

Risk Factors Associated with Psychosocial hazard among Health workers in Niger State, Nigeria**Sani Isah Alhaji, PhD Candidate, Maryam Abacha American University, Maradi, Niger****Prof. Muhammad Abdullahi Sabo****Dr. Mukhtar Salihu Anka****Abstract**

Psychosocial risks are inherent in the overall stress caused by work, work structures, design and regulations and are therefore an integral part of the overall risk assessment in the workplace. Each type of job is associated with certain occupational risks specific to that type of job. However, the psychosocial hazards among workers particularly among health works have been neglected. It against this background this study was carried out to investigate the risk factors associated with psychosocial hazard among workers in tertiary institutions in Niger state, Nigeria. Relevance literature was reviewed on basis thematic variable. The descriptive cross-sectional study was used as a design. The sample size was consisted of 240 randomly selected staff of all cadres in the work places, made up of both junior and senior staff. A well-structured closed questionnaire was used involving likert scale was used. Analysis of results involved the use of the twentieth edition of the statistical package for social sciences (SPSS-20, 2014) software. Descriptive statistics was calculated for all variables. For continuous variables, means and standard deviations (SD) and analysis of variance were computed. It was found among others that the independent variables the risk factors when combined or jointly pulled together tends to significantly predict psychosocial hazards among health workers in Niger state. The study recommends among others that the stakeholders in health sector should embark on periodic awareness-raising campaigns, and educational activities on prevailing occupational risk factors.

Key words: Risk factors, Psych-social Hazards, Health workers, Niger state

Introduction

In recent years, the working environment in all industries has become increasingly pressurized for consistently better performance from employees, leading to longer working hours, reduced headcount, precarious work patterns, and employment in some cases. Master duties, an unparalleled reward system, and more rigorous labor are now required.

All of these factors have been shown to regularly contribute to unsafe working conditions and stressful and hostile work environments, leading to increased risks, including mental health problems (Phillips, 2016). Worldwide, more than 2.9 billion workers are exposed to hazardous risks at work (Asikhia, 2019). Phillips (2016) also reports that approximately 271 million people worldwide experience workplace accidents and that 2 million people die from accidents each year. Every year, approximately 271 million people worldwide suffer from industrial accidents and 2 million die from their injuries (McDiarmid, 2014). Economic losses caused by occupational accidents and illnesses are estimated at 4% of the world's gross national product (WHO, 2022).

Economic losses caused by occupational accidents and illnesses are estimated at 4% of the world's gross national product (Elenwo, 2018). Kalejaiye (2013) reports that the annual mortality rate in Nigeria for the past 10 years was 1,249 deaths per 100,000 workers. There are almost as many hazards as there are different types of work, including chemicals, biological agents, and poor working conditions. Every year, 2 million people die from occupational diseases and accidents, and 4% of gross domestic product (GDP) is lost to occupational diseases and accidents. Workplace accidents are a serious public health problem with serious economic and social consequences, but can be avoided with appropriate measures (Iden, 2016). These impacts are 10–20 times greater in developing countries, including Nigeria, where the world's workforce is most concentrated (Oluwafemi et al., 2018, Teklit, 2016).

Stress has recently been recognized by health and safety legislation as a workplace hazard, particularly a “psychosocial risk” (Owie and Apanga, 2016). Psychosocial risk is part of the overall stress caused by work, work structure, design and regulation and is therefore an integral part of the overall risk assessment in the workplace. Every type of work involves certain occupational risks that are unique to that type of work” (Owie & Apanga, 2016). As economic conditions change, the types of risks encountered in the working environment are also changing, with new types of risks emerging in the workplace in addition to traditional risks (Rajkumari, Thanbuana, John, Gunjiyal, Mathur, & Misra, 2014). Emerging risks in the workplace include psychosocial risks as well as exposure to a range of novel chemicals and processes whose effects on human health are still unknown (Owie & Apanga, 2016). Many people still suffer from more familiar traditional occupational risks, leading to significant delays in controlling these modern and emerging risks, especially in developing countries (Priya, Krishnan , Jayalakshmi, and Vasanthi, 2015). These are increasingly under control in industrialized countries, which explains the shift in attention to the modern hazards of professional life (Sabermoghaddam, Sarbaz, Lashkardoost, Kaviani, Eslami, & Rezazadeh, 2015).

Physical dangers and dangers now no longer handiest have interaction with every different to supply negative outcomes, however also can have interaction with psychosocial dangers and dangers in addition to bodily and mental conditions. Broadly speaking, the time period “psychosocial” refers back to the interrelationship among the mind and behaviors of people and their social surroundings. In maximum literature outdoor the sphere of occupational fitness and safety (OHS), the time period is frequently understood in a slim however pervasive experience and refers to social environments together with own circle of relatives origin,

schooling degree and socio-monetary issues (Sabermoghaddam, Sarbaz, Lashkardoost, Kaviani, Eslami, Rezazadeh, & 2015).

Several elements were recognized that boom the danger of psychosocial dangers. Some of those encompass adjustments within side the personnel, task content, workload, place of job and compelled paintings pace, paintings schedules, shift paintings, operating hours lengthy and extra time hours, span of control, surroundings and equipment, organizational subculture and functions, inner interpersonal relationships, company, paintings (relationships with superiors, subordinates and colleagues), violence, threats of violence and bullying within side the place of job, roles within side the organization, profession improvement and responsibilities Priya, Krishnan, Jayalakshmi ,& Vasanthi, 2015). Specifically, it's been proven that psychosocial dangers within side the place of job will have a poor effect at the bodily, intellectual and social fitness of workers.

Furthermore, there's developing proof demonstrating the direct and oblique function of the psychosocial paintings surroundings on signs of organizational fitness (together with absenteeism, illness leave, productivity, etc.), productivity, task pride and goal to resign) (Priya, Krishnan, Jayalakshmi,& Vasanthi, 2015). It must be cited that 80% of the worldwide personnel is living in growing nations and is essentially compelled to paintings in unsanitary and dangerous conditions. Published research spotlight that conventional dangers are intrinsically connected to psychosocial dangers, as each will have negative outcomes on mental and social fitness in addition to fitness bodily (Türe, Ulu Kiliç, Cevahir, Altun, Özhan, & Alp, 2016). Therefore, psychosocial dangers want to be taken into consideration as dangers to mental and bodily fitness. Currently, focus is lacking, ensuing in maximum instances of place of job bullying going ignored or unaddressed. The effects and expertise from this examine will assist boom healthcare workers`

focus of psychosocial dangers and additionally deliver them the possibility to keep away from them in which and whilst necessary.

LITERATURE REVIEW

Psychosocial Hazards

i. Workplace Violence

The majority of research on psychosocial risk in this review focuses on workplace violence. Workplace violence is considered a serious problem in the healthcare sector worldwide (Türe, Ulu Kiliç, Cevahir, Altun, Özhan, & Alp, 2016). In this study, the incidence of some form of workplace violence was very high and ranged from 60.8% to 82.2% (Türe, Ulu Kiliç, Cevahir, Altun, Özhan, & Alp, 2016). Prevalence rates vary depending on the specific type of violence measured (e.g., physical, verbal, sexual). Verbal violence is the most common type of violence healthcare workers encounter, with prevalence rates ranging from 30.5% to 95.9% (Konlan, Aarah-Bapuah, Kombat, Wuffele, 2017). Rates of physical violence range from 2.3% to 36.8% and rates of sexual harassment range from 0.7% to 21.8 (Konlan, Aarah-Bapuah, Kombat, & Wuffele, 2017). Patients and their families were the most frequently reported perpetrators of verbal and physical violence, while co-workers and patients were the most frequently reported perpetrators of sexual harassment (Matsubara, Sakisaka, Sychareun, Phensavanh, & Ali, 2017).

Risk factors for workplace violence identified in this review were working in certain high-risk areas (outpatient departments, emergency departments, operating rooms and inpatient clinics), higher level of safety, poor working environment, shift work, heavy workload, and younger age (Matsubara, Sakisaka, Sychareun, Phensavanh, & Ali, 2017). Becoming a victim of

workplace violence can lead to a range of negative consequences (psychological, physical, emotional, social, workplace functioning, quality of care, and finances).

ii. Burnout

Burnout includes that described by Maslach et al. (2015) described his three dimensions: emotional exhaustion, depersonalization, and low personal accomplishment. Healthcare workers are known to be at high risk of burnout due to the nature of their work, which exposes them to high levels of emotional and psychological stress. Burnout has been shown to be associated with absenteeism, higher turnover, lower morale, and lower quality of care. Four of the six studies included in this review investigated burnout among physicians (internists and anesthesiologists), and two studies investigated the type and importance of burnout among acute care nurses (Matsubara, Sakisaka, Sychareun, and Phensavanh, Ali, 2017).

iii. Work environment and job satisfaction

Career advancement, recognition, job security, and a good working environment are factors that positively influence job satisfaction. A study examining nurses' satisfaction with night work found that only 43% were satisfied with night work, and factors contributing to low satisfaction included lack of staffing and equipment. (Bir, Lin, & Fritschi, 2022). Increased emotional demands, decreased work engagement, decreased job meaning, and decreased job satisfaction are factors associated with intention to quit. The provision of high-quality medical services is highly dependent on the quality of human resources providing these services (Matsubara, Sakisaka, Sychareun & Phensavanh, Ali, 2017). Satisfied employees are more efficient and productive, which in turn contributes to higher quality service delivery. On the other hand, job dissatisfaction is associated with increased absenteeism and turnover. Providing a positive work environment is a key factor in increasing employee job satisfaction, organizational

commitment, and motivation to stay (Rajni, Rai, Sonia El-Zaemey, Nidup, Bir, Lin , and Fritschi, 2022).

Method Research Design

This is a descriptive cross-sectional study. Sample size was calculated using the proportion comparison formula of Araoye (1992). They consisted of his 240 employees randomly selected from all executives in the workplace, including both junior employees and managers. Initially, a stratified sampling method was used, followed by systematic random sampling to identify each healthcare worker. A well-structured, self-administered, closed-ended Likert scale questionnaire, written in plain English and containing a section on variables, was used. The 20th edition of the Statistical Package for the Social Sciences software (SPSS-20, 2014) was used to analyze the results. Descriptive statistics were calculated for all variables. Means and standard deviations (SD) and analyzes of variance were calculated for continuous variables. For categorical variables, descriptive statistics include numbers and percentages for each category. Frequency distributions were created and chi-square significance tests were calculated. The usual significance level of 5% was set. Confidence intervals were set at 95%, and P values less than 0.05 were considered statistically significant.

Result

Socio-demographic Characteristics of Respondents

Gender of the Respondents

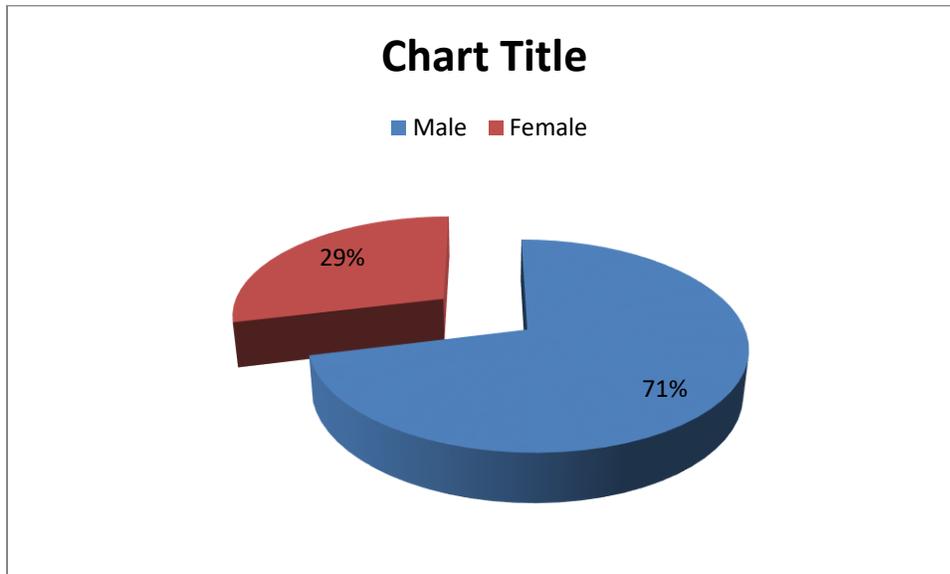


Figure 1: Gender of the Respondents

The data contained in Figure 1 shows the distribution of the research respondents, It reveals that 158(71%) of the respondents are males while 64(29%) are females. The conclusion is that majority of respondents in this research are males.

Age Bracket of the respondents

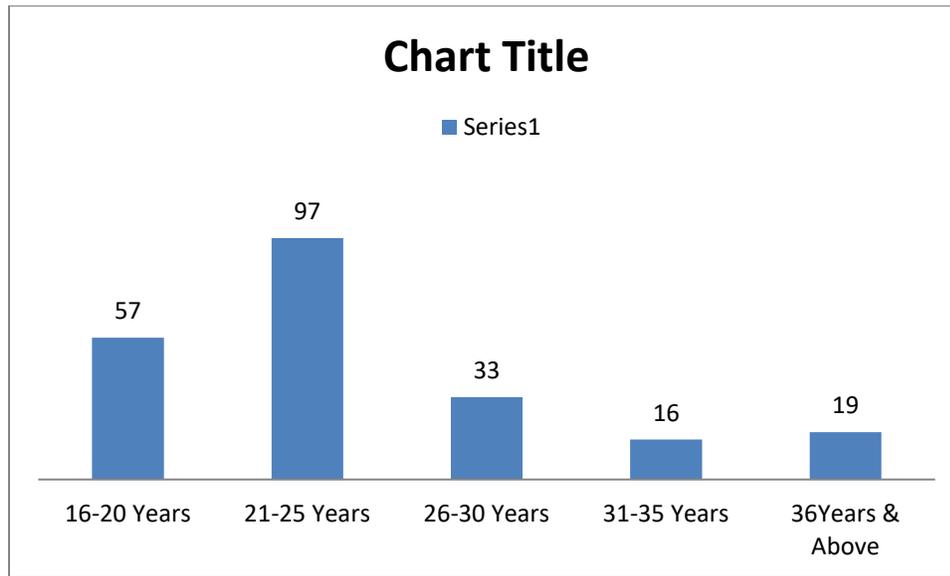


Figure 2: age brackets of the respondents.

Figure 2 displays the distributions of the respondents based on age groups. It shows that 57(26%) of the respondents belong to 16-20 years bracket, 97(43%) are between 21-25 years, 33(15%) are between 26-30 years, 16(7%) are between 31-35 years while 19(9%) are from 36 years and above. Majority of the respondents are between 21-26 years age bracket.

Respondents Working Experiences

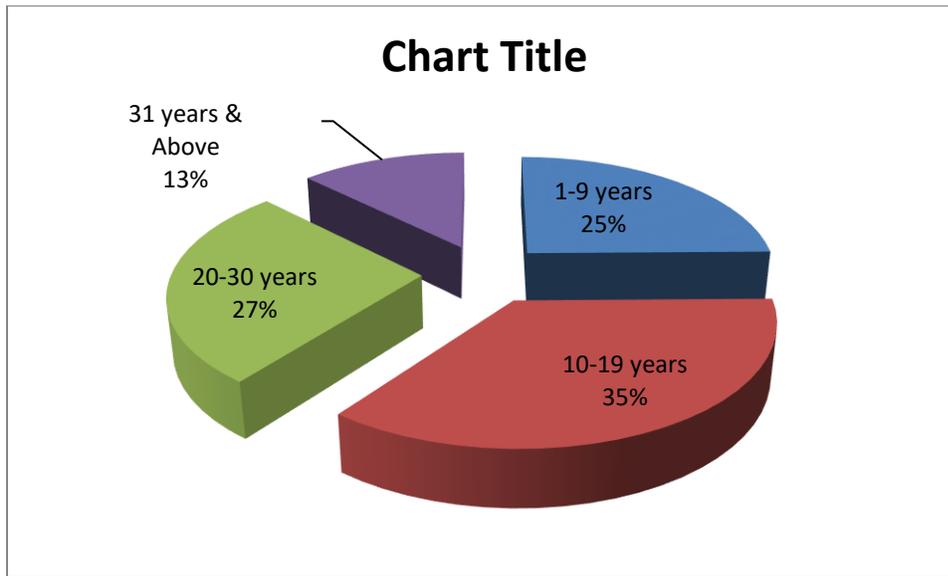


Figure 5: Respondents Years of Working Experiences

Figure 5 shows the distribution of the respondents working experiences in Small and Medium enterprises. It indicates that 55(25%) of the respondents had put in between 1-9 years working experiences, 79(36%) had put in between 10-19 years of working experiences, 60(27%) had put in between 20-30 years while 28(13%) had put in 31 years and above as working experiences. Majority of the respondents had put between 10-19 years working in various small and medium enterprises in the study area.

Risk Factors Associated with Psycho-social hazards among Health workers

Table 1: Responses of the Respondents on Factors Associated with Psycho-social hazards among Health workers

NO	Items	M	SD	Remark
14	Injuries from poor working environment	3.83	1.27	Agreed
15	High Work load	3.82	1.17	Agreed
16	Poor management or organization (PMO)	3.72	1.19	Agreed
17	Lack of interaction and social support	3.51	1.26	Agreed
18	Forced pace of work (FPW)	3.59	1.26	Agreed
19	Home-work interface (HWI)	3.77	1.22	Agreed
20	Work schedule : shift work, long work hours and overtime (WS)	3.85	1.15	Agreed
21	Lack of job and workplace orientation (LJWO)	4.12	1.15	Agreed
22	Violence, threat of violence and bullying at work (VTB)	3.64	1.23	Agreed
23	Job content (JC)	3.61	1.35	Agreed
Cluster Mean		3.75	1.23	Agreed

Source: field work, 2021

Item by item analysis reveals that injuries from poor working environment has mean score of 3.83 with corresponding standard deviation of 1.27, high work load has a mean of 3.83 with the corresponding SD of 1.17, poor management or organisation has the mean of 3.73 with the SD of 1.19. the table also indicates that lack of social support have a mean score of 3.51 with corresponding SD of 1.26, poor usage of safety measures has a mean score of 3.59 with SD of 1.26, homework interface has mean score of 3.77 with SD of 1.22, work schedule shift, long work hours and overtime has the mean score of 3.85 with SD of 1.15, Lack of job work place orientation has mean score of 4.12 with SD of 1.15, violence, threat, bullying at work has mean score of 3.64 with SD of 1.23, and finally Job content has mean score of 1.35 with corresponding

SD of 1.23. Analyzed data shows that the grand mean of 3.75 and SD of 1.23 is higher than the specified cut-off-point of 2.5, indicating the respondents have agreed on the risk factors associated to psych-social hazards among health workers in Niger state, Nigeria.

Test of Hypothesis

Table 4.13: Multiple regression of Nature and type of job, causes of health related

b. Predictors: (constant), **risk factors will not significantly predict Psychosocial hazard among health workers in Niger state**

Model	R	R square	Adjusted R square	R	Standard error of Estimate
1	.586	.343	.331		8.22353
Model	Sum of Squares	Df	Mean square	F	Sign
Regression	7677.958	4	1919.489	28.384	<.001
Residual	14674.930	217	67.626		
Total	22352.887				
Model	Unstandardized Coefficient		Standardized Coefficients		Sig
	B	Std Error	Beta	T	
(Constant)	27.005	4.167		6.481	<.001
Nature/Type of Job	.192	.077	.174	2.475	.014**
Causes of HRP	.022	.101	.015	.216	.829
Occupational H. Risk	.633	.088	.454	7.152	<.001**
Interv, Suuport Stratg	-.178	.072	-.138	-2.467	.014

a. *Dependent Variable: Psychosocial hazard, b. Risk factors*

Statistical data shown in the table displayed the independent variables when combined or jointly pulled together tends to significantly predict psychosocial hazards among health workers in Niger state. The results of multiple regression reveals R- value of .586, R- square of .343 and R- square adjusted) of .331. It then implies that the whole variables could explain 34.3% of the variation in workplace – psychosocial hazards among health workers in Niger state. Similarly, the ANOVA performed was found to be statistically significant $F(4,217) = 28.384, p < .001$.

With this information, the hypothesis is hereby not supported and thus rejected for the alternative. It implies that there is an overwhelming preponderance of evidence that psychosocial hazards among health workers in Niger state could be significantly predicted by risk factors.

Discussion of findings

A range of risk factors have been studied, ranging from changes in the workforce, job content, workload, career development, work-family interaction, lack of support social support and lack of interaction, among other factors. According to the results of the study, workload is considered one of the most common risk factors, interpersonal relationships and work content when working alone at night. This finding is consistent with previous literature that the most widely studied key contributors to psychosocial risk and work-related stress have been identified as content-related/ workload and work context (Rajni, Rai, Sonia El-Zaemey, Nidup, Bir, Lin , Fritschi, 2022). It has also been found that when there are more contributing factors, increased stress levels can occur due to coordination (Phillips, 2016). It was found that the content, context and variety of tasks that workers must perform and complete within the required time frame have been identified as important determinants of psychosocial risk. This finding is consistent with the documented definition of work-related stress as a type of reaction that occurs when workers are faced with job demands that do not match their knowledge, skills, or abilities. Their ability or ability and challenges their ability to cope with it; and when there is a perceived imbalance between environmental or individual demands and resources, responses may include physiological responses (e.g., increased heart rate, blood pressure, hyperventilation, as well as secreting “stress” hormones such as adrenaline and cortisol), emotional responses (e.g., feeling anxious or irritable), cognitive responses (e.g., decreased or narrowed attention and awareness, forgetfulness), and behavioral responses (e.g., aggressive behavior, impulsivity, make mistakes)

(Owie, Apanga, 2016). These can affect the worker's work capacity indicators such as attention, concentration, concentration and diligence and will certainly make the worker susceptible to poor performance, which can lead to some form of psychosocial risk on the part of the boss or employer. In this case, the mismatch between content, work context and workers becomes an important psychosocial risk factor in the workplace (Salamatu and Ibrahim, 2015).

Another risk factor discovered in this study is the interaction between work and family. This risk factor primarily affects women, and it is interesting that psychosocial risks at work were more common in women than men in this study. Several studies have supported this conclusion (McDiarmid, 2014). Women manage the household and are said to do three times as much work as men. For these reasons, they may be more susceptible to burnout than men.

Conclusion

It can be deduced from the study that the health workers are exposed to risk factors that resulted to psychosocial hazards that requires high concentration. Such psychosocial hazards include emotional and psychological stress, physical, verbal, sexual abuse, as cutting, stitching, and finishing which causes headache and visual discomfort. The study revealed that there is a significant association between the levels of occupational risk and workplace-related health problems. In other words, the higher is the level of occupational risk confronting a worker, the higher will be the probability of workplace-related health problems among such workers.

Recommendations

1. The stakeholders in health sector should embark on periodic awareness-raising campaigns, and educational activities on prevailing occupational risk factors.

2. Regular Enlightenment of Health workers and special orientation programmes should be done for all newly employed staff.
3. Immediate establishment of an Occupational risk and hazard management/Occupational rehabilitation centre.
4. The stakeholders in health sector should develop a welfare policy or scheme and set up a staff welfare management team to direct cater for the welfare of the workers.

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