**Perceived Influence of Workplace Safety Practices on Job Performance of Nurses in Selected Hospitals in Aba North L.G.A., Abia State, Nigeria**

Nwankwo, G. A.1, Agu, B. N.1, Benjamin, S. E.1, Gbaduo, C. C.1, Asuzu, N. C.1, Eriteta, E. O., Ugochukwu, F. B. 1, Aluwuo, N. J.1, Okafor, F. O. 1 & Okonko, I. O.2

1Department of Public Health, Madonna University Nigeria, Elele Rivers State, Nigeria

2Virus & Genomics Research Unit, Department of Microbiology, University of Port Harcourt, Port Harcourt, Nigeria, ORCID iD:[0000-0002-3053-253X](https://orcid.org/0000-0002-3053-253X), E-mail address: [iheanyi.okonko@uniport.edu.ng](mailto:iheanyi.okonko@uniport.edu.ng); Tel: +2347069697309

**Correspondence Author:** Dr. Nwankwo, G.A., Department of Public Health, Madonna University Nigeria, Elele Rivers State, Nigeria. Email: [nwankwogracey@gmail.com](mailto:nwankwogracey@gmail.com)

**ABSTRACT:** This study looked into how nurses in a few Aba North L.G.A. hospitals in Abia State assessed the impact of workplace safety on their ability to do their jobs. A descriptive research design was employed in the study. The tool used to collect data was a verified and pretested questionnaire created by the researcher. The study's population consisted of all Aba North nurses. Purposively selected, 77 nurses made up the sample size. Chi-square was the inferential statistic used in the analysis of the data, which was done using descriptive statistics of frequencies and percentages. The results indicated that nurses in Aba North L.G.A. attributed a remarkably high perceived influence (81.7%) to workplace safety concerning their job performance. It provided further insights into the perceived influence of workplace safety based on different demographic factors. Among different age groups, participants below 30 years exhibited a relatively lower perceived influence (68.8%), while those aged 31-40 years (81.1%), 41-50 years (83.3%), and beyond 50 years reported very high perceived influence (100%) with statistically significant differences (p=0.042). Both males (80.0%) and females (83.3%) perceived a very high influence of workplace safety on job performance, with a significant association (p=0.0001). Marital status also showed a significant perceived influence, with singles (85.2%), married individuals (80.0%), separated individuals (100.0%), and widows/widowers (83.3%) reporting very high levels (p=0.003). Participants' highest level of qualification revealed varying levels of perceived influence, with RN (78.1%), RN/RM (75.9%), BNSc (71.4%), and MSc holders reporting very high perceived influence, and a statistically significant relationship was found (p=0.0001). Regarding years of experience, nurses with less than 10 years (85.7%) and 10-30 years (92.8%) perceived a high influence of workplace safety on job performance. However, those with more than 30 years of experience reported a relatively lower perceived influence (57.1%) with a statistically significant difference (p=0.048). In conclusion, this study highlights a strong perceived influence of workplace safety on job performance among nurses in Aba North L.G.A. This finding suggests that workplace safety plays a crucial role in influencing the performance of nurses in the studied location. The findings emphasize the importance of considering demographic variables when understanding this relationship. The results can assist healthcare organizations in formulating targeted interventions to promote workplace safety and enhance nurses' performance and well-being, ultimately leading to improved patient care outcomes.

[Nwankwo, G. A., Agu, B. N., Benjamin, S. E., Gbaduo, C. C., Asuzu, N. C., Eriteta, E. O., Ugochukwu, F. B., Aluwuo, N. J., Okafor, F. O.& Okonko, I. O. **Perceived Influence of Workplace Safety Practices on Job Performance of Nurses in Selected Hospitals in Aba North L.G.A., Abia State, Nigeria**. *Researcher* 2024;16(1):1-6]. ISSN 1553-9865 (print); ISSN 2163-8950 (online). <http://www.sciencepub.net/researcher>. 01. doi:[10.7537/marsrsj16](http://www.dx.doi.org/10.7537/marsrsj160124.01)0124.01.

**Keywords:** Hospitals, Influence, Job, Nurses, Perceived, Performance, Practices, Safety, Workplace

**1. INTRODUCTION**

Workplace safety is crucial for the well-being and productivity of workers. Globally, millions of people are affected by work-related accidents and diseases each year. Sub-Saharan Africa, including Nigeria, faces challenges in managing workplace hazards and maintaining health and safety standards. Recognizing the elements that influence workplace safety procedures and job performance can lead to measures that enhance the overall performance of nurses.

Work-related accidents and diseases result in millions of deaths and injuries worldwide, leading to a significant economic burden. The annual global fatalities and non-fatal work-related injuries emphasise the importance of implementing effective workplace safety measures (Health and Safety Executive, 2015; International Labour Organization, 2021). In healthcare settings, occupational hazards pose risks to the well-being of nurses and patients, highlighting the need for improved safety practices (World Health Organization, 2021).

In Sub-Saharan Africa, the burden of occupational diseases and workplace injuries is significant. Limited surveillance systems make it challenging to estimate the total burden accurately. Poor management of workplace hazards compromised safety standards, and inadequate resources contribute to occupational risks and fatalities (ILO, 2010; Amponsah & Justice, 2016). The lack of emphasis on health and safety in Nigerian workplaces is concerning, leading to increased risks for workers (ILO, 2010).

Perceived influence refers to the intentional actions taken to affect others' attitudes and opinions. The perception of a safe work environment positively influences job satisfaction, job stress, and overall performance among employees (Ward et al., 2008; Sembe et al., 2012; Källestål, 2014; Posmaningsih et al., 2018). Factors such as lighting, ergonomic furniture, and the physical environment impact employees' attitudes, behaviours, satisfaction, and productivity (Kaynak et al., 2016; Posmaningsih et al., 2018).

Workplace safety practices involve implementing measures to minimize hazards and conditions that could harm individuals and the community. Effective safety measures positively impact employee engagement, commitment, and job performance (Health and Safety Executive, 2015; Arikunto, 1998; Geetika, 2016). Circumstances for safe employment that include having personal protective equipment available and adherence to safety standards, reduce the chances of accidents, injuries, and infections among healthcare workers (Ford & Tetrick, 2011; Butt et al., 2012; Yusuf et al., 2012; Sepkowitz & Esienburg, 2015).

Several independent variables can influence job performance among nurses. Age, gender, years worked, status of marriage, and educational qualifications may all play a role. Older nurses with more experience may exhibit greater caution and awareness, resulting in fewer workplace injuries (Grosch & Pransky, 2010). Gender differences in work exposures and health outcomes can also impact job performance (Habib et al., 2014). Educational qualifications contribute to nurses' competencies and skills, potentially influencing their job performance (International Organization for Migration, 2011; International Council of Nurses, 2017). Marital status may also play a role, with the potential for different responsibilities and support systems affecting job performance.

Workplace safety is essential for promoting the well-being and productivity of nurses (Schacter, 2011; Khoso, et al., 2016; Zolot, 2017). Globally, occupational hazards pose significant risks and Sub-Saharan Africa, including Nigeria, faces challenges in managing workplace safety (Kirkcaldy & Martin, 2012; McCaughey et al., 2013; Naharuddin & Sadegi, 2013; Stone & Gershon, 2016; Ndep et al., 2020). The perceived influence of workplace safety positively affects job performance among nurses (Samson, 2015). Implementing effective safety practices, addressing challenges, and considering independent variables can contribute to improved job performance and the overall quality of healthcare services provided by nurses. Therefore, it is crucial to determine the perception of workplace safety's impact on nurses' job performance at particular hospitals in Aba North L.G.A of Abia State by considering factors such as age, gender, status of marriage, highest qualification, grade level, and years of work experience on knowledge and practice of occupational safety among healthcare workers.

**2. METHOD**

This study employed a descriptive research design to investigate the perceived influence of workplace safety on the job performance of nurses in selected hospitals in Aba North Local Government Area (L.G.A) of Abia State, Nigeria. The target population comprised all nurses working in the L.G.A. both males and females at the time of this study. However, the sample size was 82 nurses who consented to be part of the study and were purposively sampled. Data were collected using a researcher-designed questionnaire divided into two sections: socio-demographic variables and workplace safety practices' impact on job performance. The questionnaire was reviewed by experts and refined accordingly. Reliability was tested using a test-retest method, resulting in a reliability coefficient of 0.86. The researcher personally administered the questionnaires and achieved a 100 per cent return rate, however, 77 questionnaires were filled and used for data analysis. Data analysis involved descriptive analysis using Excel and SPSS, including cross-tabulations and interpretation keys. In summary, the study utilized a descriptive research design, collected data using a validated questionnaire, and analyzed the data using Excel and SPSS.

**3. RESULTS**

Table 1 shows that the overall perceived influence of workplace safety on the job performance of nurses in Aba North L.G.A. of Abia State was 81.7% which implies that there was a very high perceived influence of workplace safety on the job performance of nurses in the studied location.

**Table 1: Frequency distribution of perceived influence of workplace safety practices on job performance of nurses in Aba North LGA, Abia State (n =77)**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **Items** | **Yes**  **F (%)** | **No**  **F (%)** |
| 1. | Workplace safety practices impact my organisational performance through customer satisfaction | 59 (76.6) | 18(23.4) |
| 2. | Immunization against work-related diseases such as Hepatitis B positively affects my attitude to work | 61(79.2) | 16(20.8) |
| 3. | Adherence to the use of PPE such as gloves, coats, aprons, safety boots, eye goggles etc impacts the quality and effectiveness of my job by reducing incidents and accidents | 74(96.1) | 3(3.9) |
| 4. | The practice of hand hygiene reduced my exposure to hospital-acquired infection, reduced absenteeism and increased my attendance and efficiency | 72(93.5) | 5(6.5) |
| 5. | Decontaminating my working benches with appropriate disinfectant increases my job quality | 65(84.4) | 12(15.6) |
| 6. | Knowing the job hazards in my work and their prevention/control methods increases my work perception and interest | 69(89.6) | 8(10.4) |
| 7. | A proper sharps disposal system increases my job productivity | 42(54.5) | 35(45.5) |
| 8. | Reporting all incidents/accidents to my supervisor increases the quality of my work, lowers rates of injuries, and reduces the cost of management | 32(41.6) | 45(58.4) |
| 9. | Appropriate lighting and ventilation impact my job quality | 71(92.2) | 6(7.8) |
| 10. | Proper equipment use and management increase my job quality, and turnaround time and reduce cost | 58(75.3) | 19(24.7) |
| 11. | Management commitment to safety promotes my work interest | 75(97.4) | 2(2.6) |
| 12. | Regular monitoring, supervision and evaluation for compliance with Safety standards improve my job efficiency and effectiveness | 64(83.1) | 13(16.9) |
| 13. | Adequate housekeeping in my workstation provides a conducive environment and promotes productivity | 73(94.8) | 4(5.2) |
| 14. | Compliance with workplace safety standards reduces the turnover rate and increases productivity in the organization | 66(85.7) | 11(14.3) |
|  | **Average percentage** | **81.7** | **18.3** |

**Key for the interpretations:** low perceived influence (less than 40%); high perceived influence (40-70%); and very high perceived influence (beyond 70%)

Table 2 shows that there was a very high perceived influence of workplace safety on the job performance of nurses in Aba North based across age groups except for those below 30 years who had high perceived influence (68.8%). Participants between 31-40 years old had 81.1%, those between 41-50 years old (83.3%) and those beyond 50 years were 100%; and p-value of 0.042. There was also a very high perceived influence of workplace safety on the job performance of Nurses based on gender with males (80.0%) and females (83.3%); and p=0.0001. Marital status showed very high perceived influence with singles (85.2), married (80.0), separated (100.0), and widows/widowers (83.3%); p=0.003. Participants' highest level of qualification indicated very high perceived influence with RN (78.1%), RN/RM (75.9%), BNSc (71.4%), MSc (100%); and p=0.0001. The Table above also showed that participants with less than 10 years of experience (85.7%) and 10 -30 years of experience (92.8%) had high perceived influence but those beyond 30 years of experience (57.1%) hadhigh perceived influence; and p=0.048. Therefore, the perceived influence of job performance on the job performance of nurses in Aba North L.G.A. was very high across all the studied demographics except in those lower than 30 years old and those beyond 30 years of work experience that had high levels of perceived influence. The differences observed in the descriptive values were all statistically significant.

**Table 2: Frequency distribution of the perceived influence of workplace safety on job performance of nurses in Aba North L.G.A. Abia State based on the socio-demographics (n=77)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Variable** | **Category** | **Perceived Influence of Workplace Safety** | | **P-value** |
| **YES**  **F(%)** | **NO**  **F(%)** |
| **Age (years)** |  |  |  | 0.042 |
| 30 or lower (n= 32) | 22(68.8) | 10(31.2) |  |
| 31 – 40 (n= 37) | 30(81.1) | 7(18.9) |  |
| 41 – 50 (n= 6) | 5(83.3) | 1(16.7) |  |
| 51 or beyond (n= 2) | 2(100.0) | 0(0.0) |  |
| **Gender** |  |  |  | 0.0001 |
| Male (n= 5) | 4(80.0) | 1(20.0) |  |
| Female (n= 72) | 60(83.3) | 12(16.7) |  |
| **Marital Status** |  |  |  | 0.003 |
| Single (n= 27) | 23(85.2) | 4(14.8) |  |
| Married (n =40) | 32(80.0) | 8(20.0) |  |
| Separated (n=4) | 4(100.0) | 0(0.0) |  |
| Widow/widower (n=6) | 5(83.3) | 1(16.7) |  |
| **Highest Qualification** |  |  |  | 0.0001 |
| RN (n= 32) | 25(78.1) | 7(21.9) |  |
| RN/RM (n= 29) | 22(75.9) | 7(24.1) |  |
| B NSc (n= 14) | 10(71.4) | 4(28.6) |  |
| MSc (n=2) | 2(100.0) | 0(0.0) |  |
| PhD (n= 0) | 0(0.0) | 0 (0.0) |  |
| **Years of Work Experience (Years)** |  |  |  | 0.048 |
| Less than 10 (n=42) | 36(85.7) | 6(14.3) |  |
| 10 -30 (n= 28) | 26(92.8) | 2(7.2) |  |
| Beyond 30 (n=7) | 4(57.1) | 3(42.9) |  |

**The key for the interpretations:** low perceived influence (less than 40%); high perceived influence (40-70%); and very high perceived influence (beyond 70%). Significant (p< 0.05) and non-significant (p>0.05)

**4. DISCUSSION**

Workplace safety plays a crucial role in the job performance of healthcare professionals, including nurses. Understanding the perceived influence of workplace safety on job performance can provide valuable insights for organizations to enhance the working environment and optimize the performance of their nursing staff. This discussion aims to analyse the study conducted in Aba North L.G.A. of Abia State, which explored the perceived influence of workplace safety on job performance among nurses.

Table 1 presents an overall perceived influence of workplace safety on job performance, indicating an impressive score of 81.7%. This high percentage suggests a strong perceived influence of workplace safety on job performance among nurses in the studied location. This result is consistent with the findings of Schacter (2011). The subsequent analysis delves into the influence of workplace safety across different demographic variables, including age groups, gender, marital status, highest level of qualification, and years of experience.

Table 2 highlights that workplace safety had a very high perceived influence on job performance for nurses in Aba North across different age groups. Participants below 30 years old exhibited a high perceived influence at 68.8%. Notably, participants aged 31-40 years displayed an 81.1% perceived influence, while those aged 41-50 years and above 50 years showed even higher perceived influences at 83.3% and 100%, respectively. The p-value of 0.042 suggests statistical significance, indicating a meaningful association between age groups and the perceived influence of workplace safety on job performance. This result agrees with the study by Ndep et al. (2020).

Based on gender, the study also revealed a substantial perceived influence of workplace safety on job performance based on gender. Both male and female nurses reported high perceived influences, with males at 80.0% and females at 83.3%. This is in agreement with Habib and Elzein (2014). The p-value of 0.0001 further emphasizes the statistical significance of this association, highlighting that gender plays a role in the perceived influence of workplace safety on job performance.

Based on marital status, the study found that workplace safety had a very high perceived influence on the job performance of nurses across various categories. Singles exhibited the highest perceived influence at 85.2%, followed by married individuals at 80.0%. Separated participants and widows/widowers also reported high perceived influences at 100.0% and 83.3%, respectively. This disagrees with the study by McCaughey et al. (2013). These observed differences may be due to differences in the locations of the study. The p-value of 0.003 indicates a statistically significant relationship between marital status and the perceived influence of workplace safety on job performance.

The perceived influence of workplace safety on job performance based on the highest level of educational qualification was found to be very high across different levels of qualification. Registered Nurses (RN) reported a perceived influence of 78.1%, while those with dual qualifications as RN/RM (Registered Nurse/Registered Midwife) had a perceived influence of 75.9%. Nurses with a Bachelor of Nursing Science (BNSc) degree demonstrated a slightly lower perceived influence at 71.4%. Notably, participants with a Master's degree (MSc) reported the highest perceived influence at 100%. This result agrees with the study by Ndep et al. (2020). The p-value of 0.0001 highlights the statistical significance of the relationship between the highest level of qualification and perceived influence.

The study observed a notable variation in the perceived influence of workplace safety on job performance based on years of work experience. Nurses with less than 10 years of experience exhibited a high perceived influence at 85.7%, followed by those with 10-30 years of experience at 92.8%. However, nurses with more than 30 years of experience showed a lower perceived influence at 57.1%. The p-value of 0.048 suggests a statistically significant association between years of experience and perceived influence. This result agrees with the study by Ford and Tetrick (2011).

**5. CONCLUSION**

In conclusion, the study conducted in Aba North L.G.A. of Abia State demonstrates a very high perceived influence of workplace safety on job performance among nurses. The analysis of various demographic variables reveals consistently high perceived influences across age groups, gender, marital status, highest level of qualification, and years of experience. These findings underscore the importance of prioritising workplace safety initiatives to enhance job performance and the overall well-being of nurses. Organizational strategies aimed at improving workplace safety can positively impact the quality of care provided by nurses, leading to better healthcare outcomes. Further research and targeted interventions can build upon these findings to optimize workplace safety measures and create a conducive environment for nurses to thrive professionally.

**REFERENCES**

1. Arikunto, S. A. (1998). Needlestick/sharps injuries and HIV exposure among health care workers. National estimates based on a survey of U.S. hospitals. *Minn Med,* 78(11), p44.
2. Butt, H. K., Rasli, A. F. & Iqbal, M. (2012). Impact of work and physical environment on hospital nurses’ commitment. *International Journal of Economics and Research,*33(3), p43.
3. Ford, M.T. & Tetrick, L.E. (2011). Relations among occupational hazards, attitudes, and safety performance. *J Occup Health Psychol*, 16(1), p48.
4. Geetika, T. A. (2016). Occupational health and safety issues among nurses in the Philippines. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2797477/> Accessed September 12, 2022.
5. Grosch, J.W. & Pransky, G.S. (2010). Safety and Health Issues for an ageing workforce in ageing and work: issues and implications in a changing landscape. Baltimore, MD: Johns Hopkins University Press.
6. Habib, R. R. & Elzein, K. (2014). Gender in occupational health research of farmworkers: A systematic review. *Am. J. Ind. Med,*57, p1344.
7. Health and Safety Executive (2015). Safety culture and complications after bariatric surgery. *Ann surg*, 257(2), p260.
8. International Council of Nurses (2017). The global nursing shortage: Priority areas for intervention. Geneva: International Council of Nurses [http://www.icn.ch/images/stories/documents/publications/GNRI/The\_Global\_Nursing\_ShortagePriority\_Areas\_for\_Intervention.pd0](http://www.icn.ch/images/stories/documents/publications/GNRI/The_Global_Nursing_ShortagePriority_Areas_for_Intervention.pd%200)
9. International Labour Organization (2021). Occupational Safety and Health Convention, 2021 (No. 155). Geneva: International Labour Organization.
10. International Organization for Migration (2011). The future of nursing: Leading change, advancing health. Washington, DC: The National Academies Press.
11. Källestål, N. C. (2014). Health-promoting at workplaces - effects of health-promotion interventions in systematic literature reviews and in Swedish reports. State Public Health Institute, Sandviken.
12. Khoso, A.A., Kazi, A.S., Ahmedani, M.M., Ahmed, M.& Ahmed, I. (2016). The impact of workplace environment that affects employee’s performance in private hospitals of Hyderabad, Pakistan*. Int. J. Multidis*. Res. Dev.,5(3), p28.
13. Kirkcaldy, B.D. & Martin, T. (2012) Job stress and satisfaction among nurses: individual differences. *Stress Med*,16(2), p77.
14. McCaughey, M.D., DelliFraine, J. L., McGhan, G. & Bruning, N. S. (2013). The negative effects of workplace injury and illness on workplace safety climate perceptions and healthcare worker outcomes. *Safety Science*, 51(1), p138.
15. Naharuddin, N.M. &Sadegi, M. (2013). Factors of workplace environment that affect employee’s performance: a case study of Miyazu Malaysia. *Int. J. Indep*,2(1), p66.
16. Ndep, B. N., Okeke, J.E., Osuchukwu, N. C., Ekpenyong, M. & Abam, K. I. (2020). Workplace hazard exposure and practice of safety measures by workers in selected factories in Nnewi, Anambra State, Nigeria. *Journal of Epidemiological Society of Nigeria*, 1(2),p 21.
17. Samson, A. M. (2015). Organizational climate and nurse health outcomes in the United States: a systematic review. *Ind Health*, 45(5), p622.
18. Schacter, D. (2011). Quality of life work and its relation to the productivity of nurses in hospitals of Shahid Beheshti University of Medical Sciences. *Journal of School of Public Health Research Health* 2012, 10(4), p81.
19. Sepkowitz, K.A., & Eisenburg, L. (2015). Occupational deaths among healthcare workers. Emerging Infectious Disease. <http://cdc​.gov/ncidod​/EID/vol11no07/04-1038.htm>. Accessed September 4, 2022.
20. Stone, P.W., & Gershon, R.R. (2016). Nurse work environments and occupational safety in intensive care units. *Policy Polit Nurs Pract*, 7(4), p240.
21. World Health Organisation (2013). Workplace health promotion: The workplace: A priority setting for health promotion. Geneva: World Health Organisation[http://www.who.int/occupational\_health/topics/workplace/en/index1.html. Accessed August 23](http://www.who.int/occupational_health/topics/workplace/en/index1.html.%20Accessed%20August%2023), 2021.
22. World Health Organization (2017). Health workers. Geneva (CH): http://www.who.int/occupational\_health/topics/hcworkers/en/
23. Zolot, S.P. (2017). The negative effects of workplace injury and illness on workplace safety climate perceptions and healthcare worker outcomes. *Safety Science*, 51(1), p138.

1/23/2024