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Title of Dissertation: OCCUPATIONAL HAZARDS, HEALTH WORKERS’ PERFORMANCE AND ORGANIZATIONAL EFFECTIVENESS IN RWANDA: A CASE STUDY OF HEALTH INSTITUTIONS IN MUHANGA DISTRICT, 2008 TO 2010  
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ABSTRACT

This research was conducted with the objective “to study how occupational hazards within health institutions in Rwanda (Muhanga District) and measures taken to date to mitigate them can affect workers’ and organizational performance and upon completion to suggest applicable strategies to fix potential problems to the development of successful, healthier and safer work conditions so as to improve health facilities’ service delivery effectiveness”. It relied on quantitative and qualitative data collected through two questionnaires; one addressed to a sample of forty-four healthcare providers and the other administered through individual interviews with owners or managers of public, government-assisted and private health facilities operating in Muhanga District, Southern Province of Rwanda. It was found that, within aforementioned facilities, workers face several types of risks: Accidents which consist of injuries from medical equipment, slips and trips, and falling down; Work-related diseases, mainly airborne infections, blood-borne infections, neck and lower back pain, hemorrhoids and varicose veins; Work-related stress and fatigue; Workplace violence. Factors influencing these risks were also identified; these are environmental factors (noise, hygiene conditions and smells, ventilation, narrow space and dispersion of units and location of some facilities), personal factors (worker behavior, psychological capabilities, inadequate skills), organizational factors (work organization, understaffing, insufficient financial resources, long working day), and external factors (behaviours of patients and/or their relatives, special groups of patients, medical insurance schemes). A close relationship was established between these factors and the risks prevailing in the health facilities under study. It was also found that the risks mentioned above impact negatively individual workers’ performance since they are causes of absenteeism, low morale, tardiness, poor quality service, constant anxiety, demotivation of some medical staff and resignation. Organizational effectiveness is also adversely impacted in terms of payment for job not performed because of absence and sick leaves, difficulty in retention, cost of unplanned recruitment and training, expenses for medical care in case of injuries or occupational disease, reduced productivity and increase in patients’ complaints. When it comes to comparison of the situation between the three types of health facilities (public, GAHFs and private), there is not much difference between what happens in public facilities and in GAHFs. However, the situation is quite different when one compares these two types with private facilities; there are considerable differences based essentially on the size, the services provided, the location, etc. For example, physical environment is more poorly designed and organized in most private facilities than in public and GAHFs. On the other hand, risks are more frequent and more severe...
in public and GAHFs than in private facilities than. Even the number of patients care about and services provided are more limited in private facilities, that’s why problems like work overload, work-related stress and fatigue, are not felt as having the same weight on health, safety and welfare of employees and institutions as in public and GAHFs. As for institutional responses to fix the problems or risks that are likely to undermine health, safety and welfare of healthcare providers and then their job performance, owners or managers of health institutions have taken several measures. The first set of measures aim at improving physical environment and safe practices through JHA and norms of practice enforced by health authorities. This set of measures encompass designing better workplace, physical environment organization, restriction of exposure to hazardous equipment, providing for suitable protective equipment, training in the precautions to be taken, regular supervision, system and equipment maintenance, cleanliness and waste management, to mention some. The second set includes measures aiming at improving staff satisfaction, morale and effectiveness through institutional and organizational interventions. This set of measures encompass insurance for occupational diseases, accidents and old age, medical care and sick leave, compensation for overtime and special risks, promoting minimal conflict, teamwork support and communication, institutional support to victims, increased and regular salary, and so on. However, because of inadequate reporting system, the researcher was prevented from examining some predetermined indicators such as turnover rate, number of cases of victims of occupational accidents and diseases, workplace violence and work-related stress with its derived health problems and effect on job performance. Finally, some recommendations were formulated for health service providers, health institutions and health authorities, because, in spite of effort done to provide safe workplaces within health facilities under study, there are still areas of improvement which need to be taken into consideration adequately so that those efforts may have effective and sustainable outcomes for the sake of individual employees’ well-being and performance, work team performance and institutional effectiveness.