

A STUDY ON WORK SAFETY AWARENESS AMONG HOUSEKEEPING EMPLOYEES IN ONE OF THE LEADING HOSPITALS, SALEM

Management

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ABSTRACT

Cleaning, maintaining a healthy atmosphere, and providing adequate sanitation services are all part of hospital housekeeping services, as is pollution control on hospital premises. Hospital housekeeping services include activities such as cleaning, maintaining the hospital environment, and providing good sanitation. Hospital housekeeping management is a branch of general management that is responsible for overseeing hospital cleanliness, general environmental hygiene, sanitation, and waste disposal using proper procedures, equipment, and personnel. Housekeeping is commonly defined as "all activities aimed at providing a clean, safe, and comfortable environment." Workplace dangers can be controlled or eliminated with the help of housekeeping. Cleaning is only one aspect of household management. It entails keeping work areas clean and organised, removing debris (such as paper and cardboard) and other fire dangers from workplaces, and avoiding tripping hazards in corridors and floors. It also necessitates paying attention to critical issues such as overall workplace organisation, aisle labelling, storage capacity, and upkeep. Cleaning is crucial in addition to incident and fire prevention. Cleaning effectively is an ongoing activity rather than a one-time occurrence. This study focuses on housekeeping employees' perceptions of workplace safety.

KEYWORDS

Work safety awareness, Hospital, Housekeeping Employees, Workplace safety.

1. INTRODUCTION

A. Definition:

"Housekeeping is a hospital support service department in charge of the cleanliness, maintenance, and aesthetic upkeep of patient care spaces, public areas, and staff areas." Sanitation services, sanitation department, and sanitation division are other terms for the same thing.

HISTORY OF CLEANLINESS IN HEALTHCARE:

Cleanliness, wound-washing, and vinegar and thyme oil therapy, all of which have antibacterial properties, were initially advocated by Aulus Cornelius Celsus of Rome. The early antiseptics were pitch, wine, copper, silver, and mercury. In the 1840s, ether was the first anesthetic used in surgery, followed by chloroform, and finally nitrous oxide. In 1877, the first local anesthetic was introduced. However, longer and more complex surgeries, as well as a dearth of knowledge regarding infection and antiseptics, resulted in a high infection rate.

HAND HYGIENE

The need of hand hygiene in hospital settings was recognized for the first time in the nineteenth century. While working in a maternity facility in Vienna, Dr. Ignaz Semmelweis, a Hungarian, Expectant moms under his care expressed apprehension about being delivered by a team of medical students on the ward rather than a midwife.

HOSTILE RECEPTION

Semmelweis presented his findings to the public in 1850, but the medical establishment was dismissive, if not hostile. His findings contradicted popular scientific belief at the time, which blamed ailments on an imbalance of the body's "basic humors." Even if Semmelweis' findings were correct, it was argued that washing one's hands every time before treating a pregnant woman would be too time consuming. Semmelweis spent 14 years perfecting and spreading his views, culminating in the publication of a book in 1861.

ANTISEPTICS

In the nineteenth century, surgery was a risky proposition for the patient. If the shock from the pain and blood loss did not kill them during the operation, infection from blood poisoning was the most likely culprit. Infected wounds were referred to as 'hospital gangrene,' or sepsis, the Greek word for 'putrefaction.' Lister continued his investigation for two years, eventually discovering that carbolic acid was an antiseptic that prevented infection in the wounds he treated.

SANITATION

Florence Nightingale, a nurse, writer, and statistician, noticed the link between hygienic circumstances and healing while treating and caring for patients. Her most well-known service occurred in the Crimean War, which began in March 1854. Nightingale gathered information and established a record-keeping system, which she then used to enhance city and military hospitals. When Nightingale utilised her

collected data to determine the hospital's mortality rate, it was clear that she knew her way around a calculator. These calculations revealed that the sanitation methods used may be improved.

The objectives of the study include,

- 1) To study on work safety awareness among Housekeepers.
- 2) To analyse and improve work safety awareness among housekeepers.
- 3) To provide better suggestions to improve work safety awareness among housekeepers.

II. LITERATURE REVIEW

According to Widajati, Noeroel (2010), At Dr. Soetomo Hospital in Surabaya, researchers looked at the relationship between sanitation and hygiene knowledge, attitude toward occupational health and safety, occupational health and safety behaviour, and nosocomial infection risk among cleaning service personnel. The lower the attitudes, behaviours, and actions on K3, the higher the risk of nosocomial infection. Effective contribution to nosocomial infection is the most crucial act of K3, followed by attitudes, and comprehension of sanitation and hygiene is the least effective contribution.

According to Dancer SJ (2011), Given the wide range of surfaces, equipment, and building architecture, cleaning techniques should be customised to clinical risk. Cleaning chores are divided between nursing and domestic staff, and neither receives adequate training or time to accomplish their tasks. Because less onerous methods of dirt removal are always appealing, traditional cleaning procedures may be neglected or overlooked.

According to Bauer A, Rönsh H, Elsner P (2018), In the working population, occupational irritant hand dermatitis (OIHD) causes severe functional impairment, work disruption, and discomfort. Protective gloves, barrier lotions, and moisturizers can all be used as preventative measures. To determine the effectiveness of primary preventive interventions and methods (physical and behavioral) for avoiding OIHD in healthy people (without hand dermatitis) who work in vocations where the skin is exposed to water, detergents, chemicals, or other irritants, or who wear gloves.

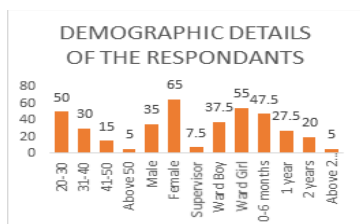
III. METHODOLOGY

This is an experimental study focused on the employees of the chosen hospital and their understanding of workplace safety among housekeeping staff. Data is collected using the entire sampling method. There were about 40 personnel at the hospital, and 40 data were obtained using Morgan's table with 95 percent confidence and 5% error. A questionnaire has been created for this purpose, ensuring that the research questions accurately reflect the researcher's goals and providing the investigation's direction and shape. As a result, the survey instrument is a two-part structured questionnaire. The first

section contains demographic questions such as gender, experience, and designation, whereas the second section contains twenty questions.

IV. ANALYSIS

Chart -I Chart showing the demographic details of the respondent.



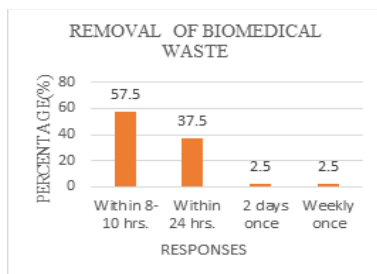
The respondents in the preceding chart-I are divided into four age groups: 20-30, 31-40, 41-50, and over 50. It is also clear that 65 % are female employees and 35 % are male employees. The people come from three different job titles: supervisor, ward boy, and ward girl. In this study, employees with 0-6 months of work experience (47.5%) outperformed those with 1 year (27.5%), 2 years (20%), and more than 2 years (5%).

Chart -II Chart showing the type of occupational hazards in workplace



From the chart – II, it is evident chemical substances (52.5%) and slips, trips, and falls (30%) are clearly the most common occupational risks in the workplace, while psychological hazards (7.5%), violence (5%), and physical hazards (5%), on the other hand, are less common.

Chart -III Chart showing the respondent's opinion on "Biomedical waste should be removed"



From the chart – III, it is interpreted that Biomedical waste should be removed within 8-10 hours (57.5%), within 24 hours (37.5%), twice a day (2.5%), and once a week (2.5%).

Table-1: Showing the relationship between standards for workers safety and removal of biomedical waste

	Standards for works safety	Removal of biomedical waste	
Standards for works safety	Pearson Correlation	1	.316
	Sig. (2-tailed)	80	.004
Removal of biomedical waste	Pearson Correlation	.316	1
	Sig. (2-tailed)	.004	80
	N	80	80

Null hypothesis (H0): There is no relationship between standards for workers safety and removal of biomedical waste
 Alternative hypothesis (H1): There is relationship between standards for workers safety and removal of biomedical waste

The above table shows that Pearson correlation value is 0.316 there exist a positive correlation between standards for workers safety and removal of biomedical waste. The significant value in this case is 0.004, which is less than 0.05. As a result, a different hypothesis (H1) is considered. Therefore, it can be proved that there is positive correlation between standards for workers safety and removal of biomedical waste

V. MAJOR FINDINGS & RECOMMENDATIONS

- The respondents are divided into four age groups: 20-30, 31-40, 41-50, and over 50. It is also obvious that 65 percent of staff are female, and 35 percent are male. The people come from three different job titles: supervisor, ward boy, and ward girl. In this study, employees with 0-6 months of work experience (47.5%) outperformed those with 1 year (27.5%), 2 years (20%), and more than 2 years (5%).
- It is evident chemical substances (52.5%) and slips, trips, and falls (30%) are clearly the most common occupational risks in the workplace, while psychological hazards (7.5%), violence (5%), and physical hazards (5%), on the other hand, are less common
- From the chart- III, it is interpreted that biomedical waste should be removed within 8-10 hours (57.5%), within 24 hours (37.5%), twice a day (2.5%), and once a week (2.5%).

The recommendations include,

- Avoid slipping, tripping, and falling. Fire hazard elimination
- Prevent falling things and avoid tracking materials.
- Schedule regular inspections and use a quality scale to assess results.
- In addition to results-based audits, conduct procedural audits. Auditing procedures might highlight areas where hygiene and productivity should be improved.

VI. CONCLUSION

A housekeeping service is provided by every organization. Housekeeping personnel have a far greater difficulty than other working populations. The most common health hazards in the Housekeeping business are trips/falls/slips, cuts, musculoskeletal disorders, abuse and sexual harassment, stress, chemical infections, fungus, and bacterial infections. Variable workloads, suitable equipment design, and competent work organization all help to reduce health risks. Employee training in recognizing and mitigating specific health threats and difficulties at work is beneficial to employee health, happiness, and motivation. It will also help employees become more qualified for their jobs.

VII. REFERENCE

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