KNOWLEDGE AND ATTITUDE OF SMALL SCALE ENTREPRENEURS IN OSOGBO, SOUTHWESTERN NIGERIA TOWARDS GROUP OCCUPATIONAL HEALTH SERVICES

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ABSTRACT

The health status of the workforce of an industry or enterprise is an important determinant of their productivity towards achievement of organizational goals. The weak financial base of most small scale industries in Nigeria has prevented provision of quality occupational health services to many workers. Merger of resources by industries to form a formidable group occupational health services could enable workers to access better health care .The objective of this study is to assess knowledge and attitude of small scale entrepreneurs towards establishment of group occupational health service. Descriptive cross sectional study carried out among 72 small scale entrepreneurs in Osogbo in Southwestern Nigeria, using multistage sampling method. Rresearch instruments consist of pre-coded semi structured interviewer administered questionnaires. Data was analyzed using the SPSS software and association between categorical variable done using chi-square test at a level of significance of $P<0.05$. The average number of workers is 10.6 ($\pm$9.0) employee per industry. Twenty four (33.3%) of small scale entrepreneurs provide health care services for their workers, with reimbursement of workers being the method of sponsoring health care in 6(54.2%) of them. Only 4(5.6%) of all industries studied had their own company owned health facility or clinic. These four were aware of possible mergers of company clinics, and were also willing to join merger arrangements to form group occupational health service. Among entrepreneurs without their own clinic, 24(35.3%) were willing to establish staff clinics, nine (13.2%) of these were aware of possible mergers of company clinics to form a group practice, and 28(41.1%) of them are willing to join such mergers to form a group occupational health service. Majority of small scale industries studied had no company clinic, siting poor financial base and ignorance as reasons. Entrepreneurs also had poor knowledge of group occupational health services, but a fairly better attitude towards joining such mergers thus creating hope for better future of health and welfare of workers.

Keywords: Group Occupational Health Services (GOHS), Small Scale Industries (SSIs), Small Scale Entrepreneurs (SSEs)

INTRODUCTION

The provision of adequate health care facilities to cater for the health and welfare of workers is an important consideration in the management of manufacturing industries. The health status of the workforce of an industry or enterprise is also an important determinant of their social and economic productivity to industrial and nation's growth. Enterprises with fewer than 50 employees may constitute as much as more than 87% of all enterprises in a country like Nigeria, and most of these enterprises are small companies where the owner also works for administration, production, sales, and with weak financial structure or base. [1]

In developed countries, occupational health service (OHS) has progressed from first aid to well established health care services through the treatment of work injuries and diseases, to the curative, the preventive and the practical primary health care approach. [2] Yet in some developed countries, group practices or consortia of clinics have sometimes provided the much needed medical care in industries. [3,4] Not much progress has been made in these directions in developing countries as there are few functional occupational health services in work places, and services provided tend to be that of general practice, many of which were not health related. [5, 6]

The concept of occupational health came to Nigeria, and indeed to all of West Africa came largely through the British Colonial industries. The first occupational health and safety programmes in Nigeria derived from the commercial and industrial enterprises were set up in Nigeria when the country was a British colony[7]. Nowadays, about 23% of cases seen in the health facilities in Nigeria are for occupationally-related ailments. [6] Most small scale entrepreneurs in Nigeria had no individual clinics nor an equipped first aid box, [5] and little or no plans for the health of their workers due to many reasons such as poor financing, and poor knowledge and attitude to occupational health services. This situation is worsened by the lack of organized worker's union in such industries that could ask or agitate for active occupational health service from the employer.

Most workers subsequently settle for different options of health care financing, in most cases out of pocket payments, or patronage of government hospitals, with long waiting time and loss of man-hours which may be counterproductive for industrial growth. [5] Merger of resources by many small scale industries to form a group occupational health services could enable workers to access prompt health care and services that would ultimately enhance the health status of the workers. Thus there is need for studies to assess entrepreneurial attitude to such mergers. This study will also corroborate the few studies evaluating health care provisions in Nigerian industries. The objective of this study is to assess knowledge and attitude of small scale entrepreneurs towards establishment of group occupational health service in Osogbo in Southwestern Nigeria.

METHODS

This descriptive cross sectional study was carried out among small scale entrepreneurs and top management officials of small scale industries in Osogbo in Southwestern Nigeria. Osogbo senatorial district is made up of three local government councils with a vast growing and diverse economy spanning manufacturing, trading, service provision and civil service among others. There are numerous private hospitals, primary health care centers, a general hospital and a teaching hospital as facilities for health care delivery.

All the small scale industries in the district constitute the targets population. Small scale industries that has been in existence for a period of three years and above, and having a minimum of ten workers were recruited into the study. With a calculated sample size of 72, [8] industries were recruited into the study using a multi stage sampling method. In the first stage, two out of the three local government areas were chosen by simple random sampling

employing simple balloting. The list of the small scale industries in the two chosen councils were obtained from the Osun State Ministry of commerce and industries, and stratified into three using their mode of production as the stratifying factor. These include manufacturing, trading and service provision. In stage three, 12 industries were selected per strata per local government using simple random sampling employing simple balloting.

A pre-coded semi structured self administered questionnaires was administered on the owner or the most senior administrative officer in care of each of the industries. Questionnaires were pre-tested among 3 small scale entrepreneurs in Ilesha senatorial district of the state and modifications to the questionnaires were made as necessary.

Ethical issues were settled at the levels of the state ministry of commerce and industry, state chambers of commerce and industry, local government councils, entrepreneurial level and with the ethical review committee of LAUTECH teaching hospital Osogbo. Study variables include background data about the industry, existing occupational health services for workers and knowledge and attitude of these entrepreneurs towards group occupational health services. Data was analyzed using the SPSS software after sorting out the questionnaires Consistency of data entered were done by double entry and random checking. Data was presented in forms of frequency tables. Association between categorical variable were done using chi-square test at a level of significance of $P<0.05$.

RESULTS

Table I shows that 52(72.3%) of the companies had been in existence for five years and more, while 48(66.7%) have an up to date registration with the state government authority. The average number of workers is 10.6 ($\pm$9.0) employee per industry. Only 7(9.7%) have a functional worker's union existing in their industry. About 24(33.3%) of small scale entrepreneurs(SSEs) provide health care service for their workers, with reimbursement being the most common method of sponsoring health care spending among 54.2% of respondents. Only 4(5.6%) of the total number of industries had their own company owned health facility or clinic.

Table II shows the kind of services rendered at the four company owned clinics. All the clinics provided basically only curative services, though about 50% of respondents felt that human and material resources were adequate for their staff strength. All respondents with company owned health facilities were aware of possible mergers of small scale industrial health facilities to form a group practice, and they all signified interest to join such mergers in group occupational practice.

Among respondents whose industries had no company clinic, 61(89.7%) believed that worker's illnesses could be occupationally related, but they still do not have clinics for one reason or the other.. Common reasons given for inability to established such clinics include 20(29.4%), logistics problems 3(4.4%), that the company is still a small business 27(39.7%) and 15(22.1%) claim they were ignorant of such possible decision. About 24(35.3%) planned to establish such clinic in the nearest future. About 9(13.2%) were aware of possible

mergers of company clinics to form a formidable group practice, but only 28(41.1%) were willing to join such mergers whenever it unfolds. These include promotive, preventive and curative services. Many reasons were given as possible constraints that could militate against smooth running of a group practice when constituted by the participating small scale industries.

DISCUSSIONS

In this study, about one third of small scale entrepreneurs provide health care delivery service to their workers, in form of reimbursement in half of cases, retainership with private practice/hospital in about one fifth, and government clinics in another one fifth, thus leaving the workers to patronize health facilities of their choice and at their own expense.. Only very few had their own privately owned company clinics and with no group practice. This agrees with a similar study in which it was found that all the small scale industries studied used the health care facilities provided by the government. Also group practice was not used by any of the industries studied, and none of the small scale industries had their individual clinics or an equipped first aid box. [5]

The implications of these are that the workers would have to decide on which type of facilities to patronize and these may affect quality of health care sought for by the workers. First aid box or employment of a part time nurse can not be substituted for a comprehensive and functional occupational health service which an ideal worker requires to meet their health needs. Also in government facilities, quality of care might be low, with a lot of waiting time and loss of man hours at work. This could also explain findings in this study in which one of the two company clinics were in form of employing an auxiliary nurse to deliver service in the clinic on part time basis, and the second company had well equipped first aid box/dispensaries, with some of the workers trained on the use of the contents.

Among those who claimed to have privately owned clinics in this study, curative care were the services rendered by the company owned clinics. This supports a study in which medical cases were found to constitute half of all of the cases seen in staff clinics studied, with occupationally-related cases and injuries accounting for only 4.3%.[5] The fact that health facilities owned by entrepreneurs in this study had inadequate financial, human and material resources supports a study in which there are no stipulations for occupational health service personnel or facilities for enterprises with less than 50 workers among studied group. [9] This is important since the quality of services provided to workers would determine the health status of the workers and ultimately possible contribution of the workers to team work and attainment of organizational goals. All respondents with company owned clinics in this study signifying their intention to join a merger into a group occupational health services whenever it comes up, suggests favourable attitude towards its establishment and a better hope for the health and welfare of workers in those industries..

Among respondents with no company owned clinic in this study, lack of funds, ignorance and poor attitude were responsible common reasons. This agrees with a similar study in which problems encountered during the setting up of occupational health services includes

employer's ignorance of the purpose of occupational health services. [4]. In this environment, most small scale industries are one man businesses with poor financial base, little education and little or no assess to micro credits on the part of the owner. So it could be practically impossible for them to take out of their meager capital investment for the establishment of a solid company clinic.

In this study, only about one-tenth of the industries had organized labour unions that could rise up to protect the interest of workers when it comes to employer-employee relationship, which may include establishment of company clinics. This agrees with another study in which it was found that only very few enterprises studied had organized unions that could ask or agitate for active occupational health service to the employer. [10] In this environment, it takes a little more than agitation with employers before employer's accord health rights to their employees.

In this study, a little over one third of entrepreneurs would like to establish their company clinics in the nearest future, while two-fifth of them would like to join a merger of company clinics to deliver a group occupational health services. This favourable attitude to establishment of company clinics by the entrepreneurs and willingness to join clinic mergers gives a high prospect for the existence of group occupational health services in the studied environment.

In group practice, workers could assess care whenever possible, and also opportuned to be seen by non-occupationally related health workers. In such clinic, provision would be made to cover curative, preventive and promotive health services. In addition, running such clinic for some years would bring out possible constraints to such mergers as well as recommendations that could help to circumvent such constraints all in the interest of the workers. This also raises hope for the health and welfare of workers as well as higher productivity on the part of the small scale industries.

CONCLUSION

Majority of entrepreneurs studied had no company owned clinics, siting their poor financial base and ignorance as reasons, and leaving workers to opt for out of pocket expenses on health care. Small scale entrepreneurs had poor knowledge of group occupational health services but a fairly better attitude towards joining clinic mergers, thus creating hope for health and welfare of workers. Provision of micro-credits to strengthen financial base of small scale industries and improved awareness to small scale entrepreneurs would go a long way to stimulate their interest in joining mergers into group occupational health services.

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Table I: Characteristics of Small Scale Industries under Study.

Variable (n=72)	**Frequency**	**Percentage**
Age of existence of industry		
Less than 5 years	20	27.8
5-9 years	36	50.0
10 years and above	16	22.3
Employees doing shift work	17	23.6
Functional workers union present in industry	**7**	9.7
Industry has up to date registration with government	48	66.7
Industry provides health care for workers	24	33.3
Forms of health care provision for workers(n=24)		
Re-imbursement	13	54.2
Use private hospital	4	16.7
Use government hospital	4	16.7
Own company/industrial clinic	**5**	20.8
Industry register workers under National health insurance scheme	0	0
Industry has owned health facility/clinic	4	5.6

Table II: Knowledge and Attitude Towards Group Occupational Health Services.

Variable	Frequency	Percentage
(1)For industries with their owned clinics(n=4)		
Type of services rendered in company owned clinic		
Curative	4	100.0
Preventive	0	0
Promotive	0	0
Rehabilitative	0	0
Felt health care workers are adequate in clinic	0	0
Felt facilities are adequate	2	50.0
Felt clinics is being properly funded	2	50.0
Felt clinic facilities meets the needs of the workers	2	50.0
Felt constraints and logistics are many	4	50.0
Aware SSIs could merge to sponsor a clinic	4	100.0
Believes that his clinic could perform better with mergers	4	100.0
Would like his company to get involved in such merger(GOHS)	4	100.0
(2)For industries without their owned clinics(n=68)		
Believes that worker's sicknesses could be work related	61	89.7
Reasons for not having company clinics		
Lack of capital	20	29.4
Logistics	3	4.4
Business still small scale	27	39.7
Not aware/ignorance	15	22.1
Others	5	5.8
	47	69.1
Believes his workers are entitled to sponsored health care	24	35.3
Would like to establish such clinic in nearest future	**9**	13.2
Aware that SSIs could merge to sponsor a clinic	28	41.1
Would like his company to join such merger(GOHS)		
Type of services entrepreneurs want such clinic to render	36	52.9
Curative	20	29.4
Promotive	13	19.1
Preventive		
Perceived possible constraints to such mergers	32	47.1
Counterpart funding	28	41.1
Management problems	31	45.6
Trust	17	17.0
Sustainability	21	30.9
Others		