

# PERCEPTION OF HEALTH CARE WORKERS ON THE EFFECT OF COVID 19 FUNDS ON THEIR WELFARE

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## Abstract

*The COVID-19 disease engulfed the world gripping it with fear and causing unprecedented destruction of lives as healthcare workers putting out their lives on line to win the ranging coronavirus disease war. In spite of the global appreciation of their efforts during the combat, their welfare is taken for granted as funds are not distributed appropriately. This study examines perceived lack of accountability with COVID19 relief funds leading to a drop in the moral and welfare of the front line health workers in OlabisiOnabanjo Teaching Hospital. The study employed cross-sectional survey research design, through the administration of structured questionnaire on selected members of OOUTH. The findings reveal that COVID-19 intervention fund has a significant effect on health care workers' Welfare, with coefficients and probability values of  $\beta_1 = 0.353$ ,  $P\text{-value} < 0.05$ . More so, health care workers' are significantly involve in COVID-19 cases, with coefficients and probability values of  $\beta_1 = 0.404$ ,  $P\text{-value} < 0.05$ . However, the findings further reveal that COVID-19 case management has a significant influence on health care workers' stress level, with coefficients and probability values of  $\beta_1 = 0.512$ ,  $P\text{-value} < 0.05$ . It is recommended that the Healthcare workers' work-life-balance should be of paramount importance to Management wherein, their stress level is adequately taken care of.*

**Key words:** Welfare, work-life-balance, COVID19 relief funds, accountability

## 1.0 Introduction

The COVID-19 pandemic which began as an outbreak in China in December 2019 metamorphosed into a deadly plague rapidly spreading across the Globe with Nigeriarecording 2,119 deaths between March 2020 and June 2021 (WHO report, 2021; Nigeria Centre for Disease Control (NCDC), 2021). While the world battled to understand the exact nature of the virus and its modes of transmission in order to eliminate it, health workers were unavoidably at the frontlines providing healthcare services in the midst of austere work environments, excessive workload, and their wellbeing unkempt (Chatterjee et al., 2020). This research breather on the knowledge that workers' welfare transcends the monthly salary or allowances, it includes physiological, psychological and financial compensation (Hanaysha & Majid, 2018). Gap from extant literature revealed that during the covid19 pandemic, health frontline workers are recognized/celebrated, however, their stress

level due to excessive workload and mental wellbeing is not adequately taken care of (Shah, Kamrai, Mekala, Mann, Desai, Patel2020).

The problem of this study therefore is the perceived lack of accountability with COVID19 relief funds leading to a drop in the moral and welfare of the front line health workers. Report revealed that the Federal Government of Nigeria after eight months of COVID19 pandemic crises has not insured health workers from the danger the pandemic have on their lives. Hence, the health and welfare of the health workers is at risk during and after the COVID19 pandemic (Hanafi, 2020). Complaints from this category of workers have largely been on the application of the intervention fund, their welfare, their stress level and lack of up to date health care facilities (Adeloye, David, Olaogun, Auta, Adesokan, Gadanya, Opele, Owagbemi, &Iseolorunkanmi 2017; Oleribe, Udofia, Oladipo, Ishola& Taylor-Robinson 2018).

Chatterjee *et al.* (2020) in a study on health workers being the frontline soldiers against COVID-19 assert that the health workers are confronted with excessive workload in order to curtail and possibly eliminate the virus. Adeyeye (2020) also observed that the Nigerian economy had experienced drastic economic downturn which have negative impact on individual and household incomes, making food insecurity prevalent while jeopardizing workers' welfare. Based on these claims and the understanding of the highly essential nature of healthcare services in a pandemic, it is important to investigate the state of healthcare workers' welfare, this study therefore, is necessary in order to prevent the anticipated continuous drop in moral and welfare of the front liners.

The main objective of the study is to examine the perception of health care workers at OlabisiOnabanjo University Teaching Hospital (OOUTH) on the effect of Covid-19 funds on their welfare. In specific terms, the study achieved the following objectives:

- 1.Evaluate the perception of Health workers on COVID-19 intervention Fund on their Welfare;
2. Examine the involvement of health workers in the management of COVID-19 cases;
3. Identify the Influence of COVID-19 Case management on health workers' stress levels.

The research questions that were answered in this research are:

1. Does COVID-19 intervention Fund has any effect on health care workers' Welfare?
2. What is the level of involvement of health care workers in the management of COVID-19 cases?
3. What is the influence of COVID-19 Case management on health care workers' stress levels?

The research hypothesis are as follows:

H0<sub>1</sub>. COVID-19 intervention fund has no significant effect on health care workers' Welfare.

H0<sub>2</sub>. Health care workers have no significant involvement in the management of COVID-19 cases.

H0<sub>3</sub>. COVID-19 Case management has no significant influence on health care workers' stress levels.

## **2.0 Literature Review**

### **2.1 COVID-19 Fund**

COVID-19 fund refers to the mobilized N2 trillion the Federal Government of Nigeria received/set aside/ earmark /allot for an economic stimulus package to tackle the effects of COVID-19 in the economy (Unini, 2020). Sources of COVID-19 fund were World Bank Health fund, Bill & Melinda Gates Foundation and European Union fund set aside to mitigate the effect of pandemic on the economy (Oyeleke, 2020; Sanni, 2020; Yahya; 2020). Olatunji (2021) also described the COVID-19 fund as money donated by Kensington Adebute and Ibikunle Amosun which were N100 million and N25m respectively, however believed that these funds cannot be accounted for.

The United Nations due to the weightiness of the COVID-19 pandemic diverted funds set aside for humanitarian needs that would create an environment in which cholera, measles and meningitis would no longer thrive, but extend their activities to coronavirus disease elimination in order to achieve a new sustainable and inclusive economy that leaves no-one behind (António Guterres 2020).

### **2.2 Health Workers Welfare**

Fashogbon et al (2020) defined health workers as the permanent or temporary frontline personnel who offer medical or auxiliary service to those who are treated for COVID-19. Logasakthi and Rajagopal (2013) argued that for an employer to meet the legal requirements in India, health, safety and welfare facilities must be in place however employers repressed the worker by paying less salary and extracting more work in an unsatisfactory working environment which impedes the worker's welfare on the long run.

Zhang et al (2020) postulated that Medical health workers are first-line fighters treating patients with COVID-19. As a result of this task, they face a high risk of being infected and are exposed to long and distressing work shifts to meet health requirements. The exposure is a protracted source of distress most especially when their welfare is not adequately taken care of. Chirdan, Akosu, Ejembi, Bassi, and Zoakah (2009) posit that the success of health care industry is dependent on how the human labor is managed. Poor worker motivation can greatly affect health outcomes and patient safety. Odubanjo (2020) in a conversation, where COVID-19 has left Nigeria's health system assert that Nigeria does not give health workers a comfortable environment to work in, therefore, the pressure of not getting good remuneration, not having equipment to work with, insecurity in the country, has made the health workers unproductive, as a result the health workers have no other option but to migrate to a more conducive work environment within or outside Nigeria.

## **3.0 Methods**

### **3.1 Research Design**

Due to the United Nations' decision to redirect funds budgeted for other humanitarian services to focus on COVID-19 and the stressful Health Worker's working condition/environment (Zhang et al., 2020; AntónioGuterres, 2020), this study sees the need to use survey research design to evaluate the perception of health care workers at OlabisiOnabanjo University Teaching Hospital (OOUTH) on the effect of Covid-19 funds on their welfare. The adoption of survey research design is justified on the ground of its capacity for collecting large data, which helps the researcher to make inferences about the target population.

### **3.2. Population of Study**

A descriptive cross sectional study conducted between 01 February 2021 and 01 March 2021 on all Doctors; House officers; Medical Officers; Residents; Consultants; Nurses; Nursing officers; Senior nursing officers; Principal nursing officers; Assistant Chief nursing officers; Chief nursing officers; Pharmacists; Junior Pharmacists; Senior Pharmacists; Laboratory staff; Junior Laboratory staff; Senior laboratory staff; Physiotherapists; Junior Physiotherapists; Senior Physiotherapists; Attendants and Cleaners. Health care workers in the Ogun State COVID-19 Isolation Centre situated in OOUTH were considered in the population of study. The health workers, attendants and cleaners on vacation were excluded.

### **3.3. Sample size and sampling Technique**

The statistical formula postulated by Yamane (1967) and used by Israel (2010) was used to determine the sample size of this study with 95 percent confidence level and 5 percent error tolerance level which is concerned with the application of normal estimate.

The population's statistical formula is as follows:

$$n = \frac{N}{\Sigma [(1 + N (e^2))]}$$

Where:

n = The desired sample size to be determined

N = Total population.

e = Accepted error limit 0.05 on the basis of 95% confidence level. For more adequate representations and to provide for the instruments that may not return, 40% of the determined sample size was added and that brings the sample size to 500 for the study. The addition of was based on the recommendation of Israel (2010).

### **3.4. Ethical approval:**

All the eligible respondents were informed about the objectives of the study, and they agreed and signed consent form before participation. Participants were assured that the information collected

would remain anonymous. The study was approved by the Ethics Council of OOUTH (OOUTH-HREC).

### 3.5. Sampling Method:

Non-probability sampling of purposeful sampling method was used in the selection of population sample. Stratified and probability sampling of simple random sampling technique was chosen and used in the selection of participants. The researchers adopted simple random sampling because of the homogeneous characteristics of population of study, that is, the stratified Health care workers at OOUTH.

A proportion to size allocation was used to select the number of respondents needed from each cadre of health workers within the hospital. For cadres which had more than the required number of respondents' needed, simple random sampling was used to select only the number of respondents required.

### 3.6 Data Collection:

The data was collected through a self-administered questionnaire divided into five sections. Section 1 measured the respondents' biographic data; gender, age range, occupation category, academic qualifications, length of service. Section 2 measured Health care workers' welfare with 18 questions. Section 3 measured COVID-19 Case Management by Health Workers with 4 questions. Section 4 measured how is COVID-19 Intervention Fund is being applied in health care facilities with 6 questions and part B measured the Influence of COVID-19 Case management of health workers' stress levels with 25 questions.

A 6-point summated rating scale (Likert-type scale) was used for all sections, except section 1 on respondents' biographic data, with calibration of Strongly Agree (SA), Agree (A), Partially Agree (PA), Disagree (D), Partially Disagree (PD) and Strongly Disagree (SD). Values of 6, 5, 4, 3, 2 and 1 respectively. The welfare section of the questionnaire was adapted from Logasakthi and Rajagopal (2013); COVID-19 and degree of stress was adapted from Raghavan, Jabbarhail, and Ahmady (2020) while questions on COVID-19 fund were adapted from Sanni (2020).

## 4.0 Results

**Ho1: COVID-19 intervention fund has no significant effect on health care workers' Welfare.**

**Table 4.1: Summary of result (Dependent Variable – HWW)**

Variable(s)	Coefficient	T-statistics	P-Value
C	47.279	22.937	0.000
<b>COVID 19 Fund</b>	.353	3.646	0.000
F-Statistics = 13.295 (0.0000)		R-Square = .043, Adj-R-Square = .040	

*Author's computation from SPSS 23.0*

**Source: Fieldwork (2021)**

The result summary on table 4.1 revealed that COVID-19 intervention fund has a significant effect on health care workers' Welfare, with coefficients and probability values of  $\beta_1 = 0.353$ ,  $P\text{-value} < 0.05$ . The F-stat (13.295,  $P\text{-value} < 0.05$ ) shows the fitness and overall significance of the regression model. The coefficient of determination ( $R^2$ ) suggested that 43% variation in health care workers' Welfare is accounted for by COVID-19 intervention fund. However, the model did not explain 57% of the variation in health care workers' Welfare, implying that there are other factors associated with health care workers' Welfare, which were not captured in the current model.

**Ho2: Health care workers have no significant involvement in the management of COVID-19 cases.**

**Table 4.2: Summary of result (Dependent Variable – Covid19 Case)**

Variable(s)	Coefficient	T-statistics	P-Value
C	20.563	14.536	0.000
HCW	.404	5.124	0.000
F-Statistics = 21.472 (0.0000)		R-Square = .052, Adj-R-Square = .051	

*Author's computation from SPSS 23.0*

**Source: Fieldwork (2021)**

The result summary on table 4.2 reveals that health care workers' are significantly involve in COVID-19 cases, with coefficients and probability values of  $\beta_1 = 0.404$ ,  $P\text{-value} < 0.05$ .

The F-stat (21.472,  $P\text{-value} < 0.05$ ) shows the fitness and overall significance of the regression model. The coefficient of determination ( $R^2$ ) suggested that 52% variation in Covid19 cases was accounted for by health care workers. This reveal the relative high level of involvement of health care workers in Covid19 management cases.

**Ho3: COVID-19 Case management has no significant influence on health care workers' stress levels.**

**Table 4.3: Summary of result (Dependent Variable – HWS)**

Variable(s)	Coefficient	T-statistics	P-Value
C	13.742	19.432	0.000
COVID 19 Case Mgt	.512	6.935	0.000
F-Statistics = 28.146 (0.0000)		R-Square = .029, Adj-R-Square = .027	

*Author's computation from SPSS 23.0*

### **Source: Fieldwork (2021)**

The result summary on table 4.3 reveals that COVID-19 case management has a significant influence on health care workers' stress level, with coefficients and probability values of  $\beta_1 = 0.512$ ,  $P\text{-value} < 0.05$ .

The F-stat (28.146,  $P\text{-value} < 0.05$ ) shows the fitness and overall significance of the regression model. The coefficient of determination ( $R^2$ ) suggested that 29% variation in health care workers' stress level was accounted for by COVID-19 cases management. However, the model did not explain 71% of the variation in health care workers' stress level, implying that there are other factors associated with health care workers' stress level, which were not captured in the current model.

### **4. Discussion of Findings**

Priority should be placed on addressing the stigmatization of COVID-19 that exist among public health experts and healthcare providers who are high-risk individuals (Ilesanmi & Fagbule 2020). From this study, the investigators found that health care workers' welfare was considered during the application of COVID-19 intervention fund. However, the study revealed that there are other welfare factors that affects Healthcare Workers' welfare which was not considered in the model. The work of Oleribe, Udofia, Oladipo, Ishola and Taylor-Robinson (2018) on Healthcare workers' industrial action documented poor leadership as the most common cause of strike action by healthcare workers.

Testing the hypothesis, Health care workers have no significant involvement in the management of COVID-19 cases, this study revealed that there is high level of involvement of Healthcare workers in Covid-19 management cases. This is contrary to what Huynh, Nguyen, Tran, Vo, Vo, Pham (2020) found in a study at District 2 Hospital, Ho Chi Minh City in a study on Knowledge and attitude toward COVID-19 among healthcare workers, which revealed that there is a significant negative correlation between knowledge and attitude of Health Care Workers about COVID-19.

The hypothesis, COVID-19 Case management has no significant influence on health care workers' stress levels, showed that COVID-19 case management has a significant influence on health care workers' stress level. This result corroborates the work of Mbaba, Ogolodom, Abam, Akram, Alazigha, Nwodo, Fikry, Elbossaty, Jaja, Maduka, Akhigbe, Achi, Jayeoba, and Anene (2021) who found that the professional ethics of Healthcare workers mandate them to attend to the sick despite the risk that exposure to COVID-19 brings. Therefore, irrespective of the attendant high impact on their stress level, health workers are still willing to go to work.

### **5. Conclusion and Future Research**

Extant literatures have accentuated that the Healthcare Workers are tremendously strained during the course of any pandemic because of the first line roles played by the Health workers in response

to a pandemic. The delivery of health care services is being challenged by the combination of increased patient care demands, inappropriate attention to their welfare and in ability to balance life with work which result to high stress level experienced by most healthcare workers. For the healthcare workers to put in their best at work, it is essential that the workplace management should set out objectives which would have potential benefits to workers' welfare and wellbeing that accrue from well-designed employee engagement interventions.

The study, recommends that Judicious use of allocated funds earmarked for health care welfare should be dispensed without giving room for suspicion. Furthermore, humans being the organisation's most valued asset, the Healthcare workers' work-life-balance should be of paramount importance to Management wherein, their stress level is adequately taken care off. Future work to test the efficacy of stress management technique on healthcare workers that will enhance their welfare.

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