



Management of Health and Safety Practices for Lecturers in Universities in Rivers and Bayelsa States, Nigeria

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ABSTRACT

This study assessed the health and safety practices for lecturers in universities in Rivers and Bayelsa States of Nigeria. Five research questions and four null hypotheses guided the study. The Analytic descriptive survey research design was adopted in the study. The population of the study was 3,343 lecturers from the five universities in the two States. This comprised 806 from Bayelsa from the five universities; and 2531 from Rivers State with three universities. The sample size of 385 was used for the study drawn using the stratified random sampling technique. Instrument for data collection was the researcher's structured questionnaire that was face and content validated by three validates. An overall reliability index of 0.83 was obtained using the Cronbach Alpha Method. The mean was used to answer the research questions, while the one-way analysis of variance (ANOVA) was used to test the null hypotheses at the probability level of 0.05. Findings among others revealed availability of health and safety and facilities in Rivers and Bayelsa was low. Based on the findings, it was recommended that the awareness of health and safety practices among lecturers seems high, management of the various institutions should employ the services of trained safety personnel to sensitize staff on the relevance of health and safety policies in the university with the use of static and electronic media and the management of the university in conjunction with education ministry should constitute functional disciplinary committee on safety that will help in ensuring safety compliance of health and safety practices for lecturers' campaigns on health and safety policies be organized by the management of the institutions through the use of electronic and static media.

Keywords: Safety, Awareness, Assessment, Health Practices, Safety practices

INTRODUCTION

Every organisation whether profit or non – profit oriented strives to achieve its corporate objectives. Achieving these objectives to a large extent depend on a competent workforce with established safety and health culture and practices. This invariably means that a successful safety system should be practice-based. This further underscores the need for the establishment of safety and health policies in the organisation.

The word 'safety' denotes a condition of being secured from envisaged danger, risk or injury. It is also the state of one being protected from harm or other negative consequences. This means that any action that is performed in an organisation that exposes the individual to risk is said to be harmful, unsafe and hazardous. Health, on the other hand is concerned with the individual's all round physical, mental and social wellbeing. It is the soundness of the individual's physical and mental aspects. Similarly, practices are activities that encapsulate a course of actions and procedures directed to organisations. These practices provide an overall guide that specify the limit and direction to which the organisation operates. In ensuring the direction for which the organisation operates, they strive to address areas where decisions are made, and not making the decision. It brings about meaningful relationship between business objectives and organisational functions, and also discourages distributions from stipulated objectives. Sadly though, the society and authorities are more interested in how students can reach their full academic potential, while little or no attention is given to the health and safety of those entrusted with task of

achieving the great task: the lecturers. Consequently, health and safety practice is a systematic, explicit and comprehensive process for managing safety risks. This implies that an effective health and safety practice is capable of reducing the rate of which workers absent themselves from work as a result of sickness and injury. This practice therefore consists of courses of actions and measures deliberately taken to direct the affairs of the people toward the reduction of accidents. Reduction of accident in a work place obviously suggests effective delivery of services for optimal performance of employees.

In the course of instituting a safety culture, Peretomode (2006) observes that leadership acceptance of the safety practices and commitment to seeing that the practices are effectively implemented cannot be achieved without adequate procedures and strategies of the organisation. It is not unlikely that the sole aim of any health and safety practices is for the prevention of occupational injuries. Hence, controlling occupational health and safety hazard is conceived as a way of protecting workers from exposure.

Despite the importance of preventing occupational injuries, which is a function of health and safety policy, work-related diseases, injuries and accidents have been on the increase. The International Labour Organisation reports that the vulnerability of workers to safety and health hazards is attributable to insufficient knowledge in the management of associated risks at work place and the unsafe behaviours of both the employees and employers. This report clearly recognises the place of both the administrators as well as the subordinates in promoting risk-free environment of the organisation. It is therefore not surprising that the starting point for developing and implementing a safety management system lies on explicitly stated safety practice. One of such laws as provided by the Employers of Labour is to provide a safe place for employees to work. However, the responsibility of occupational safety and health practices vested on the Inspectorate Division of Ministry of Labour and Productivity has so far not been effective as revealed in several studies. In this instance and within the context of this study, the university environment is referred to as the place for work, with the employees as lecturers.

Assessment is conceived as a set of activities specifically designed to measure performance of an activity. To assess means to make a judgment of a situation; a totality of the process of gathering, recording and using information about performance or achievement of a programme. An assessment of health and safety practices, according to Jain and Rao (2014), is a systematic method of looking at work activities, considering what could go wrong, and deciding on suitable control measures. These control measures are designed to eliminate, reduce or minimize the risks of loss, damage or injury in the workplace. Workplace risk assessment is a legal requirement for all organisations that have five or more employees; they are also required by law to keep a written record of it. In the university environment, some common health and safety hazards include but not limited to: adverse weather, biological agents, display screen equipment, electricity, fire, hazardous substances, lone working, machinery, manual handling, noise, slips, trips and falls, mental stress (resulting from fatigue, workload issues, role conflicts and other diagnosable organisational stresses), vehicles and workplace transport, vibration, violence and aggression, working at height, and working in confined spaces.

Extent of Compliance of Health and Safety Practices

Health and safety practices in every organisation are hallmark of instilling confidence on the employees. This is actually realised when they are effectively implemented by the management. Management is responsible for providing safe working condition and individual's safety. Lapse on the part of management and individuals may result in an accident or disaster (Jain & Rao, 2014). A smart administrator learns to identify and eliminate as many hazards as possible. Science labs, gyms, cafeterias, and school yards are major places where accidents take place, but injuries can also occur in classrooms, hallways, and auditoriums. Compliance to good health and safety practices and compliance with applicable health and safety regulations are a responsibility of every member of the university. The responsibility for good health and safety practice begins with the management in the workplace, laboratory or classroom and proceeds upward through every level of management. Armstrong (2003) in agreement to this statement affirmed that it is the legal responsibility of employers to eliminate or at least minimise health and safety hazards that are prevalent in the work environment. This can be achieved by hazard notification and periodical health examination for workers rather than just pre-employment

physical examination, the maintenance of OHS personnel and the arrangement of OHS programmes (Hu, Lee, Shiao, & Guo, 1998). In a related development, Omolo and Simatwa (2010) reported that total lack of implementation of school policies has been a cause of concern in both India and China.

Interestingly, in Nigeria, Akinwale and Olusanya (2016) reported that organisation is yet to be clearly understood. This report corroborates with Idubor and Oisamoje (2013) that due to the abysmal safety standards in Nigeria, there are low level of compliance to rules and lack of enforcement of these rules. It is to this end that ILO (2009) echoed that the prevention of accidents, improvement of working conditions and enforcement of standards are often seen as a cost to business, while little is known about the cost of not preventing accidents or poor working conditions. The ineffective enforcement of the policies suggests poor knowledge of occupational health and safety practices by employees in organisation. Unfortunately several studies have revealed that the implementation of these practices have been grossly low in organisations. Some of the factors that have hindered the effective implementation of health and safety practices are briefly discussed.

Neglect of Human Rights: The core element of occupational health and safety is the human right. Neglect to these rights is tantamount to human rights abuse. This means that the negligence of human right may influence the OHS, and thus, its compliance. Idubor and Oisamoje (2013) affirmed that human rights are not well rooted in OHS rights of cooperation because of lack of strict judicial references in Nigeria.

Bribery and Corruption: The Transparency International (2012) ranked Nigeria 139 out of 176 in terms of corruption perception index. This may be true as Idubor and Oisamoje indicated that bribery and corruption are the biggest hindrances to proper compliance with OHS regulations in Nigeria while citing an instance where companies would not comply with the standard regulations yet, approved by inspectors during inspection.

Lack of Awareness: In Nigeria where statistics exist, it is usually unreliable because it is based on one sector or part of the country. Commenting on construction industries, Diugwu, Baba and Egila (2012) observed that lack of knowledge for detail and implication hindered OHS management. This is also true as Windapo and Oladapo (2012) indicated that there is lack of awareness in most developing countries such as Nigeria for OHS regulations and practice. The absence of information or awareness makes the OHS ineffective and thus, manual impact on the employees. There is no concerted agitation for better health and safety conditions at work.

Lack of Political Will: Nigeria is notable for formulating good policies but in terms of implementation, the political will is low. Okeola (2009) indicated that political influence has been seen as the major hindrance to the enforcement of OHS in Nigeria.

Management Commitment: Management commitment has been seen as a determinant factor to compliance with OHS regulations especially in the construction industries. To this end, Smallhood (2002) indicated that top management should value safety not withstanding that lack of value for safety may be as a result of the perception that safety is only cost related. The workplace's health and safety culture, proactive management of health and safety, and health and safety performance are interlinked.

Weak Legal Structures: There is no uniformity in interpretations of regulations. Windapo and Oladapo (2012) observed that non-severe penalty for non-compliance with OHS regulations determines compliance with OHS regulations in organisations.

Poor Staff Training: OHS training has been identified as one of the effective system management that is needed for effective compliance of OHS. Regrettably, the level of skills and expertise acquired by these staff with regard to OHS was low. Makhonge (2005) averred that adequate training can improve competence of safety and health of committee members so as to achieve optimum enforcement. This invariably suggests that adequate number of skilled person is essential for OHS enforcement improvement.

Higher Profit Margin: The cost of compliance of OHS is high. Organisations therefore, in the bid to maximize profit de-emphasize OHS compliance at the detriment of the employees. This explains why Nzuve and Lawrence (2012) posited that increased and sustained level of productivity reflects on the level of compliance with OHS regulations.

Absence of OHS representatives: The absence of OHS representatives is a violation of OHS regulations. Umeokafor, Umeadi and Jones (2004) in a study revealed that 79.5% of most of their respondents do not have OHS representatives in their organisations. The roles of safety officers are evident in facilitating and encouraging employees on safety issues.

Contribution of Funding to the Implementation of Health and Safety Practices

Funding has been identified as playing a crucial role in the provision of necessary facilities needed for OHS compliance. However, due to poor funding, the Federal Ministry of Labour and Productivity vested with the powers to manage the OHS is ill-equipped and financially handicapped. This corroborates with Rantanen (2005) that financial constraint is one of the factors that hinders the development of occupational health services.

Concerned about the welfare of the individuals, Akinwale and Olusanya (2016) affirmed that the management of occupational health and safety risks involves awareness, training programmes and seminars. This means that different strategies could be adopted in the implementation of the policies. Thus, Umeokafor, Isaac, Jones and Umeadi (2014) suggested that some of the ways of improving the OHS enforcement in Nigeria include recruiting and training of enforcement officers by the enforcement authority; adoption of self-regulatory style of enforcement by organisations; introduction of enforcement of OHS regulations at local level; making provisions for adequate OHS information; development and adoption of approved code of practice (ACOP) and updating and revising OHS regulation as required by relevant authorities. A cursory look at these suggestions reveals that a successful implementation of health and safety policies is hinged on funds provided to the management for safety and health related activities.

The wide range of views on health and safety practices indicate that several studies have been done on its relevance in the promotion of organisational goals. These organisations are however more of industries as some studies revealed that crew awareness of applicable safety regulations, crew compliance behaviour, and the factors that may make or mar compliance among others, have not been given thorough empirical examination and documentation. More so, with the provision of Factories Act of 2004, the Workmen's Compensation Act of 1987, and the Labour Safety, Health and Welfare Bill of 2012 which aimed at protecting the health and safety of the Nigeria workers, it becomes obvious that studies relating to the assessment of health and safety practices in universities in Rivers and Bayelsa States be conducted since available literature has not provided such information through internet search and other related materials. This has provided a knowledge gap which this study intends to fill. It is in the bid of this lacuna that attempt is made in this study to assess the health and safety practices in universities in Rivers and Bayelsa States, Nigeria.

Statement of the Problem

It is evident from the background that the implementation of health and safety practices is of vital importance in effective service delivery in universities. However, available literature and studies on health and safety practices has not revealed the level of its practice by lecturers in the universities when compared with industries despite the Labour Safety, Health and Welfare Bill of 2012, and other related Acts which aim at protecting the health and safety of the Nigerian workers. This uncertainty of the level of the practices has resulted to several empirical studies by scholars to ascertain the extent of its implementation in various organisations in Nigeria. Similarly, since the provision of Labour Safety, Health and Welfare bill of 2012 and other related Acts that were aimed at protecting the health and safety of Nigeria workers vis-a-vis improved performance of employees in their various organisations, the practice seems not to be assessed in universities in Rivers and Bayelsa States. This is evident on the poor attitude of employees on safety and health related issues and the increased rate of work-related diseases, injuries and accidents. Hence, the need to assess the health and safety practices in universities in Rivers and Bayelsa States. The problem of this study therefore was to assess the health and safety practices in universities in Rivers and Bayelsa States, Nigeria.

Aim and Objectives of the Study

The study assessed the health and safety practices for lecturers in universities in Rivers and Bayelsa States in Nigeria.

The objectives were specifically to ascertain:

1. The extent of compliance of health and safety practices by management of universities in Rivers and Bayelsa States.
2. The extent to which funding has contributed to the implementation of health and safety practices in universities in Rivers and Bayelsa States.

Research Questions

The study was guided by these research questions

1. What is the extent of compliance of health and safety practices by management of universities in Rivers and Bayelsa States?
2. To what extent has funding contributed in the implementation of health and safety practices in universities in Rivers and Bayelsa States?

Hypotheses

The following null hypotheses were formulated and tested at 0.05 level of significance:

- Ho₁: There is no significant difference in the mean ratings of lecturers on the extent of compliance of health and safety practices by management amongst universities in Rivers and Bayelsa state.
- Ho₂: There is no significant difference in the mean ratings of lecturers on the extent to which funding has contributed to the implementation of health and safety practices amongst universities in Rivers and Bayelsa state.

METHODOLOGY

This study adopted an analytic descriptive survey design. Analytic descriptive survey is a type of descriptive survey that not only describes certain characteristics of the sample as they are at the time of study but, goes further to compare for the various strata of the sample through the use of hypothesis (Nwankwo, 2013).

The present study is an analytic descriptive design is considered most appropriate for the study since the researcher exploited the information that was obtained from the respondents in drawing inference of the current state of what is being studied, which were described without manipulation of any variable. The population of the study included the five public universities in Rivers and Bayelsa states with a corresponding population of 3,343 lecturers. A breakdown of the population shows there were 806 from Bayelsa State with two universities; and 2,537 from Rivers State with three universities. Further breakdown of the population is as follows: University of Port Harcourt 1392, Rivers State University 724, Niger Delta University 550, Ignatius Ajuru University of education 421, Federal University, Otuoke 256. (Source: Personnel (Academic) Unit of the various universities, 2017).

A sample size of 385 lecturers was chosen for the study using Taro Yamen's formula to determine the minimum sample size. The researcher employed a proportional stratified random sampling technique. The stratified random sampling technique was used to select the sample from each stratum in the various universities. The research instruments for the study are in two sections. Section A contains demographic information of the respondents while B contains questionnaire titled, "Assessment of Health and Safety Practices Questionnaire" (AHSPQ) using likert modified scale of 4 -point scale of very high extent (4-points), high extent (3-points), low extent (2-points) and very low extent (1-point). The reliability index of 0.83 was obtained using Cronbach Alpha method. Data collected from the respondents were analysed using mean scores to answer all the research questions, while the One-way Analysis of Variance (ANOVA) was used to test the four null hypotheses at 0.05 level of significance

RESULTS AND DISCUSSION

Research Question 1: *What is the extent of compliance of health and safety practices by management of universities in Rivers and Bayelsa States?*

Table 1.1: compliance of health and safety practices by management of universities in Rivers and Bayelsa state

S/NO	ITEMS	MEAN	SD	DECISION
1	Communicating health and safety information to lecturers through various media	2.32	.703	Rejected
2	Constant inspection of facilities	2.50	.799	Accepted
3	Undertaking risk assessment for work packages	2.47	.756	Rejected
4	Prompt replacement of damaged facilities in classrooms	2.52	.745	Accepted
5	Organizing seminars on health and safety practices for lecturers	2.42	.715	Rejected
6	Making safety manuals to lecturers available	2.51	.788	Accepted
7	Providing first aids in classrooms	2.53	.839	Accepted
8	Providing training programmes for health and safety managers on campus	2.54	.805	Accepted
9	Providing functional fire extinguishers in classrooms	2.52	.767	Accepted
10	Ensuring damaged facilities risky to lives are removed on campus	2.62	.895	Accepted

CRITERION MEAN(X) = 2.5

Average Mean= 2.49

Results from table 1.1 showed an average mean of 2.49 which is less than the acceptable criterion mean of 2.5, which signifies low extent of compliance to health and safety practices by university management. The above result also showed that respondents agreed to a high extent with most of the item statements (i.e. seven out of 10 items), although, most of which were found on the borderline (about six items had a mean between 2.50 - 2.54). However, the lecturers rejected three items (items 1, 3 and 5) stating that the university management do not comply with these practices. These includes: ‘Communicating health and safety information to lecturers through media’, ‘undertaking risk assessment for work packages’ and ‘organizing seminars on health and safety practices for lecturers.’

Research Question 2: *To what extent has funding contributed in the implementation of health and safety practices in universities in Rivers and Bayelsa States?*

Table 1.2: Contribution of funding to the implementation of health and safety practices in universities in Rivers and Bayelsa state

S/NO	ITEMS	MEAN	SD	DECISION
11	Training of lecturers on health and safety policies peculiar to the university	2.56	.724	Accepted
12	Provision of decent learning environment	2.60	.723	Accepted
13	The use of electronic media for awareness creation on health and safety practices	2.46	.717	Rejected
14	Provision of safe drinking water on campus	2.50	.806	Accepted
15	Actively engaging the services of trained safety personnel to sensitize the lecturers	2.46	.706	Rejected
16	Provision of safety systems of work	2.54	.741	Accepted
17	Provision of fire service	2.51	.723	Accepted
18	Regular fumigation of the offices and classrooms for efficient delivery	2.73	.817	Accepted
19	Regular cleaning of convenience facilities	2.82	.805	Accepted
20	Constant maintenance of facilities	2.81	.830	Accepted
CRITERION MEAN(X) = 2.5		Average Mean= 2.60		

Results from Table 1.2 shows an average mean of 2.60 which is above the criterion mean of 2.5, this implies that the respondents agreed to a high extent that funding contributed effectively to the implementation of health and safety practices in university. Although, the respondents rejected two items (items 13 and 15), ‘the use of electronic media for awareness creation on health and safety practices’ and ‘actively engaging the services of trained safety personnel to sensitize the lecturers.’

Hypothesis 1: There is no significant difference in the mean ratings of lecturers on the extent of compliance of health and safety practices by management amongst selected universities in Rivers and Bayelsa state.

Table 1.3a: Mean rating on the extent of compliance of health and safety practices by management amongst universities in Rivers and Bayelsa

Universities	N	Mean	Std. Deviation	Std. Error
UNIPORT	146	2.1877	.49632	.04108
RSU	78	2.8731	.47773	.05409
IAUOE	49	2.7816	.17281	.02469
NDU	61	2.4934	.30269	.03876
FU-OTUOKE	28	2.5643	.23760	.04490
Total	362	2.4900	.50165	.02637

Table 1.3b: ANOVA summary for difference in the extent of compliance of health and safety practices by management amongst universities in Rivers and Bayelsa

Sources of Variation	Sum of Squares	Df	Mean Square	F	Sig.	Decision
Between Groups	29.099	4	7.275	42.060	.000	Significant, P< 0.05.
Within Groups	61.746	357	.173			
Total	90.845	361				

The average mean rating (mean of 2.49 which is below the criterion mean of 2.5) from table 1.3a showed that there is a low extent of compliance of health and safety practices by management amongst universities in Rivers and Bayelsa. Two out of the five universities in Rivers and Bayelsa recorded a low extent to which health and safety facilities are provided. They are university of Port Harcourt (X= 2.187) and Niger Delta University (X= 2.49).

However, one-way Analysis of Variance (ANOVA) was used to test if a significant difference exists in the mean ratings of lecturers on the extent of compliance of health and safety practices by management amongst universities in Rivers and Bayelsa. Results from table 1.3b above showed that computed ANOVA (F) at df (4, 357) is 42.13, with a P value (0.00) lower than the chosen alpha (P< 0.05); thus, the null hypothesis is rejected. This means that there is a significant difference in the mean ratings of lecturers on the extent of compliance of health and safety practices by management amongst universities in Rivers and Bayelsa states.

Hypothesis 2: There is no significant difference in the mean ratings of lecturers on the extent to which funding has contributed to the implementation of health and safety practices amongst selected universities in Rivers and Bayelsa states.

Table 1.4a: Mean rating of extent to which funding has contributed to the implementation of health and safety practices amongst universities in Rivers and Bayelsa states.

Universities	N	Mean	Std. Deviation	Std. Error
UNIPOINT	146	2.3740	.48296	.03997
RSU	78	3.0103	.50002	.05662
IAUOE	49	2.7061	.14055	.02008
NDU	61	2.5180	.32327	.04139
FU-OTUOKE	28	2.6143	.34396	.06500
Total	362	2.5989	.48535	.02551

Table 1.4b: ANOVA summary for difference in the extent to which funding has contributed to the implementation of health and safety practices amongst universities in Rivers and Bayelsa states.

Sources of Variation	Sum of Squares	Df	Mean Square	F	Sig.	Decision
Between Groups	21.554	4	5.389	30.301	.000	Significant, P< 0.05.
Within Groups	63.486	357	.178			
Total	85.040	361				

The average mean rating (mean of 2.60 which is above the criterion mean of 2.5) from table 1.4a showed that there is a high extent to which funding has contributed to the implementation of health and safety practices amongst universities in Rivers and Bayelsa. Although, one of the universities (University of Port Harcourt) showed a low extent with a mean of 2.37.

However, one-way Analysis of Variance (ANOVA) was used to test if a significant difference exists in the mean ratings of lecturers on the extent to which funding has contributed to the implementation of health and safety practices amongst universities in Rivers and Bayelsa states.

Results from table 1.4b above shows that computed ANOVA (F) at df (4, 357) is 30.30, with a P value (0.00) lower than the chosen alpha ($P < 0.05$); thus, the null hypothesis is rejected. This means that there is a significant difference in the mean ratings of lecturers on the extent to which funding has contributed to the implementation of health and safety practices amongst universities in Rivers and Bayelsa states.

DISCUSSION OF FINDINGS

This section will discuss the findings of the study.

Extent of Compliance of Health and Safety Practices

The fourth result shows that there is a low extent of compliance of health and safety practices by management of universities in Rivers and Bayelsa states. There is a significant difference in the mean ratings of lecturers on the extent of compliance of health and safety practices by management amongst universities in Rivers and Bayelsa state. This means that the extent of compliance of health and safety practice (though high) differ amongst the universities in Rivers and Bayelsa state. To a very high extent they agreed to seven the item statements which include 'constant inspection of facilities, prompt replacement of damaged facilities in classrooms, making safety manuals to lecturers available, providing first aids in classrooms, providing functional fire extinguishers in classrooms, ensuring damaged facilities risky to lives are removed on campus'. Three item statements were however rejected, vis-a-viz 'communicating health and safety information to lecturers through various media, undertaking risk assessment for work packages, organizing seminars on health and safety practices. This result is in agreement with the findings of Lawrence (2010) which revealed that 90% of the respondents were aware of the existence of the occupational safety and health Act, 2007 and that in terms of compliance, 80% held a positive view in the administration and enforcement of the Act. This finding is however in disagreement of the findings of Dodo (2014) which revealed low compliance and implementation of effective health and safety practices for employees in Nigeria. It also disagrees with the findings of Efiok, Oluseye, Uduak, and Olalekan (2015) that in terms of compliance, inadequate staff strength, crew fatigue, poor wages, inadequate safety training, contract labour, complacency and high risk tolerance use, was found among others.

Contribution of Funding to the Implementation of Health and Safety Practices

The last result shows that there is a high extent to which funding has contributed in the implementation of health and safety practices in universities in Rivers and Bayelsa states. There is also a significant difference in the mean ratings of lecturers on the extent to which funding has contributed to effective implementation of health and safety practices amongst universities in Rivers and Bayelsa state. The result from the research question implies that the respondents indicated that funding contributes to the implementation of health and safety practices in the university system. Although they accepted eight item statements 'training of lecturers on health and safety policies peculiar to the university, provision of decent learning environment, provision of safe drinking water on campus, provision of safety systems of work, provision of fire service, regular fumigation of the offices and classrooms for efficient delivery, regular cleaning of convenience facilities, constant maintenance of facilities' to arrive at the conclusion, the average mean of 2.60 shows that the result is on the borderline. Respondents also rejected two item statements 'the use of electronic media for awareness creation on health and safety practices, and actively engaging the services of trained safety personnel to sensitize the lecturers. This result agrees with the findings of Akinwale and Olusanya (2016) which revealed that some of the factors in the implementation of the policies were negligence by the employers or employees, poor funding, inadequate training on precautions and poor knowledge of occupational health and safety issues.

CONCLUSION

The study concluded that health and safety practices are available for lecturers in universities in Rivers and Bayelsa States.

RECOMMENDATIONS

The following recommendations were made based on the findings:

1. Management of the university with support from the government through the education ministry should be exposed to training on safety matters for attitudinal change on health and safety issues of the university.
2. Management of universities should have policies that makes provision for the welfare, health and safety of lecturers in line with the Factories Act of 2004, the Labour Safety, Health and Welfare Bill of 2012, and other Acts that are geared towards the protection of the Nigerian worker.

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