



**Work Place Health Education as Perceived by Staff of Enugu State College of Education  
(Technical)Enugu State, Nigeria.**

**By**

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**Abstract**

*Although the workplace such as school is a priority setting for health promotion into the 21<sup>st</sup> century, the arena has not yet been widely accepted. Health education at workplace can help facilitate reduction in the level of workplace hazardous exposure but the teachers appear not to have recognised that. The purpose of this present study is to determine health education at work place as perceived by staff of Enugu State College of Education (Technical) Enugu (ESCET). The cross sectional survey design was adopted for the study that used a population of 390 staff who also served as the sample for the study. Instrument for data collection was researcher made questionnaire known as Perception of Workplace Health Education Questionnaire (PWHEQ) which comprised of 12 items with 4-option modified Likert Type response of SA, A, D, and SD and was validated by 3 experts in Health Education. The split-halves method was employed to establish the reliability of the instrument. The Spearman Brown Rank Order statistic was used to correlate the two sets of scores and the coefficient index value yielded 0.88. Data collection was done with the help of research assistants. Data were analysed using mean to answer the research questions while the t-test statistic was employed to test the two null hypotheses at .05 level of significance. Findings reveal that the staff showed adequate perception of work place health education ( $x=2.52$ ) and that their perception was dependent on gender ( $t\text{-cal } 2.318 > t\text{-crit } 1.960$ ) and working experiences ( $t\text{-cal } 3.666 > t\text{-crit } 1.960$ ). Implications of the findings for issues and challenges in contemporary health education research were articulated before recommending that functional work place health promotion programme in the College should be pursued vigorously among other recommendations.*

**Key words: Work place, Health Education, Health Promotion, Perception**



## **Introduction**

Work constitutes an essential element in the lifestyle of most people. The relationship between work and health is a two-way process where the working environment may affect the health of the worker and the workers state of health may have an impact on the ability to perform assigned tasks. Acutt (2003) observed that harmful effects in the workplace not only affected the worker, but may also influence productivity, family and community activities. History revealed that both modern and ancient society have been slow to recognize and act upon the hazards to which people are exposed in working environment. This reluctance in recognizing these hazards may have originated from the societal perception of health education at the workplace as an aspect of health promotion. Ekenedo (2005) believed that health education was capable of facilitating positive behaviour change that could help prevent hazardous exposure of individuals at the work place.

Health education has been conceptualized as the process of inculcating knowledge, attitudes, values, beliefs and practices through persuasion for the purpose of encouraging improvement in positive behaviour change (Oshodim 2000; Ekenedo 2005; Briggs, 2010). Ewuzie (2010) perceived health education as a process by which activities are used to influence the individual to adopt practices or measures which are beneficial or favourable to health and thus reject those behaviours known to be harmful or undermining health behaviour. Given this background therefore, health education may be taken to mean the process of helping individuals achieve desirable behaviour modification through acquisition of health information, adopting of health practices and values. This implies that one's health can be promoted through giving information on skills and knowledge capable of improving healthy living. The ultimate focus of health education is on the individual and behaviour; that is on people and on their action. In essence, to help people replace deleterious beliefs, and behaviours with healthy and rational ones through rejection and acceptance respectively.

Given the fact that health education can help facilitate reduction in the level of workplace hazardous exposure, it then becomes needful that the perception of staff in a tertiary institution such as ESCET regarding health education where they work be determined. Although health education is taught in schools as a school subject or course, the teachers (workers) do not benefit from the arrangement. This development may have encouraged the



reluctance among the teachers to recognize the hazards to which they are exposed in the school working environment. As role models to the population under their mentorship, the teachers are expected to be healthy and display adequate perception and recognition of health education. Workplace health education is different from classroom health instruction.

Workplace health education is planned communication of healthy knowledge to workers designed and presented sequentially in an informal manner so as to influence health related decisions regarding beliefs, values, attitudes and practices (Acut, 2003; Okafor, 2000; Ekenedo 2005). Teachers as role model and character moulders are expected to recognize hazard exposure in their working place. Health education is a strong and most popular health promotion strategy and teachers should perceive it accordingly. This is because health education at workplace will contribute immensely in lowering health care costs, increase staff productivity and encourage adoption of desirable lifestyle practices. Enebechi (2015) believed that adoption of desirable lifestyle practices would improve productivity of teachers. The importance of workplace health education cannot be over emphasized because of its obvious numerous advantages to both the employer and employee.

Similarly, workplace health education as it relates to staff of tertiary institutions is of great benefit to both the staff and government. This is why it has become imperative that the perception of the staff be determined, especially those in Enugu education zone of Enugu State. Perception according to Hornby (2000) is the way one notices things. It is the way one uses the senses to recognise and experience the environment or world. In this study it is the way staff of ESCET recognise and experience health education in their work place as a health promotion strategy. Enugu State College of Education (Technical) Enugu is organised into Six Schools and different administrative departments namely; *Science Education, Education, Business Education, Vocational Education, Technical Education, and Degree Programme Unit*. The administrative departments are Provosts Office, Registry, Bursary, Admissions, Students' Affairs, Works, Library, and Security. Some demographic characteristics of the staff members show that they are composed of *male and female; Junior and Senior staff; Older and Younger ones; and different religious denominations*. The researcher is not aware of any health promotion programme available for the staff under study. Absence of health promotion programme for the staff leaves much to be desired as it raises serious suspicion on



the perception of the staff regarding health education as an aspect of health promotion. These staff who may be male or female share different teaching experiences. Gender and experience have been known to influence perception (Ajala&Bolarinwa, 2002). WHO (2019) regretted that although the workplace such as school, is a priority setting for health promotion into the 21st century, the arena has not yet been widely accepted. The organization noted that the workplace directly influences the physical, mental, economic and social wellbeing of workers and in turn the health of their families, communities and society. It is against this background that the researcher aims to determine the perception of the secondary school teachers in Enugu education zone regarding health education in the workplace.

The purpose of the study is to determine the perception of workplace health education by staff of Enugu State College of Education (Technical) Enugu (ESCET). Three research questions were raised thus to guide the study:

**Q1.** what is the perception of workplace health education by staff of ESCET?

**Q2.** Are there differences between male and female secondary school teachers in their perception of workplace health promotion?

**Q3.** what is the perception of workplace health education by staff of ESCET? based on working experiences?

Two null hypotheses were formulated to further guide the study.

1. There is no significant difference between male and female staff of ESCET? in their perception of workplace health education.
2. Teaching experience will show no significant difference in the perception of workplace health education by staff of ESCET.

## **Method**

The cross sectional survey design was adopted for the study. The population for the study comprised of 390 staff of the six schools and administrative departments that the College is organised into. The entire population served as the sample

Instrument for data collection was researcher made questionnaire, known as Perception of Workplace Health Education Questionnaire (PWHEQ). It is made up of 12 items presented in two sections A and B. Section elicited information on the demographic information of the respondents such as gender and teaching experiences. Section B contains 10 items with 4



option modified Likert type scale of Strongly Agree, Agree, Disagree and Strongly Disagree; SA, A, D and SD respectively. The instrument was validated by three experts in Health Education. The validates were supplied with copies of purpose of study, research questions and hypothesis as guide. Reliability was established using split half method and Spearman Brown Rank Order statistics used to correlate the two sets of scores to determine the ('r') correlation coefficient values which yielded 0.88 and was considered high enough to adjudge the instrument as reliable. Data were collected using research assistants who were trained and selected through oral interview. Three hundred and eighty two copies of the questionnaire were duly completed and therefore qualified for data analysis.

Data were analysed using mean and standard deviation. The response options of SA, A, D and SD were assigned nominal values of 4, 3, 2, and 1 respectively. A criterion mean of 2.50 was established by dividing the sum of the vales by 4. Mean scores of 2.50 and above were taken as adequate perception while mean scores below 2.50 were taken as inadequate perception. The t-test statistic was used to test the null hypotheses at .05 level of significance and at appropriate degree of freedom.



## Results

**Table 1. Mean Responses on the Staff's Perception of Workplace Health Education**

S/No	Items	$\bar{X}$	Decision
1	Health education should move from classroom to workplace	3.02	Adequate
2	Giving health instruction in workplace can help reduce healthcare costs	2.55	Adequate
3	Health education at workplace will promote employee mental health	2.01	Inadequate
4	Absence of health education at workplaces can reduce productivity	2.14	Inadequate
5	Health seminars at workplaces can improve employee health status	2.32	Inadequate
6	Absenteeism due to ill-health can be reduced through health education at workplace.	2.44	Inadequate
7	Workplace offers a good opportunity for delivery of health education.	2.65	Inadequate
8	Health education at workplace can help the employee develop healthier lifestyle.	2.81	Adequate
9	Inculcation of specific health values and skills can be achieved through workplace health education.	2.58	Adequate
10	Enforcement of adoption of desirable health behaviours can be achieved better through workplace health education.	2.67	Adequate
Grand Mean		<b>2.52</b>	Adequate

Data in Table 1 show a grand mean of 2.52 which is above the criterion mean of 2.50. This implies that the teachers show adequate perception of workplace health education. However, the teachers show inadequate perception for items 3, 4, 5 and 6.



**Mean Responses of the Staff’s Perception of Workplace Health Education According to Gender. M=104; F=278.**

S/No	Items	Gender	X	SD	Decision
1	Health education should move from classroom to workplace	M	3.00	0.56	Adequate
		F	3.12	0.55	Adequate
2	Giving health instruction in workplace can help reduce healthcare costs	M	2.71	0.83	Adequate
		F	2.69	0.87	Adequate
3	Health education at workplace will promote employee mental health	M	2.33	0.66	Inadequate
		F	2.43	0.59	Inadequate
4	Absence of health education at workplaces can reduce productivity	M	2.41	0.77	Inadequate
		F	2.40	0.78	Inadequate
5	Health seminars at workplaces can improve employee health status	M	2.39	0.54	Inadequate
		F	2.33	0.56	Inadequate
6	Absenteeism due to ill-health can be reduced through health education at workplace.	M	2.55	0.88	Adequate
		F	2.58	0.87	Adequate
7	Workplace offers a good opportunity for delivery of health education.	M	2.66	0.66	Adequate
		F	2.71	0.69	Adequate
8	Health education at workplace can help the employee develop healthier lifestyle.	M	2.83	0.73	Adequate
		F	2.87	0.87	Adequate
9	Inculcation of specific health values and skills can be achieved through workplace health education.	M	2.64	0.88	Adequate
		F	2.66	0.65	Adequate
10	Enforcement of adoption of desirable health behaviours can be achieved better through workplace health education.	M	2.67	0.77	Adequate
		F	2.63	0.78	Adequate
<b>Grand Mean</b>		M	2.62	<b>0.73</b>	Adequate
		F	2.64	<b>0.72</b>	Adequate

Data in Table 2 show a grand mean of 2.62 and 2.64 for male and female respectively. This implies that both male and female teachers show adequate perception of workplace health education.





**Table 3: Mean Responses of the Staff's Perception of Workplace Health Education According to Teaching Experiences. Exp. =246; L/Exp. =136.**

S/No	Items	Experience	X	SD	Decision
1	Health education should move from classroom to workplace	Exp	2.82	0.91	Adequate
		L/Exp	3.04	1.11	Adequate
2	Giving health instruction in workplace can help reduce healthcare costs	Exp	2.63	0.84	Adequate
		L/Exp	2.66	0.88	Adequate
3	Health education at workplace will promote employee mental health	Exp	2.49	0.55	Inadequate
		L/Exp	2.51	0.54	Adequate
4	Absence of health education at workplaces can reduce productivity	Exp.	2.33	0.58	Inadequate
		L/Exp	2.32	0.61	Inadequate
5	Health seminars at workplaces can improve employee health status	Exp.	2.46	0.73	Inadequate
		L/Exp	2.50	0.77	Adequate
6	Absenteeism due to ill-health can be reduced through health education at workplace.	Exp	2.61	0.81	Adequate
		L/Exp	2.72	0.80	Adequate
7	Workplace offers a good opportunity for delivery of health education.	Exp.	2.77	0.67	Adequate
		L/Exp	2.83	0.66	Adequate
8	Health education at workplace can help the employee develop healthier lifestyle.	Exp.	3.10	0.56	Adequate
		L/Exp	3.12	0.58	Adequate
9	Inculcation of specific health values and skills can be achieved through workplace health education.	Exp.	2.63	0.77	Adequate
		L/Exp	2.61	0.79	Adequate
10	Enforcement of adoption of desirable health behaviours can be achieved better through workplace health education.	Exp.	2.74	0.64	Adequate
		L/Exp	2.81	0.66	Adequate
<b>Grand Mean</b>		Exp	2.66	<b>0.71</b>	Adequate
		L/Exp.	2.71	<b>0.74</b>	Adequate

Data in Table 3 show grand means of 2.66 and 2.71 for experienced and less experienced teachers respectively. This implies that both experienced and less experienced teachers show adequate perception of workplace health education.





**Table 4: Summary of t-test Verifying the Significant Difference in the Staff’s Perception Based on Gender.**

Gender	N	$\bar{x}$	SD	df	t-cal	t-crit	p	Decision
Male	104	2.62	0.73	380	2.318	1.960	.05	Reject
Female	278	2.64	0.72					

Data in Table 4 reveal that the t-cal of 2.318 is higher than the t-critical table of 1.960 ( $t\text{-cal} > t\text{-crit}$ ) at .05 level of significance. Therefore, the null hypothesis is rejected. This means that there is significant difference between male and female teachers in their perception of health education at the workplace.

**Table 5. Summary of t-test Verifying the Significant Difference in the Staff’s Perception Based on their Working Experiences.**

Variable	N	$\bar{x}$	SD	Df	t-cal	t-crit	P	Decision
Experienced	246	2.66	0.71	380	3.666	1.960	.05	Reject
Less Experienced	136	2.71	0.74					

Data in Table 5 indicate that the t-cal of 3.666 is higher than the t-critical table value of 1.960 ( $t\text{-cal} > t\text{-crit}$ ) at .05 level of significance. Therefore the null hypothesis is rejected. This implies that the teachers’ perception is dependent on their teaching experiences.

**Discussion**

The study aimed at determining the teachers’ perception of workplace health education. Interesting results were revealed by the study based on the data collected and analysed. Major findings of the study are:

- 1). the staff show adequate perception of workplace health education ( $\bar{x}=2.52$ ),
- 2).the staff perception of workplace health education was dependent on gender and teaching experiences ( $t\text{-cal } 2.318 > t\text{-crit of } 1.960$  and  $t\text{-cal of } 3.666 > t\text{-crit of } 1.960$ ) respectively.

The finding that the staff showed adequate perception of workplace health education did not come as a surprise to the researcher because Ekenedo (2005) had earlier observed that health education which had for long been confined to the classroom could effectively be



carried out at the workplaces with outstanding results. This earlier observation could be believed to have made the teachers recognize that extending health education to the workplaces would be highly rewarding. Again it implies that workplace health promotion programme for the staff will be welcome by them. The outstanding results among others include positive behaviour change, increased productivity; reduction in healthcare costs. Okafor (2000) believed that extending health education to the workplace would serve as a powerful agent of health promotion.

Surprisingly, the findings of the study revealed that the staff showed inadequate perception of workplace health education regarding its ability to promote employee mental health ( $x = 2.01$ ); its ability to reduce absenteeism due to ill-health ( $x = 2.44$ ). The surprise is based on the belief that Asuzu (2002) and Berg (2003) established that threats to the psychological well-being of the worker can be reduced through workplace health promotion. It is known that health education is an aspect of health promotion and the teachers are expected to recognize this fact. Furthermore, health education at workplaces is capable of reducing absenteeism due to ill-health because improved healthier lifestyle which has been known to be achieved through health promotion (Briggs 2010) can lead to reduction in ill-health related absenteeism.

The finding that the perception of the staff was dependent on gender is expected, because women appear more upset to permissive society than men. Ajala and Bolariwa (2002) established that men perceive more occupational stress than their female counterparts. This finding agrees with the present study. Similarly, the finding of this study indicates that the perception of the staff is influenced by their working experiences ( $t\text{-cal } 3.666 > t\text{-crit of } 1.960$ ). The finding is in tandem with Adeogun and Idowu (2002) who observed that experience and behaviour constituted important principles in perception. This implies that perception is expected to change with time.

### **Implications of the Findings**

Issues and challenges in contemporary health education research include ability to translate knowledge into practice. The knowledge, attitude and practice model illustrates that attitude appear to constitute an impediment in translating knowledge into practice. Attitude is



indicated in interest and exhibition of concern. It becomes needful that the situation where teachers show adequate perception of health education at workplace and still pay lip service to health promotion calls for attention.

Teachers deliver health instructions to their students in the classroom. But ignore health instructions to themselves irrespective of the fact that they perceived it as important to their health and welfare at workplace. The implication is that the obvious benefits of workplace health education will continue to elude the teachers and subsequently impact adversely on desirable education delivery services. Improved lifestyle through behaviour modifications remains the gospel according to health promotion which is trending globally and teachers/workers in developing countries are expected to hook up accordingly. When the teachers show inadequate perception of certain aspects of health promotion at work, it exposes them to workplace hazards and may be left out in the current scheme of things as regards health promotion especially at work place.

### **Summary and Conclusion**

Health promotion which includes health education has become necessary in workplaces such as schools. This will help the worker such as teachers benefit optimally for the purpose of improving their health, productivity, and achieving national and Sustainable Development Goal (SDG) 3 *of ensure healthy lives and promote well-being for all at all ages.*

### **Recommendations**

1. Functional workplace health promotion programmes should be vigorously pursued and mounted in the College.
2. Workers should be educated through health promotion programme to increase their consciousness of their health at work.



## References

- Acutt, J. (2003). Concepts of occupational hygiene: In S. Hattingh J. Acutt (ends). *Occupational health management a practice for health practitioners*. Pretoria. South Africa. Juta Academic Pub.
- Adeogun, J.O. & Idowu, B.B. (2002). On the job safety assessment in food processing industries: A case study of Nestle, Nig Plc. *Nigerian School Health Journal*, 14 (1&2) 18 – 24
- Ajala, J.A. & Bolarinwa, R.O.O. (2002). Gender perception of occupational stress among senior non-teaching staff of Colleges of Education in South-West Nigeria. *Nigerian School Health Journal*, 14 (1&2), 200-207
- Berg, Z.C (2003). Psychological health and adjustment in the work context. In J. Acutt and S.P. Hattuigh (eds). *Occupational health management and practice for health practitioners*. Pretoria. South Africa Juta Academic Pub.
- Briggs, L.A. (2010). *Issues in health education*. Abuja Trimi Hyacinth Pub.
- Ekenedo, G.O. (2005). Health education intervention in workplace. *Nigerian Journal of Health Education*. 13(1), 27-33.
- Enebechi, J, C, (2015). Socio-demographic factors as predictors of health risk behaviour of secondary school teachers in Enugu State. *Ph.D Thesis, University of Nigeria, Nsukka*.
- Ewuzie, M. A. (2010). The status of health education in schools. *Lead Paper Presented at Nigerian Association of Health Educators' Conference held at University of Benin*.



Hornby, A.S. (2000). *Oxford advanced learners dictionary of current English (6<sup>th</sup> ed.)*. Oxford University Press.

Okafor, R.U. (2000). Unexpected health education worksites in Nigeria: A 21st century challenge. *Nigerian Journal of Health Education* 9(1), 198-210.

Oshodin, O.G. (2000). Health education and promotion in Nigeria by the year 2010. *Nigerian Journal of Health Education* 9(1), 22-30.

WHO, (2019). The workplace: A priority setting for health promotion. *News Releases* Geneva.

### **Acknowledgement**

**The researcher acknowledges the support given by the Nigeria Tertiary Education Trust Fund (TetFund) through a research grant approved to sponsor the research on Development of Workplace Health Promotion Programme for the staff of Enugu State College of Education (Technical) Enugu as intervention towards improving the health status of the staff.**