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KNOWLEDGE, ATTITUDE AND PRACTICE OF HEALTHCARE WORKERS TOWARDS HEPATITIS B INFECTION AND ITS PREVENTION IN A SELECTED HOSPITAL IN JALINGO, TARABA STATE, NIGERIA: IMPLICATION FOR SOCIAL WORK COUNSELLORS

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ABSTRACT

Hepatitis B virus (HBV) infection remains a significant public health concern, particularly in developing countries where healthcare workers may be at increased risk of occupational exposure. Healthcare workers are frequently exposed to blood and other body fluids and therefore require adequate knowledge, positive attitudes, and appropriate preventive practices to reduce the risk of HBV transmission. This study assessed the knowledge, attitude, and practice of healthcare workers towards hepatitis B infection and its prevention in a selected hospital in Jalingo, Taraba State, Nigeria, with particular emphasis on the implications for social work counselling. A descriptive cross-sectional research design was adopted. The study population comprised healthcare workers employed in the selected hospital. Data were collected using a structured questionnaire assessing respondents' socio-demographic characteristics, knowledge of HBV transmission and prevention, attitudes towards HBV infection, and preventive practices, including hepatitis B vaccination, use of personal protective equipment, safe handling of sharps, and adherence to infection-prevention protocols. Data were analyzed using descriptive and inferential statistical methods, with the level of significance set at 0.05. The study is expected to determine the level of knowledge, attitudes, and preventive practices among healthcare workers and identify factors associated with effective hepatitis B prevention. Possible areas of concern include inadequate knowledge of modes of transmission, incomplete vaccination, inconsistent use of personal protective equipment, unsafe handling of sharps, and misconceptions or stigma associated with hepatitis B infection. The findings are expected to provide evidence for strengthening infection-prevention education and occupational health interventions within the hospital. Social work counsellors have an important role in supporting hepatitis B prevention among healthcare workers through health education, individual and group counselling, addressing misconceptions and stigma, promoting vaccination and adherence to preventive measures, providing psychosocial support following occupational exposure, and facilitating referrals to appropriate healthcare services. The study recommends regular hepatitis B awareness programmes, improved access to vaccination, continuous training on infection prevention and control, and multidisciplinary collaboration involving social workers, healthcare administrators, and other healthcare professionals.

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INTRODUCTION

According to the WHO, 2 billion people worldwide have been infected with HBV, and about 600,000 people die every year due to the consequences of HBV infection. Based on the prevalence of the infection, the United States and Western Europe fall within areas of low prevalence, Eastern Europe, Russia and Japan are within areas of moderate prevalence while China, South East Asia and Sub-Saharan Africa are areas of high prevalence. Healthcare personnel (HCWs) are defined as persons (e.g., employees, students, contractors, attending clinicians, public safety workers, or volunteers) whose activities involve contact with patients or with blood or other body fluids from patients in a healthcare, laboratory, or public safety setting. The World Health Organization (WHO) estimates that about two million HCWs face occupational exposure to HBV each year and that 90% of the infections that result from these exposures are in low- income countries, especially those in sub-Saharan Africa. (WHO, 2026)

In developing countries, 40 – 60% of HBV infection in HCWs was attributed to professional hazard while in developed countries, the attributed fraction was less than 10% due to vaccination coverage. It has been estimated that 14.4% of hospital workers are infected with HBV, and 48% of HCWs have had lifetime exposure to HBV infection. Physicians, dentists, nurses, laboratory staff, and dialysis centre personnel are at high risk of acquiring the infection. Bagomin and Magid reported a prevalence rate of 11.5% among health workers in Uganda and 9.6% among non-vaccinated healthcare workers in Palestine and 10- 20 % among health workers in India. The highest prevalence of HBV is seen in dentists. In another study, nurses were not commonly exposed to the infection (41%), followed by physicians (31%). (CDC, 2024)

Viral hepatitis is a systemic viral infection in which necrosis and inflammation of the liver cells produce a characteristic cluster of clinical, biochemical and cellular changes. The hepatitis B virus infection is a well-recognized occupational risk for a health care worker. It is more infectious than HIV as the virus can survive in dry blood, i.e. outside the body for up to a week. The risk of infection is primarily related to the degree of contact with blood in the workplace and to the hepatitis B antigen status of the source person. Although most of the HIV infections in healthcare workers are attributed to percutaneous exposure, others have resulted from direct or indirect blood or body fluid exposures that have inoculated the virus into mucosal surfaces or cutaneous scratches and other lesions. Blood contains the highest HBV titres of all body fluids and is the most important vehicle of transmission in the health care setting. HBsAg is also found in several other body fluids including breast milk, bile, cerebrospinal fluid, faeces, nasopharyngeal washings, saliva, semen, sweat and synovial fluid (though in low quantities compared to that of blood).

Hepatitis B is an important occupational hazard for health workers; however, it can be prevented by currently available safe and effective vaccine. Transmission of HBV from patients to HCWs has been known for many years while transmission from a HCW to patient is rare, and only few cases have been reported. Unnecessary injections, the frequent use of unsterile needles and inappropriate hazardous waste disposal are the major blood borne infection risk factors in developing countries. There is an association between the prevalence of blood- borne pathogens and the frequency of injections. Other sharp instruments such as lancets can also be harmful. The risk of blood borne transmission among HCWs and patients depends on factors related to individual infectivity such as viral load, the clinical context; technical skill and the hospital environment. (WHO, 2026)

The behaviour of HCWs can place them at risk for some blood-borne pathogens. One study in a tertiary hospital in Uganda showed that the prevalence of NSI among HCWs was 67.8% and that of mucous membrane exposure was 41% during a one-year period. Among physicians 31.7% reported a cut injury during their work. The risk of HBV among nurses and laboratory technicians was higher. Needle stick injuries (NSI) are a major source of hepatitis B infection among

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healthcare workers. A study among nurses in Fars province showed that 49.6% of them recalled at least one sharp injury they had during the last year. More than half of these injuries (52.6%) were related to NSI. The most frequent injury type was hollow-bore NSI. The risk in registered personnel and midwives was higher than in other personnel. A Brazilian study found that about three million HCWs reported percutaneous injuries with infected sharp instruments each year. (Ogoina D et al, 2023)

In another study conducted in Iran, 82% of dental, nursing and midwifery students reportedly had needle stick injuries (NSI). Globally, despite the potential risks, 24% of HCWs were not vaccinated at all. The hepatitis B vaccine is 95% effective in preventing infection and its consequences. Developed in 1982, it is available as a single-antigen formulation and in fixed combination with other vaccines. According to the WHO estimates of Hepatitis B vaccine coverage among healthcare workers, it varies from 18% in Africa to 77% in Australia and New Zealand, In the United States, 75% of the HCWs at risk had received three or more doses of the hepatitis B vaccine. Similarly, in Sweden, the number of HCWs who have received at least one dose is 79%, but only 40% were reported to be fully vaccinated.

In assessing the knowledge about the HBV vaccine among health workers, the findings from the studies reviewed showed that healthcare workers knew of the availability of the vaccine but had a poor knowledge about the expected dose and the safety and efficacy of the vaccine. In the study, 75.5% of respondents knew of the existence of the vaccine, 11.9% did not know the number of complete dose and 33% did not know the expected vaccination interval. Similarly, Soad et al. found 81.5% to know about the availability of the vaccine, 65.9% knew the number of doses, and 44.4% did not know the correct dosing interval. A Netherlands study found that 35% of HCWs and 47% of nursing staff were not vaccinated against HBV. (WHO 2026)

It is easy to generally assume that healthcare workers by virtue of their proximity to the health facility should have adequate knowledge about diseases and other health conditions. This fact is buttressed in a study by Samuel et al, whose findings revealed high knowledge about HBV infection however showed low knowledge about the vaccine, which is the core means of prevention of the infection. In a KAP study of medical groups with 369 participants in Tehran, Zanjan and Ahwaz, Iran, 88.1% of studied groups were vaccinated and their knowledge of disease transmission was unsatisfactory. Their awareness of the seroconversion rate after exposure was low; however, their mean SD scores (out of a total of 100) for concern about contamination with HBV were 69. 421. 26. In another KAP study of HBV in Pakistan on 180 medical students, it was found that > 85% of the participants were aware of the risk of HBV. However, in spite of increasing their knowledge about NSI risk as students' education and training progressed, the prevalence of NSI unfortunately increased too. (Ogoina D et al, 2023)

Proper handwashing and the use of barriers such as gloves, gowns, and masks are the main components of standard precaution exposure. Reducing the manipulation of manual sharps can also prevent occupational injuries. The use of puncture-resistant containers for sharp disposal is also an effective strategy. In developed countries, the safety of healthcare workers has been promoted by applying different interventions namely universal precautions, provision of personal protective equipment, routine hepatitis B vaccination, engineered safety devices, injury surveillance and enactment or relevant legislation.

The practice of these safety precautions by healthcare workers in developing countries is however not optimized as reported in the study of, despite the fact that there was a 100% knowledge about HBV, only 27% said they wore gloves all the time for phlebotomy procedures, 69% said occasionally and 4% stated they did not wear gloves at all. In stated they did not wear gloves at all. In another stuffy in Iran, although the knowledge and attitudes of medical students about

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HBV were accepted and corresponded to the CDC guidelines, their behaviour with regard to the infections did not reflect their knowledge and attitude. (CDC, 2024)

With regard to HBV infection, efforts have been focused on reducing the occurrence of exposure to blood and body fluids. These strategies include re-evaluating the kind of material used, demanding strict compliance with protection in risky occupational procedures, the use of gloves and other barriers, and a follow-up with serological tests whenever there is a work-related injury involving biological material, as well as mandatory vaccination and treatment after exposure. Making the risks of HBV infection known, as well as knowledge on the serology and need for preventive measures (universal precaution and vaccination) are fundamental factors to protect HCW against the disease.

Occupation blood borne infections are associated with significant morbidity and mortality. Healthcare workers are exposed to hazardous blood borne pathogens such as hepatitis B virus which causes a potential life-threatening liver condition. The acute illness causes liver inflammation, vomiting, jaundice and sometimes death. The chronic hepatitis B infection eventually causes cirrhosis and liver cancer which will eventually lead to death. Three quarters of the world's population live in areas where there are high levels of the infection. Most persons who become chronic carriers of the virus live in Asia and Africa. These regions are said to be highly endemic for Hepatitis B. Despite the existence of a safe and effective vaccine, Nigeria has remained a hyperendemic area for hepatitis B infection, with an estimated 12% of the total population being chronic carriers. Prevalence of the infection among rural population groups is high and the risk of contamination of healthcare workers in the course of their work by hepatitis B virus from exposure to patients' blood and body fluid is generally high. (Ogoina D et al, 2023)

Hepatitis B virus, which is more easily transmitted from person to person than HIV, can be contracted by skin prick with infected, contaminated needles and syringes. Throughout the world, there are millions of healthcare professionals working in health institution, surprisingly an estimated 600,000 to 800,000 cut and puncture injuries occur among health care workers per year. The risk of contracting hepatitis B infection by healthcare workers is four times greater than that of the general adult population, the higher rates are seen among dentists, physicians, laboratory workers, dialysis workers, cleaning service employees and nurses. Healthcare workers also constitute a substantial risk of transmitting the virus to their patients. The world health organization recognize the hepatitis B vaccine as the mainstay of hepatitis B prevention, knowledge regarding the vaccine minimizes infection among health personnel in healthcare settings, hence this study is aimed at assessing the knowledge, attitude and practice of healthcare workers towards hepatitis B virus infection. (Ogoina D et al, 2023)

Statement of problem

Hepatitis B infection affects the liver. It is a major global health problem. HBV infection is hyper-endemic in Nigeria and may be the highest in Sub Sahara Africa. More than 2 million people living today have been infected with HBV and about 30 million people are carriers of the virus. Healthcare workers (HCWs), due to their regular contact with patients are at a high-risk of acquiring this disease. Medical personnel especially surgeons and dentists are at the greatest risk of infection while other health workers are found to be at significant risk of getting infected. In Nigeria, there is a strong relationship between HBV infection and various form of chronic liver diseases including chronic hepatitis, liver cirrhas and hepatocellular carcinoma. Nurses belong to the group of health workers who are significantly at risk, as they always come in contact with blood and body fluids in the course of their work, 41 % of nurses have been exposed to the infection. 19 Despite the rate of exposure, many healthcare workers are still not vaccinated against the deadly infection hence the need to know the knowledge, attitude and practice of healthcare workers towards hepatitis B infection and its prevention.

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Objectives of the study

To assess the level of knowledge of healthcare workers on hepatitis B virus infection

To determine the attitude of healthcare workers towards prevention of hepatitis B virus infection

To examine the level of practice of healthcare workers regarding hepatitis B virus infection

Significance of the study

The findings of this study will help delineate the current state of practice on the prevention of hepatitis B virus infection among healthcare workers. The study will also be useful in helping government and hospital management formulate policies, guidelines and rules that will ensure that healthcare workers comply with these preventive measures. Finally, the study will add to the existing body of knowledge on hepatitis B virus infection and its prevention.

METHODOLOGY

Study Design- A descriptive design was adopted to assess the knowledge, attitude and practice of healthcare workers of a selected hospital

Area of Study– The area of study is the Taraba State Specialist Hospital, Jalingo, Taraba State. The hospital is located in the Jalingo Local Government Area of Taraba State. The hospital has 15 departments. It has a total staff strength of 827, comprising professionals and non-professionals (Taraba State Ministry of Health Hospital Register, 2026).

Population – The study population consists of health workers in the hospital. They include doctors, nurse/midwives, laboratory scientists/ technicians and hospital attendants/cleaners.

Sampling Technique: A stratified random sampling method was used to select the sample of healthcare workers for the study, dividing them proportionately according to their job designation. A total of 108 workers were selected for the study using convenience sampling method. The sample size was calculated using a formula proposed for studies where the population is less than 10,000. The formula is $n/(1 + n/N)$, where n = population of the health workers selected (where the study took place) and N = population of health workers in Taraba State Specialist Hospital.

Method of Data collection- A self-structured, validated questionnaire was used to collect data for the study.

Hypothesis: There is no statistically significant association between knowledge of the HBV vaccine and receipt of the vaccine among healthcare workers.

Ethical considerations: Permission to conduct the study among health workers in Jalingo Specialist Hospital was obtained from the Jalingo Specialist Hospital Ethics Committee. Individual consents were granted by each respondent before the questionnaires were given to them. They were informed that they could withdraw from the study at any stage. They were also reassured that such withdrawal or non-participation would not cause prejudice of any sort.

RESULTS

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Table 1: Socio demographic characteristics of respondent (n – 108)

CHARACTERISTICS	FREQUENCY (N)	PERCENTAGE (%)
Age 20-30 31-40 41-50 >50	63 31 11 3	58.3 28.7 10.2 2.8
Gender Male Female	32 76	29.6 70.4
Job Designation Doctors Nurse/midwives Lab technicians Attendants/Cleaners	8 61 8 31	7.4 56.5 7.4 28.7
Duration of employment < 5 years 6 – 10 years 11 – 15 years 16 – 20 years > 20 years	70 26 4 2 6	64.8 24.1 3.7 1.8 5.6

Mean age: 28 years

The majority of the respondents are between the ages of 20–30 years, 63 (58.3%), with the mean age at 28 years (Table 1). Most, 76 (70.4%), of the workers are females and mostly nurses/midwives, 61 (56.5%). While only 6 (5.6%) have more than 20 years of experience, the majority, 70 (64.8%), have less than 5 years of experience. The level of knowledge of each respondent on hepatitis B infection was assessed as good or poor based on the number of correct responses the individual gave.

Table 2 shows that the majority, 78 persons, which make up 72.2% of the healthcare workers, had good knowledge of hepatitis B infection, while 30 (27.8%) had poor knowledge of the infection.

Table 2: Knowledge of respondents on hepatitis B Infection

SCORE	FREQUENCY (N)	PERCENTAGE (%)
Good Poor Total	78 30 108	72.2 27.8 100

Table 3 shows responses of respondents to questions on knowledge about HBV vaccine. 93(86.1%) said they were aware there is a vaccine for hepatitis B infection prevention while 15 (13.9%) said they were not aware of any vaccine. Seventy-six (70.4%) said three doses are required for complete vaccination and 73(67.6%) said the expected interval between the last dose and the dose preceding it 4weeks. While 71(65.7%) believed the Hepatitis B vaccine provides 100% protection against hepatitis B infection, 24(22.2%) didn't know or were not sure of its protection. Sixty (55.5%) of the respondents were sure the vaccine protects for up to 15years while 37(34.3%) said they did not know

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Table 3: Knowledge of respondents on HBV Vaccine

QUESTIONS	RESPONSES	FREQUENCY (N)	PERCENTAGES (%)
Are you aware of Hepatitis B Vaccine?	Yes No	93 15	86.1 13.9
How many doses of HBV vaccine is required for a complete vaccination	1 – 2 doses 3 doses 4 doses Don't know	6 76 8 18	5.5 70.4 7.4 16.7
What is the expected interval between the last dose and the dose preceding it	< 4 weeks 4 weeks > 4 weeks Don't know	9 73 10 16	8.3 67.6 9.3 14.8
After Vaccination, there is no need for a blood test to confirm immunity against hepatitis B?	True False Don't know	27 53 28	25.0 49.1 25.9
Hepatitis B Vaccine provides 100% protection against hepatitis B infection?	True False Don't know	71 13 24	65.7 12.0 22.2
Hepatitis B vaccine protects against HBV for at least 15 years	True False Don't know	60 11 37	55.5 10.2 34.3

Table 4 shows that 58(53.7%) of the respondents strongly agreed that their jobs put them at risk of the HBV infection while 31(28.7%) agreed and only 2(1.9%) strongly disagreed with the statement. Thirty-six (33.3%) of the respondents also admitted to lifestyle that can put them at risk of HBV infection and 65(60.2%) said there was a need to be protected against the infection. Fifty-eight (53.7%) and 28(25.9%) strongly agreed and agreed respectively that they could infect their patients if they were carriers while 59(54.6%) and 32(29.6%) of the respondents considered it necessary to receive the hepatitis B vaccine.

Table 4: attitude of respondents towards hepatitis B infection and vaccination

VARIABLES	SA FREQ (%)	A FREQ (%)	DN FREQ (%)	DA FREQ (%)	SD FREQ (%)
My job puts me at risk for HBV.	58(53.7)	31(28.7)	12(11.1)	5(4.6)	2(1.9)
My lifestyle puts me at risk of HBV infection.	36(33.3)	29(26.9)	20(18.5)	9(8.3)	14(13.0)
I need to be protected against HBV infection	65(60.2)	28(25.9)	14(13.0)	0(0)	1(0.9)
I may infect patients if I'm a carrier of the virus	58(53.7)	28(25.9)	14(13.0)	7(6.5)	1(0.9)
I consider it necessary to receive the hepatitis B vaccine	59(54.6)	32(29.6)	14(13.0)	1(0.9)	2(1.9)
My children should receive hepatitis B vaccine to be protected	68(63.0)	24(22.2)	12(11.1)	3(2.8)	1(0.9)

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Table 5 shows the preventive measures taken by respondents against hepatitis B infection. Sixty-four (59.3%) have received the vaccine while 44(40.7%) have not. For those who have not received the vaccine, some of the reasons were 7 (15.9%) said they had no time/too busy, 11(25.0%) said they were not aware of the vaccine, 4(9.1%) said they were so careful at work while 20(45.5%) gave no reasons for not getting vaccinated. For those vaccinated 33(51.5%) of them had collected 3 doses of the vaccine.

Other protective measures taken by respondents include 90(83.3%) said they made sure they always put on their gloves to protect their hands, 87(80.5%) disposed of used sharps properly while 30(27.8%) wear goggles for certain procedures to protect their eyes. Some of them, however, had misconceptions like 10(9.3%) said they take multivitamins/blood tonic for protection and 16(14.8%) said they use antibiotics after an exposure to blood or fluid from a patient. The difference observed among respondents who are aware of the HBV vaccine and those who have actually received the vaccine was statistically significant ($\chi^2 = 19.58$, df = 1, $p < 0.001$) hence there is a statistically significant association between knowledge of vaccine and receiving of the vaccine.

Table 5: Practice of respondents towards hepatitis B infection prevention

VARIABLES	**FREQUENCY (N)**	**PERCENTAGES (%)**
Ever received hepatitis B? Yes No	64 44	59.3 40.7
If no, state reasons; No reason Can't be infected with hepatitis B I'm very careful at work Not aware of the vaccine No time/too busy	20 2 4 11 7	45.5 4.5 9.1 25.0 15.9
If yes number of doses given? 1 dose 2 doses 3 doses Can't remember	12 15 33 4	18.8 23.4 51.5 6.3
Other protective measures taken Wearing gloves Wearing goggles Proper disposal of sharps Avoid patients diagnosed with hepatitis B Take multivitamins/blood tonic Use antibiotics after exposure Others	90 30 87 9 10 16 2	83.3 27.8 80.5 8.3 9.3 14.8 1.8

Can select more than one option

Table 6: Cross tabulation of awareness of the vaccine and those who have received a vaccine

	AWARE OF HBV VACCINE	**RECEIVED HBV VACCINE**	**TOTAL**
Yes No Total	93 15 108	64 44 108	157 59 216

$\chi^2 = 19.58$, df = 1, $p < 0.001$

DISCUSSION

HBV is a highly infectious virus which constitutes a major occupational health hazard for healthcare workers. Health workers, by virtue of their training and proximity to the health care setting are expected to be knowledgeable about infectious disease and other disease conditions. From the data collected, most respondents are still in their prime age, that is, between 20–30 years, with a mean age of 28 years. This is a good indicator, as young people still value their lives and are sure to want to protect them at all costs. Also, the earlier the better, that is, it is better to catch them young, as the saying goes.

Most of the respondents seem to have good knowledge about the infection and the preventive treatment. This agrees with the findings from the study by Samuel et al.

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who found that a high proportion of respondents were aware of the availability of the vaccine. However, in a KAP study of medical groups with 369 participants in Tehran, Zanjah and AHWAZ, Iran, 88.1% of studies groups were vaccinated but their knowledge of disease transmission was unsatisfactory. (Samuel et al, 2009)

Their awareness of the sero-conversion rate after exposure was low; however, their mean SD score (out of a total of 100) for concern about contamination with HBV were 69.4±2.1. 36. However, the group of healthcare workers who do not know much about the hepatitis infection in this study are the cleaner /attendant as they had low score in the knowledge questions. Handling material contaminated with blood or secretion is intrinsic to cleaners/attendants' activities in the hospital.

The main problem, however, is that these workers often handle the materials incorrectly, increasing the risk of accidents. In a study, 456 reported accidents with biological materials occurred and source-patient serology tested 21% positive for the HIV, HBV or HCV pathogens transmission. It is important to create awareness for this group of health workers as they are highly at risk of the infection. Most of them in their day-to-day work come in contact with infected blood and fluids of patients, it is, therefore, important to bring to their notice this deadly condition and ensure they are vaccinated against it. Respondents had a positive attitude towards hepatitis B prevention. This result is consistent with that of Samuel et al and Soad et al who also said the attitude of respondents towards hepatitis prevention was positive.

Regarding practice, some of the measures taken by respondents to prevent being infected include wearing gloves, using goggles, and proper disposal of sharps. However, some wrong measures taken by some of them include taking antibiotics after an exposure, avoiding a hepatitis B infected patient and taking multivitamins. It is important to let people know that these measures cannot prevent hepatitis B infection, they are just precautionary measures, the most valid preventive measure is to be vaccinated against hepatitis B. Majority in this study have been vaccinated, however there are still some who have not received the vaccine, some could not even give reasons for not being vaccinated against hepatitis B. The finding regarding practice agrees with studies by Samuel et al where majority (92.6%) took up measures like wearing gloves, 29.6% mentioned avoiding diagnosed patients. (Samuel et al, 2009)

Soad et al reported 74.7% respondents have received the vaccine and 84.0% have taken the complete dose. The difference observed among respondents who are aware of the HBV vaccine and those who have actually received the vaccine was statistically significant ($\chi^2 = 19.58$, $df = 1$, $p < 0.001$) this goes a long way to show that most people that received the vaccine are aware or have a knowledge that such exist. This implies that more education should be given to healthcare workers on the vaccine and its work in the prevention of hepatitis B infection. (Soad et al, 2012)

Implications for Social Work Counselling

The findings of this study have significant implications for social work counselling in the prevention and control of Hepatitis B infection among healthcare workers. Hepatitis B remains an important occupational health concern because healthcare workers may be exposed to infected blood, body fluids, needles, and other sharp instruments in the course of their duties. The World Health Organization (WHO) identifies vaccination, safe handling of blood and body fluids, and appropriate infection-prevention practices as important measures for reducing Hepatitis B transmission. (WHO, 2026)

Health Education and Counselling

One major implication of the study is the need for continuous health education and counselling for healthcare workers. Social work counsellors can organise individual and group counselling sessions, seminars, workshops, and awareness programme to improve healthcare workers' understanding of Hepatitis B, including its causes, modes of transmission, symptoms, complications, vaccination, and preventive

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measures. This is important because studies among Nigerian healthcare workers have identified gaps between knowledge and actual preventive practices. For example, it was reported that good knowledge and positive attitudes towards Hepatitis B vaccination among health workers in Lagos but found poor vaccination practices. (Amadi U, 2024)

Promotion of Positive Attitudes and Reduction of Stigma

Social work counsellors can help healthcare workers develop positive attitudes towards Hepatitis B prevention and people living with the infection. Counselling can address fear, misconceptions, stigma, and discriminatory attitudes associated with Hepatitis B. Through individual and group counselling, social workers can promote empathy, confidentiality, acceptance, and non-discriminatory treatment of individuals infected with Hepatitis B. This is particularly important because negative perceptions may discourage infected persons from seeking testing, treatment, or social support.

Promotion of Hepatitis B Vaccination

Social work counselling also has implications for promoting Hepatitis B vaccination among healthcare workers. Counsellors can educate workers about the benefits and effectiveness of vaccination, address concerns about vaccine safety, identify barriers to vaccination, and encourage healthcare workers to complete the recommended vaccination schedule. Evidence from Nigeria indicates that although many healthcare workers recognise their occupational risk of Hepatitis B, vaccination uptake remains suboptimal. A nationwide Nigerian study found that only 42.0% of healthcare workers surveyed were fully vaccinated, while 28.9% had received no Hepatitis B vaccine dose. Consequently, social work counsellors can work with hospital management to organise vaccination campaigns, provide reminders and follow-up counselling, and refer unvaccinated workers to appropriate vaccination services. Counsellors can also advocate for workplace policies that make Hepatitis B vaccination easily accessible to healthcare workers. (CDC, 2024)

Encouragement of Safe Occupational Practices

Social work counselling can contribute to improving healthcare workers' adherence to standard precautions. Counsellors can reinforce behaviours such as the appropriate use of gloves and other personal protective equipment, safe handling and disposal of needles and sharps, hand hygiene, and prompt reporting of occupational exposure. The WHO recommends appropriate precautions when healthcare workers come into contact with blood or body fluids. Social workers can therefore collaborate with infection-prevention and control teams to incorporate behavioural counselling into workplace safety programmes. Such interventions can help bridge the gap between what healthcare workers know about Hepatitis B and what they actually practise. (WHO, 2026).

Counselling Following Occupational Exposure

Social work counsellors can also provide psychosocial support to healthcare workers who experience accidental exposure to potentially infected blood or body fluids. Following occupational exposure, healthcare workers may experience anxiety, fear, guilt, or uncertainty about their health and future. Counsellors can provide emotional support and encourage affected workers to report the exposure immediately and seek appropriate medical evaluation. The Centers for Disease Control and Prevention (CDC) recommends that management of occupational Hepatitis B exposure should take account of the healthcare worker's vaccination and antibody status as well as the infection status of the source patient. Social work counsellors can therefore serve as an important link between exposed workers, occupational-health services, infection-control units, and other appropriate healthcare providers. (CDC, 2024)

Psychosocial Support and Coping

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A diagnosis of Hepatitis B may create psychological and social challenges for affected healthcare workers. Some individuals may experience anxiety, fear of rejection, concerns about confidentiality, or worries about their professional and family relationships. Social work counsellors can provide supportive counselling and help affected individuals develop healthy coping mechanisms. They can also facilitate appropriate referrals to medical, psychological, financial, or social-support services where necessary.

Advocacy and Policy Development

Another important implication is the role of social workers in advocacy. Social work counsellors can advocate for institutional policies that protect healthcare workers from preventable occupational exposure to Hepatitis B. They can encourage hospital management to provide adequate personal protective equipment, accessible vaccination, health education, occupational-health services, and appropriate post-exposure management.

Social workers can also participate in multidisciplinary committees involving doctors, nurses, laboratory scientists, public-health professionals, hospital administrators, and infection-control officers. Such collaboration can strengthen comprehensive Hepatitis B prevention programmes within healthcare facilities.

Behavioural Change and Health-Seeking Practices

The study further suggests that social work counselling should go beyond simply providing information. Counsellors should focus on translating knowledge into consistent preventive behaviour. Nigerian research has shown that healthcare workers may have substantial awareness of Hepatitis B while still demonstrating inadequate vaccination practices. Counselling interventions can identify individual, interpersonal, and organisational barriers that prevent healthcare workers from adopting recommended preventive behaviours.

Integration of Social Work Counselling into Hospital-Based Prevention Programme

Finally, the findings support the integration of social work counselling into hospital-based Hepatitis B prevention and infection-control programmes. Social workers possess skills in counselling, communication, advocacy, psychosocial assessment, behavioural modification, and referral services. These skills can complement medical and public-health interventions. Social work counsellors can therefore play an important role in improving healthcare workers' knowledge, strengthening positive attitudes, encouraging vaccination, promoting safer practices, reducing stigma, and providing psychosocial support.

In conclusion, the implications of this study for social work counselling include health education, vaccination promotion, attitude modification, stigma reduction, behavioural change, psychosocial support, occupational-exposure counselling, advocacy, referral services, and multidisciplinary collaboration. Strengthening these areas may contribute to improved prevention practices and reduced occupational risk of Hepatitis B infection among healthcare workers in the selected hospital and similar healthcare settings in Nigeria.

CONCLUSION

Social Work Counsellors in hospitals are also in a peculiar position by the reason of their training to provide health education for patients, their relatives and other health workers, educating them on precautionary measures to take while working in the hospital. Social Workers in their role as counsellors can counsel patients, their relatives and workers already infected to seek proper health care attention so as not to infect patients and other workers they come in contact with. As advocates, social workers can advocate for provision of enough protective materials like gloves, masks, goggles, boots, and adequate bins for proper disposal of used materials and adequate safety boxes for disposal of sharps to help protect themselves and other health workers in the course of their work.

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RECOMMENDATIONS

The study recommends regular hepatitis B awareness programmes, improved access to vaccination, continuous training on infection prevention and control, and multidisciplinary collaboration involving social workers, healthcare administrators, and other healthcare professionals.

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