Researcher

APPENDIX D

CONSENT FORM FOR RESEARCH PARTICIPANT

Title of the study: Perceptions regarding occupational injuries by employees at Letaba Hospital, Mopani district, Limpopo Province.

I-----hereby agree to participate in this research project, the purpose of which is to investigate the knowledge and perceptions of employees regarding occupational injuries.

Terms and conditions of the research project have been provided. Confidentiality and anonymity have already been assured and that no harm will occur during the participation.

I was also assured that that there is no obligation to participation and I am free to quit at any time I want to.

Participant's signature----- Date-----

Witness----- Date-----

Researcher's signature----- Date-----

APPENDIX E

PERMISSION TO CONDUCT A RESEARCH STUDY

P.O. BOX 1892

LETABA

0870

30 JUNE 2012

The Chief Executive Officer

Letaba Hospital

P/BAG x 1430

LETABA

0870

REQUEST FOR THE PERMISSION TO CONDUCT RESEARCH

I am Ms SUZAN KHUTSO MALATJIE, a student at the University of Venda for Science and Technology, studying for a Master degree in Public Health under the School of Health Sciences. I am conducting a study titled "*Perceptions regarding occupational injuries by employees at Letaba Hospital, Mopani district, Limpopo Province.*" The study will be conducted under the supervision of Prof. R. Risenga and Dr. M. Makatu. The main purpose of the study is to investigate the knowledge and perceptions of the employees regarding occupational injuries at Letaba Hospital.

Participation of the employees will be voluntary and confidentiality will be highly assured. The participants will be given consent forms to fill before touching or answering the interview guide. The results of the study will hopefully assist the policy makers of the Limpopo Province. Attached is the permission letter from the Limpopo Department of Health and Social Development.

I hope the permission to conduct the study will be granted

Yours truly

Suzan Khutso Malatjie

Signature-----

APPENDIX F

UNSTRUCTURED INTERVIEW GUIDE

What are your perceptions regarding occupational injuries?

Probing Questions:

What is your knowledge about occupational injuries?

What are your perceptions/views regarding occupational injuries?

How do you manage employees who are involved in occupational injuries?