OPEN ACCESS
ISSN 2280-4056

E-Journal of International and Comparative

LABOUR STUDIES

Volume 10, No. 2/2021

ADAPT
www.adapt.it
UNIVERSITY PRESS

E-Journal of International and Comparative **LABOUR STUDIES**

ADAPT *International School of Higher Education in Labour and Industrial Relations*

E-Journal of International and Comparative

LABOUR STUDIES

Volume 10, No. 2/2021

ADAPT
www.adapt.it
UNIVERSITY PRESS

Online Publication of the ADAPT Series
Registration No. 1609, 11 November 2001, Court of Modena
www.adaptbulletin.eu

Occupational Health and Safety in Nigeria: Managing Employees' Well-Being in the Post-COVID-19 World of Work

Christopher Odogwu Chidi and Dumebi Anthony Ideh*

Abstract

The objective of the study is to examine the management of occupational health and safety of employees in the post-COVID-19 world of work in the Nigerian context. This is imperative in view of the poor state of health facilities in Nigeria as elsewhere in developing countries. The study is anchored on the socio-psychological theory and the Kurt Lewin's force-field model of change. The historical research design was adopted with the extensive use of secondary data. The authors recommended that both employers and governments should put in place public-health education programmes and campaigns to increase awareness of the COVID-19 pandemic in the workplace. Employers and governments should invest massively in occupational health and safety and should insist on workers' total compliance with safety protocols with a view to curbing the rate of transmission of the pandemic in the workplace and in the Nigerian society at large.

Keywords: *COVID-19 Pandemic, Occupational Hazards, Health, Safety, Nigeria.*

* Department of Employment Relations & Human Resource Management, Faculty of Management Sciences, University of Lagos (Nigeria). Email address: ochidi@unilag.edu.ng (corresponding author: Christopher Odogwu Chidi).

Introduction

An outbreak of a strange disease which caused thousands of deaths was discovered in the city of Wuhan in Hubei Province of China in December, 2019. According to the World Health Organisation (WHO, 2019), the deaths were caused by SARS-CoV-2, also commonly referred to as the Coronavirus and was christened the COVID-19 pandemic (Burdorf, Porru, & Rugulies, 2020). The phenomenal spread of the virus to other parts of the world, largely to the Western World in late February and early March 2020, has been cataclysmic as it continues to wreak havoc on the entire world. Livelihoods have been brought to a total halt as many business organisations, educational institutions, churches, mosques, markets, national and global economies were locked down to curtail its transmission, as there is no known cure or vaccine for treatment as at the time of writing. On the 27th of February, 2020, a 44-year-old Italian citizen was diagnosed of COVID-19 in Lagos state. The case was the first to be reported in Nigeria since the first confirmed case was reported in China in January 2020 (NCDC, 2020). Further incursion of the virus into Nigeria was by other returnees abroad. This led to the gradual spread of the pandemic across the country (ASUU-UI., 2020).

With the spread of COVID-19 pandemic across Nigeria and the global north, frantic efforts have been made by various governments, non-governmental organisations, public-spirited individuals and the World Health Organisation (WHO) to curtail the spread of the virus as well as various initiatives to provide a vaccine for treatment and prevention of the spread of the virus. The ravaging impact of the virus is well felt by different sectors of the economy, but the health sector is worst hit, with adverse implications for occupational health and safety (OHS) of workers in Nigeria as elsewhere in the world. The state of OHS in Nigeria pre-COVID-19 leaves much to be desired. The challenges posed by the pandemic and the implications for individuals, organisations and society have exacerbated the already problematic state of OHS in Nigeria.

The legal provisions regulating health, safety and security in Nigeria are expressly stated in the 1999 Constitution of the Federal Republic of Nigeria. Section 17(3) of the Constitution stipulates that the health, safety and welfare of all persons in employment would be safeguarded and not endangered or abused and that there would be adequate medical and health facilities for all persons. The National Policy on Occupational Safety and Health was developed in 2006, with the goal to facilitate the improvement of occupational safety and health performance in all sectors of the Nigerian economy (ILO, 2016). Occupational Health and Safety

regulations have been put in place globally through the initiatives of the International Labour Organisation (ILO) Conventions and the World Health Organisation (WHO). The Occupational Safety and Health Convention 1981 (No. 155) and Occupational Health Services Convention 1985 (No. 161) adopted by the General Conference of International Labour Organisation have had a major influence on the development of occupational health regulations among member countries including Nigeria (Chidi & Ayinla, 2019). However, the COVID-19 pandemic has actually exposed the vulnerability of the health sector in Nigeria which has been bedevilled by insufficient funding pre-COVID-19 as shown in Table 1.

Table 1: Budgetary Allocations to the Health Sector and Percentage of Total Annual Budget 2012 – 2020

Year	Budgetary Allocations to the Health Sector in Billions (₦)	% of Total Annual Budget
2012	280.77	5.95
2013	282.50	5.66
2014	264.46	5.63
2015	259.75	5.78
2016	250.75	4.13
2017	308.46	5.17
2018	411.6	4.40
2019	424.03	4.75
2020	427.30	4.14

Source: Ekwoaba & Chidi (2020).

Table 1 depicts the budgetary allocations to the health sector in Nigeria and the percentage of total annual budget from 2012 to 2020. From Table 1, it is instructive to note that the budgets for the healthcare sector by successive governments leave much to be desired as budgetary allocations to the sector have been grossly inadequate to meet the health needs of the citizenry.

The COVID-19 pandemic poses a challenge to occupational health and safety globally (Burdorf, Porru, & Rugulies, 2020). Workers in many occupations are facing high risks of becoming infected with the dreaded virus (Burdorf, Porru, & Rugulies, 2020). All businesses, regardless of size, are grappling with serious challenges as a result of the coronavirus pandemic, as no sector is spared including the health sector, construction, manufacturing, maritime, electricity and power, financial institutions, education, oil & gas, transportation, agriculture, ICT, aviation, tourism and hospitality industries to name a few, with a real threat of significant declines in revenue, insolvencies and job losses in specific sectors (ILO,

2020). Those in the informal economy such as the Micro, Small and Medium Enterprises (MSMEs) are not left out from the adverse effect of the pandemic.

The Director-General of WHO, Tedros Adhanom Ghebreyesus declared the COVID-19 disease as a global pandemic on the 11th of March, 2020 and a Public Health Emergency of International Concern on the 30th of January 2020 (Ajisegiri, Odusanya, & Joshi, 2020; Koh, & Goh, 2020). The World Health Organisation (2002) argues that occupational diseases and injuries, work-related and workplace preventable diseases and injuries are responsible for much of the current levels of reduced work capacity, increased temporary and permanent work disability, shortened life expectancy, and premature retirement or death. COVID-19 is a communicable but preventable disease. It is an occupational hazard that threatens the well-being of workers globally. Millions of people have contracted the virus as 33.4 million have been infected with the virus with 23.2 million recoveries and 1 million deaths globally as at the 29th of September, 2020. In Nigeria, there are 58,596 confirmed cases, 49,895 recoveries and 1,114 deaths (NCDC, 2020). These figures are disturbing and require urgent and concerted efforts by relevant authorities to provide a cure for this dreaded virus to safeguard human lives.

Many victims have survived COVID-19 based on early detection of the virus as well as adherence to safety protocols as enunciated by the World Health Organisation and the Nigerian Centre for Disease Control (NCDC), including the issue of testing and contact tracing to identify those infected. According to Koh and Goh (2020), the virus poses both a public health and occupational health threat or challenge in the world of work globally. A healthy individual/worker is free of illness, injury, mental and emotional problems; which may encumber or negatively affect normal human functioning/performance. The well-known dictum that a healthy workforce is a productive workforce is essential for organisational survival and sustainability (Chidi & Okpala, 2020). Workers in the health sector are at greater risk of exposure to the virus because of their personal contact and proximity with COVID-19 victims/patients. This exposes them to the risk of being infected as well as being a potent source of transmission to colleagues, patients, friends, and family members.

Before now, COVID-19 was not classified as an occupational disease in the relevant labour laws in Nigeria, as elsewhere, which would warrant workers' compensation as enshrined in the Employees' Compensation Act, 2010. However, according to Watterson (2020), countries like Denmark already recognise COVID-19 as an occupational disease. The objective of the study is to examine the management of occupational

health and safety of employees in the post-COVID-19 world of work in the Nigerian context. This is imperative in view of the poor state of health facilities in Nigeria as elsewhere in developing countries. The mental, physical and emotional tensions or anxieties which accompanied the COVID-19 pandemic were devastating across countries and led to massive deaths especially in the advanced or developed countries where health facilities are somewhat sophisticated and considered adequate. The developing countries are worse-off considering the meagre budgetary allocations to the health sector prior to and sequel to the COVID-19 pandemic. Surprisingly, the rates of infection and death have been on a downward trajectory in developing countries comparable to the developed countries.

2. Literature Review

This section examines some key concepts, theoretical underpinnings of the study and empirical review of the literature.

2.1 Conceptual Clarifications

The following concepts are explained in this section: occupation, health, safety, occupational health and safety, workplace hazards and risks, as well as personal protective equipment (PPE).

i. The Concept of Occupation

The terms occupation, career and profession can be used interchangeably. An occupation is the job by which people or individuals earn their livelihoods or a living. Fuller and Unwin (2013) stated that a suitable way to approach the meaning of occupation is to consider the term 'job' which is sometimes used interchangeably with occupation. Fuller and Unwin (2013) posit that occupation could also be seen as a vocation which may be manifested at different levels as the individual matures. In a nutshell, tasks give rise to duties, duties give rise to positions, positions give rise to jobs, and jobs give rise to occupations. Many occupations abound and each has its associated health and safety hazards and risks. Some occupations attract more prestige and enormous pecuniary gains than others depending on the value which individuals and society attach to such jobs/occupation. The nature of hazards associated with certain occupations also determines the remuneration paid to workers as well as the nature of healthcare provisions for workers.

ii. The Concept of Health

Health refers to the general state of physical, mental and emotional well-being. A healthy person/employee is free of illness, injury or mental and emotional problems (Mathis & Jackson, 2004). Health refers to holistic wellness of employees and encompasses safety and security at work. The attention of managers has always been focused on safety and accidents prevention. This trend has however changed as it has been discovered that workers' performance are affected by a good number of diseases and health-related challenges that are not linked to their jobs. Efforts are therefore made by organisations to remove health hazards from the workplace and to incorporate programmes that will improve employees' health. As noted by Dalton (1998), there are top ten workplace diseases and they include lung diseases, backache, cancer, spine and head injuries, heart diseases and strokes, reproductive disorders, nervous system damages, noise induced hearing loss, dermatitis/skin diseases, and stress, depression and anxiety. Also, Krause, Frank, Dasinger, Sullivan and Sinclair (2001) argue that the most common work-related health problems are musculoskeletal disorders, respiratory and skin diseases, stress, depression, anxiety and pulmonary disorders. The United States Department of Labour according to Byar and Rue (2006) classified occupational illnesses into four major categories as follows:

(i) Occupational skin diseases and disorder
(ii) Respiratory conditions due to toxic agents
(iii) Poisoning (systemic effects of toxic materials)
(iv) All other occupational illnesses

Occupational health programmes deal with the prevention of ill-health that arises from working conditions.

iii. The Concept of Safety

The aim of effective safety programmes in organisations is to prevent work-related accidents and injuries (Mathis & Jackson, 2004). Safety refers to protecting both the psychological and physical well-being of people at work. Safety programmes deal with the prevention of accidents and the minimisation of the loss and damage to people and property. In the design of safety programmes therefore, efforts are made to keep workers mindful of safety and accident preventions. Safety professionals are of the view that preventing accidents is better than responding to them. The sectors with high accidents rates are agriculture, construction, manufacturing and transportation (Pouliakas & Theodossiou, 2010).

vi. The Concept of Occupational Health and Safety

The World Health Organisation (WHO) and the International Labour Organisation (ILO) in the 1950s generated a description of occupational health and safety, and described the essential contents of Occupational Health Services (OHS) to include the promotion and preservation of the topmost degree of bodily (physical), mental (psychological) and social well-being of workers in all occupations or professions. Occupational health and safety aim at: (i) the maintenance and promotion of workers' health and working capacity; (ii) the improvement of working environment and work to become conducive to safety and health; and (iii) development of work organisations and working cultures in a direction which supports health and safety at work and, in doing so, also promotes a positive social climate and smooth operation, and may enhance the productivity of the enterprises (WHO, 2002). An occupational illness is defined by Byar and Rue (2006) as any abnormal condition or disorder caused by exposure to environmental factors associated with employment.

v. COVID-19 as Workplace Hazard and Associated Risks

A hazard is any condition or incident which has the potential to cause injuries, harm to people, damage to equipment or structures, loss of material, or reduction of ability to perform a prescribed function (Ebeloku, Akinbode, & Sokefun, 2018). A hazard is anything that can cause harm such as working on roofs, lifting heavy objects, electricity, exposed electricity cables, chemicals, and slippery floors, vibration, noise as well as chemical hazards such as poisons and toxics. COVID-19 is now a workplace hazard. "Risk is the chance, large or small of harm being actually done by the hazard" (Armstrong, 2012, p.441). Untimely loss of lives or death is a risk associated with the COVID-19 pandemic/ hazard. Ebeloku, Akinbode, and Sokefun (2018) argue that occupational health and safety hazards negatively impact on the health of workers and their job performance. Risk assessment is the identification of hazards and the analysis of the risks attached to them. Blake (1963) classified hazards into four typologies as follows:

a) ***Environmental hazards:*** These include vibration and shocks, noise, vibration and shocks, poor ventilation, air and water pollution, slippery floors, unguarded equipment, fire outbreak, elevator entrapment, poor illumination, radiation, heat to name a few. Some of these hazards can

cause genetic disorders, cancer, loss of hearing, redness of eyes, and sterility.

b) ***Psychological hazards:*** These include smoking, workplace violence, bomb and terrorism, drug/substance abuse, alcoholism, industrial/job stress. These could lead to emotional disturbances as well as conflict.

c) ***Chemical hazards:*** These are acid, carbon dioxide, exposure to asbestos as well as limes and alkaline. These can cause injury to workers when they are absorbed through the skin or inhaled. Diseases such as heat diseases, respiratory disease, skin diseases, allergy, and cancer are consequences of chemical hazards. These could shorten employees' life expectancy.

d) ***Biological hazards:*** These hazards are manifested by diseases caused by bacteria, fungi, insects, tetanus and viruses. All these affect employees' physical, mental and emotional well-being. COVID-19 is a form of biological and chemical hazards.

vi. COVID-19 Safety Protocols and Personal Protective Equipment (PPE)

Many safety protocols have been put in place by relevant authorities such as the WHO, the Presidential Task Force on COVID-19 and the NCDC in Nigeria since the emergence of the COVID-19 pandemic to curtail its transmission, with a view to safeguarding human lives. These include: total and partial lockdowns, travel restrictions, the use of face masks and shields, covering coughs and sneezes with elbows, frequent hands washing with soap and water, the use of alcohol-based hand sanitizers, avoiding touching of face, nose, and eyes, social/physical distancing of at least two metres, avoiding crowded places, avoiding handshakes and hugging, self-isolation of infected persons, frequently cleaning of surfaces and touched objects to help prevent coronavirus transmission, the use of personal protective equipment to name a few.

Personal protective equipment (PPE), are various safety devices or safeguards worn to prevent the transmission of harmful substances or diseases from person- to- person contact and to prevent persons from being infected by diseases or toxic substances in the environment. The use of the PPE has been the old normal in the health, construction and manufacturing sectors in Nigeria before the emergence of the COVID-19 pandemic. The use of PPE in the above-named sectors arose in part from

the nature of these occupations and the hazardous work environment workers are exposed to. According Koh and Goh (2020), healthcare workers are among those with a high-risk of exposure and susceptibility to the COVID-19 pandemic.

However, in the post-COVID-19 world of work, the above- listed safety protocols are expected to be the new normal. Some PPE which are instrumental to safeguarding employees during the COVID-19 pandemic and in post-COVID-19 world of work are described briefly: Breathing protective wear should be utilised to avoid inhaling dusts and poisonous substances as well as COVID-19. Body protective wears should be used to prevent contamination with harmful substances or diseases including COVID-19. Safety foot wears (foot protective wear should be used to protect the foot from injuries or corrosive substances including avoiding exposure to COVID-19. Eyes protective wear should be worn to protect the eyes from harmful substances as well as radiation and exposure to COVID-19. Safety hand glove (hand protective wear) should be worn to protect the palms and hands from injuries and infectious diseases including COVID-19. Hard hat (head protective wear) should be used to protect the head from accidents/injuries as well as exposure to COVID-19; while ear protective wear should be worn to protect the ears from abnormal sound and noise in workplaces/factories as well as exposure to COVID-19.

2.2 Theoretical Underpinnings of the Study

The study is anchored on the socio-psychological theory and the Kurt Lewin's force-field model of change.

i) The Socio-Psychological Perspective/Theory

The socio-psychological perspective of the COVID-19 pandemic was advanced by Koh, Lee, Lo, Wong, and Yap (2020). This theory or perspective explains the negative emotions such as the fear and anxiety as well as stress and distress emanating from the uncertainties following the emergence of the virus. There was global tension from different parts of the world; various governments both in the global south and north, non-governmental organisations (NGOs), public-spirited individuals as well as the international agencies such as the World Health Organisation (WHO) and International Labour Organisation (ILO) among others were disturbed because of the health, social and economic implications of the pandemic. The fear of the unknown and the rising cases of the virus led

to massive deaths globally and evoked a myriad of psychological tensions such as physical safety and health concerns, financial uncertainties, negative and conflicting news, cases of depression and mental health challenges, job losses and economic recession to name a few which negatively impacted on workers' well-being and job performance. Psychologically, employees as human beings feel the need to be protected from harmful experiences to satisfy their safety and security needs as espoused by Maslow (1943).

ii) Lewin's Force-field Model of Change

Lewin (1951) developed the force-field model of change. Lewin's model entails three stages of implementing change which are unfreezing, changing and refreezing (Dhingra & Punia, 2016). Unfreezing involves disseminating the reasons behind any change initiative in order to forestall resistance by those affected by the change. That is, creating an awareness of change. The changing phase involves a shift from the old normal and behaviour to the new normal and behaviour. The refreezing phase entails ensuring that the change has been imbibed and put into practice (Dhingra & Punia, 2016). Refreezing involves stabilising change by assisting those affected by the change to integrate the new response into day-to-day activities. This model aptly explains the unplanned change brought about by the COVID-19 pandemic. Thus, the Presidential Task Force on COVID-19, the NCDC and the WHO through massive dissemination of information on the virus and the safety protocols applied Lewin's force-field model of change. With the COVID-19 pandemic, occupational health and safety would undergo significant changes in the world of work globally. The only constant in the world is change. Change can be planned or unplanned. It could be natural or instigated by human beings. The emergence of the COVID-19 pandemic is considered an unplanned or an unexpected event which has brought about a paradigm shift from the old normal to the new normal in ways and manners, in which individuals, organisations and societies interact, work and live. As a watershed in human history, COVID-19 pandemic has brought in its wake a new modus operandi and modus vivendi globally. This implies dramatic changes in the ways we live, work and manage employees' health in the post-COVID-19 world.

2.3 Empirical Review of the Literature

Personal protective equipment is very essential in the prevention of COVID-19 virus infection and other diseases. The study by Atnafie, Anteneh, Yimenu and Kifle (2021) in Ethiopia reported that health workers had always protected themselves by using gloves, medical masks, protective glasses, goggles or face shields and disposable gowns. The use of PPE such as facemasks were shown to be protective and that wearing one at all times reduced the risk of infections among healthcare workers (Gholamia, Fawada, Shadana, Rowaieea, Ghanema, Khamisb, & Ho, 2021). However, it was observed in some cases that health workers had poor adherence to the use of PPE and aseptic practices while interacting with patients and these exposed them to infections (Atnafie, Anteneh, Yimenu & Kifle, 2021).

Denning, Goh, Tan, Kanneganti, Almonte, and Scott (2021) found that there was significant burnout, anxiety and depression among healthcare workers during the COVID-19 pandemic. Similar findings were reported in Kenya by Ali, Shah and Talib (2021) that nurses that were directly involved in the care of COVID-19 patients reported higher rates of mental health issues and that burnout increased the challenge of high shortage of nurses. It is therefore expected that workers should have target support services to reduce the burden on such workers. Gorgenyi-Hegyes, Nathan and Fekete-Farkas (2021) investigated the relationship between health-related work benefits and employee well-being, satisfaction and loyalty to the workplace, two-layers of factors described as internal locus of control and external locus of control variables that impact employee well-being, satisfaction and loyalty were reported. It was revealed that internal locus of control variables such as mental and emotional health led to well-being at the workplace but did not directly impact employee satisfaction and loyalty while the external locus of control factors such as healthcare support led to well-being, satisfaction and loyalty.

3. Materials and Methods

The authors adopted the historical research design and reviewed published articles on COVID-19 and daily epidemiological reports from the website of the Nigeria Centre for Disease Control (NCDC) from the 29th of February, 2020 to the 27th of September, 2020 (Epidemiology Week 9- 40) to describe the pandemic. The data from the NCDC formed the secondary data for the study. An in-depth examination of coronavirus

cases in Nigeria on a state-by-state basis as reported by the NCDC was carried out indicating active cases, recoveries and fatalities. COVID-19 is yet to be classified as an occupational disease in Nigeria. Thus, there are no records or data of COVID-19 as an occupational disease in Nigeria's Profile on Occupational Safety and Health as at the time of writing. Nigeria's Profile on Occupational Safety and Health only contains data on occupational accidents, injuries, diseases and fatalities not associated with COVID-19. However, occupational accidents and diseases reporting in Nigeria is part of the statutory responsibilities of the Federal Ministry of Labour and Employment with collaborative input from the Nigerian Social Insurance Trust Fund (NSITF). Descriptive statistics was used in the analyses of data.

4. Results and Discussions

Table 2: States in Nigeria with Reported Laboratory-Confirmed COVID-19 Cases, Recoveries, Deaths and Days since last Reported Case as at 27th September, 2020

STATES	CONFIRMED CASES		DISCHARGED CASES		DEATHS		TOTAL ACTIVE CASES	DAYS SINCE LAST CASE
	TOTAL	NEW	TOTAL	NEW	TOTAL	NEW		
Lagos	19,239	24	15,246	0	204	0	3,789	0
FCT	5,674	30	4,962	4	78	0	634	0
Plateau	3,388	9	2,543	31	33	0	812	0
Oyo	3,254	0	2,336	0	39	0	879	1
Edo	2,624	1	2,495	9	107	0	22	0
Kaduna	2,397	4	2,293	0	38	1	66	0
Rivers	2,347	23	2,212	6	59	0	76	0
Ogun	1,836	13	1,727	3	28	0	81	0
Delta	1,802	0	1,652	0	49	0	101	1
Kano	1,737	0	1,661	0	54	0	22	2
Ondo	1,631	6	1,545	0	36	1	50	0
Enugu	1,289	0	1,166	0	21	0	102	2
Ebonyi	1,040	0	1,007	0	30	0	3	1
Kwara	1,032	4	955	0	25	0	52	0
Abia	891	0	847	0	8	0	36	1
Gombe	864	0	742	0	25	0	97	2

Katsina	857	9	833	10	24	0	0	0
Osun	827	0	788	4	17	0	22	1
Borno	741	0	703	0	36	0	2	27
Bauchi	698	1	668	0	14	0	16	0
Imo	568	2	271	0	12	0	285	0
Benue	481	0	413	0	10	0	58	2
Nasarawa	449	0	325	0	13	0	111	5
Bayelsa	398	0	371	0	21	0	6	1
Jigawa	325	0	308	0	11	0	6	2
Ekiti	321	0	297	2	6	0	18	1
Akwa-Ibom	288	0	272	0	8	0	8	10
Niger	259	0	232	0	12	0	15	5
Anambra	237	0	213	0	19	0	5	3
Adamawa	234	0	198	0	16	0	20	7
Sokoto	162	0	144	0	17	0	1	2
Taraba	95	0	73	0	6	0	16	16
Kebbi	93	0	84	0	8	0	1	30
Cross River	87	0	74	0	9	0	4	3
Zamfara	78	0	73	0	5	0	0	38
Yobe	76	0	62	3	8	0	6	1
Kogi	5	0	3	0	2	0	0	86
Total	**58,324**	**126**	**49,794**	**72**	**1,108**	**2**	**7,422**	

Source: Nigeria Centre for Disease Control (2020)
NB: States, including FCT, are arranged in descending order by number of total confirmed cases and then alphabetical order.

From Table 2, as at the 27th of September, (2020), there was 58,450 total confirmed cases with 49, 866 recoveries, 1,110 deaths and 7, 422 total actives cases in Nigeria. However, as at the 29th of September, 2020, these figures increased with 58,596 confirmed cases, 49,895 recoveries and 1,114 deaths (NCDC, 2020). With the flattening of the COVID-19 curve, the number of confirmed cases is plummeting. Based on state-by-state analyses, it was observed that Lagos state and the FCT were the worst hit during the period under review with respect to confirmed cases as can be deciphered in Table 2. With respect to the demographic characteristics of COVID-19 confirmed cases, of the total confirmed cases, 37,102

representing 64% are male, while 21,222 representing 36% are female. The most affected age group is 31-40 years (NCDC, 20020). The following states had the lowest confirmed cases: Kogi (5), Yobe (76), Zamfara (78), Cross-River (87), Kebbi (93) and Taraba (95). Some commentators on the COVID-19 pandemic have attributed these low figures of confirmed cases to lack of or inadequate testing capacity in these states. To this end, respective state governments in collaboration with the federal government are expected to provide adequate testing facilities to ascertain the rate of infections of the virus so as to effectively manage the spread.

In the same vein, employers/ government at all levels should develop a robust occupational health culture with a high commitment to employees' well-being, through regular hazards and risk assessments of the COVID-19 pandemic. Also, regular inspections of workplaces by the NCDC and the Ministry of Health are imperative to enforce compliance with safety protocols. Employers and governments should put in place public-health education programmes and campaigns to increase awareness of the COVID-19 pandemic in the workplace and in the larger society. Workers' wellness programmes such as employee counselling services, personal hygiene, control and sanctions on the use of illicit substances should be given a pride of place by employers for significant success to be achieved to mitigate the scourge of the pandemic. Workplace ergonomics should be redesigned to encourage social distancing so as to limit person-to-person contact and transmission. As part of the preventive measures to protect employees against the pandemic, it is necessary for regular medical screening services and health surveillance for the early detection and treatment of victims of the virus.

5. Conclusion and Recommendations

Health is wealth is a popular maxim. The significance of managing employees' well-being at work cannot be ignored by well-meaning organisations and employers if the set goals of organisations are to be achieved. The importance of managing employees' well-being was brought to the fore by the United Nations Sustainable Development Goals (SDGs). Specifically, goal number 3 of the SDGs focused on ensuring healthy lives and the promotion of well-being for all at all ages (Chidi, 2019). Employees' well-being is part and parcel of welfare programmes put in place by employers to boost employees' and organisational performance. The effective management of occupational health and safety of employees in the post-COVID-19 world of work

could make tremendous transformation in healthcare systems in Nigeria. It is a truism that the emergence of the COVID-19 pandemic has transformed the world of work and has altered significantly many aspects of our individual, organisational and societal life. This is also true of how employees' health and safety are managed in the post-COVID-19 world of work not only in Nigeria but globally. Many believe that there are some good lessons to be learnt from the pandemic as its emergence exposed a lot of inadequacies in human society and the need for relevant governmental agencies to be alive to their responsibilities especially in the area of healthcare, education, governance and the like. The pandemic has caused serious dislocations globally in all spheres of life. There is no doubt that the COVID-19 pandemic will have short-term and long-lasting impact on healthcare systems, organisations, individuals and societies. From the foregoing, it is hereby recommended that personal hygiene should be stepped up more than ever before as well as regular cleaning of offices/premises. The use of PPE should be made mandatory for employees depending on the nature of health and safety hazards they are exposed to. PPE should be provided by the employer at no cost to workers. Employers should insist on workers' total compliance with the COVID-19 safety protocols by the WHO and the NCDC. Employers and governments should invest massively in occupational health and safety in Nigeria. The government should increase budgetary allocations to the healthcare sector in Nigeria. The adoption of Information and Communication Technology (ICT) such as teleworking or telecommuting which entails remote working or working from home should be intensified in the post-COVID-19 world of work in Nigeria, as well as virtual meetings using zoom or other video-conferencing devices to reduce the transmission of the COVID-19 pandemic in the workplace and the Nigerian society at large.

References

Ajisegiri, W. S., Odusanya, O.O., & Joshi, R. (2020). COVID-19 outbreak situation in Nigeria and the need for effective engagement of community health workers for epidemic response. *Global Biosecurity, 1*(4), 1-10.

Ali, S. K., Shah, J. & Talib, Z. (2021). COVID-19 and mental well-being of nurses in a tertiary facility in Kenya. PLoS ONE 16(7): e0254074. https://doi.org/10.1371/journal.pone.0254074.

Armstrong, M. (2012). *Armstrong's handbook of human resource management practice* (12th ed.). London: Kogan Page Ltd.

ASUU-UI. (2020). Of ASUU struggles, Nigerian government and the spread of COVID-19 in Nigeria. *ASUU University of Ibadan Information Bulletin.*

Atnafie, S. A, Anteneh, D. A., Yimenu, D. K., & Kifle, Z. D. (2021). Assessment of exposure
risks to COVID-19 among frontline health care workers in Amhara Region, Ethiopia: A cross-sectional survey. PLoS ONE 16(4): e0251000. https://doi.org/10.1371/journal.pone.0251000.

Blake, R.P. (1963). *Industrial safety* (3rd ed.). The University of Wisconsin-Madison: Prentice-Hall.

Burdorf, A., Porru, F., & Rugulies, R. (2020) (Eds). The COVID-19 (Coronavirus) pandemic: Consequences for occupational health. *Scandinavian Journal of Work, Environment & Health,* 1-2. doi:10.5271/sjweh.3893.

Byar, L. L., & Rue, L. W. (2006). *Human resource management* (8th ed.). New York:
McGraw-Hill Companies Inc.

Chidi, O.C. (2019). Challenges besetting the sustainability of higher education in Nigeria: The case of the University of Lagos. *E-Journal of International and Comparative Labour Studies, 8* (3), 162-192.

Chidi, O. C., & Ayinla, I. C. (2019). Managing employees' health, safety and security towards achieving zero-harm workplaces in Lagos State, Nigeria. *Uniosun Journal of Employment Relations and Management 1* (2), 286-308.

Chidi, O. C., & Okpala, O.P. (2020). Sustainable human resource management and corporate sustainability reporting of quoted companies in Nigeria. *Ilorin Journal of Human Resource Management (IJHRM), 4*(2), 1-16.

Dalton, A. J. P. (1998). *Safety, health and environmental hazards at the workplace.* London:
Cassell.

Denning, M., Goh, E. T., Tan, B., Kanneganti, A., Almonte, M., & Scott, A. et al. (2021).
Determinants of burnout and other aspects of psychological well-being in healthcare workers during the Covid-19 pandemic: A multinational cross-sectional study.
PLoS ONE 16(4): e0238666. https://doi.org/10.1371/journal.pone.0238666.

Dhingra, R., & Punia, B. K. (2016). Relational analysis of emotional intelligence and change management: A suggestive model for enriching change management skills. *Vision, 20* (4), 312-322.

Ebeloku, A. I., Akinbode, J. O., & Sokefun, E. A. (2018). Effects of occupational hazards on workers' performance in Nigeria's cement industry. *E-Journal of International and Comparative Labour Studies*, *7*(2), 47-68.

Ekwoaba, J. O., & Chidi, O. C. (2020). Social protection and compensation management in the Nigerian public sector: A historical review from 1934-2019. *Ilorin Journal of Administration and Development (IJAD), 6* (1), 74-92.

Fuller, A., & Unwin, L. (2013). Apprenticeship and the concept of occupation. *Briefing*
Paper. London: Gatsby Charitable Foundation.

Gholamia, M., Fawada, I., Shadana, S., Rowaieea, R., Ghanema, H. A. Khamisb, A.H. & Ho, S.
B. (2021). COVID-19 and healthcare workers: A systematic review and meta-analysis. *International Journal of Infectious Diseases 104*, 335–346.

Gorgenyi-Hegyes, E, Nathan, R. J., & Fekete-Farkas, M. (2021). Workplace health promotion, employee well-being and loyalty during Covid-19 pandemic—Large Scale Empirical Evidence

from Hungary. *Economies, 9* (55), 1-22. https://doi.org/10.3390/economies9020055

ILO (2016). *Nigeria country profile on occupational safety and health:* Lagos Office.

ILO (2020). COVID-19 and the world of work: Impact and policy responses. 1-15. Retrieved from https// ilo.org/global/topics/coronavirus.

Koh, D., & Goh, H. P. (2020). Occupational health responses to COVID-19: What lessons can we learn from SARS? *Journal of Occupational Health,* 1-6. Available from https://doi.org/10.1002/1348-9585.12128.

Koh, C.G., Lee, L., Lo, C., Wong, C., & Yap, J. (2020). A socio-psychological perspective. In World Economic Forum (Ed.). *Insight Report on Challenges and Opportunities in the Post-COVID-19 World* (pp. 44-49). World Economic Forum: Geneva-Switzerland.

Krause, N., Frank, J. N., Dasinger, L. K., Sullivan, T. J. & Sinclair, S. J. (2001). Determinants of duration of disability and return-to-work after work-related injury and illness: Challenges for future research. *American Journal of Industrial Medicine, 40*(4), 464-484, doi:10.1002/ajim.1116.

Lewin, K. (1951). *Field theory in social sciences*. New York: Harper and Row.

Maslow, A. H. (1943). A theory of human motivation. *Psychological Review, 50* (4), 370-396.

Mathis, R.L., & Jackson, J. H. (2004). *Human resource management* (10th ed.). Cincinnati, Ohio: South-Western Publishing.

Nigeria Centre for Disease Control (NCDC, 2020). Updates on COVID-19 (Coronavirus Diseases 2019) [Internet]. Available from: http://covid19.ncdc.gov.ng/.

Ogundipe, K. E. (2017). Safety practices and workers' performance on construction sites in Lagos state, Nigeria. *A Dissertation* submitted

to the Department of Building Technology, College of Science and Technology, Covenant University, Ota, Ogun State.

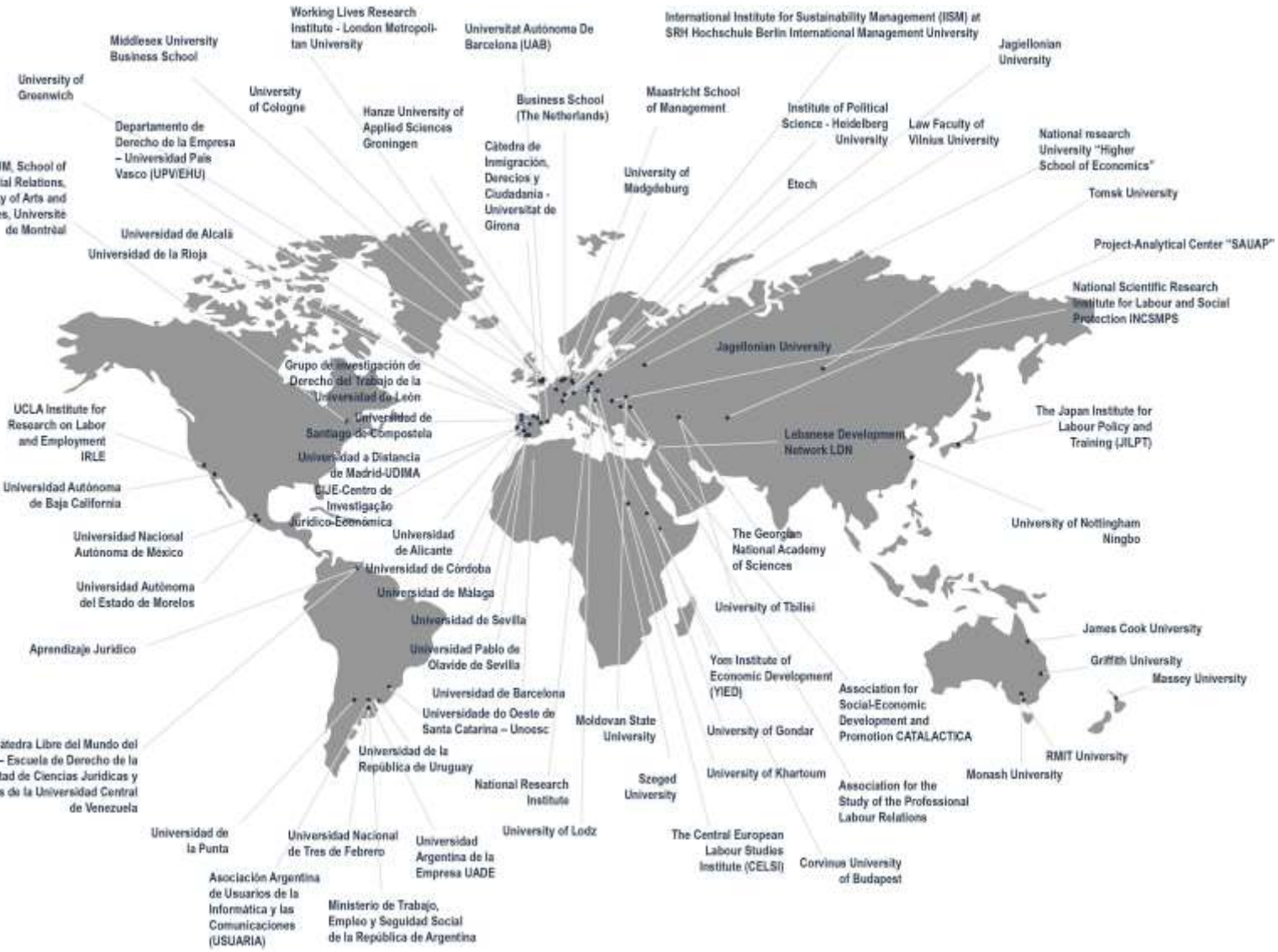
Pouliakas, K., & Theodossiou, I. (2010). An inquiry into the theory, causes and consequences
of monitoring indicators of health and safety at work. *IZA Discussion Paper* No. 4734.

Watterson, A. (2020). COVID-19 in the UK and occupational health and safety: Predictable not inevitable failures by government, and trade union and nongovernmental organization responses. *New Solutions: A Journal of Environmental and Occupational Health Policy*, *30*(2), 86–94.

WHO (2002). Good practice in occupational health services: A contribution to workplace health. Copenhagen-Denmark: WHO Regional office for Europe.

WHO (2019). Coronavirus Disease 2019 (COVID-19) situation report–76.2020. https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200405-sitre p-76-covid -19.pdf? sfvrs n=6ecf0 977_2.

ADAPT International Network



ADAPT is a non-profit organisation founded in 2000 by Prof. Marco Biagi with the aim of promoting studies and research in the field of labour law and industrial relations from an international and comparative perspective. Our purpose is to encourage and implement a new approach to academic research, by establishing ongoing relationships with other universities and advanced studies institutes, and promoting academic and scientific exchange programmes with enterprises, institutions, foundations and associations. In collaboration with the Centre for International and Comparative Studies on Law, Economics, Environment and Work, (DEAL) the Marco Biagi Department of Economics, University of Modena and Reggio Emilia, ADAPT set up the International School of Higher Education in Labour and Industrial Relations, a centre of excellence which is accredited at an international level for research, study and postgraduate programmes in the area of industrial and labour relations. Further information at *www.adapt.it*.

For more information about the E-journal and to submit a paper, please send a mail to *LS@adapt.it*.

DEAL Centre for International and Comparative Studies Law Economics Environment Work
THE MARCO BIAGI DEPARTMENT OF ECONOMICS
UNIVERSITY OF MODENA AND REGGIO EMILIA

ADAPT International.it
Building the Future of Work