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RESEARCH ARTICLE

ASSESSMENT OF THE LEVEL OF KNOWLEDGE ON OCCUPATIONAL ACCIDENTS AND DESCRIPTION OF THE CONTRIBUTION TO THE DECLARATION OF OCCUPATIONAL ACCIDENTS OF HEALTH PERSONNEL AND HUMAN RESOURCES IN THE SONABEL ZONE OF THE OST IN BURKINA FASO

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ABSTRACT

Objective: To study the knowledge of health personnel and human resources of SONABEL zone of OST on occupational accidents and the practice of their declaration. **Methods**: This was a prospective cross-sectional study covering the period March 15 to April 15, 2023. The sampling was exhaustive. All health workers and human resources personnel from all related companies to the SSTIE were included. This data collection was carried out through a semi-directional interview. **Results**: In this population, the average age was 44.2 years with an average occupational seniority of 13 years. A total of 17.9% of the respondents received specific training on accidents at work. The respondents who gave a good definition of an occupational accident accounted for 97% and only 50.7% knew the populations likely to be victims of occupational accidents. 88.1% of the respondents were aware of the appropriate actions to be taken by occupational accidents victims or their families. More than 37% of the respondents were not aware of the benefits of reporting accidents at work place and 76.6% were not aware of the possibilities of reporting occupational accidents in the event of an employer deficiency. Only 29.9% of the respondents were aware of the mandatory documents for reporting occupational accidents to the social security fund. In 68.7% of the departments, there was no register of occupational accidents. Workers' lack of awareness was the main reason given (97%) for underreporting occupational accidents. For an optimal management of the services in the event of an accident at work place in SONABEL zone, no effort should be spared.

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INTRODUCTION

Occupational accidents remain a major concern for businesses and the economies of most of the countries worldwide. According to the joint WHO/ILO (Geneva) press release published in September 2021 (1), the number of work-related deaths amounts to nearly two million per year, and work-related accidents known as occupational accidents contributes at 19% of the deaths. Beyond the drastic effects on humans, the economic and social consequences of occupational accidents are numerous and of varying severity. Work-related health problems result in economic losses equivalent to 4-6% of GDP in most of the countries (2).A recent ILO report states that approximately 240,000 deaths occur each year in the workplace in Africa (3). An annual average of six thousand work-related accidents is recorded in Côte d'Ivoire, for the formal private sector, by the National Social Security Fund (CNPS). Furthermore, the institution estimates the cost of covering these work-related accidents at 8 billion FCFA (4). In 2021, the National Social Security Fund (CNSS) recorded 1,334 occupational accidents in Burkina Faso, which resulted in expenses of more than one billion CFA francs for their repairs (5). Indeed, the number of companies are multiplying and occupational accidents represent one of the main inherent risks for workers in various work procedures.However, these statistics are underestimated. Indeed, a study published in 2008 by (Droit-Médical France) revealed that 35 to 50% of the occupational accidents or illnesses due to workare less unreported (6). In Burkina Faso, the Ministry of Labor stated in April 2022 that the number of work-related accidents, although high, was far from reflecting the reality because a significant number of work-related accidents and illnesses was unreported (7). This underreporting is depicted to be attributable to the victims themselves but also to other essential links involved in the process of notifying social security institutions (8). Health and human resources personnel are the main actors in the occupational accidents caring and reporting chain, both regarding the medical care, the awareness-raising, and the compliance with legal obligations. Studies have established a link between human resources management practices and the occurrence of occupational accidents (9) and, between the important role of the level of knowledge of stakeholders on the report of the occupational accident (10). This question therefore warrants further investigation.

Hence this study aiming at contributing to the assessment of the level of knowledge and reporting practices of healthcare and human resources personnel in the SONABEL area of the OST on the occupational accidents.

The specific objectives are

- To assess the level of knowledge of healthcare and human resources personnel onthe occupational accidents;
- To describe the contribution of healthcare and human resources personnel to occupational accident reporting.

MATERIALS AND METHODS

MATERIALS

Site of the study: The study was conducted in Burkina Faso, in the SONABEL zone, a territorial entity of the Office of Occupational Health (OST) located in downtown Ouagadougou. This zone extends from the vicinity of the Ouagadougou *Grand Marché* to the Koulouba district, the western outskirts of the airport, *Place de la Nation*, the ZACA project area, and the various activity zones (ZAD). It covers a radius of 7 kilometers, within the areas of the Baskuy and Bogodogo health districts, to which it belongs. The area covers approximately 21 km^2 and is bordered to the East by the Central and the UBA zones, to the North by the Kossodo zone, to the West by the SONABHY zone, and to the South by the LONAB zone.The SONABEL zone includes 54 goods and services companies. It is the largest zone in terms of both workforce size and company size. There are seven (07) bank branches, shops including the *Big-MARKETof Ouagadougou*, internet connection and telephone network providers, an electricity production and distribution company. Each affiliated company has staff responsible for human resources management. The inter-company health service (SSTIE) has seven (07) nurses specializing in occupational health, three (03) general practitioners including one (01) currently training in occupational medicine and an occupational physician.

Type,Period and Duration of the Study: This prospective, cross-sectional, descriptive and analytical study was carried out over the period of March 15 to April 15, 2023, i.e., one (01) month.

Study Population: The studied population included the Inter-company Health Service (SSTIE) health workers, including nurses, doctors, and all human resources' staffs from all companies affiliated with the SSTIE in the SONABEL zone of the Ouagadougou OST. The sample consisted of seventy-one (71) individuals, including 12 inter-company health service workers and fifty-nine (59) human resources workers. Occupational health personnel was represented by all nurses and doctors working in the occupational health service.
Human resources personnel werethe employees across all categories, who are responsible of personnel management.

METHODS

Inclusion and Exclusion Criteria

The inclusion criteria were

- Being a human resources employee of a company affiliated with the SSTIE in the SONABEL zone of Ouagadougou;
- Being a health worker at the SSTIE in the SONABEL zone of Ouagadougou;
- Agreeing to voluntarily complete the questionnaire.

The exclusion criteria were

- Having less than one month of professional seniority;
- Being a worker absent during the study period.
- Being an intern.

Data Collection Tools: A questionnaire was used as a data collection tool.

Data Collection: We visited the companies to collect data from the target groups. Beforehand, we completed administrative procedures, namely obtaining a certificate from the Burkina Faso Health Research Ethics Committee (CERS) and a survey authorization from the regional OST (Appendix). Once the authorization was obtained, the companiesand the Zone Chief Medical Officer (MCZ) were reached out to inform them of the data collection schedule. The data were collected using a semi-structured interview method.

Data Processing and Analysis: The Microsoft Excel version 2021 was used for data classification and organization and for creating tables and graphs. The data entry and analysis were done using the EPI INFO version 3.5.3 software. The results were presented in the form of trend measures (mean, median), dispersion (standard deviation, minimum, and maximum), tables, and graphs.

Ethical Aspects: To comply with ethical requirements, only agents who gave a favorable opinion (verbal consent) were surveyed. The purpose, importance, and scope of the study were prior explained to the respondents. Furthermore, they were also assured of the confidentiality of the information and the anonymity of the respondents. However, despite the consent obtained, each respondent was free of self-withdrawal from the interview at any time. No conflict of interest was noted for this study.

RESULTS

Number of Respondents: The study involved sixty-seven (67) occupational health and human resources agents out of a total of seventy-one (71) from the fifty-four (54) companies affiliated with the inter-company health service in the SONABEL zone of the Ouagadougou OST. The overall participation rate was 94.36%.

Socio-demographic characteristic

Distribution of the Respondents by Age: Table 1 shows the distribution of the respondents by age group. The 40-49 age group was the most represented, with 44.77%. The mean age was of 44.2 years ± 1.9, with a minimum of 30 yearsand a maximum of 73 years.

Table 1. Distribution of Participants by Age Group

Age group (years)	Number of respondents	Percent
30-39	23	34.32 %
40-49	31	44.77 %
50-59	13	19.40 %
≥ 60	01	1.49 %
Total	67	100 %

Distribution of the Respondents by gender: The distribution of the respondents by gender showed that 64.20% were male; the sex ratio was of 1.79 in favor of men (Figure 1).

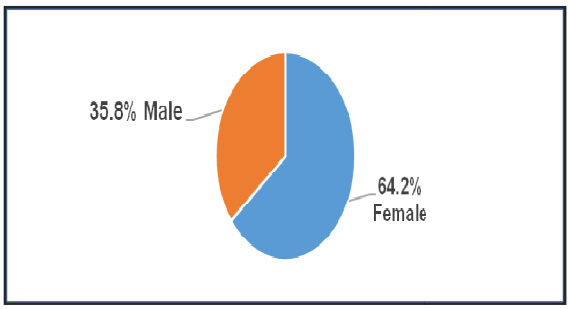

Figure 1. Distribution of the respondents by gender

Distribution of the Respondents by Qualification: Table 2 shows the distribution of interviewees by qualification. The human resources personnel (HR managers and human resources officers) was the most represented (56.7%), followed by human resources personnel without required qualifications (26.9%).

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Table 2: Distribution of Interviewees by Qualification

Qualification	Number of respondents	Percent
Human ressources managers	22	32.8
Non-qualified human ressources personnel	18	26.9
Qualified human ressources personnel	16	23.9
Health attached nurses	8	11.9
Doctors	2	3.0
Work doctors	1	1.5
Total	67	100

Distribution of the Respondents by Professional Seniority: The results showed that 29.85% of the respondents had professional seniority between 6 and 10 years. In this population, the average professional seniority was 13 years, with a 95% CI (Figure2).

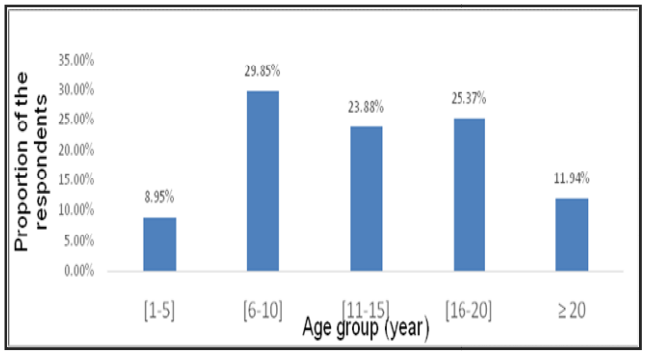

Figure 2. Distribution of the respondents by professional seniority

Proportion of healthcare Workers trained in Occupational Accidents : A total of 12 (17.9%) respondents received specific training on occupational accidents (Table 3).

Table 3. Distribution of Staff by Training in Occupational Accidents

Specific training on occupational accidents	Number of respondents	Percent
Non-trained personnel	55	82.1
Trained personnel	12	17.9
Total	67	100

Participants' Knowledge of Occupational Accidents

Definition of Occupational Accidents and Identification of Likely Victims: Ninety-seven percent of the respondents provided a good definition of a work-related or occupational accident (Table 4).

Table 4. Respondents' Knowledge of the Definition of Occupational Accident

Knowledge on occupational accident	Number of respondents	Percent
Oui	65	97
Non	2	3
Total	67	100

Procedures to Follow in the Event of an Occupational Accident: Among the respondents to this study, 92.5% knew that the human resources department should report the occupational accident (Table 5).

Table 5. Respondents' Knowledge of the WCB in the Event of an Occupational Accident

The respondent know that the employer should report the occupational accident to the social security fund	Number of respondents	Percent
Yes	62	92.5
No	5	7.5
Total	67	100

Benefits of Reporting Workplace Accidents: Table 6 shows the results regarding the benefits of reporting occupational accidents for the company. More than 37% of the respondents were not sufficiently familiar with the benefits from reporting an occupational accident.

Table 6. Awareness of the Benefits of Reporting Occupational Accidents

The respondent knows the benefits from reporting an occupational accident for the company	Number of respondents	Percent
Yes	42	62.7
No	25	37.3
Total	67	100

Deadlines for Reporting Occupational Accidents: More than 50% of the respondents were unaware of the deadline for employers or human resources departments to report an occupational accident to the social security fund (Table 7).

Table 7. Deadlines for Reporting Occupational Accidents

The respondent know the deadline for reporting an occupational accident to the social foresight cash by the employer	Number of respondents	Percent
Yes	33	49.3
No	34	50.7
Total	67	100

Action to be Taken in the Event of Employer Failure and Types of Occupational accidents that Must be Reported: The results showed that 73.1% of participants were unaware of the options for reporting occupational accidents in the event of employer failure (Table 8). Among the participants, 37.3% were unaware of the exact types of occupational accidents that must be reported (Table 9).

Table 8. Awareness of Reporting Options in the Event of Employer Failure

The respondent know the possibilities of reporting occupational accidents in case of employer failure	Number of respondents	Percent
Yes	18	26.9
No	49	73.1
Total	67	100

Table 9. Types of Occupational Accidents to be Compulsory Reported

The respondent knows the types of occupational accidents to be compulsory reported	Number of respondents	Percent
Yes	42	62.7
No	25	37.3
Total	67	100

Consequences of Occupational Accidents and Mandatory Documents for Reporting: In this study, 38.8% of the respondents were unaware of the consequences of an occupational accident on the company (Table 10). Only 29.9% of participants were aware of the documents required for reporting workplace accidents to the social security fund (Table 11).

Table 10. Consequences of Occupational Accidents on the Company

The respondent knows the consequences of Occupational Accidents for the company	Number of respondents	Percent
Yes	41	61.2
No	26	38.8
Total	67	100

Table 11. Mandatory Documents for the Report of an Occupational Accident

The respondent knows the mandatory documents for the report of an occupational accident	Number of respondents	Percent
Yes	20	29.9
No	47	70.1
Total	67	100

Contribution of Healthcare and human resources personnel to Reporting Occupational Accidents

Availability of an Occupational Accident Register: In 68.7% of the departments in the SONABEL area of the OST, there was no occupational accident register (Table 12).

Table 12. Existence of an Occupational Accident Register

Existence of an occupational accident register	Number of respondents	Percent
Yes	21	31.3
No	46	68.7
Total	67	100

Types of Accidents Recorded in the Register: According to 31.3% of the respondents to the survey, all the occupational accidents must be recorded in the register. However, more than 68% of them were unaware of this fact (Table 13).

Table 13. Types of Accidents Recorded in the Register

Types of Accidents Recorded in the Register	Number of respondents	Percent
All the types	21	31.3
Only accident resulting to the stop of the work	46	68.7
Total	67	100

Participation in Preventive Actions: In response to the multiple-choice question on participation in occupational accident prevention activities, in order of a preeminence, 68.65% of the respondents were active in raising awareness about reporting occupational accidents. They also made an effort to report every reported accident (55.22%) to the social security fund (table 14). Most of the respondents (88.1%) were not involved in all occupational accident prevention activities (Table 15).

Table 14. Main Preventive Actions for Occupational Accidents

Participation in reporting an occupational accident	Number of respondents	Percent
By sensibilizing the employer on the benefits of reporting an occupational accident for the employees	46	68.65
By reporting each reported accident to the social security fund	37	55.22

Table 15. Participation of the Respondents in all Prevention Activities

Participation in all prevention activities of occupational accidents	Number of respondents	Percent
Yes	8	11.9
No	59	88.1
Total	67	100

DISCUSSION

Limis of the Study: The survey was conducted in a single area of the Ouagadougou Worker Health Office (OST). Limiting the study area to that unique zone could have led to a representativeness bias. However, this zone in which the study was carried out is the largest area of the capital city Ouagadougou, with the Occupational Health Service (SSTIE) encompassing 54 companies. The reluctance and the unavailability of some agents prevented us from obtaining the desired exhaustive sample size. The data collection form was large, and respondents complained about the time required for the interview. We had to make several visits to secure an interview with most of the respondents. Thus, agents could have been informed of some aspects of the form by their colleagues who had already completed the questionnaire. Our physical presence would have increased the reluctance of the target individuals or influenced their responses. The lack of motivation and relative unavailability of the people primarily responsible of the visited institutions were not conducive to our study.

Sociodemographic Characteristics: Within the study population, the majority of people were aged over 40

(65.68%). The average age was of 44.2 years. This finding was almost identical to the statistics from the National Social Security Fund (CNSS), the institution responsible for social security for private sector workers in Burkina Faso, which, in 2008, published an average age of 44 years for registered workers (11). This similarity in results could be due to the fact that the target population in our study consisted of either middle managers or senior managers with significant professional experience. In our study, the distribution of the respondents by gender showed that 43 interviewees (64.2%) were male; the sex ratio was 1.79 in favor of men. This result differed from the results of several studies. Indeed, according to the 5th General Population and Housing Census (RGPH) of the National Institute of Statistics and Demography (INSD) in 2020, it appears that 51.7% of the Burkinabe population is female (12). However, it should be noted that in our study, women were no less represented if we refer to the observation that only 18% of registered workers were female according to the INSD in 2008 (11). In terms of staff numbers, human resources staff (HR directors and human resources officers) were the most represented (56.7%). The results of a similar study would have allowed us to better assess this aspect of qualifications. Moreover, the target population of our study was human resources staff and health personnel at the SSTIE. We noted that there were staff who were unqualified or trained in human resources (26.9%) but assigned to specific tasks such as personnel management and occupational accidents. This could negatively impact occupational accident management.

The results of this survey showed that over 61% of the respondents had more than 10 years of professional experience; the average professional experience was of 13 years with a 95% confidence interval (CI). In a study assessing nurses' knowledge of blood exposure accidents in Morocco in 2010, MOGUENA S. Dany found an average seniority of 11.2 years (13). The average age of the staff surveyed in our study (44 years) could justify their high professional seniority. A study on a similar topic could allowed a better comparison.

Specific Oraining on Occupational Accidents: According to the International Labor Organization (ILO), training and capacity building of staff is an essential link in the management of occupational accidents. In our study, 17.9% of THE respondents had received specific training on occupational accidents. This was a handicap among staff responsible of human resources management and occupational health personnel. In Morocco, at the Mohammed VI University Hospital in Marrakech, in 2021, a study on the evaluation of the knowledge of doctors in training by ASRA Khalid for his Doctorate in Medicine thesis regarding blood exposure accidents (BEA), found that only 28% of doctors had received training on BEA (14). This finding, although not brilliant, was significantly better than ours. In another study entitled impact of training on the attitude of healthcare staff towards blood exposure accidents (15), TCHIKAYA AF. and Al in Ivory Coast concluded that improving the obtained results depends on the sustainability of the training on AES. The information received during trainings represents the first level of prevention of these accidents. The result of the lack of specific training on occupational accidents could be attributed to a lack of orientation and awareness of workers and an under-reporting of occupational accidents.

Participants' Knowledge of Occupational accidents: Mastering an occupational accident management also requires a good definition of it related terms or concepts. The results showed that 97% of the respondents were able to give a good definition of an occupational accident. In Mali in 2014, JIONGO T. Emile, for his doctoral thesis in medicine, found that 75.6% of the staff members knew how to correctly define a blood exposure accident (16). By translation, what would have been their definition of an occupational accident? In our study, the proportion of the respondents who were familiar with the definition of an occupational accident was higher. This would be due to the fact that our target population was the primary actors in the management and reporting of occupational accidents.

Persons at Risk of an Occupational Injury and Procedures and Time Limits in the Event of an Occupational Accident and Employer Failure, and Mandatory Documents for Reporting Occupational Injuries: Despite the high proportion of the respondents who were familiar with the correct definition of an occupational accident, only 50.7% of them were aware of the populations likely to be victims. This implies that more than 49% of the respondents were unaware that only workers under contract and in the exercise of their profession could be victims of an occupational accident. This finding was unsatisfactory. Workers must be informed and made aware of the proper conduct when they are victims of an occupational accident. It was found that more than 50% of the respondent were unaware of the 48-hour deadline imposed to the employer or the Human Resources department to report an occupational accident to the social security fund (17).

These observed inadequacies in the level of knowledge of the primary stakeholders are due to the lack of specific training and continuing education on occupational accidents. Article 61 of the Burkina Faso Social Security Code (17) stipulates that, in the event of failure or impossibility from the employer, the declaration may be made by the victim or their representatives or beneficiaries, up to the expiration of a period of two years following the date of the accident or the first medical diagnosis of the occupational disease. In our study, 71.6% of the respondents were unaware of this legislative provision. Furthermore, 37.3% of the respondents were unaware of the exact types of workplace accidents that required reporting. Only 29.9% of the human resources and healthcare staff who participated were aware of the documents required for reporting occupational accidents to the social security fund. Overall, the level of knowledge was not satisfactory regarding the conduct to be adopted in the event of employer failure, the type of accidents subject to a mandatory report to the social security fund and the required documents for this reporting.

Consequences of Occupational Accidents on the Company: The results of the study showed that 38.8% of the respondents were unaware of the consequences of occupational accidents on the company. The impact of occupational accidents on the company influences policies and decisions regarding occupational health and safety. The results of this survey revealed that the harmful consequences of occupational accidents for companies were not sufficiently understood. Strong policies and a culture of prevention are less likely to be expected. Only legal obligations would compel our companies to act, but unfortunately, without conviction regarding the merits or the impact of the actions to be taken within them.

Contribution of Health and Human Resources Personnel to the Reporting of Occupational Accidents

Existence of an Occupational Accident Register: When an occupational accident occurs, it is necessary to identify its causes and implement corrective actions to prevent its recurrence. Therefore, every occupational accident, whether minor or not, must be recorded in a register. This process allows for the production of statistics and analysis, a crucial step in the preventive approach. In our study, the results showed that 68.7% of departments did not have an occupational accident register. This implies that the same proportion of companies (68.7%) did not generate statistics and therefore did not carry out analyses of accidents that occurred. However, it should be noted that the Human Resources departments, as the inter-company health service had a register for occupational accidents and illnesses.

Types of Occupational Accidents Recorded in the Register: More than 68% of the respondents were unaware that all occupational accidents (no matter how minor) should be recorded in the register. It was therefore clear that many occupational accidents were trivialized, not recorded, and no corrective measures were taken to prevent the occurrence of more serious cases.

Worker Participation in Awareness-Raising: Occupational health and human resources personnel are the main actors in the implementation of occupational risk prevention policies. One of the key areas of this prevention is awareness-raising. In our study, the results showed that 68.7% of the respondents participated solely in raising worker awareness about occupational accidents. As for other actions related to an occupational accident prevention, 88.1% admitted not participating. These findings fell short of what is expected of our target population. This clearly demonstrated that our companies lacked policies and a culture of occupational risk prevention.

CONCLUSION

This study allowed to assess the knowledge of health and human resources personnel in the SONABEL area of the OST on occupational accidents and the reporting practices. It consisted of administering a questionnaire and verifying the existence and completion of the tools. Positive points were revealed from the study and suggestions were done for improving the prevention and reporting of occupational accidents. As for the positive points, the results showed that 97% of the respondents knew how to define an occupational accident; 92.5% of them knew that human resources should report cases of occupational accident to the social security fund; 87.8% of the occupational accidents recorded during the past year had been reported and not all unreported accidents were subject to the reporting obligations. The areas for improvement primarily nvolved the knowledge of target staff. To achieve this, ongoing training was needed for capacity building. This training should improve the level of knowledge on occupational accidents. The importance of a culture of an occupational accident prevention should be emphasized.
From these results, urgent action is needed to train and raise staff members' awareness. More specific studies should be conducted for better identification of the shortcomings in occupational accident management in our companies.

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