

A STUDY ON PARTICIPATION OF OCCUPATIONAL HEALTH AND SAFETY AMONG PRIVATE HOSPITAL NURSES AT TIRUCHIRAPPALLI..

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ABSTRACT:

OHS is an essential part of nursing practice because it safeguards the security and wellbeing of nurses, patients, and the healthcare setting. The importance of OHS for nurses is explored in this abstract, along with the different occupational dangers they face, the effects these risks have on their physical and mental health, and the steps that may be done to reduce these risks. Additionally, the abstract highlights the value of OHS education and training for nurses as well as the part that healthcare organizations play in encouraging a safe and healthy work environment for their nursing staff. Nurses may offer excellent patient care while safeguarding their own health and safety by placing a strong priority on OHS. To study the hospital nurses' Occupational Health and Safety Policies and Procedures. to examine workplace rules and practices, involvement in occupational health and safety, and workplace dangers via training among hospital nurses. to examine workplace rules and practices, involvement in occupational health and safety, and workplace dangers by experience among hospital nurses. to take into account workplace rules and practises, participation in occupational health and safety programmers, and workplace dangers among nurses working in private hospitals. A total of 213 responders were chosen from the Tiruchirappalli private hospital's nurses. In a private hospital in Tiruchirappalli, 213 nurses were chosen using a statistical random sampling approach. For this, the structural questionnaire has been employed. The final survey has three parts. The first portion of the questionnaire includes demographic questions about the area, gender, family types, age, educational attainment, income, and experience of nurses working in seven private hospitals in the Trichy districts. The respondents' selections are determined by six aspects of questions in the second section, together with the nurses in the private hospital in Tiruchirappalli. A 5-point statement based on the attributes appears in the second part, with the options being strongly agreeing (5 points) or strongly disagreeing (1 point). This study made use of the Factor analysis and ANOVA capabilities in IBM SPSS Statistics version 20. To guarantee that nurses can execute their tasks safely and successfully, occupational health and safety engagement is crucial. In order to find practical solutions that safeguard the health and wellbeing of nurses and ultimately enhance patient care, we must continue to give this problem top priority.

KEYWORDS: Occupational health and safety (OHS), Working Hazards, Policies of OHS, Awareness of OHS.

1. INTRODUCTION:

1.1. OCCUPATION: A person's regular or primary employment or career, which often requires a certain skill set or area of expertise, is referred to as their occupation. It is a way for making a living and normally calls for some amount of education, training, or experience. Jobs can be categorised by job function, such as management or customer service, or by industry, such as healthcare or finance. A person's identity, societal status, and general quality of life can often be significantly affected by their employment.

1.2. OCCUPATIONAL HEALTH: The term "occupational health" refers to the maintenance and promotion of social, psychological, and physical health at work. It entails recognising, evaluating, and managing risks and hazards that may be harmful to employees, like as contact with poisonous chemicals, physical stress, or emotional strain. The prevention and treatment of diseases, injuries, and impairments connected to the workplace are also included in occupational health.

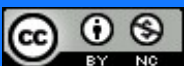
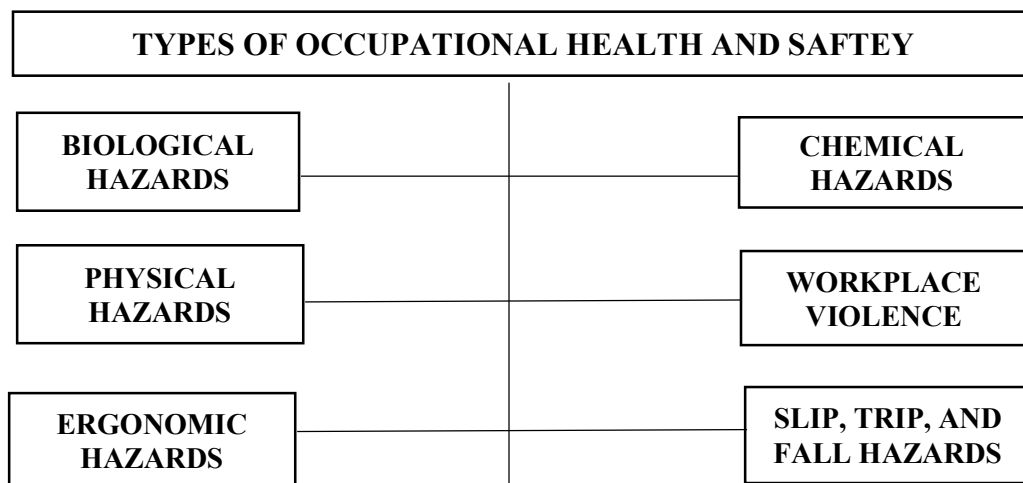
1.3. OCCUPATIONAL SAFETY: Workplace safety refers to the precautions that are taken to eliminate or minimize risks at work and protect employees' health and safety. It includes identifying possible workplace safety hazards and doing something about them, such putting safety procedures in place, giving out safety gear, and giving personnel safety training.

1.4. OCCUPATIONAL HEALTH AND SAFETY: Protecting the health, safety, and wellbeing of employees at work is the focus of the interdisciplinary discipline of occupational health and safety (OHS). It entails identifying and evaluating workplace risks, putting controls in place to mitigate these risks, and supplying workers with instruction and training to encourage safe work practices.

1.5. TYPES OF OCCUPATIONAL HEALTH AND SAFETY:

Occupational health and safety (OHS) hazards and risks can be present in various forms. Here are some common types of OHS hazards.

FIG 1.



FIRE AND ELECTRICAL HAZARDS

1. Biological hazards: Healthcare professionals run the danger of coming into contact with infectious illnesses including HIV/AIDS, hepatitis, and TB.

2. Chemical hazards: Disinfectants, cleaning products, and pharmaceuticals can expose hospital employees to harmful substances.

3. Physical hazards: These may include threats from noise, severe temperatures, radiation, and ergonomic concerns from heavy lifting or repeated actions.

4. Workplace violence: Patients or visitors may make threats or engage in physical contact with hospital workers.

5. Ergonomic hazards: By moving and lifting patients or by adopting uncomfortable postures while working, healthcare professionals run the risk of developing musculoskeletal problems.

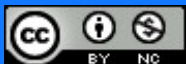
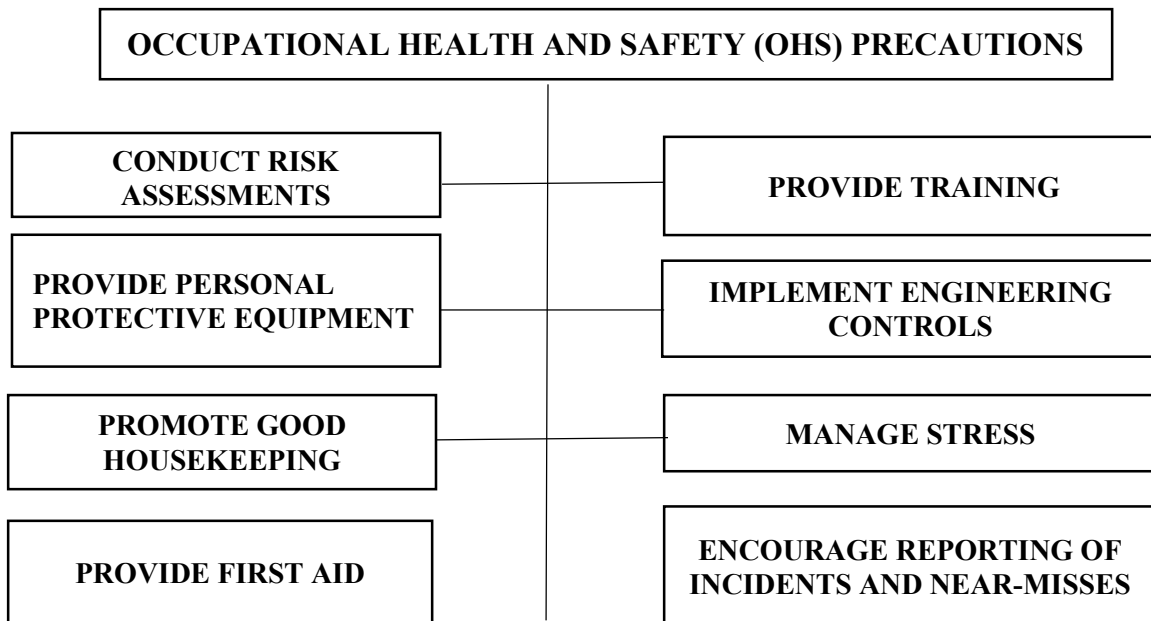
6. Slip, trip, and fall hazards: Due to uneven surfaces, congested or obstructive passageways, and damp or slippery floors, hospital staff are at danger of slips, trips, and falls.

7. Fire and electrical hazards: Hospitals are intricate settings with several electrical and heating systems that might be dangerous.

Hospitals should put in place a thorough OHS programme that includes risk analyses, training, the supply of personal protective equipment (PPE), and other preventative steps to mitigate these hazards. Staff members should get training on workplace violence response, ergonomics, and safe handling and disposal of hazardous products. It is also important to undertake routine audits and inspections of the hospital environment to spot and eliminate dangers. Hospitals can offer a secure and healthy environment for employees, patients, and visitors by recognising and controlling these threats.

1.6. OCCUPATIONAL HEALTH AND SAFETY (OHS) PRECAUTIONS:

FIG 2.



CONDUCT REGULAR INSPECTIONS

Precautions for occupational health and safety (OHS) are actions taken to safeguard employees from risks at work and to foster a secure and healthy workplace. Here are some typical OHS safety measures that firms might implement:

- 1. Conduct risk assessments:** Employers should frequently inspect the workplace for dangers to the health and safety of their workers.
- 2. Provide training:** Employees should get instruction on how to safely carry out their job responsibilities, utilize tools and machinery, and handle emergencies.
- 3. Provide personal protective equipment (PPE):** To safeguard employees from job risks, employers should give them the proper PPE, such as gloves, masks, goggles, and respirators.
- 4. Implement engineering controls:** Employers should put engineering controls in place to reduce or get rid of dangers, such as ventilation systems, barriers, and machine guards.
- 5. Promote good housekeeping:** To avoid slips, trips, and falls and to reduce the buildup of dust, debris, and other hazards, employers should encourage excellent housekeeping practices.
- 6. Manage stress:** Through initiatives like flexible work schedules, employee support and stress management training, employers should aim to reduce job-related stress.
- 7. Provide first aid:** Employers should set up first aid stations and make sure staff members are taught in the fundamentals of first aid.
- 8. Encourage reporting of incidents and near-misses:** Employers have to urge staff members to report any accidents or near-misses so that remedial action may be performed.
- 9. Conduct regular inspections:** Employers should do routine inspections to find any risks or harmful behaviors and fix them.

Employers may assist to establish a safe and healthy work environment for their workers and lower the risk of workplace accidents and illnesses by putting certain safety measures into place.

1.7. NURSE:

A nurse is a member of the medical profession who provides care to people in order to promote, preserve, and recover their health as well as to avoid sickness. Hospitals, clinics, long-term care homes, schools, and community health center are just a few of the places where nurses work. They act as patient and family advocates while collaborating with other healthcare professionals to deliver patient-centered care.

There are several categories of nurses, each with unique duties and subspecialties. The following are some of the most typical nursing specialties:

- 1. Registered Nurse (RN):** The majority of nurses fit this description. RNs are licenced after completing a nursing programme and passing the National Council Licensure Examination (NCLEX-RN). They are in charge of giving direct patient care, dispensing prescriptions, and

teaching patients and their families about their health. They work in hospitals, clinics, and other healthcare settings.

2. Licensed Practical Nurse (LPN): LPNs have graduated from nursing school and successfully completed the NCLEX-PN, or National Council Licensure Examination for Practical Nurses. They are accountable for delivering fundamental nursing care, dispensing prescriptions, and keeping track of patients' vital signs while working under the direction of RNs or doctors.

3. Nurse Practitioner (NP): NPs are advanced practise registered nurses (APRNs) with further training in a particular specialty who have obtained a master's or doctorate degree in nursing. They can give patients primary and specialised care, diagnose and treat ailments, and prescribe drugs.

4. Certified Nurse Midwife (CNM): Advanced practise nurses known as CNMs offer complete care to women throughout their pregnancies, deliveries, and postpartum periods. They also offer gynaecological and reproductive care.

5. Certified Registered Nurse Anesthetist (CRNA): Advanced practise nurses with a focus on providing anaesthesia to patients during surgical or other medical procedures are known as CRNAs.

6. Clinical Nurse Specialist (CNS): CNSs are advanced practise nurses who focus on a certain area of patient care, including cancer, geriatrics, or paediatrics. They perform research, teach other healthcare professionals, and directly care for patients.

7. Travel Nurse: Travel nurses are registered nurses who take on temporary assignments at various healthcare institutions around the nation. They may work at hospitals, clinics, or other healthcare facilities and cover temporary staffing shortages.

8. Critical Care Nurse: Intensive care In intensive care units (ICUs) and other high-acuity settings, nurses treat critically sick patients with specialised care.

9. Emergency Room Nurse: Nurses who work in hospital emergency rooms tend to patients who have recent injuries or illnesses.

10. Operating Room Nurse: Working in surgical settings, operating room nurses support surgeons and other medical professionals during surgical operations.

2. REVIEW OF LITRATURE:

- 1. Iwan Sumantri, Marihot Simanjuntak, April Gunawan (2023):** The goal of the study was to assess how risk management implementation (RMI) may be used to mediate the impact of occupational health and safety (OHS) capabilities and facilities on the job safety of unloading employees at Tanjung Priok Port, Jakarta. A survey approach was utilized in the study, and a sample of 101 unloading employees was selected at random. A questionnaire with a Likert scale was utilized as the study instrument, and Smart-PLS 4 software was used to process the responses and perform path analysis. The findings demonstrated how OHS facilities and competence impact worker safety when unloading cargo through RMI. These findings present a novel empirical model of the effect of OHS capabilities and facilities on work safety through mediating MRI, in addition to confirming the findings of earlier research that serve as the foundation for theoretical models and hypotheses. These findings have practical ramifications

for the management of unloading personnel and offer a theoretical contribution to the advancement of management science, particularly safety and risk procedures. Therefore, before being modified or accepted to increase workplace safety in the future, the new empirical model may be utilized as debate material among academics, researchers, and practitioners.

2. **Mohsin Abbas, Sidra Rafique (2023):** The goal of this study is to investigate the factors that affect Pakistani healthcare workers' rights in terms of occupational health and safety (OHS) coverage for needle stick injuries (NSIs). This qualitative study involved developing a questionnaire, the World Health Organization's NSI prevention assessment instrument, and nationally disseminated reporting on the preservation of the OHS rights of healthcare workers. A two-stage sample technique was used to survey a total of 17 public and private hospitals. Significant results ($p = 0.05$ & $p = 0.01$) from descriptive and inferential statistics (one-way analysis of variance with multiple comparison tests) were discussed. The findings were evaluated critically in light of health care employees' OHS rights. Injection usage per day and safety behaviour, past year's needle stick injury cases with safety behaviour and occupational exposure, work shift and work experience with safety knowledge, safety awareness, and work experience with safety management were all significant relationships that emerged from the analysis. The lack of a countrywide OHS law for healthcare employees was also discovered. The sampling size and ability to quantify the NSI burden among healthcare personnel are both constrained by this study. Better OHS management techniques among healthcare professionals can reduce NSIs, which in turn protects their workplace OHS rights. OHS coverage is necessary for health care professionals in order to be informed of potential workplace dangers and receive the necessary job training. Findings from similar-sized, in-depth research can provide valuable policy recommendations for occupational health management in a national health-care system. The significance of OHS coverage for healthcare workers in hospitals is shown by this study. It details several factors that contribute to NSI suffering and health care workers' rights abuses at work in Pakistan.
3. **Mahmut Çoban, Tülay Ortabağ (2023):** The purpose of the study was to assess the occupational health and safety procedures followed by the medical staff employed by a public hospital connected to the Bingöl Provincial Health Directorate. The study is of the descriptive kind, and it was conducted between May and November 2018 with the participation of 80 nurses, 20 physicians, and 50 other healthcare professionals. The Employee Health and Safety Information section of the questionnaire was made up of the Personal Information Form utilized in the study. The Occupational Questionnaire, which makes up the second section, Scale of Safety for Medical Workers Working in the questionnaire's third section is hospital. Results were transferred to SPSS 15.0 for statistical analysis programmed. When assessing the data, descriptive frequency, proportion, mean, and standard deviation. Analysis of variance, the t test, and deviation were utilized. The hospitalization rate for people involved in occupational accidents was 78.7% where the research was done. In the Occupational safety scale score assessment based on the health professionals' fields of study; Doctors and nurses both had scores of 181.75 and 19.05. and other medical professionals 183.54±22.36. Health

professionals who work in laboratories had a score of 178.4220.54 on the scale, while those who work in hemodialysis received a score of 192.3523.34. In the general scale score review, it was determined that the medical staff was pleased with the occupational health and safety practices.

4. **Muhammet Gula,, M. Fatih Akb , Ali Fuat Guneri (2023):** Workplace health, safety, and welfare are all covered under occupational health and safety (OHS), which serves as a foundation for reducing occupational accidents to an acceptable level. Hospitals, which make up the majority of the health care sector's workforce in Turkey, are subject to significant dangers that may be divided into chemical, biological, physical, ergonomic, and psychological concerns. Although Turkey has experienced tremendous economic expansion, OHS practices have not yet been completely implemented, and the health industry has not received the necessary attention. This paper's objectives are to evaluate hazards to healthcare professionals, contribute to the design of healthcare services, and strengthen legislation. Using a two-stage fuzzy multi-criteria method, a case study is conducted in a renowned hospital in Turkey, offering better consistency in the decision-making process and a suitable final rank of hazard kinds. Five risk parameters—severity, incidence, detectability, sensitivity to maintenance non-execution, and sensitivity to personal protective equipment (PPE) non-utilization—are weighted using the fuzzy analytical hierarchical process (FAHP). Then, each hospital department's prioritization of danger kinds is done using the fuzzy VIKOR (FVIKOR) technique. At the top of the hierarchy for hazard control, controls are put in place for the dangers, and places that still need work are highlighted.
5. **Hussein Mussa Vuai, Nsubuga Haroonah, Dr. Haji Ali Haji (2023):** This study's goal was to evaluate how workplace safety and health at the Zanzibar Government Printing Press (ZGPP) in Unguja affected workers' productivity. This study's particular goals were to evaluate the impact of the work environment on workers' performance at the ZGPP, to look at how occupational health precautions may enhance employees' performance, and to evaluate how Occupational Health hinders employees' performance at the ZGPP. Self-administered questionnaires were utilized to gather information from the respondents as part of the study's descriptive study design. From a sample frame of 127 people, the employees of the Zanzibar Government Printing Press (ZGPP) were chosen at random for this study. For the study, a total of 106 respondents were chosen. Statistical Packages for Social Science (SPSS) was used to process the data and analyses the connection between the variables in order to determine the effect of occupational safety and health on employees' performance at ZGPP. The study's results showed that slightly over half (63.4%) of the respondents were men, and that 44.6% of them had little or no awareness about occupational safety and health. To determine the link between the independent and dependent variables, liner regression analysis was carried out. The results of the study showed that the working conditions variable had a significant impact on employees' performance ($\beta = 0.468$, $t = 5.273$, $p < 0.05$). The study also showed that employee performance at ZGPP was significantly impacted by occupational health ($\beta = 0.246$, $t = 2.521$, $p < 0.05$). Furthermore, no workplace safety precautions were shown to have an impact on

employees' performance ($r = 0.087$, $t = 0.868$, $p > 0.05$). Even Nevertheless, these results demonstrated that ZGPP employees' performance suffered as a result of workplace safety precautions. Accordingly, it was advised that ZGPP should put more of an emphasis on OSH protection and prevention, enhance occupational health in terms of training for OSH, and consistently implement OSH regulations and policies with an eye towards workers' performance. A thorough longitudinal follow-up research would be advised to provide better relationship because the study's descriptive character made it unable to determine causation and timing.

6. **Ammari Samir, Raki Ahcene (2023):** This study sought to highlight how the ISO 45001 occupational health and safety management system contributes to the physical and mental well-being of employees in financial institutions. Financial institutions have an urgent need for this system as a result of the high number of injuries and accidents involving occupational health and safety for workers, particularly those involving occupational hazards like physical and mental illnesses, accidents, and injuries. The study produced a number of findings, the most significant of which is the necessity for economic institutions to implement the occupational health and safety management system ISO 45001, as its application achieves many benefits and favourable outcomes, the most significant of which is: Improving the psychological and physical health of employees, which positively impacts their performance or productivity at work on the one hand and results in their job satisfaction on the other.
7. **M. Fauzi, Muslikha Nourma Rhomadhoni, Satria Wijaya, Dwi Handayani (2023):** In an effort to reduce workplace accidents, it is crucial to implement an OHS (Occupational Health and Safety) culture. Because the University is a bustling location and a place where people go to learn, OHS must be implemented there. 70% of the study time for health majors was spent in laboratories. This study aims to describe people's knowledge, attitudes, and behaviours related to health and safety. Students in the UNUSA Health Analyst D-IV Study Programme should be safe at work. This study employed a cross sectional design, observational quantitative technique, and descriptive research methodology. Primary data gathered using a questionnaire are used in this study. 180 students who were D-IV Health Analysts made up the study's sample. According to the study's findings, 69.4% of health analyst students are knowledgeable of excellent criteria, 77.2% of them have a happy outlook on life, and 77.2% of them do positive actions. The study's findings indicate that health analyst students generally have good knowledge, attitudes, and behaviours about occupational health and safety.
8. **Samuel Yaw Opoku, Carlos Yeboah, (2023):** Generally speaking, occupational safety and health (OSH) involves the prevention, identification, assessment, and management of risks that may arise at work or from them. In this study, occupational health and safety risks faced by health professionals in Ghana's Bono area were assessed and evaluated. The research was a quantitative descriptive cross-sectional study. The binary logistic regression approach was used to analyses data from 200 healthcare professionals. The study's findings indicate that clinical staff was a risk factor for biological hazards (OR = 2.487 (1.146 - 5.397), $p = 0.021$; poor maintenance of hospital equipment: 0.446 (0.240 - 0.831), $p = 0.011$; verbal assault: 2.581

(1.317 - 5.059), $p = 0.006$; and high work pressure: 2.975 (1.519 - 5.829), $p = 0.001$). Being single and having been verbally abused both had non-biological dangers associated with them (OR = 0.499 (0.263 - 0.947), $p = 0.034$ and OR = 3.581 (1.865 - 6.876), $p = 0.0001$, respectively). Poor hospital equipment maintenance and high work-related stress are risk factors for biological hazards, whereas single status and verbal abuse are risk factors for non-biological hazards. Clinical healthcare professionals are more susceptible to risks to their workplace health and safety. Based on the creation of the epidemiological profile of health, the research advises the supply of strategic plans to promote and safeguard the workers' health, which need to be improved and readjusted.

9. **Neha Saini and , Dr. Parampreet Singh(2023):** This study's primary goal is to identify the biggest obstacles to the adoption of occupational health and safety management systems (OHSMS) in the MSMEs in SAS Nagar from the perspectives of the employer, employee, and supervisor. In order to directly assist in identifying the key obstacles to the implementation of OHSMS in MSMEs, a survey is undertaken with the stakeholders, such as the employer, supervisor, and employees, of three MSMEs located in the SAS district of Punjab. Employers and managers frequently point the finger at employees and the government for obstacles in the adoption of OHSMS, while employees frequently place the responsibility on management. By incorporating safety practices into daily work culture and enhancing the working environment, it will be easier to execute health and safety management and reduce the number of workplace incidents.
10. **Okolieuwa, C. C., Christopher, I. I. & Ikwunne, T. (2023):** This study uses the Nigerian National Petroleum Corporation (NNPC) Enugu Depot as a case study to analyse the importance and influence of occupational health and safety rules on employees' performance at work. The purpose of this study is to examine the effects of health and safety rules on employees' general performance and well-being inside the organisation. On the job performance of employees at the NNPC, Enugu Depot, the impacts of the particular objectives, such as occupational health programmers, industrial safety and health, and last but not least, the safety problems, were evaluated. The study uses a qualitative analysis of interviews with management and employee respondents as part of a survey research design. To determine the crucial elements that contribute to the efficiency of occupational health and safety rules and their effects on workers' performance, the data gathered is analyzed. The results show that strong health and safety regulations have a favorable effect on employee performance. Employees' total productivity is increased, as well as their motivation, work happiness, and physical health. The research also emphasizes the value of promoting employee participation in planning, cultivating a culture of quality, and encouraging active participation in hazard detection, since these factors open up chances for creativity and innovation. The study also emphasizes the significance of ongoing education and training programmers as well as safety audits on a regular basis to guarantee the continued efficacy of occupational health and safety regulations. The report gives recommendations for improving the application of health and safety practices across the organisation as well as insights into the particular difficulties

experienced by the NNPC Enugu Depot. By presenting empirical data on the effect and importance of occupational health and safety rules on employees' performance, this study adds to the body of current information. As a way to improve general performance and productivity at work, it emphasizes the need of giving priority to employee welfare and safety for businesses in the downstream sector.

11. **Salamatul Afiyah (2023):** The economy of a nation is significantly influenced by labour productivity. Of course, a significant factor in this productivity is the workers' health and safety. As a result, there has to be a step taken to raise knowledge about how to lessen the effects and danger of accidents. Public administration believes that integrating the community and stakeholders in an active participation process may assist raise knowledge of workplace safety. The goal of this study is to identify a public administration model that might be helpful for raising awareness of workplace safety. This study will make use of qualitative techniques and literary analysis. The study's findings revealed that decision-making on occupational health and safety can raise knowledge of dangers and measures that must be taken in the workplace through active involvement. Thus, proactive work safety may be created.
12. **Dr. David Oswald (2023):** The best ways to educate, train, and teach about construction health and safety are not universally agreed upon. The adoption of participative approaches in construction industry training and postsecondary education has been urged by scholars. Role-playing is a cutting-edge participation method that might be applied to both postsecondary education and workplace training. This study tries to pinpoint situations in which role-playing might be useful for teaching construction health and safety. Role-playing has been employed in several health and safety investigations, which have been reviewed. This provided guidance on the applications of role-playing within the construction industry. According to the findings, role-playing has been successfully utilized to educate everyday workplace practical skills, crisis or disaster preparedness, mental health education, and the dissemination of safety knowledge. Since the construction business needs a lot of practical skills, encounters accidents and emergency circumstances, has a bad track record with mental health, and still needs efficient means to convey safety information, these four themes can be applied to the sector. The utilization of role-playing approaches in these highlighted scenarios of practical construction skills, emergency circumstances, mental health training, and safety information transmission is advised for future construction study work.
13. **Carlo Grandi, Andrea Lancia and Maria Concetta D'Ovidio (2023):** The greatest global issue is now widely acknowledged to be the effects of climate change on the natural world, ecosystems, and human civilization. Climate change has the potential to harm human health in a number of ways, including by changing the temperature environment, the frequency of extreme weather events, and the exposure of people to physical, chemical, and biological contaminants. Over the past few years, the effects of climate change on occupational health and safety have drawn more and more attention. Workers' health and safety in the European Union are governed by Directive 89/391 and its offspring. Compliance with the criteria of the current EU law necessitates extra work to put preventative and protective measures into place

in a changing climate. The right workers' knowledge and training, which is partially under the control of the occupational physicians, plays a crucial part in protecting the health of the workforce. In order to update employees' knowledge and training on climate change issues and to incorporate it into occupational physician curriculum, this study offers a basic concept. Importantly, appropriate information and training may support the implementation of adaptation strategies, which are a component of local, national, and international responses to climate change, as well as the promotion of workers' health.

14. **Kaiko Mubita, Inonge Milupi, Pauline Namakau Monde(2023):** The position of women in occupational health and safety (OHS) management is reviewed, analyzed, and measures for incorporating women in safety and health management at work are suggested. This is supported by the fact that an essential component of OHS management is maintaining a safe and secure workplace for everyone, regardless of gender or other forms of discrimination. This is a result of the numerous instances of prejudice and discrimination against women that have been recorded at work. According to the belief that ensuring the safety of women at work is of utmost importance, I contend that inclusion as well as healthy production of goods and services are both supported by the safety and health of women at work. Because of this, maintaining the safety and health of women at work places calls for a comprehensive strategy that includes a solid foundation in knowledge about safety and health in general. These factors lead me to the conclusion that women may benefit from training and education possibilities in health and safety management by developing their skills and knowledge, as well as their self-assurance and competence. Additionally, eliminating bias and promoting equitable opportunity for women in health and safety management may be accomplished through fostering a culture of diversity and inclusion and discrimination.
15. **Dian Eksana Wibowo, Indah Wahyuni1, Arum Dwi Hastutiningsih (2023):** Every year, there are more occurrences of work accidents in Indonesian building projects. The corporation and the workers both lose money as a result of this workplace catastrophe in addition to the casualties. This demonstrates how crucial workplace safety and health are to a construction project's activities. Therefore, the goal of this research was to determine the degree of risk in a building project, the level of risk management, and the degree of risk control application in the field. Utilizing methodologies such as Hazard Identification, Risk Assessment, and Risk Control, and Job Safety Analysis, risks are identified. The risk is then evaluated for severity and probability before being rated for risk level. According to the findings of the risk level assessment of the three jobs that were seen during Phase II of the construction of the Yogyakarta State University's Wates Campus, light brick laying work, plastering and plastering work, and beam structure work are all included in the extremely high risk category. The implementation of risk control has been progressing smoothly and successfully on this project, with a weighted percentage value of 78.74% based on corporate management factors, environment, health, and safety, knowledge, and attitudes.
16. **Abdel Fattah A. Qaraman1 , Maher Elbayoumi (2022):** In healthcare facilities, workplace health and safety are essential elements. Burnout and poor care quality are two issues that can

arise from unsafe working circumstances. This study intends to evaluate nursing students at Al-Israa University's knowledge, attitudes, and practice of occupational health and safety. A structured online questionnaire was issued in this cross-sectional study from March to May 2021. 219 of the 350 eligible students (or 62.6) responded to the questionnaire. IBM-SPSS version 22 was used to conduct the statistical analysis of the data. The Independent sample. T-Test, the ANOVA test, and descriptive statistics were all utilized. 81.7 percent of the participants were female and enrolled in a diploma program. One or more needle sticks has happened to 21% of nursing students. For knowledge, attitudes, and practice, the corresponding mean scores were (MSD:78.2% 12.9, MSD:80.6% 7.1, and MSD:81.2% 7.6). The mean scores between nursing students who took a safety precautions course and those who did not were significantly different in terms of knowledge, attitudes, and practice (P-value.05). The mean scores between diploma and bachelor students in terms of attitudes were statistically significant (P-value =.026). The averages score between males and females (P value=.017), nursing students with and without experience with needle sticks (P-value =.015), and all other groups were significantly different in terms of practice.

17. **Mohamad Azrin Ahamad, Kadir Arifin, Azlan Abas (2022):** In the disciplines of workplace safety and health, discussion on the zero-accident vision has erupted. Despite the fact that many organizations and policymakers have successfully adopted the zero-accident vision, a number of renowned occupational safety and health experts from a variety of backgrounds argue against its application and effectiveness in theory and practice. This article sought to analyse the body of research on the elements influencing a company's zero-accident vision. 25 relevant studies were discovered by a systematic analysis of the Scopus and Web of Science databases using the PRISMA statement review methodology. The workplace safety and health management system, organizational leadership, safety culture, training, communication, risk, and regulation were the seven key topics that emerged after a thorough analysis of these papers. A total of 28 sub-themes emerged from these seven main topics. The use of a particular, accepted systematic review methodology to direct research synthesis in the context of factors influencing the organization's zero-accident vision is among the recommendations that are emphasized, along with the use of complementary searching strategies like citation tracking, reference searching, snowballing, and contacting experts.
18. **Roveny, Rokiah Kusumapradja, CSP Wekadigunawan (2020)-** According to experts, patient safety is the main problem the global public health system is now facing. Beginning in a setting that supports patient safety is the planning process for safe treatment. The X Hospital has also prioritized the issue of the patient safety atmosphere. The goal of this study is to offer empirical proof of the connection between the work environment, occupational health and safety management systems, and the climate for patient safety. In this study, 49 samples from the X Hospital were used to process route analysis utilising the cross-sectional method. The data is gathered through the use of a questionnaire form. The results show that teamwork, the workplace, and the occupational health and safety management system all had a positive impact on the patient safety climate. Additionally, the findings show that team analysis of the

occupational health and safety management system had a positive impact on the patient safety climate. In the situation of the mediating impact of the work environment, the occupational health and safety management system and collaboration demonstrated a positive relationship. By enhancing occupational health and safety management systems and encouraging cooperation in the workplace, the climate for patient safety will be enhanced.

19. **Elena Larochea , Sylvain L'Espérancea , Elaine Mosconi (2020)**- The practicality and effectiveness of social networking or corporate social networking for encouraging healthy lifestyles or for occupational health and safety (OHS) prevention are evaluated in this comprehensive study. To find studies whose main goal was the promotion of healthy lifestyles or the prevention of occupational injuries using social media or enterprise social networks working alone or in conjunction with other promotional or preventive interventions, literature searches were conducted in several indexed databases. There were a total of 10 investigations. However, other researchers have suggested additional research into this technology in order to assess the overall impact of social media on the promotion of healthy living practices at the workplace. The results imply that social media may be taken into account as a potential communication medium for this usage. Studies that looked at the use of social media for OHS prevention came to similar conclusions. According to the available studies, using social media inside a business to promote a healthy lifestyle or OHS among its employees might represent an inventive and promising form of intervention. It is important to emphasize that the unavailability and subpar methodological standards of the research currently available make it challenging to reach clear conclusions about their effectiveness and use.
20. **Ülfiye Çelikkalp, Filiz Dilek (2019)**- In this hospital-based study, we looked at the opinions of Turkish nurses on workplace accidents and their causes. The Epworth Sleepiness Scale, Workload Scale, and a Study Questionnaire Form were all employed in the study. These instruments provided data on the employment characteristics, sociodemographic variables, and occupational accidents that the nurses had encountered. 108 nurses (90 females and 18 males; mean age, 26.425.5 years) participated in the study. 68.5% of nurses have had at least one professional injury. Most participants admitted to having experienced work-related accidents, and almost half of them evaluated their risk as high. The bulk of the nurses put in extra hours and worked shifts. The mean total scores for the Epworth Sleepiness Scale and Workload Scale were 9.093.33 and 36.946.42 points, respectively. Epworth Sleepiness Scale scores, overtime work, and working in shifts all showed a statistically significant effect on occupational accident rates ($p < 0.05$). The prevalence of occupational accidents among nurses was found to be fairly high, and challenging working circumstances were shown to be a factor.
21. **Menevse Samur, Seyda Seren Intepeler (2018)**: The purpose of this study is to ascertain how nurses perceive the impact of their workplace on their health and safety. One of the most important deciding elements for bettering nurse outcomes is the formation of favorable work environments. The study, which had a qualitative descriptive design, involved a total of 17 nurses between January and October of that year. Purposive sampling was used to choose nurses for the study, and semi-structured interview forms were used to guide in-depth

interviews with these nurses. The interviews were analyzed using a thematic approach. According to the nurses' perspectives, six sub-themes (room structures and plans, hygiene conditions, a lack of materials, occupational precautions, the managers' attitudes, team collaboration, and communication) and two main themes (physical environment regulations and administrative arrangements) were identified as the nurses' health and safety concerns on their work environment. Improvements are required on a personal, administrative, and institutional level, particularly for the prevention of work-related accidents and injuries. The study's findings will serve as a roadmap for lawmakers and upper-middle-sub level managers as they implement actions to build safe and supportive work environments for nurses.

22. **Viswanadham Silaparasetti, G.V.R. Srinivasarao (2017):** The goal of the study is to analyse and assess how five occupational health and safety (OHS) aspects, including management commitment, communication, training and education, health care, and policies, affect the behaviour of construction workers in Oman building projects. Data was gathered using a random sample method and a questionnaire. We gathered 252 samples, and we used the Smart PLS-Structural Equation Modelling (SEM) approach to analyze the data. The study demonstrates that management commitment, communication, and training and education have a crucial role in motivating construction employees to change their perspective of behaviour related to health and safety. These elements support the development of skills and the expansion of capacities while assisting in the clear comprehension of safety-related concerns. The sustained good OHS outcomes are influenced by all the variables. The only group included by the current study is construction employees. For further research, all parties engaged in a building project (contractors, clients, and consultants) may be included. The study will contribute to enhancing health and safety procedures in the construction sector and is anticipated to increase worker knowledge, which will ultimately result in the emergence of a culture of safe behaviour. A significant decrease or elimination of safety-related accidents will be the end outcome, benefiting all parties involved (Contractors, Clients, and Consultants). The use of Smart PLS is a unique concept and the first research of its sort to evaluate how factors related to occupational health and safety affect workers' behaviour.
23. **Yaxuan Fang, Tracey McDonald (2017):** Identifying ways to maintain and advance a healthy nursing workplace as well as doing research on workplace health and safety aspects. Thematic analysis was done on the data gathered using the Delphi approach with input from 41 key informants from four different participant groups, including four hospitals and a Chinese university. The majority of respondents agreed that nurse managers should take action to safeguard nurses and that nurses' health and safety are important, but they did not agree enough on workplace safety. Major barriers include hospital policy, worker disempowerment, workload, and workplace disputes. Health and safety problems exist in Chinese nursing jobs and are linked to sociocultural expectations of women. The relevance of nurses' contribution to continuing dangers in the hospital workplace, disparities in awareness of workplace risks across different nursing groups and their opinions of the professional status, and the necessity of risk self-management are all present. To provide a safer working environment for nurses,

the Chinese hospital system must implement these measures. Based in China, this study offers a framework for all nations that want assistance regarding the kinds and levels of management for nurses functioning at the clinical interface as well as the effects of management disregard for pertinent regulations and procedures.

24. **Maxwell Asumeng¹ , LebbeausAsamani (2015):** A lot of modern employees' working lives are spent at their jobs. Economic, social, and psychological experiences at work help people maintain their mental health. To ensure that the workforce has a safe and respectable place to work, dangers should be kept to a minimum. However, frequent accidents, sicknesses, property losses, and process failures occur at various workplaces. Guidelines are desperately needed to monitor and enhance workplace health and safety. Ghana currently lacks a comprehensive national health and safety policy that offers these recommendations. This essay offers a general manual for handling the many workplace dangers in order to improve Ghanaian workers' access to healthy and respectable jobs. It covers several possible risks and offers instructions on how to recognise, evaluate, manage, or prevent them when they exist in a specific working environment.
25. **Peter M. Smith, Ron Saunders, Marni Lifshen (2015):** Workplace accidents place a significant financial and social cost on society. The term "vulnerable" to work injury is frequently applied to subgroups of labour market participants, such as young employees, new immigrants, or temporary workers. The larger causes that put employees at an elevated risk of harm cannot be fully understood by using this definition of groups, though. The creation of a new indicator of occupational health and safety (OH&S) vulnerability is discussed in this research. The aim of this strategy was to enable the monitoring and surveillance of OH&S vulnerability in the labour market as well as the identification of employees at elevated risk of harm. Focus groups with a range of stakeholder groups were conducted as part of the development process to create a pool of prospective items, which was then reduced through a number of procedures to create a more manageable pool. The 29-item final measure collects data on four related but different aspects that are considered to be linked to an increased risk of harm. Hazard exposure, occupational health and safety policies and practises, OH&S knowledge, and empowerment to take part in injury prevention are these dimensions. The final measure had few missing responses, fair distributions across response categories, and great factorial validity in a sizable sample of workers in Ontario and British Columbia. This new indicator of OH&S vulnerability can pinpoint employees who are at risk for accidents and give details on the aspects of the job that can make them more likely. This measurement might be done once to compare susceptibility between groups or numerous times to look at how the dimensions of OH&S vulnerability have changed over time, such as in response to a main preventative strategy.
26. **Ayisha Hashmi a , Nida Nadeem b , Khulda E. Zahra (2013):** In affluent nations, standards for evaluating and monitoring occupational health hazards and safety precautions for hospital chemists have been given top priority. However, underdeveloped nations frequently overlook workplace health and safety. Poor occupational health standards are caused by a number of

factors, including ignorance, subpar training methods, and a lack of resources. The goal of the study was to evaluate hospital chemists who provide ambulatory treatment in Pakistan's perspectives on workplace health and safety attitudes. In affluent nations, standards for evaluating and monitoring occupational health hazards and safety precautions for hospital chemists have been given top priority. However, underdeveloped nations frequently overlook workplace health and safety. Poor occupational health standards are caused by a number of factors, including ignorance, subpar training methods, and a lack of resources. The study's goal was to evaluate hospital chemists who provide ambulatory treatment in Pakistan's assessments of their attitudes towards occupational health and safety.

27. **Alyson N. Lorenz, Tippawan Prapamontol, Warangkana Narksen, Niphan Srinual, Dana B. Barr and Anne M. Riederer (2012)**- An estimated 200,000 kids born in Thailand every year are at risk of prenatal pesticide exposure and the ensuing neurodevelopmental impacts because their moms work in agriculture. The use of pesticides in the home, on food, and other environmental conditions can all expose children born to non-agricultural workers to pesticides. Pesticide exposure in Thailand has been linked to risky behaviors and unfavorable attitudes towards pesticides. However, there is little information available on the beliefs, routines, and understanding of pregnant women globally or in Thailand regarding pesticides. In order to identify groups that could be at risk, appreciate the factors associated with prenatal pesticide exposure, and ultimately protect pregnant women and their unborn children, this data must be gathered. With 76 pregnant women in northern Thailand, we used multivariable logistic regression to examine relationships between pesticide-related knowledge, pregnancy trimester, and pesticide consumption behaviour. In this pilot study, there was no correlation between unsafe work practices and lower knowledge levels or being pregnant in the first trimester ($p > 0.1$). Women who used pesticides, worked in agriculture, or had a past child were significantly ($p 0.05$) more likely to participate in risky household activities before becoming pregnant. We hypothesize that educating pregnant women about pesticides may assist to promote safe practices and reduce prenatal exposure. Knowledge-based interventions may be most effective when delivered early in pregnancy when directed at agricultural workers and other subpopulations at risk of pesticide exposure.
28. **Stavros Drakopoulos, Athina Economou, Katerina Grimani (2012)**- Policymakers and academics in European countries are becoming more interested in the subject of occupational safety and health (OSH), given that work-related illnesses and accidents result in major economic and social losses. In light of this, the goal of this study is to present an overview of Greek OSH policy and the current level of empirical research in Greece. The paper also intends to identify knowledge gaps and methodological weaknesses in the available literature in order to help future research in the OSH industry in Greece. The writers thoroughly reviewed the literature, which they accomplished using a variety of publications, papers, and institutional databases. The results show that empirical current research in Greece is often lacking, largely because the conclusions are not supported by econometric methods. The prevalence of industrial accidents has decreased over time, according to easily available Greek figures, but

their severity appears to be increasing. Men are more susceptible to diseases, mishaps, and adverse workplace conditions. Stress at work is one aspect of occupational concerns that has been the subject of various Greek research. Although the legal structure is adequate, it is nevertheless necessary to take preventative measures and implement the present safety regulations. Furthermore, Greece has a significant research gap. More rigorous research is needed to better understand the reasons why accidents happen and how they influence employees' involvement.

29. **Mary Val Palumbo, Betty Rambur, PhD, RN, Barbara McIntosh, PhD, SPHR, and Shelly Naud (2010)**- In this study, nurses from all around the state were asked to score their employers' workplace health and safety policies as well as their own physical and emotional well-being. Following that, models of predictors of intention to leave one's employment were created utilizing these traits and demographic data. A survey was mailed to all licensed nurses in one state. (n = 3,955) 53% of those surveyed responded. The findings revealed significant differences in how people of different ages assessed their emotional health, with younger nurses receiving fewer positive assessments. Employee perceptions of their companies' safety and health programmes were influenced by their ages, environments, and employment roles. This preliminary investigation shows a relationship between the nurses' mental health, the employer's health and safety rules, and their intention to leave. Information about the effects on occupational health nurses.
30. **Elizabeth Baker, Barbara A. Israel, Susan Schurman (1996)**: Worksite health promotion and occupational safety and health interventions frequently run independently from one another inside a same company, each with its own aims, techniques, and employees. The adoption of a comprehensive model of work and health will be necessary, among other things, to overcome the division of the two domains. This article's goal is to provide an integrated model and demonstrate how it may be used to enhance workplace health interventions for both workplace safety and health promotion and occupational safety and health. Interventions that concentrate on various facets of the model (individual behaviour, psychological, organizational, and environmental aspects) are demonstrated using examples from practice in both domains. It is stated that professionals working in the fields of occupational safety and health and worksite health promotion need to create more thorough interventions and thoroughly assess these programs to see if they are more successful than those with a narrower emphasis.

3. RESEARCH METHODOLOGY:

Research is the common term for the process of seeking information. It is frequently described as a deliberate, scientific search for pertinent material on a certain topic. Scholarly investigation often takes the form of data study. The Advance Learner's Wordbook of Current English defines research as "A diligent investigation or inquiry especially through search for fresh fact in any sort of knowledge."

3.1. THE OBJECTIVES OF THIS STUDY:

- To study the Policies and Procedures of Occupational health and safety Hospital nurses.

- To analysis the Work place policies and procedures, Participation in occupational health and safety, Workplace hazards by education among Hospital nurses.
- To analysis the Work place policies and procedures, Participation in occupational health and safety, Workplace hazards by experience among Hospital nurses.
- To factor the Work place policies and procedures, Participation in occupational health and safety, Workplace hazards among Hospital nurses.

3.2. RESEARCH DESIGN:

It is a research experiment. Descriptive surveys are used to gather specifics and factual data that characterize an existing occurrence. A systematic questionnaire survey was conducted in a few hospitals in Tamil Nadu.

3.3. SELECTION OF SAMPLES:

A total of 213 responders were chosen from the Tiruchirappalli private hospital's nurses.

3.3.1. SOURCES OF DATA:

The present study used appropriate primary and secondary data to attain its goals.

a. PRIMARY DATA:

With the aid of a standardized questionnaire and personal visits and conversations, primary data was gathered from nurses.

b. SECONDARY DATA:

Books, magazines, journals, newspapers, websites, and other sources were used to gather secondary data. To build a scientific instrument (questionnaire) for primary data, these sources were helpful.

3.4. SAMPLING TECHNIQUE:

213 nurses at a private hospital in Tiruchirappalli were chosen using a statistical random sampling approach. Additionally, the researcher had information for the Tiruchirappalli private hospital questionnaire. For the study, both primary and secondary data sources were gathered. For this, the structural questionnaire has been employed. The general information of the chosen nurses in the private hospital at Tiruchirappalli has been gathered using secondary data from available sources such as yearly reports and the hospital's website in Tamil Nadu. The final survey has three parts. Area, gender, family types, marital status, age, educational background, income, experience of nurses working at a private hospital in Tiruchirappalli, and total career experience are among the demographic questions in the first part. The second component includes six variables of questions used to choose nurses for seven private hospitals in the Trichy districts, along with promotional strategies. A 5-point statement based on the attributes appears in the second part, with the options being strongly agreeing (5 points) or strongly disagreeing (1 point).

3.5. TOOLS USED FOR ANALYSIS:

3.5.1. FACTOR ANALYSIS:

The General Linear Model (GLM) family of procedures, of which factor analysis is a member, share the same fundamental presumptions as multiple regressions, including linear relationships, interval or near-interval data, latent variables, proper specification, including the

exclusion of irrelevant variables and inclusion of relevant ones, absence of high multicollinearity, and multivariate normality. It is useful for figuring out how relevant study results are. In addition, factor analysis (FA) is one of the most often used methods for distilling and concentrating on the most crucial data in social science research. The underlying dimensions of factors are supposed to be able to describe complex occurrences, according to factor analysis.

FA's central tenet is that the correlations between the dependent variables all fall to zero because of the large number of independent factors (sometimes referred to as "latent variables"). In other words, the latent factors influence the values of the dependent variables, according to The University of Texas at Austin (1995). Each dependent variable (Y) can be expressed as a weighted composite of a number of latent variables (F),

$$\text{for example: } Y = 1 F_1 + 2 F_2 + \dots + n F_n$$

Where:

Y = Dependent variable

α = A constant

F = Independent variable

n = Number of independent variable

In contrast to the common characteristics, the unique factors have no correlation with either group. As linear combinations of the observed variables, the common factors themselves can be represented.

$$F_i = W_{i1} X_1 + W_{i2} X_2 + W_{i3} X_3 + \dots + W_{ik} X_k$$

where

F_i estimate of i -th factor.

W_i weight or factor score coefficient.

K number of variables.

HYPOTHESIS:

Policies and procedures for occupational health and safety among hospital nurses are hypothesized (H1).

Participation of hospital nurses in occupational health and safety is hypothesized to be (H2).

Hazards in the workplace, hypothesis (H3) Nursing staff occupational safety and health.

Hospital nurses' awareness of occupational health and safety is hypothesized to be (H4).

Table 1.

| KMO and Bartlett's Test | | |
|---|--------------------|----------|
| Kaiser-Meyer-Olkin Measure of Adequacy. | Sampling | .877 |
| Bartlett's Test of Sphericity | Approx. Chi-Square | 4602.509 |
| | Df | 276 |
| | Sig. | .000 |

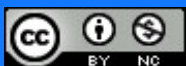
Kasier, Meyer, and Olkin (KMO) sample index A criterion called adequacy is used to evaluate how appropriate the value distribution is for performing FA. An evaluation of >0.9 is considered good, >0.8 is praiseworthy, >0.7 is average, >0.6 is bad, >0.5 is terrible. FA would be

nonsensical with an identity matrix. Because they DO NOT form an identity matrix, the data are appropriately multivariate normal and appropriate for FA at a significance level of 0.05.

Table 1 Demonstrates that the data generated an average value sampling adequacy of 0.877. The Bartlett's test of sphericity is a measurement of the multivariate normality of the group of distributions. It also determines whether the FA's correlation matrix is an identity matrix. FA would be nonsensical with an identity matrix. Data with a significance level of 0.05, according to George and Mallery (2003), are multivariate regularly distributed and ideal for FA since they do not produce an identity matrix. The study's results has a significance value of 0.000, which means FA may utilise the information.

.Table 2.

| Total Variance Explained | | | | | | | | | |
|--------------------------|---------------------|---------------|--------------|-------------------------------------|---------------|--------------|-----------------------------------|---------------|--------------|
| Component | Initial Eigenvalues | | | Extraction Sums of Squared Loadings | | | Rotation Sums of Squared Loadings | | |
| | Total | % of Variance | Cumulative % | Total | % of Variance | Cumulative % | Total | % of Variance | Cumulative % |
| 1 | 12.721 | 53.003 | 53.003 | 12.721 | 53.003 | 53.003 | 6.808 | 28.368 | 28.368 |
| 2 | 1.752 | 7.299 | 60.303 | 1.752 | 7.299 | 60.303 | 3.502 | 14.590 | 42.958 |
| 3 | 1.320 | 5.498 | 65.801 | 1.320 | 5.498 | 65.801 | 3.387 | 14.112 | 57.069 |
| 4 | 1.210 | 5.042 | 70.843 | 1.210 | 5.042 | 70.843 | 3.306 | 13.774 | 70.843 |
| 5 | .916 | 3.818 | 74.661 | | | | | | |
| 6 | .740 | 3.081 | 77.742 | | | | | | |
| 7 | .641 | 2.672 | 80.414 | | | | | | |
| 8 | .582 | 2.424 | 82.838 | | | | | | |
| 9 | .523 | 2.178 | 85.016 | | | | | | |
| 10 | .453 | 1.886 | 86.902 | | | | | | |
| 11 | .435 | 1.813 | 88.715 | | | | | | |
| 12 | .411 | 1.713 | 90.428 | | | | | | |
| 13 | .396 | 1.650 | 92.078 | | | | | | |
| 14 | .360 | 1.499 | 93.577 | | | | | | |
| 15 | .275 | 1.144 | 94.721 | | | | | | |
| 16 | .231 | .963 | 95.684 | | | | | | |
| 17 | .210 | .874 | 96.558 | | | | | | |
| 18 | .180 | .751 | 97.309 | | | | | | |
| 19 | .162 | .676 | 97.985 | | | | | | |
| 20 | .131 | .546 | 98.531 | | | | | | |



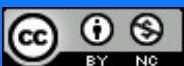
| | | | | | | | | |
|----|------|------|---------|--|--|--|--|--|
| 21 | .117 | .489 | 99.020 | | | | | |
| 22 | .102 | .423 | 99.443 | | | | | |
| 23 | .075 | .313 | 99.755 | | | | | |
| 24 | .059 | .245 | 100.000 | | | | | |

Extraction Method: Principal Component Analysis.

Table 2 displays Principal Component Analysis (PCA) with varimax rotation was used to analyse the initial set of 10 features, recovering nine with an Eigen value of 1. The variation was explained by these nine factors in a proportion of 70.843 percent. The results of the FA are shown in Table 3. The factor loadings are spread out from 0.801 to .404. The factor loading will be larger the more qualities a test would represent or measure. The titles of each group of traits are based on whatever quality has the highest loading, such as taking risks for group I. Additionally, features have been interpreted using the factors in the current study that have significant loadings with magnitudes of 0.50 and higher.

Table 3:

| Rotated Component Matrix^a | | | | |
|--|-----------|------|---|---|
| | Component | | | |
| | 1 | 2 | 3 | 4 |
| Carry out activities or use techniques at work with which you are unfamiliar in my job. | .771 | | | |
| My job Come into contact with dangerous things including chemicals, gases, and flammable liquids. | .747 | | | |
| In my job have encountered bullying or harassment at work. | .742 | | | |
| In my Workplace health and safety is regarded as being at least as essential as production and quality, and there are systems in place to recognize, avoid, and address workplace dangers. | .736 | | | |
| I am aware of my employers' obligations and rights regarding workplace health and safety. | .701 | | | |
| Accidents and incidents are looked into right away to enhance workplace health and safety | .692 | | | |
| I am aware of my obligations and rights regarding workplace health and safety | .690 | | | |
| Spend at least three hours a day performing repetitive motions of your hands or wrists at a workplace. | .685 | | | |
| In my workplace at least ten times a day, manually lift, carry, or push whatever weighing more than 20 kg. | .679 | | | |
| Work in environments where the noise is so loud that you must shout to be heard by persons who are less than one metre away. | .668 | | | |
| I feel comfortable raising issues or offering ideas on workplace health and safety at my employment. | .630 | .517 | | |



| | | | | |
|---|------|------|------|------|
| Workplace health and safety information is communicated in a way that I can understand. | .513 | | .428 | |
| I am knowledgeable enough to help address any health and safety issues at my place of employment. | | .801 | | |
| I am aware of who I would contact if I discovered a health or safety risk at my place of employment. | | .666 | | |
| I am aware that if I feel anything is harmful, I may stop working and management won't penalize me. | | .655 | | .453 |
| Management and staff communicate often about safety-related matters. | | | .771 | |
| I starting a career, switching positions, or implementing new procedures, everyone obtains the essential training in workplace health and safety. | .491 | | .732 | |
| In my workplace I stand for more than 2 hours for finishing my work.. | .444 | | .682 | |
| I understand how to carry out my duties safely. | | | .652 | |
| A worker health and safety committee, or both, is active and effective. | | | | .793 |
| I felt uncomfortable at work, I would keep quiet in the hopes that things may change gradually | | | | .728 |
| I observe a hazard at work, I would alert management to it. | .404 | | | .649 |
| I have sufficient time to do my work obligations securely. | | .513 | | .584 |
| I am aware of the safety precautions I must take when doing my duties. | | .458 | | .505 |
| Extraction Method: Principal Component Analysis. | | | | |
| Rotation Method: Varimax with Kaiser Normalization. | | | | |
| a. Rotation converged in 8 iterations. | | | | |

3.5.2. ANOVA TEST.

HYPOTHESIS:

Null hypothesis H0- There is no significant difference between the Work place policies and procedures, Participation in occupational health and safety, Workplace hazards, Occupational health and safety awareness.

Alternate hypothesis H1-There is significant difference between the Work place policies and procedures, Participation in occupational health and safety, Workplace hazards, Occupational health and safety awareness.

Table 4: One Way ANOVA Work Place Policies and Procedures, Participation In Occupational Health And Safety, Workplace Hazards by Experiences.

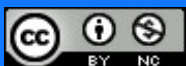
| |
|-------|
| ANOVA |
|-------|

| | | Sum of Squares | df | Mean Square | F | Sig. |
|--|----------------|----------------|-----|-------------|-------|------|
| Workplace policies and procedures | Between Groups | 53.460 | 2 | 26.730 | 1.766 | .173 |
| | Within Groups | 3177.760 | 210 | 15.132 | | |
| | Total | 3231.221 | 212 | | | |
| Participation in occupational health and safety | Between Groups | 17.279 | 2 | 8.639 | .673 | .511 |
| | Within Groups | 2695.040 | 210 | 12.834 | | |
| | Total | 2712.319 | 212 | | | |
| Workplace hazards | Between Groups | 41.581 | 2 | 20.790 | .730 | .483 |
| | Within Groups | 5984.147 | 210 | 28.496 | | |
| | Total | 6025.728 | 212 | | | |
| Occupational health and safety awareness | Between Groups | 22.720 | 2 | 11.360 | .727 | .485 |
| | Within Groups | 3283.674 | 210 | 15.637 | | |
| | Total | 3306.394 | 212 | | | |

Inference: The significance value is more than 0.05 and is 0.511 according to the SPSS data, which supports the alternative hypothesis. There are thus no appreciable variations across educational backgrounds in terms of workplace rules and procedures, involvement in occupational health and safety, and workplace dangers according to experience.

Table 5: One Way ANOVA Work Place Policies and Procedures, Participation In Occupational Health And Safety, Workplace Hazards by Education.

| ANOVA | | | | | | |
|--|----------------|----------------|-----|-------------|------|------|
| | | Sum of Squares | df | Mean Square | F | Sig. |
| Workplace policies and procedures | Between Groups | 33.276 | 3 | 11.092 | .725 | .538 |
| | Within Groups | 3197.945 | 209 | 15.301 | | |
| | Total | 3231.221 | 212 | | | |
| Participation in occupational health and safety | Between Groups | 34.430 | 3 | 11.477 | .896 | .444 |
| | Within Groups | 2677.890 | 209 | 12.813 | | |
| | Total | 2712.319 | 212 | | | |
| Workplace hazards | Between Groups | 55.083 | 3 | 18.361 | .643 | .588 |
| | Within Groups | 5970.645 | 209 | 28.568 | | |
| | Total | 6025.728 | 212 | | | |
| Occupational health and safety awareness | Between Groups | 32.033 | 3 | 10.678 | .682 | .564 |
| | Within Groups | 3274.362 | 209 | 15.667 | | |



| | | | | | | |
|--|-------|----------|-----|--|--|--|
| | Total | 3306.394 | 212 | | | |
|--|-------|----------|-----|--|--|--|

Inference: The significance value is more than 0.05 and is 0.588 according to the SPSS data, which supports the alternative hypothesis. As a result, there are no appreciable disparities in terms of workplace rules and procedures, involvement in occupational health and safety, and workplace dangers across educational backgrounds.

4. FINDINGS.

1. Physical harm to nurses can include slips, stumbles, and falls as well as injuries from needle sticks, lifting patients, and back pain.
2. Workplace violence against nurses, such as verbal abuse, physical assault, and sexual harassment, is quite common.
3. Because of their heavy workloads, extended hours, and psychological stress, nurses are susceptible to burnout.
4. Workplace pressures can cause nurses to suffer from mental health conditions such depression, anxiety, and post-traumatic stress disorder.
5. Infectious illnesses such hepatitis B and C, influenza, and TB are risks for nurses to contract.
6. Nurses may be exposed to dangerous substances, such as cleaning products, anaesthetic gases, and chemotherapy medications, which can have harmful consequences on their health.

5. SUGGESTION:

1. Comprehensive training on occupational dangers, infection control, safe patient handling, and violence avoidance should be provided to nurses.
2. These initiatives might include rules and procedures for reporting events, conflict resolution training, de-escalation methods, and de-escalation tactics.
3. Employers must guarantee that proper patient handling procedures are taught and followed, as well as offer ergonomic equipment like lifts.
4. Employers should offer access to mental health resources including counselling, classes on stress management, and routine check-ins with managers.
5. Employers need to make sure nurses have access to the right PPE to protect them from dangerous substances and infectious illnesses.
6. Nurses and management should be able to communicate openly with one another to identify and resolve any potential workplace dangers.
7. To keep their occupational health and safety policies current with best practices and applicable laws, employers should review and update them often.

5. FUTURE AND CONCLUSION:

In the future, occupational health and safety engagement among nurses will remain a crucial problem. Prioritizing the health and safety of nurses at work is crucial as the nursing profession develops and grows.

We may anticipate ongoing initiatives to enhance workplace health and safety among nurses in the future. This might involve creating new tools and technology to assist safe patient

handling, putting new rules and regulations in place to stop workplace violence, and creating nurse-specific mental health support programs.

The considerable effects that occupational health and safety have on nurses and the healthcare system as a whole must be acknowledged. We can enhance patient care and outcomes, lower healthcare expenditures related to accidents and illnesses, and ultimately support a healthier and more effective workforce by prioritizing the health and safety of nurses.

In conclusion, occupational health and safety involvement among nurses is critical to ensuring that nurses can carry out their jobs in a safe and effective manner. In order to find practical solutions that safeguard the health and wellbeing of nurses and ultimately enhance patient care, we must continue to give this problem top priority.

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