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Health Care Workers' Covid-19 Welfare and Well-being among Some Selected Staff of Olabisi Onabanjo Teaching Hospital

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Abstract

The study investigated healthcare workers' welfare relief disbursement during COVID-19 and their well-being which occasioned a drop in the morale of the frontline health workers. Cross-sectional survey research design was used and copies of structured questionnaire were administered to selected members of staff of Olabisi Onabanjo Teaching Hospital. The findings revealed that COVID-19 welfare relief had a significant effect on health care workers' welfare, with coefficients and probability values of $\beta_{1=}$ 0.353, P-value<0.05. In addition, COVID-19 case management had a significant influence on health care workers' stress level, with coefficients and probability values of $\beta_{1=}$ 0.512, P-value<0.05. It was recommended that the healthcare workers' work-life-balance should be of paramount importance to Management wherein their stress level is adequately addressed through progressive relief interventions.

Key words: Welfare, work-life-balance, COVID-19 relief funds, healthcare workers

Introduction

The COVID-19 pandemic which began in China metamorphosed into a deadly plague and rapidly spread across the globe with Nigeria recording 2,119 deaths between March 2020 and June 2021, according

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to the World Health Organisation (WHO) report (2021) and Nigeria Centre for Disease Control (NCDC) (2021). While the world battled to understand the virus' exact nature and its modes of transmission in order to eliminate it, health workers were unavoidably at the frontlines providing healthcare services in the midst of austere work environments, excessive workload, with their well-being neglected (Chatterjee, Kagwe, & Njoroge, 2020). This research rests on the knowledge that workers' welfare transcends the monthly salary, and includes physiological, psychological and financial compensation (Hanaysha & Majid, 2018). Gaps from extant literature revealed that during the covid-19 pandemic, health frontline workers were mobilized; however, their welfare relief and stress level were trivialized due to excessive workload and unkempt mental well-being (Shah, Kamrai, Mekala, Mann, Desai, & Patel, 2020).

Chatterjee et al's (2020) perspective on health workers being as frontline soldiers against COVID-19 demonstrates that the health workers are confronted with excessive workload in order to curtail and possibly eliminate the virus. Adeyeye (2020) observed a similar practice in Nigeria although the country had experienced drastic economic downturn with negative impact on individual and household incomes, making food insecurity prevalent while jeopardizing workers' welfare. The compounding effect of the economic downturn and COVID-19 pandemic gave rise to the need to disburse relief funds to the healthcare workers during the pandemic.

Many countries' health systems are inadequately prepared to respond to emergencies. Similar to the unprecedented Ebola outbreak in western Africa, the emergence of COVID-19 confirmed the severe consequences of weakened health systems on populations, the economy and society which are as a result of poor working conditions of health services workers at the moment of the outbreak (Wiskow, 2017). Funds to fight the deadly unexpected virus were sourced for. Dieleman et al (2016) opine that many government's health care expenditures have not been adequate to sustain robust health systems, hence the need to solicit for help. COVID-19 welfare (fund) within context refers to the mobilized N2 trillion the Federal Government of Nigeria earmarked as

an economic stimulus package to tackle the effects of COVID-19 in the economy (Unini, 2020).

Sources of COVID-19 fund include World Bank Health fund, Bill and Melinda Gates Foundation and European Union fund set aside to mitigate the effect of the pandemic on the economy (Oyeleke, 2020; Sanni, 2020; Yahya; 2020). Olatunji (2021) described the COVID-19 fund as money donated by Kensington Adebutu and Ibikunle Amosun which was N100 million and N25m respectively. The United Nations, due to the weightiness of the COVID-19 pandemic, diverted funds set aside for humanitarian needs that could have created an environment in which cholera, measles and meningitis would no longer thrive to corona virus disease elimination in order to achieve a new sustainable and inclusive economy that leaves no-one behind (António, 2020).

Health Workers' Welfare and Well-being

Rose, Hartnett and Pillai (2021) defined health workers as the permanent or temporary frontline personnel who offer medical or auxiliary services to those who are treated for COVID-19. Access to quality health care during pandemic depends on the availability of adequately trained and motivated health workers. Health and decent work are vital for social cohesion, human development and economic growth, therefore, the health sector is primarily about people; without health workers there can be no health care system that would adequately take care of the sick. Yet, health workforce shortages and ill-fare among the healthcare workers persist (Wiskow, 2017). Nearly all countries face challenges in recruiting, deploying and retaining sufficient numbers of well trained and motivated health workers where they are needed.

Decent work deficits brought about by health workers discontentment are among the key reasons for this situation (Wiskow, 2017). Zhang, et al (2020) postulated that medical health workers are first-line fighters treating patients with COVID-19. As a result of this task, they face a higher risk of being infected and are exposed to long and distressing work shifts to meet health requirements. The exposure is a protracted source of distress most especially when their welfare is not adequately taken care of.

Chirdan, Akosu, Ejembi, Bassi, and Zoakah (2009) posited that the success of health care industry is dependent on how the human labour is managed. Poor worker motivation can greatly affect health outcomes and patient safety. Odubanjo (2020), in a conversation on the topic of where COVID-19 has left Nigeria's health system, asserted that Nigeria does not give health workers a comfortable environment to work in, therefore, the pressure of not getting good remuneration, not having equipment to work with and insecurity in the country have made the health workers unproductive. As a result, the health workers have no other option but to migrate to more conducive work environments within or outside Nigeria.

Wiskow (2017) argues that long hours, shift work and night work hours, emotional and mental fatigue, disruption of the sleep rhythm due to shift work and various illnesses such as musculoskeletal disorders and depression damage health workers' health significantly. Workers in the health sector face a range of occupational risks associated with biological, chemical, physical, ergonomic and psychosocial hazards. Onigbindea, Babatunde and Ajagbe (2020) argued that the welfare of healthcare workers amidst COVID-19 pandemic in Sub-Sahara Africa calls for concern as health workers had the fourth highest rate of work-related health problems among all sectors. The sector ranked highest with regard to exposure to biological and chemical hazards, work-related stress, violence and harassment (ILO 2017).

Based on the aforementioned, it becomes important to investigate healthcare workers' welfare from the perspective of well-being (stress and welfare relief). The investigation was necessary to prevent continuous drop in healthcare workers' morale resulting from high stress experience by front-line health workers. Complaints from this category of workers have largely been on the application of the interventions, their welfare and stress level (Adeloye et al., 2017; Hanafi, 2021; Oleribe et al., 2018). Hence, the perception of healthcare workers at Olabisi Onabanjo University Teaching Hospital (OOUTH) was examined along welfare and stress levels.

Methodology

This study adopted survey research design to evaluate health care workers at Olabisi Onabanjo University Teaching Hospital (OOUTH) Covid-19 welfare perception of their well-being. The adoption of survey research design was justified on the ground of its capacity for collecting large data, which helps the researcher to make inferences about the target population. The units of analysis were the medical personnel including House Officers; Medical Officers; Residents; Consultants; Nurses; Nursing Officers; Senior Nursing Officers; Principal Nursing Officers; Assistant Chief Nursing Officers; Chief Nursing Officers; Pharmacists; Junior Pharmacists; Senior Pharmacists; Laboratory staff; Junior Laboratory staff; Senior Laboratory Staff; Physiotherapists; Junior Physiotherapists; and Senior Physiotherapists. Health care workers in the Ogun State COVID-19 Isolation Centre situated in OOUTH were also considered as part of the population of study.

The statistical formula postulated by Yamane (1967) and used by Israel (2010) was used to determine the sample size of this study with 95 percent confidence level and 5 percent error tolerance level.

The population's statistical formula is as follows:

$$n = \frac{N}{\Sigma [(1 + N (e^2)]}.$$

Where:

n = The desired sample size to be determined

N = Total population.

e = Accepted error limit 0.05 on the basis of 95% confidence level. For more adequate representations and to provide for the instruments that may not return, 40% of the determined sample size was added and that brings the sample size to 500 for the study. The addition was based on the recommendation of Israel (2010). Proportionate size allocation was used to select the number of respondents needed from each cadre of health workers within the hospital. For cadres which had more than the required number of respondents needed, simple random sampling was used to select only the number of respondents required.

The data was collected through a self-administered questionnaire divided into five sections. Section 1 measured the respondents' biographic data: gender, age range, occupation category, academic qualifications, and length of service. Section 2 measured Health care workers' welfare with 18 question items. Section 3 measured COVID-19 Health Workers well-being. A 6-point summated rating scale (Likert-type scale) was used for all sections with calibration of Strongly Agree (SA), Agree (A), Partially Agree (PA), Disagree (D), Partially Disagree (PD) and Strongly Disagree (SD) with values of 6, 5, 4, 3, 2 and 1 respectively, except section 1 on respondents' biographic data. The welfare section of the questionnaire was adapted from Logasakthi and Rajagopal (2013); COVID-19 and degree of stress was adapted from Raghavan, Jabbarkhail, and Ahmady (2020), while questions on COVID-19 welfare were adapted from Sanni (2020). All the eligible respondents were informed about the objectives of the study, and they agreed and signed consent form before participation. Participants were assured that the information collected would remain anonymous and the study was approved by the Ethics Council of OOUTH (OOUTH-HREC).

Results

There is abundant scientific empirical evidence supporting the workers' welfare-well-being view that the process of productivity or goals achievement is a major phenomenon at the core of well-being, health, and economic growth in market economies. The most commonly used empirical proxies for the intensity of welfare are those of factor reallocation, rewards, job flows and job-fit. These parameters defined well-being within the net employment change at the establishment level from one period to the next. Using these definitions, this study looked at workers' welfare as motivator and health solution to the same amount of achievement and statement of mind created within the same time. As such, the first assumption was to determine the interconnectedness between COVID-19 welfare (intervention fund) to health care workers' wellbeing.

Table 1: Summary of result

Variable(s)	Coefficient	T-statistics	P-Value
C	47.279	22.937	0.000
COVID 19 Welfare	0.353	3.646	0.000
F-Statistics = 13.295 **(0.0000)**		R-Square = 0.043, Adj-R-Square= 0.040	

Author's computation from SPSS 23.0
Source: Fieldwork (2021)

The result summary on Table 1 revealed that COVID-19 welfare (intervention fund) had a significant effect on health care workers' well-being, with coefficients and probability values of $\beta_{1=}$ 0.353, P-value<0.05.The F-stat (13.295, P-value<0.05) shows the fitness and overall significance of the regression model. The coefficient of determination (R^2) suggested that 43% variation in health care workers' well-being was accounted for by COVID-19 welfare (intervention fund). However, the model did not explain 57% of the variation in health care workers' well-being, implying that there are other factors associated with health care workers' well-being, which were not captured in the current model.

Following the above discovery that COVID – 19 (intervention fund) had a significant effect on health care worker's welfare, below is the breakdown of result per category of respondents in Olabisi Onabanjo Teaching Hospital:

Table 1a Showing Effect of COVID 19 intervention funds on welfare of Laboratory Scientists

Health workers welfare Laboratory Scientists (Laboratory Staff; Junior Laboratory Staff; Senior Laboratory Staff)	**Response**	**No of Response**	**Percentage (%)**
	Strongly agreed	0	0
	Agreed	8	27
	Indifferent	21	70
	Disagreed	1	3
	Strongly Disagreed	0	0

Table 1a revealed that 27% of the Laboratory Scientists agreed that the COVID 19 intervention fund had significant effect on their welfare, 70% of these category of staff were indifferent, while 3% disagreed.

Table 1b: Showing response of Doctors on COVID 19 intervention funds and welfare

Health workers Doctors (medical personnel; House Officers; Medical Officers; Residents; Consultants)	**Response**	**No of Response**	**Percentage (%)**
	Strongly agreed	0	0
	Agreed	4	2
	Indifferent	85	68
	Disagreed	36	29
	Strongly Disagreed	1	1

Table 1b revealed that 0% of the doctors strongly agreed, 68% were indifferent about the effect of COVID 19 intervention fund on their welfare, 29% disagreed that the stipend given as COVID 19 relief fund had any significant effect on their welfare, 1% strongly disagreed, while only 2% of the doctors who participated in the study agreed.

Table 1c Showing response of Nurses on COVID 19 intervention funds and welfare

Health workers welfare Nurses (Nurses; Nursing Officers; Senior Nursing Officers; Principal Nursing Officers; Assistant Chief Nursing Officers; Chief Nursing Officers)	**Response**	**No of Response**	**Percentage (%)**
	Strongly agreed	0	0
	Agreed	14	19
	Indifferent	40	56
	Disagreed	16	22
	Strongly Disagreed	2	3

Similar to table 1b, 0% of the nurses who participated in the study strongly disagreed, 56% of them were indifferent to the stipend given, 22% disagreed that the fund met their welfare need, 3% strongly disagreed, while 19% agreed to the fact that the welfare fund was given, there is a level of concern for their welfare.

Table 1d: Showing response of Pharmacist on COVID 19 intervention funds and welfare

Health workers welfare: Pharmacist (Pharmacists; Junior Pharmacists; Senior Pharmacists)	**Response**	**No of Response**	**Percentage (%)**
	Strongly agreed	0	0
	Agreed	7	30
	Indifferent	16	70
	Disagreed	0	0
	Strongly Disagreed	0	0

Among the pharmacists who participated in the study, 0% of them strongly disagreed, 30 % of them opined that the COVID 19 intervention fund had significant effect on their welfare, while 70% were indifferent.

Table 1e: Showing response of Physiotherapists on COVID 19 intervention funds welfare

Health workers welfare: Physiotherapists (Physiotherapists; Junior Physiotherapists; and Senior Physiotherapists.	**Response**	**No of Response**	**Percentage (%)**
	Strongly agreed	0	0
	Agreed	24	51
	Indifferent	20	43
	Disagreed	3	6
	Strongly Disagreed	0	0

Table 1e above showed that 0% of the physiotherapists strongly disagreed, 51% of them agreed that the COVID 19 fund given had effect on their welfare, 43% were indifferent, 0% strongly disagreed while 6% disagreed.

Healthcare workers' welfare and workers' stress levels.
Table 2: Summary of result

Variable(s)	Coefficient	T-statistics	P-Value
C	13.742	19.432	0.000
COVID 19 welfare	0.512	6.935	0.000
F-Statistics = 28.146 **(0.0000)**		R-Square = 0.029, Adj-R^2= 0.027	

Author's computation from SPSS 23.0
Source: Fieldwork (2021)

The result summary on Table 2 reveals that COVID-19 welfare (intervention fund) had a significant influence on health care workers' stress level, with coefficients and probability values of $\beta_{1=}$0.512, P-value<0.05. The F-stat 28.146 and P-value<0.05 show the fitness and overall significance of the regression model. The coefficient of determination (R^2) suggested that 29% variation in health care workers' stress level was accounted for by COVID-19 welfare. However, the model did not explain 71% of the variation in health care workers' stress level, implying that there are other factors associated with health care workers' stress level, which were not captured in the current model.

Discussion of Findings

Results from Table 1 corroborate ILO Conventions Nos 87, 98, and 151, which provide that health workers have the same right to organize and to bargain collectively as workers in other sectors on issues relating to the welfare and other working conditions. The study further supports the ILO Nursing Personnel Convention, 1977 (No. 149), and Recommendation, 1977 (No. 157), and the Medical Care Recommendation, 1944 (No. 69), 28 Equal remuneration and the elimination of discrimination in employment and occupation that special consideration should be given to the welfare standards provided for health care workers by providing safe working environments, social protection and elimination of occupational risk. Priority should be placed on addressing the stigmatization of COVID-19 that exists among public health experts and healthcare providers who are high-risk individuals (Ilesanmi & Fagbule 2020). From this study, the

investigators found that health care workers' welfare was considered during the application of COVID-19 intervention fund.

Tables 1a to 1e grouped the various units of analysis into their respective broad categories. Similarities were observed among all categories of health care workers in the indifference opinion displayed when asked about their perception about the COVID-19 fund disbursed and their welfare. This indifference attitude could be traced to the result in Table 2 which indicated that COVID-19 welfare (intervention fund) had a statistical significant influence on health care workers' stress level, although the reasons for the indifference and sources of stress are outside the scope of the study. In the same vein, majority of the respondents disagreed that the fund met their welfare needs. However, Ilesanmi and Fagbule (2020).

The result that the COVID-19 welfare (intervention fund) had a significant effect on health care workers' well-being is in line with the work of Onigbindea, Babatunde and Ajagbe (2020). The COVID-19 outbreak has been discovered to have huge toll on the physical, mental, and feeling on the world's public health workforce. This group of workers is at the frontline of the COVID-19 outbreak reaction and, as such, is exposed to dangers that put them at chance of contamination. It is therefore important to provide suitable work environment that would cater for their well-being.

The work of Oleribe, Udofia, Oladipo, Ishola and Taylor-Robinson (2018) on healthcare workers' industrial action documented that poor leadership is the most common cause of strike action by healthcare workers. This study therefore revealed that genuine concern about the welfare and well-being is required by leadership to motivate the health workers to use their skill, knowledge and ability to battle the novel virus (Onigbindea et al., 2020). Health workers, due to the nature of work calling, are faced with the challenge prioritizing their wellness in the face of limited resources and work regularly at brutal hours at the expense of their wellbeing. Testing the hypothesis, health care workers have no significant involvement in the management of COVID-19 cases; this study revealed that there is high level of involvement of healthcare workers in Covid-19 management cases. This is contrary to what Huynh, Nguyen, Tran,Vo, Vo, Pham (2020) found in a study at District 2 Hospital, Ho Chi Minh City in a study on Knowledge and attitude toward COVID-19 among healthcare workers, which revealed that there is a significant negative correlation between knowledge and

attitude of Health Care Workers about COVID-19

This study supports Onigbindea, et al.'s (2020) argument that health care workers are an integral part of the fight against COVID-19 virus. According to the April, 2020, World Health Organization (WHO) report, more than 22,000 healthcare workers across 52 nations and regions have been infected with the virus. The COVID-19 outbreak has been seen to have colossal toll on the physical, mental, and emotional well-being of the global public health workforce.

The hypothesis, COVID-19 Case management has no significant influence on health care workers' stress levels, showed that COVID-19 case management has a significant influence on health care workers' stress level. This result corroborates the work of Mbaba, et al., (2021) who found that the professional ethics of healthcare workers mandate them to attend to the sick despite the risk that exposure to COVID-19 brings. Therefore, irrespective of the attendant high impact on their stress level, health workers are still willing to go to work.

Health-care systems are continuously challenged to adapt to an ever-changing environment in order to achieve set goals. Demographic transitions and epidemiological developments, that is, COVID-19 pandemic, knowledge gains in medical, pharmaceutical and health sciences and new technologies require constant adjustments in the delivery of health services with consequences for how work is carried out, hence, enormous demand is made on the health workforce in spite of the high rate of stress level (ILO, 2017). Healthcare delivery systems in most of the African countries are far below standard, even before the emergence of COVID-19 outbreak that resulted in unpreparedness when the virus stuck. The system has always suffered neglect, deficiency of human and technical resources, underfunding, and healthcare management information systems (HMIS) below par which is strenuous to the health workers (Onigbindea et at., 2020).

Conclusion and Future Research

COVID-19 is a novel disease that is not yet fully understood and herefore requires enforcement of critical safety measures, provision of adequate personal protective equipment (PPE), and update safety trainings for health workers. Health workers are expected to take

maximum precautions to prevent getting infected. Guaranteeing protection and satisfactory welfare for the health workers with the incorporation of insurance cover in case of accidental loss of life on account of contracting COVID-19 are exceptionally basic in combating the outbreak.

Health workers are the backbone of national health systems. To perform effectively, they need employment opportunities, adequate pay, safe and healthy working conditions, appropriate education, continuing professional development, career opportunities, equal treatment and social protection. Assuring them of decent work first requires recognition of their essential contribution to the health and wealth of their societies. Extant literature has accentuated that the Healthcare Workers are tremendously strained during the course of any pandemic because of the first line roles played by them in response to a pandemic. The delivery of health care services is being challenged by the combination of increased patients, care demands, inappropriate attention to their welfare and inability to balance life with work which resulted in high stress level experienced by most healthcare workers. For the healthcare workers to put in their best at work, it is essential that the workplace management should set out objectives which would have potential benefits to workers' welfare and well-being that accrue from well-designed employee engagement interventions.

The study recommends that judicious use of allocated funds earmarked for health care welfare should be dispensed without giving room for suspicion. Furthermore, humans being the organisation's most valued asset, the healthcare workers' work-life-balance should be of paramount importance to Management wherein their stress level is adequately taken care off.

In conclusion, findings from this study revealed a consistent flow of indifference in the COVID 19 fund that was given to cater for the Health Workers Welfare. The reason for this indifference attitude is beyond the scope of this work. However, future work to test the efficacy of stress management technique on healthcare workers that will enhance their welfare should be undertaken which could be the reason for the indifference; disagreed responses and the fifty – seven (57) % variation in the result.

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